Disability
Equity Engagement
Survey Report

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CITY OF PORTLAND

Acknowledgements

We acknowledge the time, commitment, and dedication of the people who developed and implemented the Disability Equity Engagement Survey and the nearly 500 disabled Portlanders who took the survey.

Real Choice Initiative

Allen Hines

Nico Serra

Lydia "Lydz" Grijalva

Office of Community and Civic Life

Leila Halle

Touk Keo

Portland State University

Masami Nishishiba, PhD

Diane L. Odeh, MPA

Joshua Friedlein

Office of Equity and Human Rights

Nickole Cheron

Brie Scrivner, PhD

Water Bureau

Joanne Johnson

Contents

List of Figures

Introduction

The Disability Equity and Engagement Survey was a collaborative effort undertaken to identify and understand both the composition of the disabled population in Portland as well as their respective experiences, needs, and perspectives. Until this project, City bureaus have relied upon small scale demographic questionnaires, ADA accommodation and complaint tracking and federal surveys like the Census, American Community Survey (ACS), and Behavioral Risk Factors Surveillance System (BRFSS) data to conceptualize the rate of disability within Portland[1]. Federally collected data do not provide the granularity local decision makers need for application. Put simply, because there had been no concerted local effort to collect disability data, decisions were made, policies developed, and programs implemented without knowing how they impact the disabled population.

Collecting this information is important for a range of reasons, but this report will frame findings within three lenses: equity, compliance, and disability justice.

Equity: recognition and removal of systemic and institutional barriers to fair and just distribution of resources, access, and opportunity.

Compliance: The Americans with Disabilities Act (ADA), enacted on July 26, 1990, provides protections to individuals with disabilities in the areas of employment, State and local government services, public accommodations, and telecommunications. Title II of the ADA prohibits all state and local governments from discriminating on the basis of disability, but moreover, its goal is to promote equal access and full participation. (For more information about the ADA Title II and Disability Equity Division, please visit www.portland.gov/officeofequity/disability-division).

Disability Justice: “the cross-disability (sensory, intellectual, mental health/psychiatric, neurodiversity, physical/mobility, learning, etc.) framework that values access, self-determination, and an expectation of difference” (Ortiz 2012).

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[1] The American Community Survey (ACS) is administered by the U.S. Census Bureau to capture evolving socioeconomic condition of the U.S. population. Behavioral Risk Factors Surveillance System (BRFSS) is a telephone survey administered by the CDC's Division of Population Health in the National Center for Chronic Disease Prevention and Health Promotion.

For more information about this report or the data used:

Contact Brie Scrivner at brie.scrivner@portlandoregon.gov

For more information about ADA Title II and Disability Equity:

Contact Nickole Cheron at nickole.cheron@portlandoregon.gov

For digital accessibility questions:

Contact Joseph Sherman at joseph.sherman@portlandoregon.gov

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Disability

The developers of the Disability Equity and Engagement Survey sought to capture as wide a variety of disability types as possible. Participants were asked to describe the nature of their disability and given the option to elect more than one.

Figure 1 shows the distribution of disabilities in survey respondents. The most frequent disability type reported was mobility or other physical disability (54.66%); followed by mental health (37.65%), invisible (24.09%), intellectual, developmental, or cognitive (20.85%), visual (18.62%), hearing (14.37%), speech or communication (12.55%), and other (9.11%).

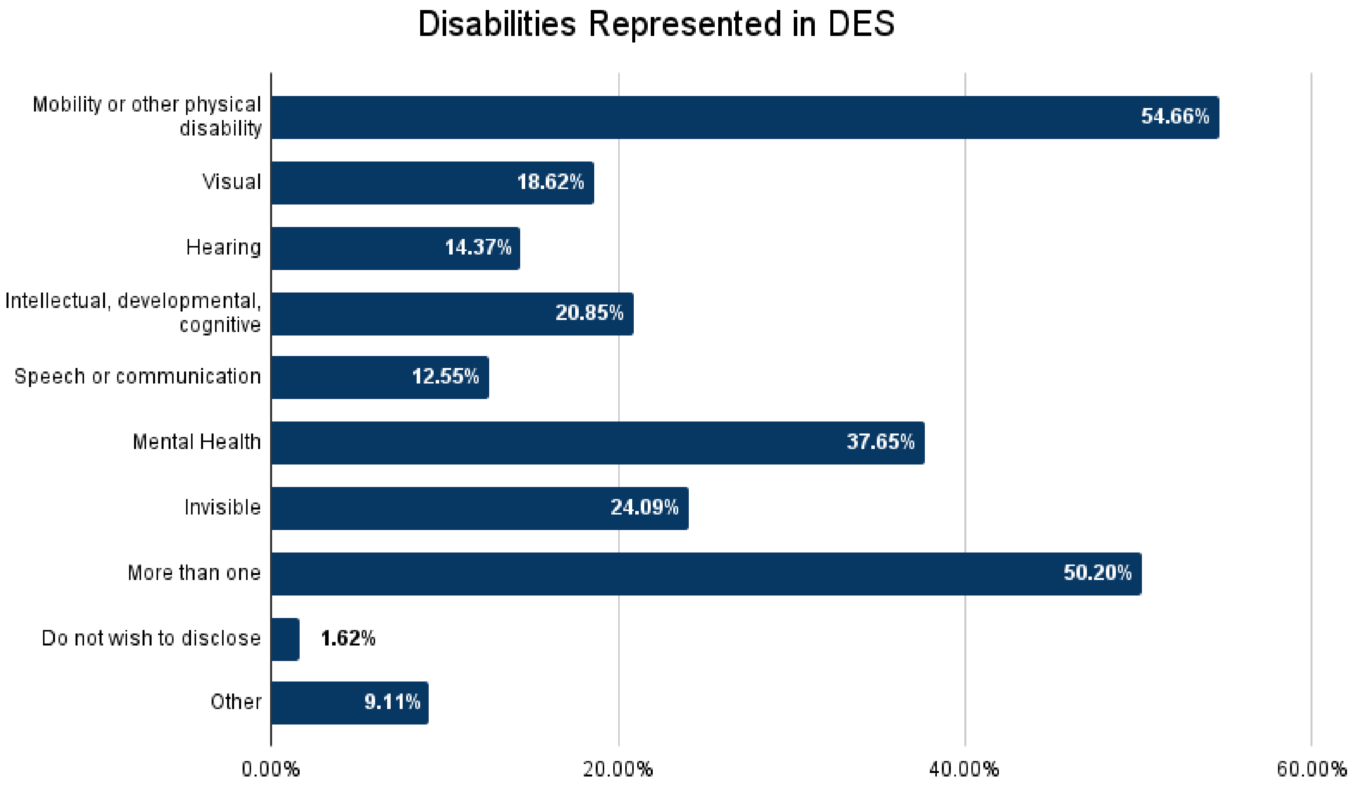

Figure 1. Distribution of Disability Types in Survey Respondents

Just under 2% of people did not wish to disclose their specific disability type.

During analysis, a variable was created to represent the number of participants who selected more than one disability category. Fifty percent of participants reported more than one disability. Collecting information about the range of disabilities experiences by any individual is essential because multiple disabilities can mean multiple barriers to participation. A person may have one visible or obvious disability but other invisible disabilities that require accommodations.

Participants who selected “other” were given the option of self-describing their disability. Forty-six people entered a condition or diagnosis into the open field.

Entries were condensed into broad categories generally accepted by the disability community.

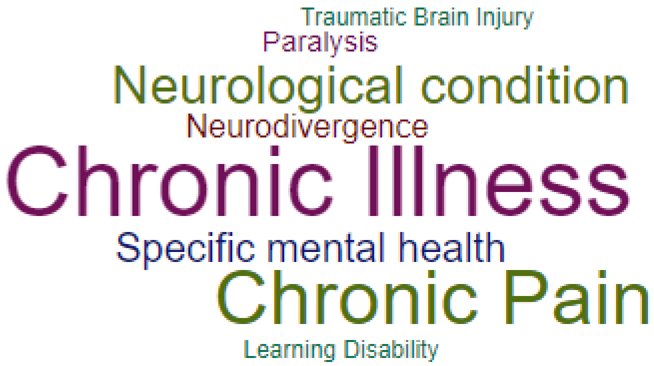

Figure 2. Word Cloud: Common Disability Types

The most often cited disabilities were chronic illness and chronic pain. Some of these individuals did identify has having a physical or invisible disability, but some only elected to self-describe. This supports the use of an “Other” or “Not listed” category with the option to self-describe when collecting disability data.

Mobility Aids

Mobility devices and aids are widely used in this sample with 62% of individuals report using some kind of mobility aid to get where they are going.

