



The United States Must Advance Economic Security for Disabled LGBTQI+ Workers

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Introduction and summary

Authors' note: *The disability community is rapidly evolving to using identity-first language in place of person-first language. This is because it views disability as being a core component of identity, much like race and gender. Some members of the community, such as people with intellectual and developmental disabilities, prefer person-first language. In this report, the terms are used interchangeably.*

In 2018, a salesperson at a Chicago car dealership was forced out of his job.¹ Daniel Gombash, a gay disabled man, reported that the owner of Evergreen Kia made the dealership's work environment intolerable through regular use of homophobic slurs when talking to and about Gombash. This was compounded by offensive comments targeted at Gombash because of his Crohn's disease diagnosis.² The combination of verbal and physical harassment continued for several years and eventually became so severe that Gombash had no choice but to leave his position.

This story of workplace mistreatment is not an outlier for disabled LGBTQI+ individuals. The intersecting impacts of ableism and discrimination toward LGBTQI+ communities create widespread barriers to employment,³ which, in turn, result in reduced economic well-being, housing instability, and lack of health care access⁴—harms that are further compounded for people of color and transgender individuals, who also experience racism and transphobia, leading to dangerously high rates of workplace discrimination⁵ and poverty.⁶

Using survey data from multiple sources, this report examines the experiences of disabled LGBTQI+ people in the realms of employment and how these experiences can affect economic security, housing, and medical care. It then proposes policy recommendations to reduce disparities and improve outcomes for disabled LGBTQI+ people.

Disabled LGBTQI+ individuals face workforce exclusion and discrimination

Together, discrimination and workforce exclusion create complicated, unique, structural barriers to employment and economic security for both LGBTQI+ individuals and people with disabilities—barriers that are often exacerbated by racism and transphobia.

Anti-LGBTQI+ discrimination generates obstacles to workforce entry and participation,⁷ narrowing pathways to employment opportunities and perpetuating higher rates of poverty compared with those of the general population.⁸ For example, a 2021 study from the Williams Institute found that nearly 46 percent of LGBT workers reported experiencing discrimination or harassment in employment because of their sexual orientation or gender identity at some point in their lives, and approximately one-third reported such experiences in the past five years.⁹

Meanwhile, according to U.S. Department of Labor data, only 33.5 percent of working-age people with disabilities were in the labor force in 2020, compared with 76 percent of working-age people without disabilities.¹⁰ The barriers preventing people with disabilities from finding employment are numerous and complex, including discrimination; the failure of employers to provide adequate health insurance and reasonable accommodations; a lack of accessible transportation and housing; and federal policies that restrict eligibility for critical social safety net programs such as Supplemental Security Income (SSI)¹¹ and that allow employers to pay disabled workers a subminimum wage.¹² Social safety net programs are crucial both to facilitate employment and to help individuals maintain adequate living standards when their employment earnings are insufficient to economically sustain them or keep them out of poverty. Furthermore, people with disabilities may not be able to participate fully in the labor market due to certain medical conditions, increasing the need for strong social safety net programs.

Notably, individuals who identify as LGBT are more likely than their non-LGBT peers to have a disability.¹³ Disabled LGBTQI+ people face additional and intersecting challenges driven by discrimination and stigma. Nationally representative 2020 CAP survey data found that 45 percent of LGBTQI+ adults who reported some form of a

disability experienced discrimination in the year prior to the survey. (see methodology) This included 54 percent of disabled LGBTQI+ adults of color, compared with 33 percent of LGBTQI+ adults of any race or ethnicity not reporting a disability.

These high rates of discrimination are accompanied by adverse outcomes in many areas. For example, data from the Centers for Disease Control and Prevention's (CDC) 2019 Behavioral Risk Factor Surveillance System (BRFSS) show that 20 percent of LGBT individuals with disabilities had less than a high school diploma, compared with 8 percent of non-LGBT respondents with no disabilities. The BRFSS data also show that LGBT respondents with disabilities obtained college diplomas at less than half the rate of non-LGBT respondents with no disabilities. (see methodology) Disparities in educational attainment may also be related to discrimination: According to CAP's 2020 survey data, nearly 1 in 4 disabled respondents who reported prior-year discrimination specified experiencing such treatment in a school environment. These educational experiences and outcomes can negatively affect an individual's ability to obtain economic security.¹⁴