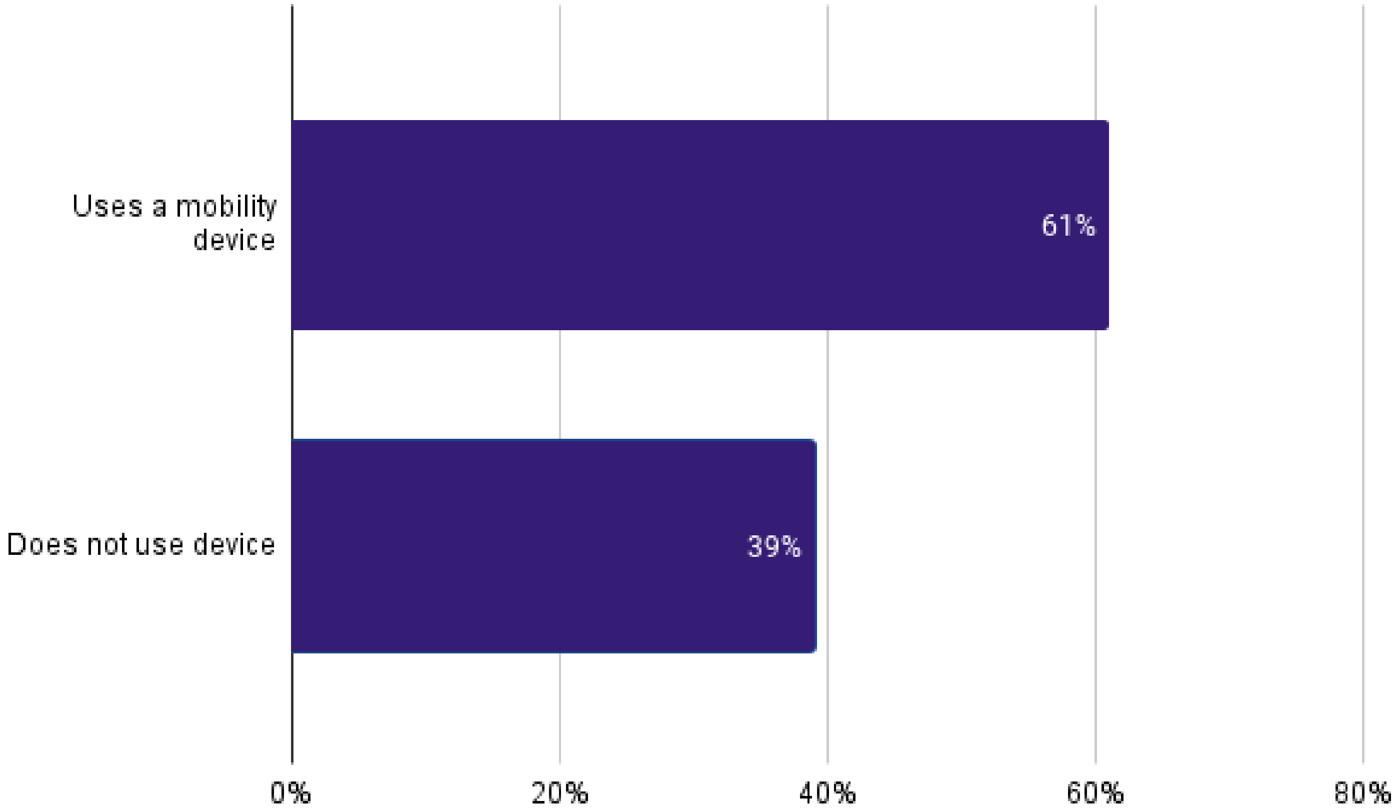

Figure 3. Rate of Mobility Device Use

The most often mentioned mobility aid was a power wheelchair, followed by a manual wheelchair or cane, crutches or arm crutches, walker, scooter, and then braces.

Figure 4 depicts absolute values of mobility aids used. Many participants report using more than one device and may alternate between them.

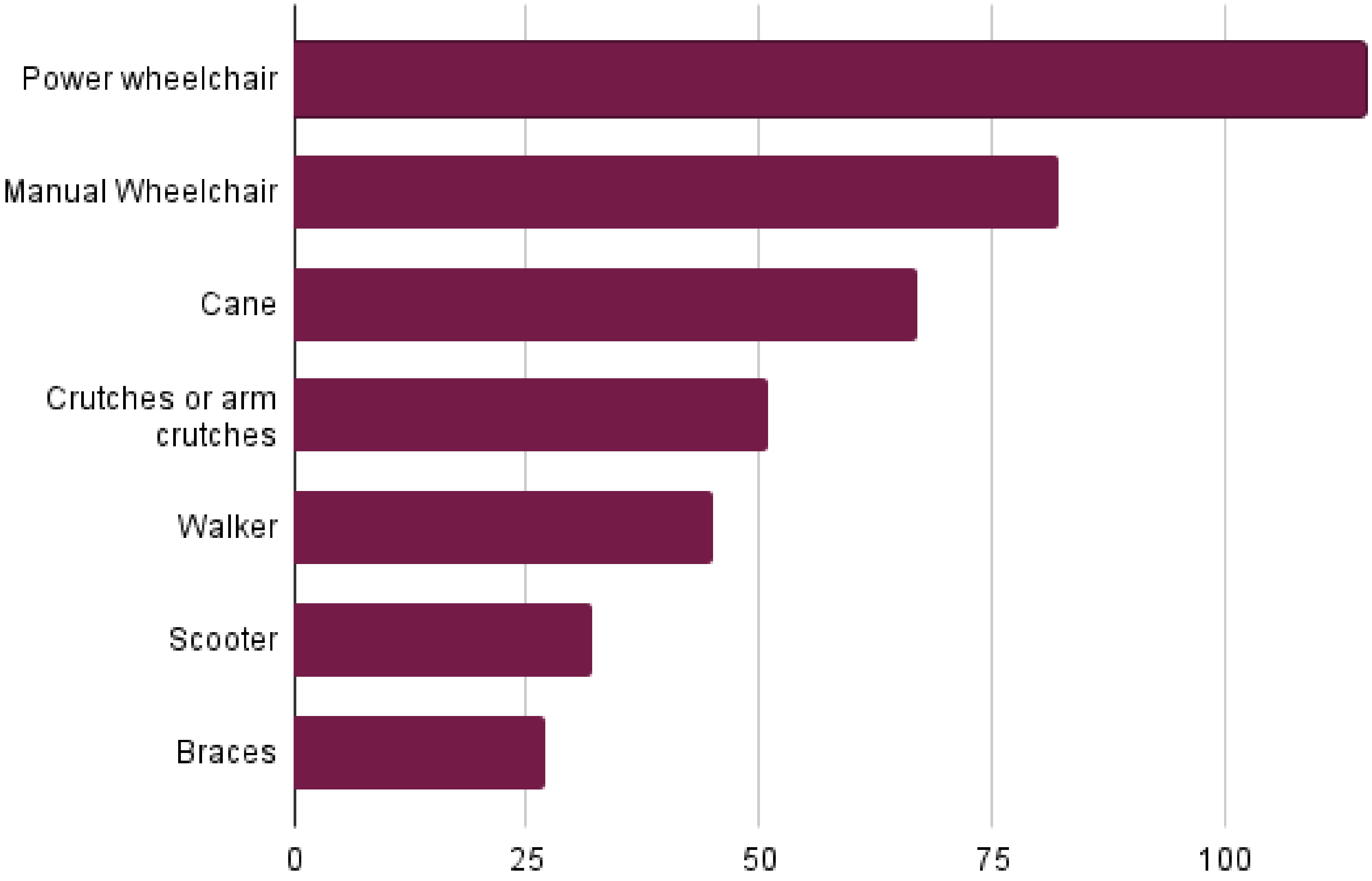

Figure 4. Type of Mobility Device Used

41% of people use medical devices that require electricity:

- 10.4% use dialysis equipment
- 55% use a powered mobility device
- 33.6% use a CPAP, ventilator, or other breathing equipment
- 35.1% require refrigeration for their medication
- 17% use an electric hospital bed
- 23.3% have emergency call equipment

The medical necessity of electricity is a crucial element to factor into any planning for evacuations, inclement weather, black outs, or other scenario in which power to a disabled individual’s home could be interrupted.

Age

Participants were given seven age brackets ranging from ages under 16 to over 74. The majority (56%) were between the ages of 20 and 44 (Figure 5). Fourteen percent of people elected not to disclose their age.

Age category	n	%
Under 16	1	.02%
16 to 19	6	1%
20 to 29	107	22%
30 to 44	170	34%
45 to 59	88	18%
60 to 74	42	9%
Over 74	10	2%
No response	70	14%

Figure 5. Table: Ages of Respondents

The distribution of ages represented in each disability category were proportional to the number in each age group who took the survey.

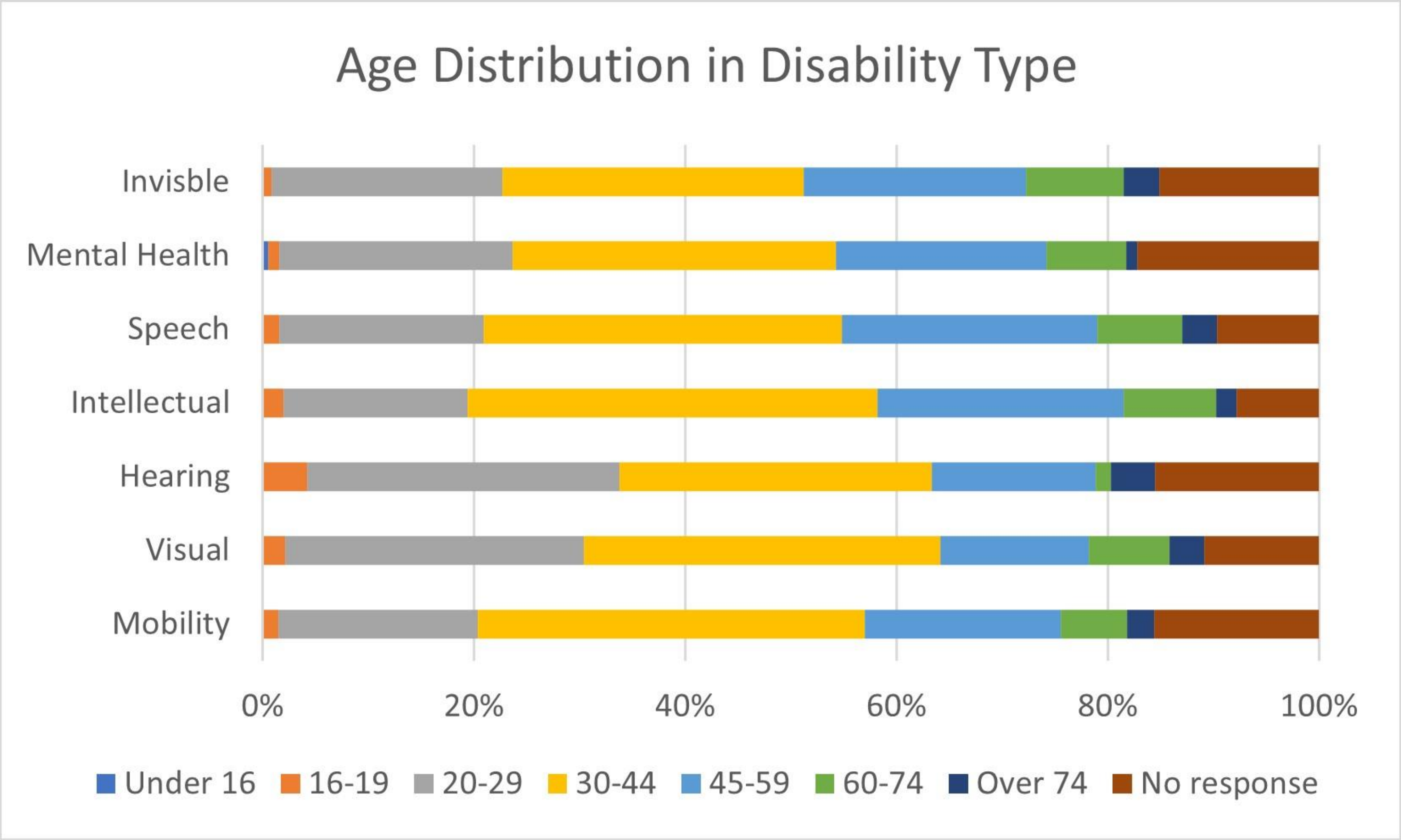

Figure 6. Distribution of Ages Among Disability Types

Gender

Figure 7 presents the gender categories available for respondents to select. The largest group (41%) identified as Female, which is under the Census estimate for Portland of 50.4% (Census 2022). The Pew Research Center has estimated 1.6% of the US population are trans or nonbinary with another 0.5% identifying as some other gender category (Brown 2022).

Gender Category	n	%
Female	203	41%
Intersex	4	0.8%
Male	153	31%
Gender expansive	54	11%
Trans Feminine	7	1.4%
Trans Masculine	8	1.6%
Questioning	5	1%
Agender	7	1.4%
Decline to disclose	6	1.2%
Not listed	9	1.8%
No response	38	8%

Figure 7. Table of Gender Categories

Were we to combine all trans, nonbinary, and “other” gender categories in the DES, we see that 17.2% of respondents are not cisgender.

Disability rates are higher among transgender adults (30%) than among cisgender adults, with cisgender women reporting at 24% and cisgender men at 18% (Smith-Johnson 2022).

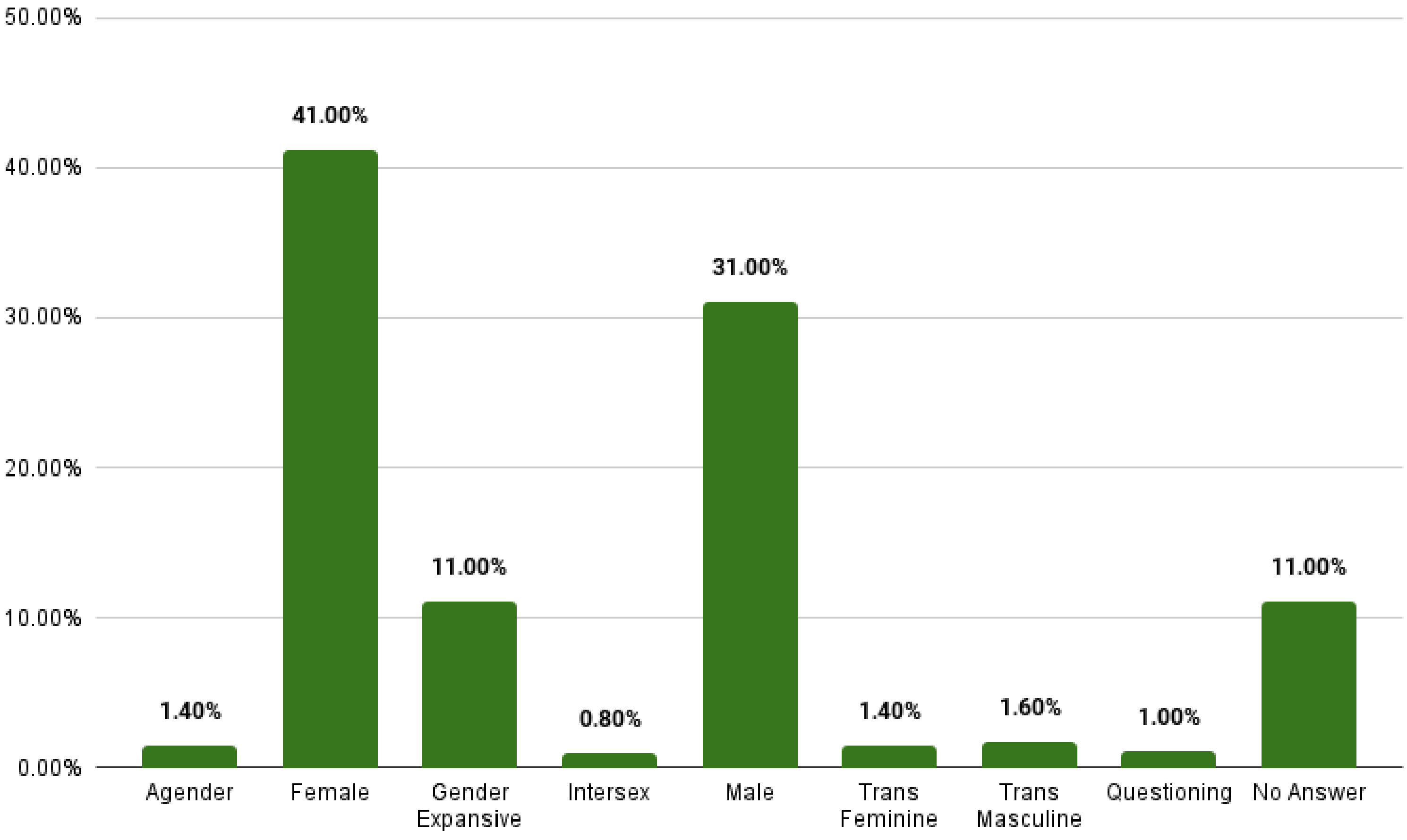

Figure 8. Distribution of Gender Categories

When planning anything with the LGBTQIA2S+ community in mind, Bureaus should assume a level of disability and have accessibility built into the process from the start.

Race or Ethnicity

Figure 9 is a comparison of the racial and ethnic representativeness of the Disability Engagement Survey (DES) and the Census. In other words, how well did the DES do reaching a wide variety of people in Portland. Overall, the DES did very well engaging with different racial and ethnic groups. American Indian and Alaska Native groups were overrepresented in the data[2]. As American Indian and Alaska Native groups are 50.3% more likely to have a disability compared to the aggregated national average (CDC 2008), Bureaus must prioritize accessibility engaging with this community.