Additional workforce barriers include adverse treatment at work or when looking for work. Data from CAP's 2020 survey show that among LGBTQI+ adults with disabilities who experienced discrimination in the year prior, 68 percent reported negative effects on their ability to be hired, while 54 percent of LGBTQI+ adults without disabilities who experienced discrimination reported the same. Meanwhile, among LGBTQI+ adults with disabilities who experienced discrimination in the year prior, 61 percent reported that discrimination had negative effects on their ability to retain employment, compared with 40 percent of LGBTQI+ adults without disabilities who experienced discrimination. (see Figure 1) Nationally representative TransPop data from the Williams Institute show that transgender respondents with disabilities were four times more likely than straight cisgender respondents without disabilities to have been fired or laid off; five times as likely to have been unemployed and looking for work for more than a month; and more than twice as likely to have had trouble with a boss or co-worker in the prior 12 months. (see methodology) In addition, 39 percent of transgender respondents with disabilities had been fired or denied a job two or more times since the age of 18, compared with 17 percent of straight cisgender respondents without disabilities. (see Figure 2)

These data illustrate how discrimination and the policies that enable it perpetuate poverty and economic precarity among LGBTQI+ people with disabilities, which has detrimental effects throughout key areas of life.

FIGURE 1

2 in 3 LGBTQI+ adults with disabilities who have experienced discrimination report that it has affected their ability to be hired

Share of LGBTQI+ disabled and nondisabled adults reporting various effects of employment discrimination in the year prior to the survey

■ Not at all ■ Slightly ■ Moderately ■ To a significant degree

Discrimination has negatively affected financial well-being

Nondisabled respondents	57%	20%	15%	8%
Disabled respondents*	38%	23%	20%	19%
Disabled respondents of color**	36%	25%	19%	20%

Discrimination has negatively affected salary or ability to be promoted

Nondisabled respondents	48%	23%	16%	13%
Disabled respondents*	46%	23%	17%	14%
Disabled respondents of color**	58%	18%	11%	13%

Discrimination has negatively affected ability to be hired

Nondisabled respondents	47%	25%	16%	13%
Disabled respondents*	32%	23%	18%	27%
Disabled respondents of color**	37%	12%	18%	34%

Discrimination has negatively affected ability to retain employment

Nondisabled respondents	60%	21%	11%	8%
Disabled respondents*	40%	16%	20%	25%
Disabled respondents of color**	38%	17%	15%	30%

* Respondents were coded as "disabled" if they responded "Yes" to the question, "Do you consider yourself to have a disability?"

** For the purposes of this survey, people of color include Black, Hispanic, Asian, and multiracial individuals, as well as those identifying as "other, non-Hispanic."

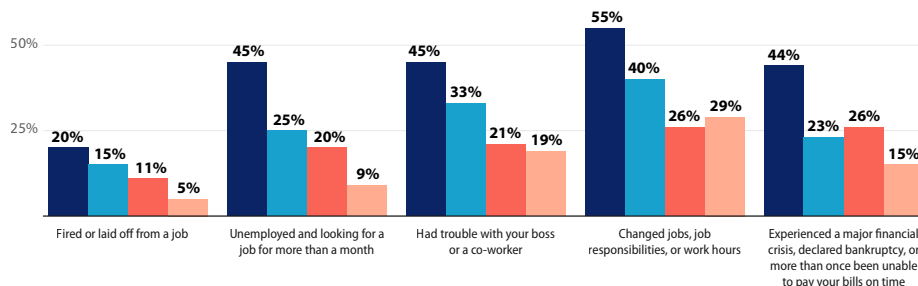
Source: Center for American Progress and NORC at the University of Chicago nationally representative online survey of 1,528 LGBTQI+-identifying adults, June 2020, on file with the authors.