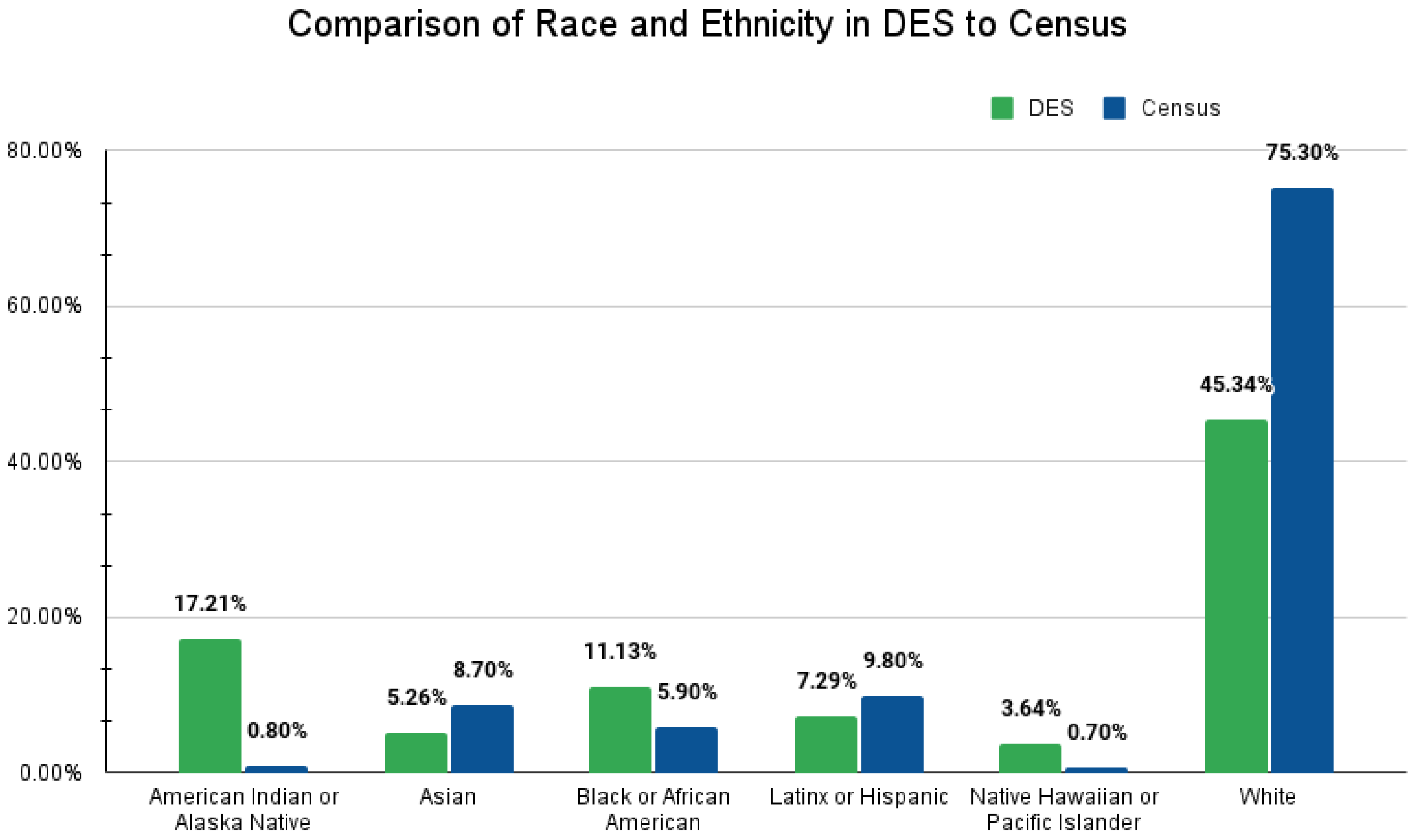

Figure 9. Comparison of Race and Ethnicity in DES to Census

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[2] This means that the sample proportion of American Indian and Alaska Native people that took the survey (17:100) is bigger than the proportion of American Indian and Alaska Native people who participated in the Census (8:100). This does not mean that the absolute number of people who participated is greater, only that the ratio is larger.

Native Hawaiian or Pacific Islander groups were represented at over 5 times the Census rate (3.64 versus 0.70%).

Similarly, Black or African American groups were also overrepresented and, nationally, have higher rates of disability at 1 in 4 (Courtney-Long et al 2017). This is a strength of this dataset. These groups have historically been, and continue to be, systemically marginalized, oppressed, and underserved.

Some racial and ethnic groups were not sampled at a high rate. Asian and Latinx or Hispanic groups reported at a lower level than the Census at 5.26% and 7.29%, respectively.

In simpler terms, being overrepresented in the data means more information, which is more documentation of experience and therefore evidence for equity advancing initiatives.

Of the 494 Portland residents who participated in the survey, only 3.04% (15) individuals did not elect any racial or ethnic category from the comprehensive list. To align with the City's RELDTA data guidance the comprehensive list was collapsed into 7 specific categories with three nonspecific categories for ease of interpretation. The cumulative percentages exceed 100% because participants were given the option to select as many categories as they choose.

Race and Ethnicity within Disability Types

Figure 10 shows the distribution of disability types by racial or ethnic category. The percentages in each cell represent the number of each racial or ethnic category that are represented in each disability group. For example, in the first cell, 45 of the 270 people (16.67%) who reported a mobility or other physical disability identify as American Indian or Alaska native. This was done to center disability as the focal characteristic.

Figures later in this chart focus on intra-category racial and ethnic distributions of disability type.

Total Freq (N = 494)	American Indian or Alaska Native 17.2% (85)	Asian 5.2% (26)	Black or African American 11.1% (55)	Latinx or Hispanic 7.3% (36)	Middle Eastern or North African 2.0% (10)	Native Hawaiian or Pacific Islander 3.6% (18)	White 45.3% (224)	Not Listed 2.2% (11)	Unknown 7.1% (35)	Do not wish to disclose 3.0% (15)
Mobility (n = 270)	16.7% (45)	4.8% (13)	11.8% (32)	5.5% (15)	3.7% (10)	.04% (1)	44.1% (119)	6.7% (18)	2.6% (7)	1.1% (3)
Visual (n = 92)	4.3% (4)	4.3% (4)	10.9% (10)	6.5% (6)	2.2% (2)	5.4% (5)	46.7% (43)	4.3% (4)	8.7% (8)	2.2% (2)
Hearing (n = 71)	16.9% (12)	7.0% (5)	16.9% (12)	8.4% (6)	4.2% (3)	5.6% (4)	38.0% (27)	0	11.3% (8)	8.4% (6)
Intellectual, developmental, or cognitive (n = 103)	22.3% (23)	58.2% (6)	14.6% (15)	9.7% (10)	3.9% (4)	4.8% (5)	48.5% (50)	.97% (1)	4.8% (5)	3.9% (4)
Speech or communication (n = 62)	27.4% (17)	8.06% (5)	6.45% (4)	6.45% (4)	3.23% (2)	3.23% (2)	43.5% (27)	1.6% (1)	8.1% (5)	6.4% (4)
Mental Health (n = 186)	17.2% (32)	4.8% (9)	12.9% (24)	5.4% (10)	2.1% (4)	2.7% (5)	45.1% (84)	2.1% (4)	5.9% (11)	2.7% (5)
Invisible (n = 119)	17.6% (21)	2.5% (3)	12.6% (15)	10.1% (12)	1.7% (2)	3.3% (4)	47.9% (57)	1.7% (2)	7.5% (9)	3.3% (4)
More than one (n = 248)	17.3% (43)	4.8% (12)	12.1% (30)	6.8% (17)	1.6% (4)	3.23% (8)	45.9% (114)	1.6% (4)	6.8% (17)	3.6% (9)
Do not wish to disclose (n = 8)	0	0	12.5 % (1)	0	0	0	37.5% (3)	0	0	37.5% (3)
Other (n = 45)	20% (9)	6.7% (3)	8.9% (4)	6.7% (3)	2.2% (1)	2.2% (1)	48.9% (22)	4.4% (2)	4.4% (2)	4.4% (2)

Figure 10. Breakdown of Disability Types by Racial or Ethnic Category

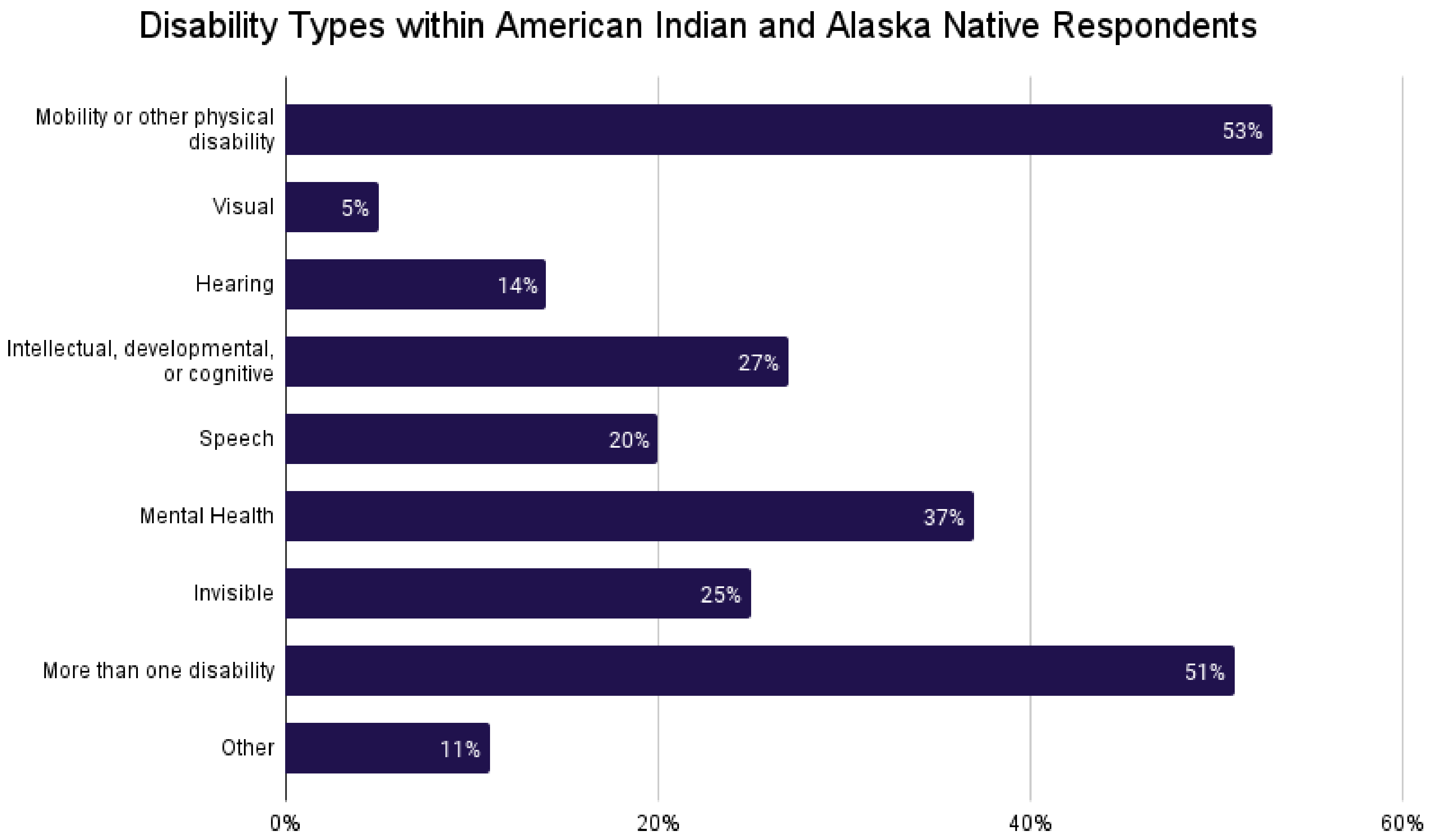


Figure 11. Disability Types within American Indian and Alaska Native Respondents

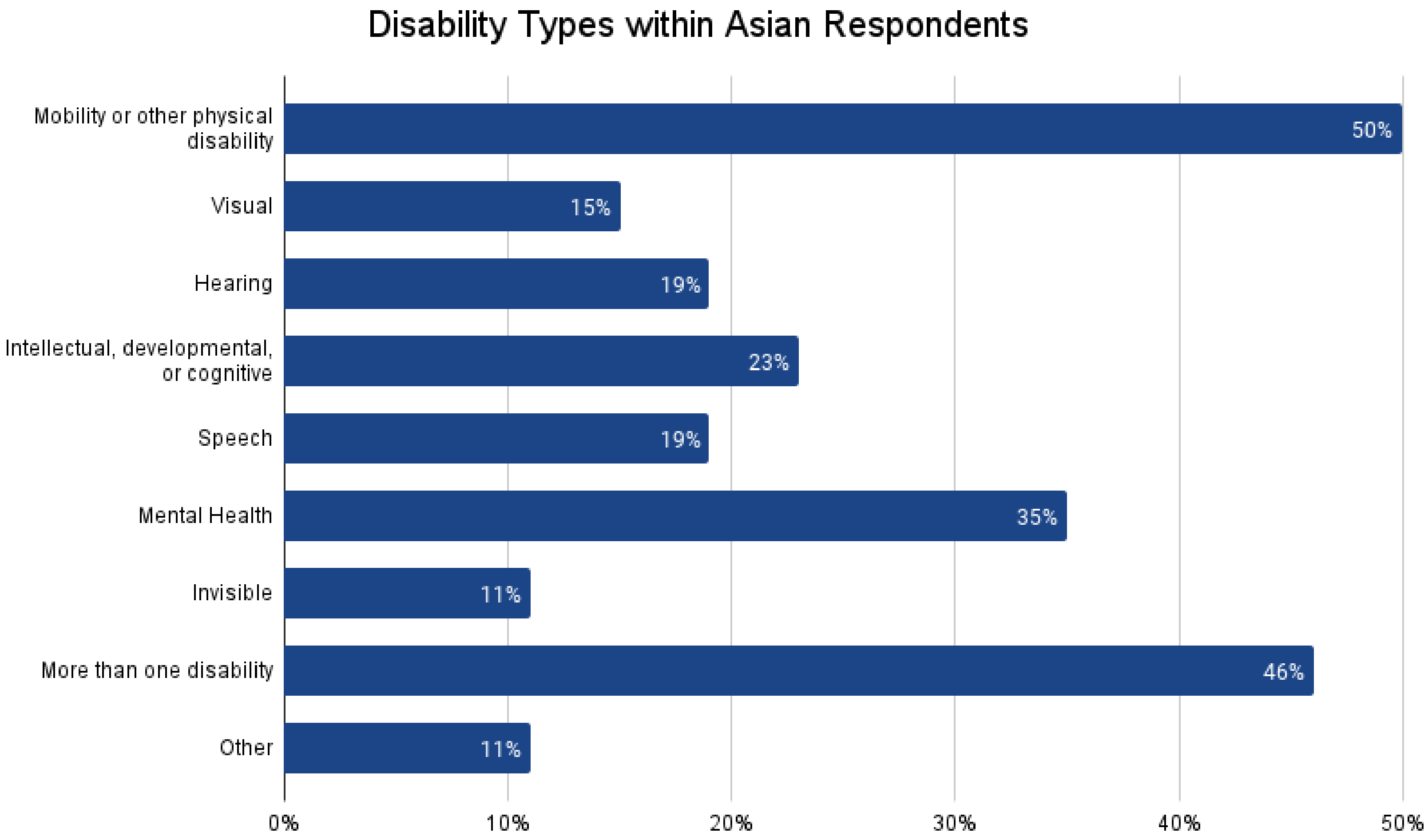


Figure 12. Disability Types within Asian Respondents

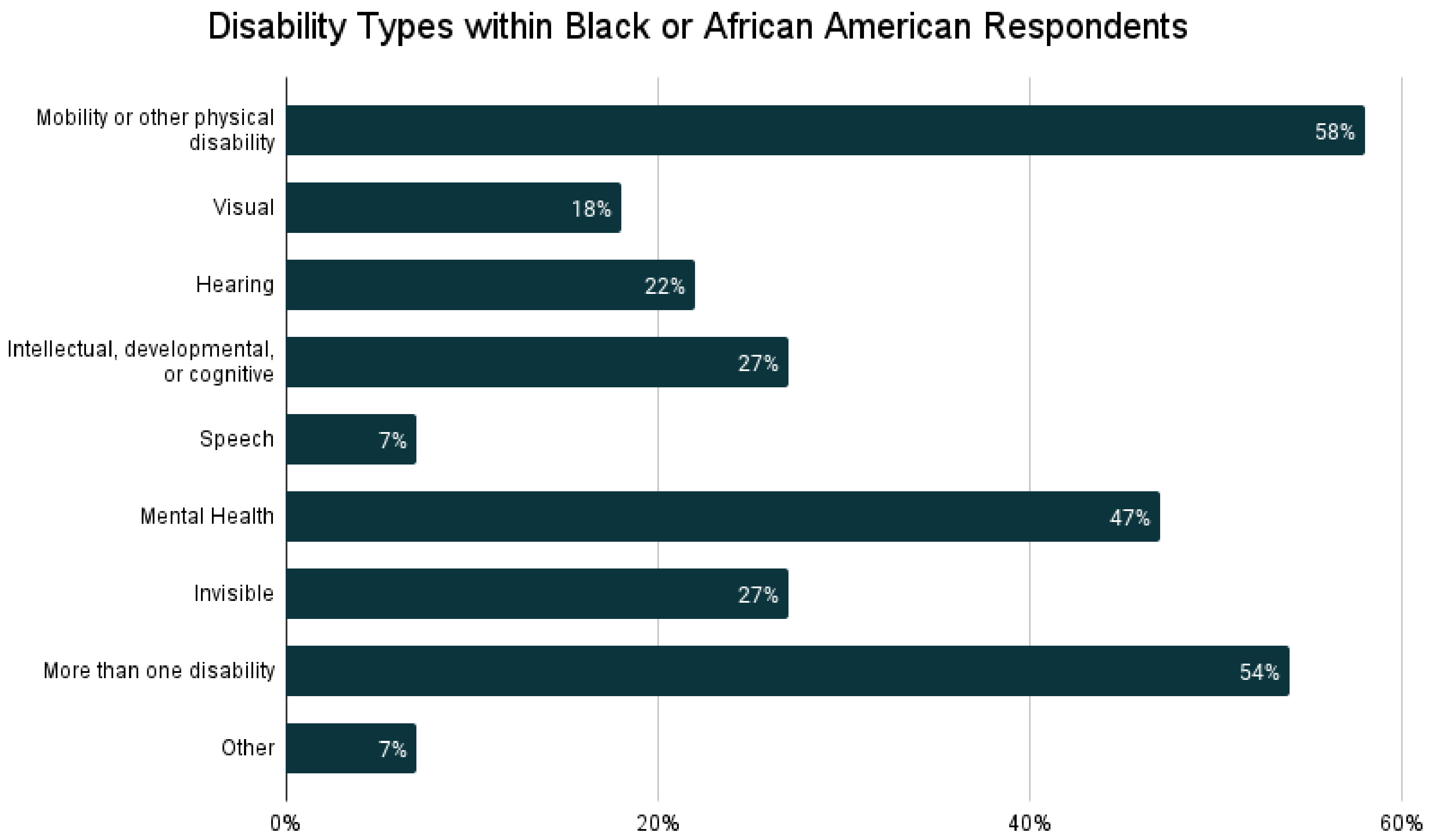


Figure 13. Disability Types within Black or African American Respondents

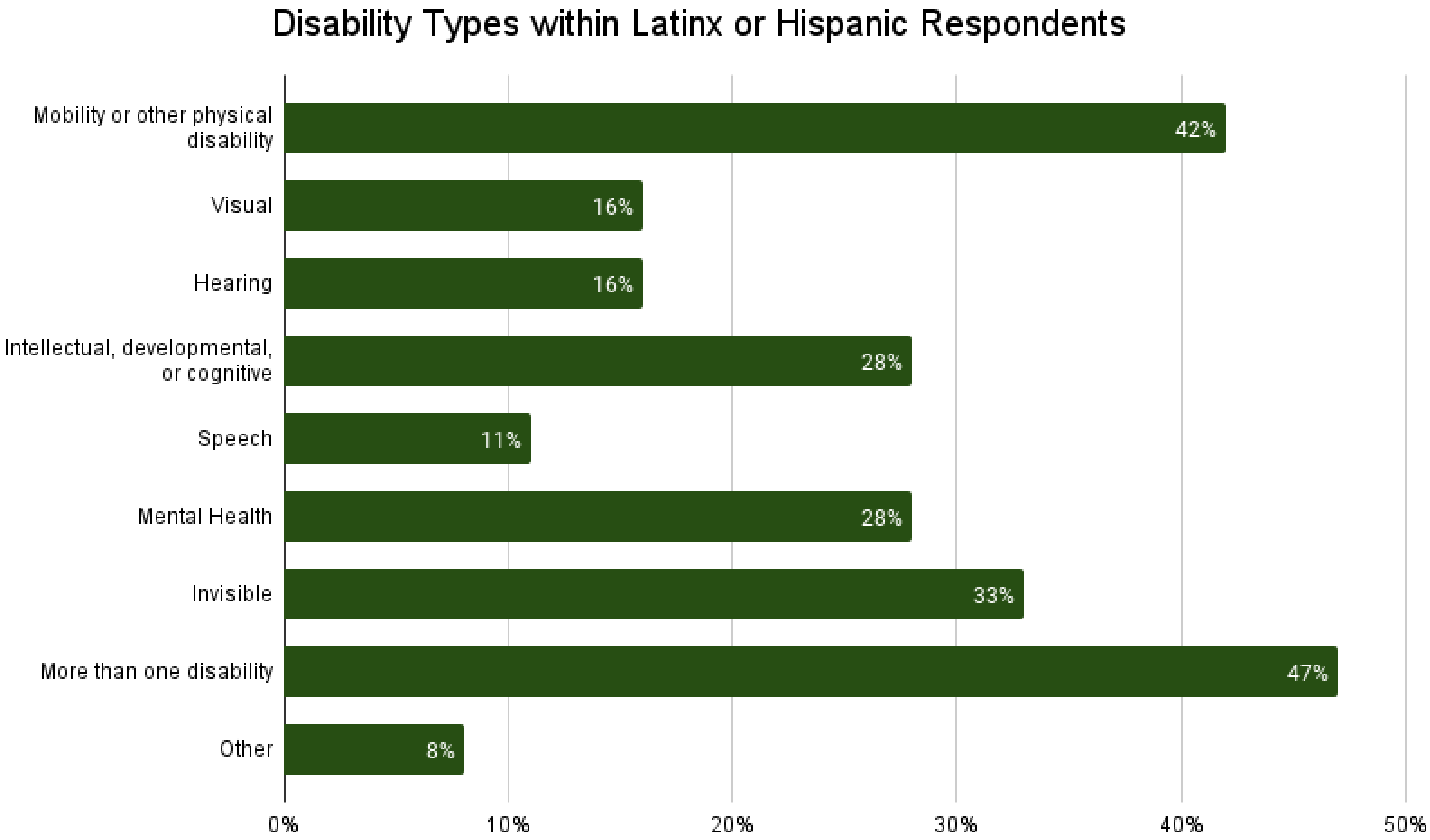


Figure 14. Disability Types within Latinx or Hispanic Respondents

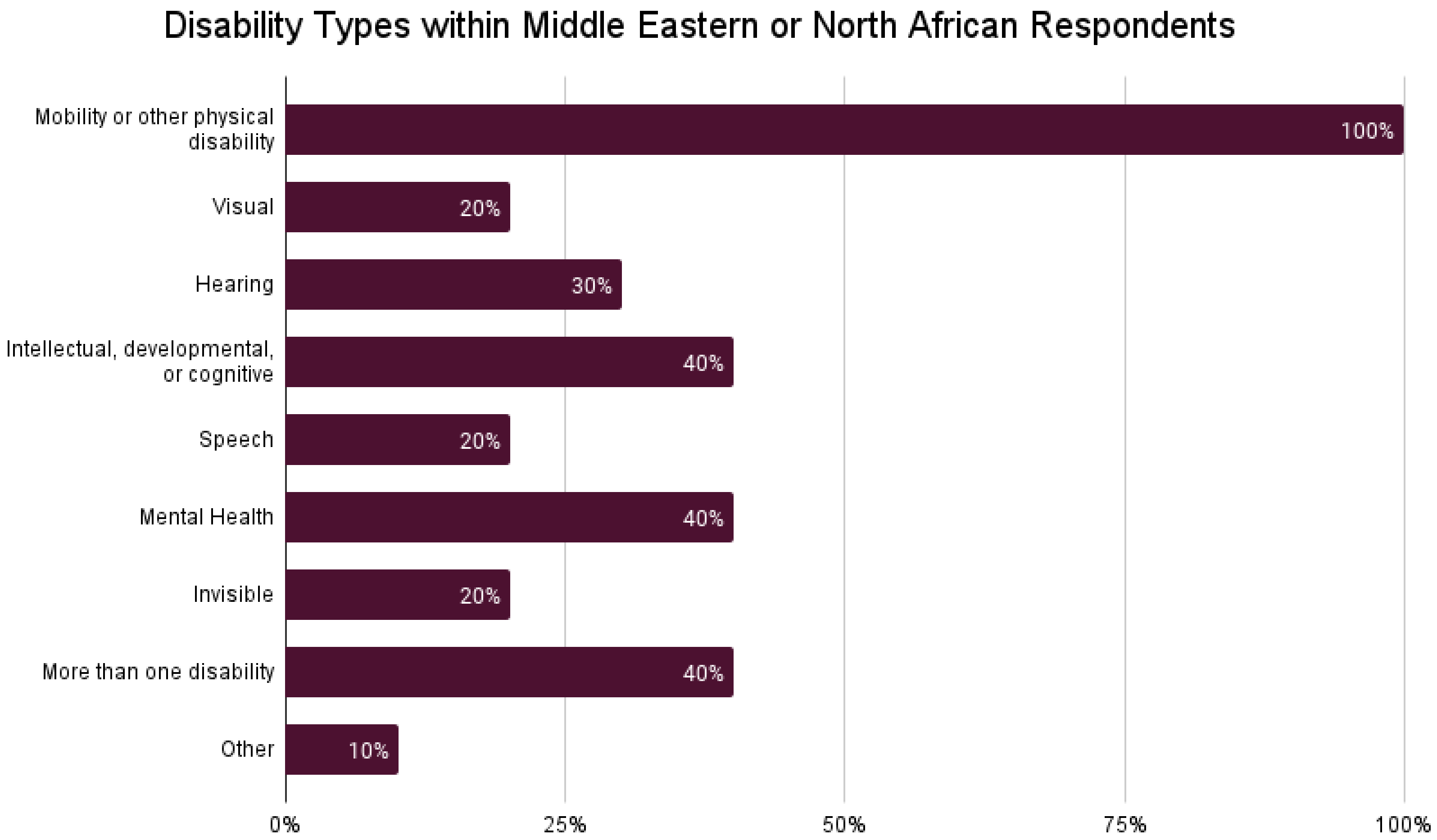