FIGURE 2

Disabled transgender individuals were 5 times more likely than nondisabled cisgender individuals to report being unemployed and looking for work for more than a month

Share of transgender disabled and cisgender nondisabled individuals reporting various economic and employment concerns in the past 12 months

■ Disabled transgender respondents ■ Disabled straight cisgender respondents
■ Nondisabled transgender respondents ■ Nondisabled straight cisgender respondents



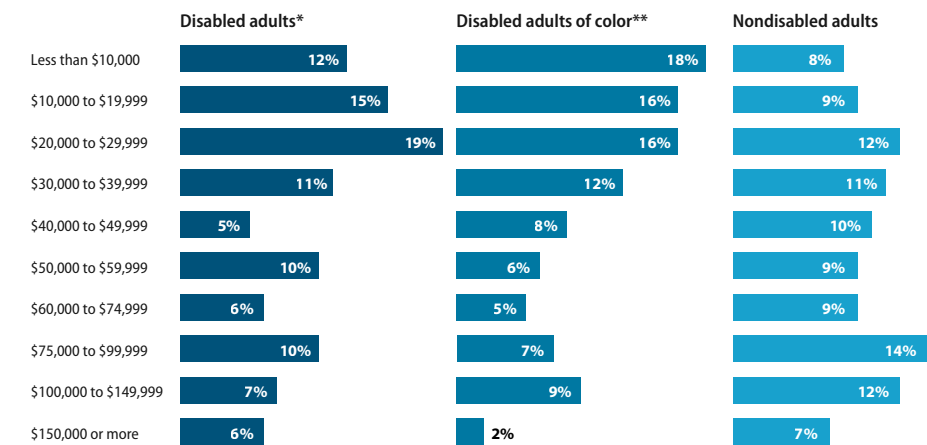
Source: Ilan H. Meyers and others, "TransPop United States, 2016-2018 (ICPSR 37938)" (Los Angeles: Williams Institute, 2021), available at <https://www.icpsr.umich.edu/web/ICPSR/studies/37938/summary>.

The impacts of exclusion and discrimination are severe

The discriminatory and exclusionary practices faced by disabled LGBTQI+ people have serious consequences for their economic security, housing stability, and health care access, which, in turn, affects these individuals’ health and general well-being.

Economic insecurity

FIGURE 3
Disabled LGBTQI+ adults report lower incomes
Share of LGBTQI+ adults' income brackets by demographic



* Respondents were coded as “disabled” if they responded “Yes” to the question, “Do you consider yourself to have a disability?”
Source: Center for American Progress and NORC at the University of Chicago nationally representative online survey of 1,528 LGBTQI+-identifying adults, June 2020, on file with the authors.

According to CAP’s 2020 survey, 46 percent of LGBTQI+ adults with disabilities reported a household income of less than \$30,000 per year, compared with 29 percent of LGBTQI+ adults without disabilities. (see Figure 3) TransPop data indicate even higher rates of economic insecurity among disabled transgender people: 76 percent of transgender people with disabilities have household incomes of less than \$30,000, compared with 35 percent of straight cisgender people without dis-

abilities. In fact, nearly half of transgender people with disabilities make less than \$10,000, and 56 percent owe more than they own, compared with 28 percent of straight cisgender respondents without disabilities who owe more than they own.

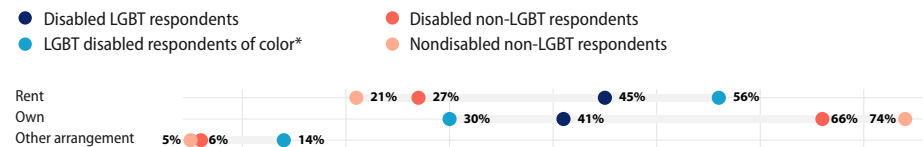
Housing instability

The employment and economic challenges that burden disabled LGBTQI+ people also have profound impacts on housing security. Indeed, CAP analysis of data from the 2019 BRFSS show that while 74 percent of non-LGBT people without disabilities own their homes, only 41 percent of LGBT people with disabilities do—including just 30 percent of LGBT people of color with disabilities. (see Figure 4) According to TransPop data, housing insecurity is even more pronounced for transgender people with disabilities, with only 21 percent owning their homes, 40 percent renting, and 39 percent relying on other arrangements—a diverse category that may include group homes, institutional placement, and arrangements with family or friends. Straight cisgender respondents without disabilities, on the other hand, were almost three times as likely to own their homes.