Figure 15. Disability Types within Middle Eastern or North African Respondents

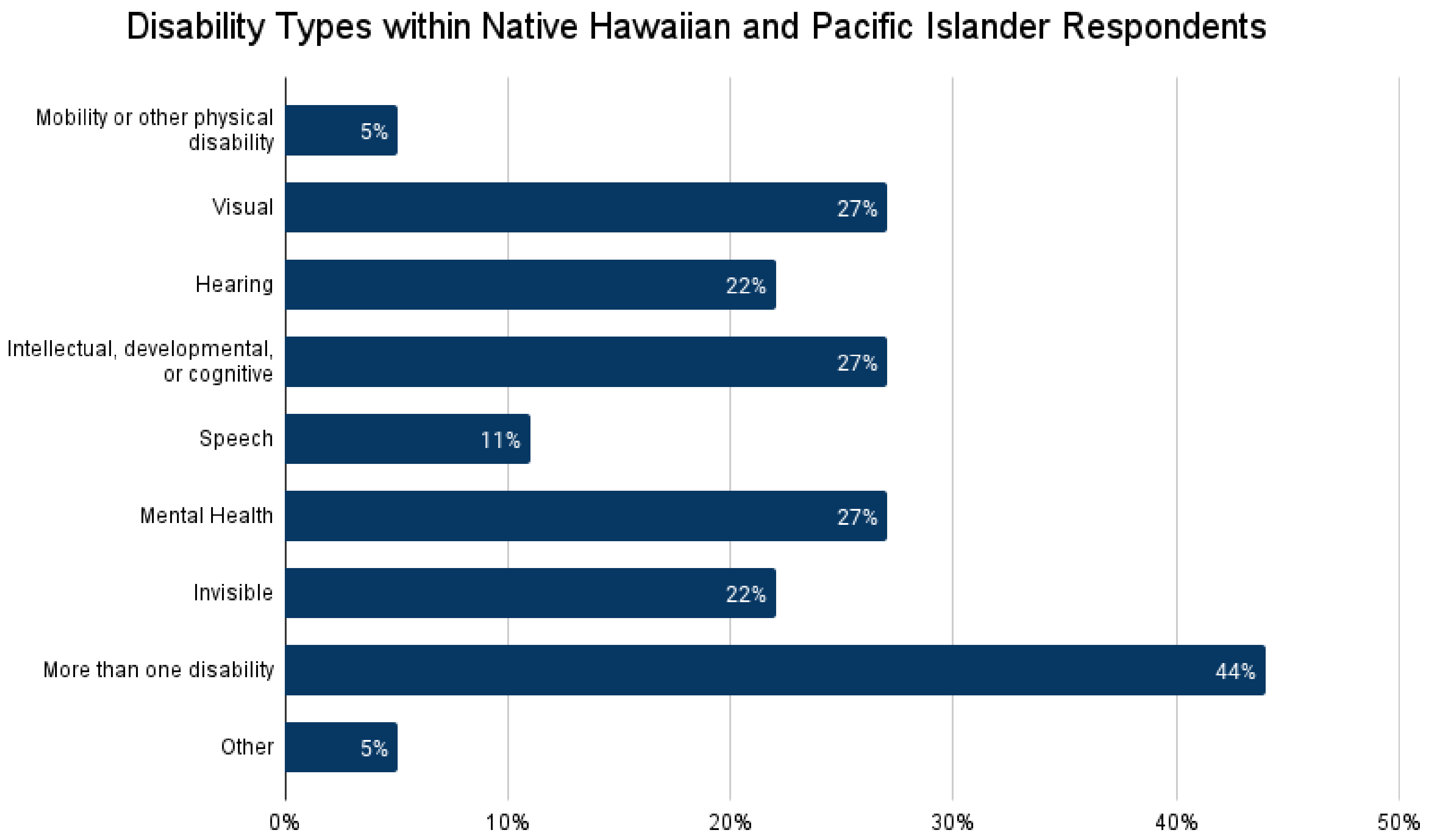


Figure 16. Disability Types within Native Hawaiian and Pacific Islander Respondents

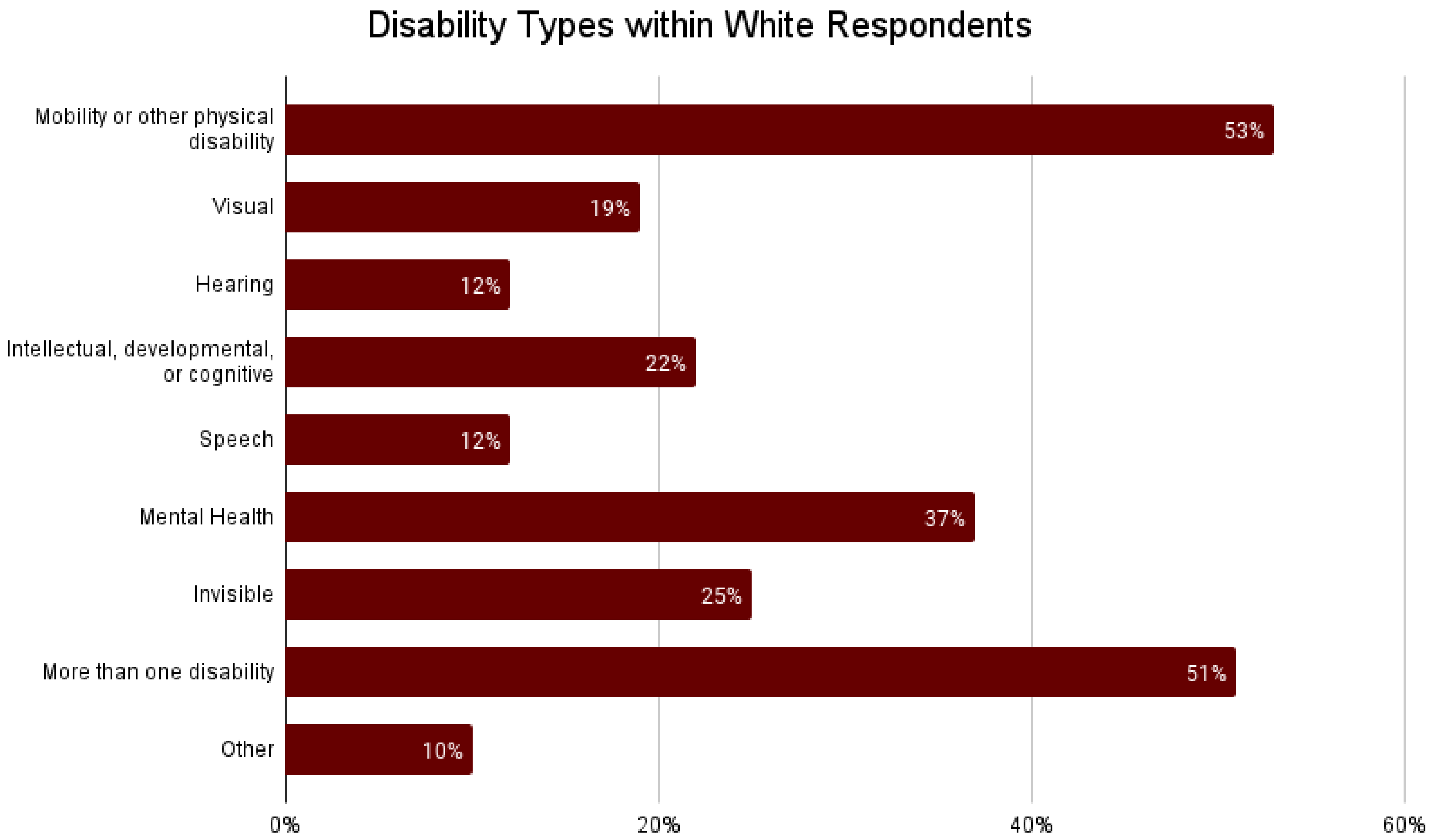


Figure 17. Disability Types within White Respondents

Economic Access

A series of questions were asked to determine disabled Portlanders' income, experiences of financial strain, food security, and housing stability.

Participants were presented with 10 categories to report their annual gross income. Brackets ranged from "no income" to "more than $150,000."