Rent burdens create special difficulties for low-income people as well as those who have other costly necessities¹⁵—categories into which LGBTQI+ people with disabilities often fall due to workforce exclusion, insufficient supports, and costs associated with disability.¹⁶

FIGURE 4
Disabled LGBT adults are nearly half as likely to own their home as nondisabled non-LGBT adults

Share of adults who reported renting or owning their living space by demographic

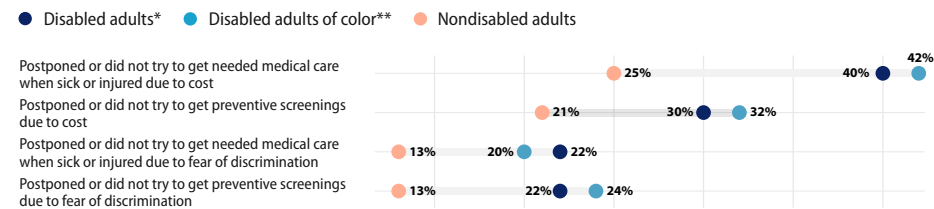


* Respondents coded as "people of color" include Black, Asian, American Indian/Alaska Native, and Hispanic respondents, as well as those identifying as "other race, non-Hispanic."
Source: Centers for Disease Control and Prevention, "Behavioral Risk Factor Surveillance System: 2019 BRFSS Survey Data and Documentation" (Atlanta: U.S. Department of Health and Human Services, 2019), available at https://www.cdc.gov/brfss/annual_data/annual_2019.html.

FIGURE 5

2 in 5 disabled LGBTQI+ adults have postponed or avoided medical care due to cost

Share of LGBTQI+ adults who avoided medical care or preventive screenings in the year prior to the survey, by demographic



* Respondents were coded as “disabled” if they responded “Yes” to the question, “Do you consider yourself to have a disability?”

** For the purposes of this survey, people of color include Black, Hispanic, Asian, and multiracial individuals, as well as those identifying as “other, non-Hispanic.”

Source: Center for American Progress and NORC at the University of Chicago nationally representative online survey of 1,528 LGBTQI+-identifying adults, June 2020, on file with the authors.

Lack of health care access

Under a health care system where access to adequate care often depends on the status and quality of an individual’s employment, the workforce barriers experienced by LGBTQI+ people with disabilities can lead to difficulties meeting basic health care needs. CAP’s 2020 survey found that 40 percent of LGBTQI+ respondents with disabilities postponed or went without needed medical care in the prior year due to cost—15 percentage points higher than the rate for LGBTQI+ people without disabilities. (see Figure 5)

This disparity is not the result of higher rates of uninsurance; in fact, CAP data show that Medicaid and Medicare participation ensured that LGBTQI+ people with and without disabilities were insured at similar rates, with respondents with disabilities being more likely to report using Medicare and Medicaid. However, insurers were more likely to deny disabled LGBTQI+ respondents some forms of health care, such as gender-affirming care, reproductive services, and general care. (see figures 6 and 7) This is in part because insurers rely on providers to determine whether gender-affirming care should be covered, and providers can cite intellectual disability or neurodivergence as grounds for denying care.¹⁷ Notably, discrimination around coverage of gender-affirming care for disabled LGBTQI+ people exacerbates disabled people’s already precarious access to other reproductive care and emphasizes the need to make existing programs and services accessible.¹⁸

FIGURE 6

More than half of transgender adults with disabilities have been denied gender-affirming surgery coverage by a health insurance company

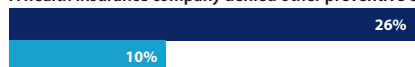
Health insurance denials among transgender respondents in the year prior to the survey, by demographic

■ Disabled transgender adults* ■ Nondisabled transgender adults

A health insurance company denied gender-specific preventive care because a respondent is transgender



A health insurance company denied other preventive care because they are transgender



A health insurance company denied surgery for transition



* Respondents were coded as "disabled" if they responded "Yes" to the question, "Do you consider yourself to have a disability?"

Source: Center for American Progress and NORC at the University of Chicago nationally representative online survey of 1,528 LGBTQI+-identifying adults, June 2020, on file with the authors.

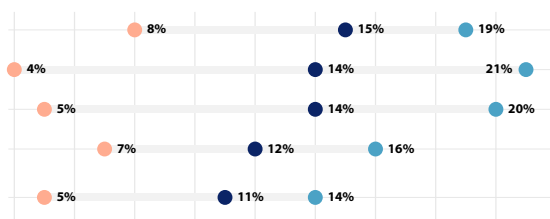
FIGURE 7

Disabled LGBTQI+ adults are more than 3 times as likely as nondisabled LGBTQI+ adults to have trouble getting insurance coverage due to a preexisting condition

Share of LGBTQI+ respondents facing insurance denials in the year prior to the survey, by demographic

● Disabled adults* ● Disabled adults of color** ● Nondisabled adults

Denied respondent or their partner coverage for fertility preservation services
 Trouble getting insurance coverage because of a preexisting condition
 Denied coverage because respondent was on same-sex partner's insurance
 Denied respondent or their partner coverage for assisted reproduction or fertility treatment
 Respondent's same-sex partner coverage was denied coverage because they were on respondent's insurance



* Respondents were coded as "disabled" if they responded "Yes" to the question, "Do you consider yourself to have a disability?"

** For the purposes of this survey, people of color include Black, Hispanic, Asian, and multiracial individuals, as well as those identifying as "other, non-Hispanic."

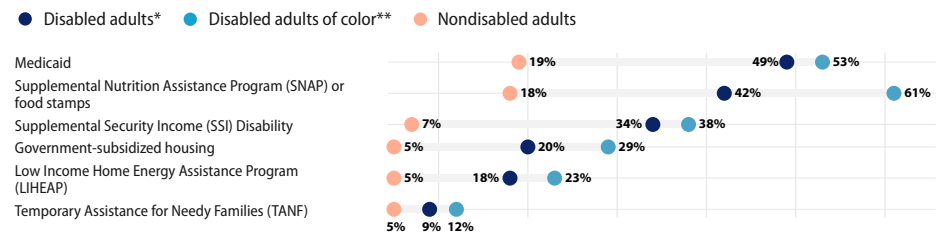
Source: Center for American Progress and NORC at the University of Chicago nationally representative online survey of 1,528 LGBTQI+-identifying adults, June 2020, on file with the authors.

Inability to maintain basic living standards

The failure of the labor market to provide many disabled LGBTQI+ people with adequate employment—which directly affects their access to wealth, housing, and health care—contextualizes their higher participation rates in public benefit programs compared with nondisabled LGBTQI+ people. This includes crucial social safety net programs such as the Supplemental Nutrition Assistance Program (SNAP), government-subsidized housing, SSI, and others. (see Figure 8) Proposals to erode the social safety net and limit these already inadequate programs pose a direct threat to those who need their services.

FIGURE 8
Disabled LGBTQI+ adults are more than twice as likely to receive assistance from SNAP than nondisabled LGBTQI+ adults

Share of LGBTQI+ adults reporting that they, their partner, or their child received help from various benefits assistance programs in the year prior to the survey



* Respondents were coded as “disabled” if they responded “Yes” to the question, “Do you consider yourself to have a disability?”
** For the purposes of this survey, people of color include Black, Hispanic, Asian, and multiracial individuals, as well as those identifying as “other, non-Hispanic.”
Source: Center for American Progress and NORC at the University of Chicago nationally representative online survey of 1,528 LGBTQI+-identifying adults, June 2020, on file with the authors.

Policy recommendations

Improving the well-being of LGBTQI+ disabled people requires coordinated action by policymakers. Since entering office, President Joe Biden has signed various executive orders to protect LGBTQI+ people from discrimination;¹⁹ advance equity for underserved communities,²⁰ including LGBTQI+ people and those with disabilities; and promote diversity, equity, inclusion, and accessibility in the federal workforce.²¹ These executive orders, as well as the budget reconciliation package currently moving through Congress, provide important mechanisms through which to improve conditions and opportunities for LGBTQI+ people with disabilities.