Sixty-two percent of participants report a gross annual income of less than $35,000 (Figure 18).

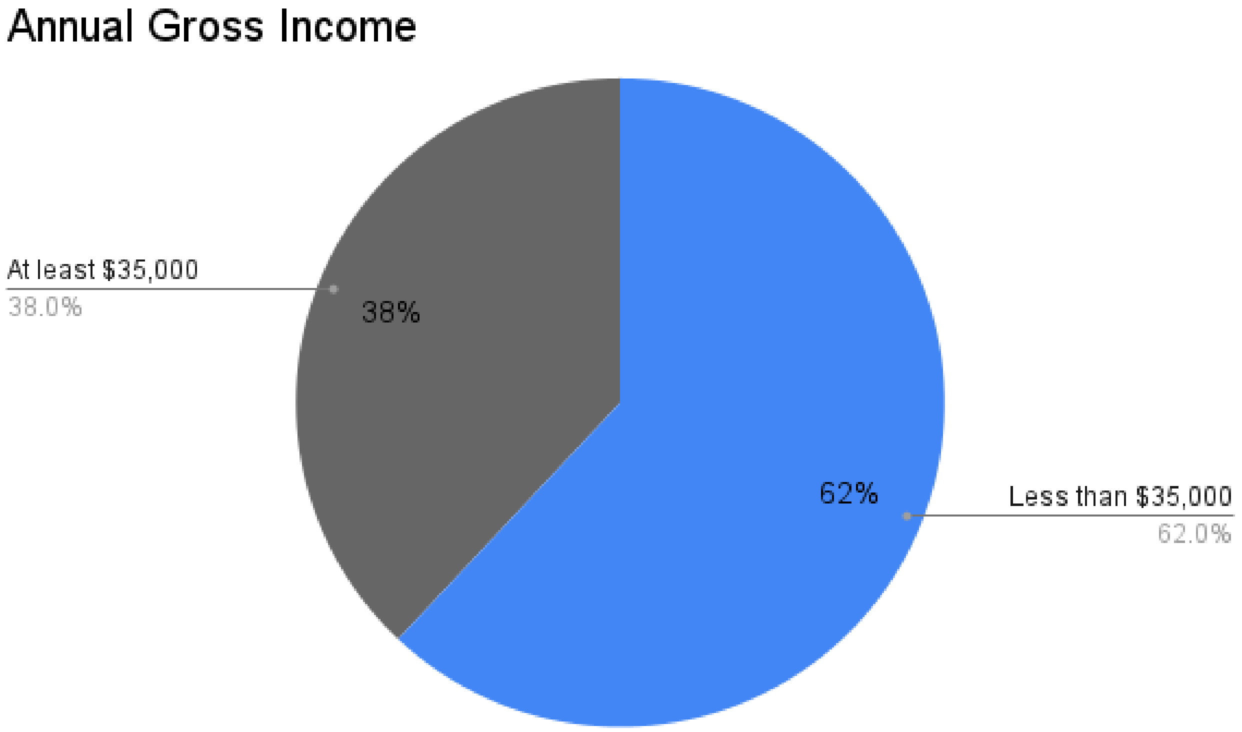


Figure 18. Annual Gross Income Above or Below $35, 000

For reference, the median household income (the middle value for the range of reported incomes) of Portland is $73,159 (Census 2022). The per capita income is $43, 811 (a lower value as the total is divided by the number of people in a population, regardless of whether they have a reportable income).