On top of these measures, Congress should take the following actions:

- **Eliminate asset limits for public assistance programs** such as SNAP, Temporary Assistance for Needy Families (TANF), the Low Income Home Energy Assistance Program (LIHEAP), and SSI, which require applicants to possess resources below a particular threshold in order to qualify for benefits. These limits restrict eligibility; lead to financial exclusion; increase surveillance and criminalization; and devalue disabled people's health, lives, and labor, leaving many without enough resources to meet their basic needs.²² More broadly, funding for social safety net programs should be bolstered,²³ particularly as the growing aging population and long-haul COVID-19 survivors stretch already strained programs.
- **Abolish the subminimum wage**, which enables employers to legally pay disabled workers less than the federal minimum wage—at an average of approximately \$2 per hour²⁴—perpetuating poverty and inequality. This step, especially when combined with raising the minimum wage to at least \$15 per hour, would greatly help to close the disability pay gap by boosting the incomes of workers with disabilities and LGBTQI+ workers, both of whom are overrepresented in low-wage jobs.²⁵
- **Ban source-of-income discrimination**, which constructs barriers to accessing rental housing for more than 1 million²⁶ people with disabilities and older adults who use federal housing vouchers for independent living.²⁷

- **Increase funding for home- and community-based services**, which are crucial to providing disabled people and seniors with person-centered care in their homes and communities. Such services can assist these individuals in obtaining and maintaining employment through transportation, case management, and job coaching.²⁸
- **Evaluate and update vocational rehabilitation programs at the state and federal levels** to ensure access for disabled people and long-haul COVID-19 survivors. These programs provide vocational and rehabilitative services, counseling, and financial assistance for training, supporting individuals with disabilities by preparing them for and helping them retain employment as well as by connecting them with services in their communities. Currently, however, these federally funded, state-run workforce development programs suffer from high turnover rates, high caseloads, and underfunding by states.²⁹
- **Restore the SSI program** by setting a maximum payment to at least the poverty line; raising or eliminating asset limits; eliminating the in-kind assistance provisions; eliminating marriage penalties; and updating SSI income disregards to account for inflation.³⁰
- **Adopt an inclusive national paid family and medical leave program** through budget reconciliation in order to help reduce racial disparities³¹ in wage loss and to support LGBTQI+ workers with disabilities.³² This would guarantee job protection and be inclusive of chosen family,³³ which includes individuals with “close bonds akin to those traditionally thought to occur in relationships with blood or legal ties,” who are crucial to LGBTQI+ and disability communities.
- **Expand the existing disabled access credit**, which allows businesses to write off expenses associated with updating their facilities to make them compliant with the Americans with Disabilities Act (ADA), thus incentivizing employers to adopt accommodations.³⁴
- **Permanently close the Medicaid coverage gap** to advance health equity for LGBTQI+ and disabled people as well as communities of color. This would provide coverage for the more than 2 million adults who are uninsured with incomes below the federal poverty line and currently in the coverage gap because their state is one of the 12 that has declined to implement the Affordable Care Act’s Medicaid expansion.³⁵
- **Pass the Equality Act**, which would modernize federal civil rights laws to explicitly protect people from discrimination based on sexual orientation, gender identity, and sex characteristics—including intersex traits—in the areas of employment, housing, credit, jury service, and federally funded programs, such as those for health and education, as well as public places and spaces.³⁶

Meanwhile, the Biden administration should take action to:

- **Enhance civil rights enforcement across federal agencies** to ensure compliance with the ADA and the *Bostock v. Clayton County* U.S. Supreme Court decision.³⁷ This should include improving enforcement of employment discrimination complaints based on disability status, sexual orientation, gender identity, and sex characteristics, including intersex traits, through the U.S. Equal Employment Opportunity Commission (EEOC).³⁸ Additionally, to better understand and address experiences of discrimination, agencies such as the EEOC, U.S. Department of Health and Human Services' (HHS) Office for Civil Rights (OCR), and U.S. Department of Labor's Office of Federal Contract Compliance Programs should improve their data collection and data disaggregation based on disability status, sexual orientation, gender identity, and sex characteristics. These enforcement agencies must also be adequately funded to reduce high caseloads, backlogs, and long wait times³⁹ as well as to implement awareness campaigns that explain the agencies' roles and responsibilities in resolving complaints; inform people about the complaint filing process and their rights to nondiscrimination; and clarify that intersectional discrimination complaints are covered by Title VII of the Civil Rights Act of 1964.
- **Ensure that the U.S. Department of Justice and HHS' OCR fully implement the Accessible Medical Equipment Standards**⁴⁰ to improve access to health care for disabled people, who often encounter multiple environmental barriers,⁴¹ and to find accessible health care providers⁴² and accessible medical facilities.⁴³
- **Ensure that the U.S. Department of Housing and Urban Development increases accessible and affordable housing stock** by adjusting the Uniform Federal Accessibility Standards requirements that define the minimum percentage of accessible units in federally funded housing.⁴⁴
- **Ensure that the Office of Personnel Management issues guidance to federal employers on the need to provide affordable, comprehensive, and inclusive health insurance coverage.** This guidance—in alignment with the goals of the Office of Personnel Management's recent executive order on diversity, equity, inclusion, and accessibility⁴⁵—is essential, as such coverage could be a deciding factor for LGBTQI+ disabled people looking for employment. Failure to provide affordable, quality care contributes to poor health outcomes and limits employment opportunities for LGBTQI+ disabled workers.

Conclusion

Disabled LGBTQI+ individuals face significantly higher rates of workforce discrimination and labor exclusion, disparities that are correlated with elevated rates of poverty, low levels of homeownership and asset building, an inability to access medical services, and poor health outcomes. Moreover, these higher rates necessitate usage of benefits assistance programs, making it even more difficult for individuals to obtain economic security and trapping them in cycles of poverty. In order to improve outcomes for disabled LGBTQI+ individuals, it is essential for Congress to adopt robust nondiscrimination laws and improve support systems for disabled people and for the administration to provide guidance and enforce policies that elevate disabled LGBTQI+ workers.

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Mia Ives-Rublee is the director of the Disability Justice Initiative at the Center.

Methodology

This report draws from original CAP analyses of three data sources, outlined below. Unless otherwise cited, all analysis of BRFSS and TransPop data is original.

1. CAP's nationally representative June 2020 survey of LGBTQI+ Americans

This survey, which includes a sample of 1,528 LGBTQI+-identifying adults, was jointly conducted by the Center for American Progress and NORC at the University of Chicago and has been weighted to account for both U.S. population characteristics and survey nonresponse. The full results of the study, along with a detailed overview of the methodology, are on file with the authors. For additional information on survey results, please see CAP's related report⁴⁶ and data interactive.⁴⁷ All in-text comparisons between LGBTQI+ respondents reporting disabilities (N = 425) and LGBTQI+ respondents reporting no disabilities (N = 1,095) are significant at the 0.05 level. All in-text comparisons between transgender respondents reporting disabilities (N = 57) and transgender respondents reporting no disabilities (N = 62) are significant at the 0.1 level.

Respondents were coded as “disabled” if they responded “Yes” to the question: “Do you consider yourself to have a disability?” For the purposes of this survey, “people of color” included Black, Hispanic, Asian, and multiracial individuals as well as those identifying as “other, non-Hispanic.”

2. The 2019 edition of the CDC's BRFSS

This survey is a collaborative project between the CDC, U.S. states, and participating territories. It was conducted by phone among U.S. adults ages 18 years and older who were asked a series of questions regarding health-related risk behaviors, diseases, and chronic conditions. The data include 4,757 LGBT individuals with disabilities and 144,673 non-LGBT individuals with no disabilities and were

weighted to account for probability of selection, nonresponse bias, and U.S. population characteristics. All statistics comparing disabled LGBT respondents with non-LGBT respondents with no disabilities are significant at the 0.05 level. Data and a detailed methodology are on file with the authors and available publicly via the CDC.⁴⁸

Respondents were coded as “disabled” if they responded “Yes” to at least one of the following questions:

- “Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?”
- “Are you blind or do you have serious difficulty seeing, even when wearing glasses?”
- “Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?”
- “Do you have serious difficulty walking or climbing stairs?”
- “Do you have difficulty dressing or bathing?”
- “Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?”

Respondents coded as “people of color” included Black, Asian, American Indian/Alaskan Native, and Hispanic respondents as well as those identifying as “other race, non-Hispanic.”

3. TransPop study conducted by the Williams Institute, Columbia University, Harvard University, and the Fenway Institute

TransPop is the first nationally representative survey of transgender individuals in the United States. Conducted over the phone and mail by Gallup from 2016 to 2018, the study included a national probability sample of 1,436 adults older than the age of 18, including 143 transgender respondents with disabilities and 660 cisgender heterosexual individuals with no disabilities. The sample was weighted to account for both survey nonresponse and U.S. population characteristics.

For a full overview of the methodology behind TransPop, see the methodology section of the Williams Institute’s overview report on TransPop.⁴⁹ All comparisons between disabled transgender individuals and nondisabled cisgender heterosexual individuals from TransPop are significant at the 0.1 level.

Respondents were coded as “disabled” if they responded “Yes” to either of the following questions:

- “Are you limited in any way in any activities because of physical, mental, or emotional problems?”
- “Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? Please include occasional use or use in certain circumstances.”

Respondents coded as “people of color” included Asian/Asian American, Black/African American, Middle Eastern/North African, Native Hawaiian/Pacific Islander, American Indian or Alaskan Native, and Hispanic/Latino respondents.

Endnotes

- 1 Lisa Burden, “Chicago Kia dealership pays \$100K to settle sexual orientation, disability discrimination claims,” HR Dive, May 9, 2018, available at <https://www.hrdive.com/news/chicago-kia-dealership-pays-100k-to-settle-sexual-orientation-disability/522861/>.
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- 3 National Academies of Sciences, Engineering, and Medicine, “Understanding the Well-Being of LGBTQI+ Populations” (Washington: 2020), available at <https://www.nap.edu/read/25877/chapter/1>.
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- 5 Brad Sears and others, “LGBT People’s Experiences of Workplace Discrimination and Harassment” (Los Angeles: Williams Institute, 2021), available at <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Workplace-Discrimination-Sep-2021.pdf>.
- 6 See David Booth and others, “Poverty at the End of the Rainbow” (San Francisco: National LGBTQ Anti-Poverty Action Network, 2020), available at <https://nclrturtl.co/story/poverty-at-the-end-of-the-rainbow/page/1/1/>; M.V. Lee Badgett, Christopher S. Carpenter, and Dario Sansone, “LGBTQ Economics,” *Journal of Economic Perspectives* 35 (2) (2021): 141–170, available at <https://pubs.aeaweb.org/doi/pdfplus/10.1257/jep.35.2.141>; National Academies of Sciences, Engineering, and Medicine, “Understanding the Well-Being of LGBTQI+ Populations”; Valerie Novack and Kelly Moh, “The ADA at 31: Access to Housing and Health Care Must Meet the Rise of Disability in the U.S.” (Washington: Center for American Progress, 2021), available at <https://www.americanprogress.org/issues/disability/reports/2021/08/05/502242/ada-31-access-housing-health-care-must-meet-rise-disability-u-s/>.
- 7 Caroline Medina and others, “Improving the Lives and Rights of LGBTQ People in America: A Road Map for the Biden Administration” (Washington: Center for American Progress, 2021), available at <https://www.americanprogress.org/issues/lgbtq-rights/reports/2021/01/12/494500/improving-lives-rights-lgbtq-people-america/>.
- 8 M.V. Lee Badgett, Soon Kyu Choi, and Bianca D.M. Wilson, “LGBT poverty in the United States: A study of differences between sexual orientation and gender identity groups” (Los Angeles: Williams Institute, 2019), available at <https://williamsinstitute.law.ucla.edu/wp-content/uploads/National-LGBT-Poverty-Oct-2019.pdf>; Badgett, Carpenter, and Sansone, “LGBTQ Economics.”
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The Center for American Progress is an independent, nonpartisan policy institute that is dedicated to improving the lives of all Americans, through bold, progressive ideas, as well as strong leadership and concerted action. Our aim is not just to change the conversation, but to change the country.

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As progressives, we believe America should be a land of boundless opportunity, where people can climb the ladder of economic mobility. We believe we owe it to future generations to protect the planet and promote peace and shared global prosperity.

And we believe an effective government can earn the trust of the American people, champion the common good over narrow self-interest, and harness the strength of our diversity.

Our Approach

We develop new policy ideas, challenge the media to cover the issues that truly matter, and shape the national debate. With policy teams in major issue areas, American Progress can think creatively at the cross-section of traditional boundaries to develop ideas for policymakers that lead to real change. By employing an extensive communications and outreach effort that we adapt to a rapidly changing media landscape, we move our ideas aggressively in the national policy debate.