Portland's poverty rate is estimated at 13.1% (Census 2022). Calculating the absolute rate of poverty in the DES sample is precluded by lack of specific data (i.e. exact income figures, household structure and number, dependents, etc.). However, interpreting the available income distribution alongside the poverty guidelines updated periodically in the *Federal Registe*r by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2), we can say that at least 21% of respondents live at or below 77% of the poverty line. For clarity, this is less than $9,999 gross income annually.

The national poverty rate for people with disabilities (27%) is more than twice that as for people without disabilities (12%) (Goodman, Morris, & Boston 2017). While comparisons between disabled and nondisabled Portland residents can't be made from the DES data since nondisabled people were not surveyed. Further surveys will ascertain specific income levels to better clarify the rates and magnitude of poverty among disabled Portland residents.

Figure 19 depicts rates at which participants report an income below $35,000 by race or ethnic category. Seventy-six percent of Black or African American participants report an income of less than $35,000. This rate may be higher, as 9% of Black or African American participants did not disclose their income. While it may seem that Asian groups are experiencing better financial outcomes, 35% of Asian participants simply did not disclose an income category.

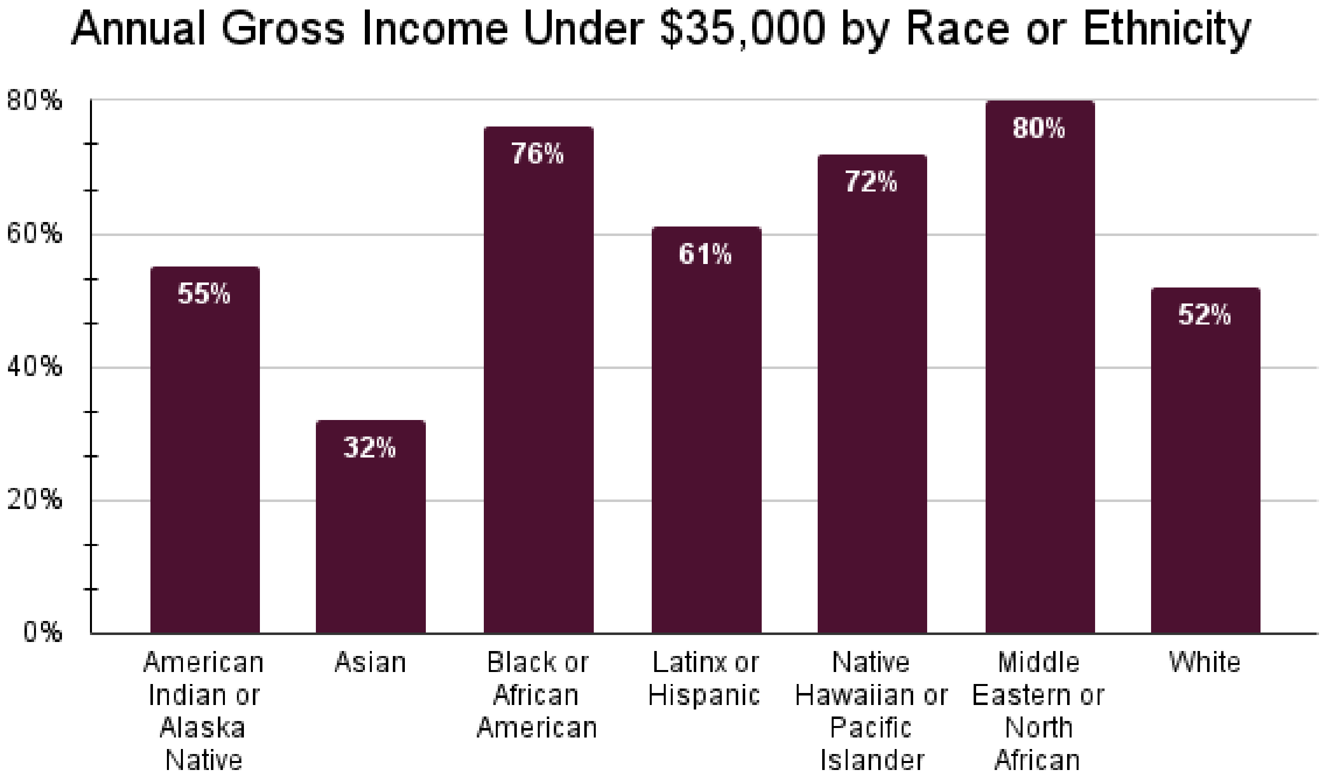


Figure 19. Annual Gross Income Under $35,000 by Race or Ethnicity

Seventy-four percent of participants have difficulty paying for basic essentials like food, housing, medical care, and heating and 53% of respondents have experienced food insecurity in the last 6 months (Figure 20).

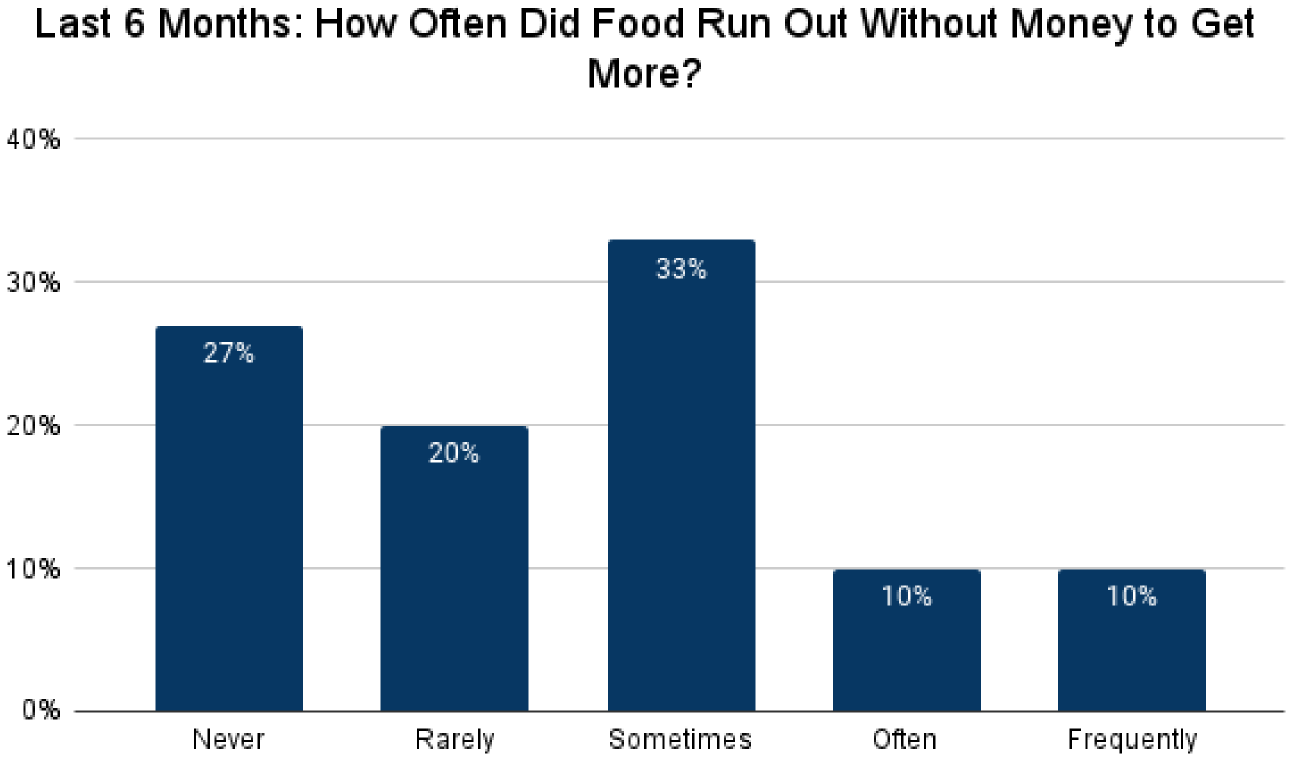


Figure 20. Food Insecurity in Last Six Months

Less than 30% of participants describe themselves as financially stable.

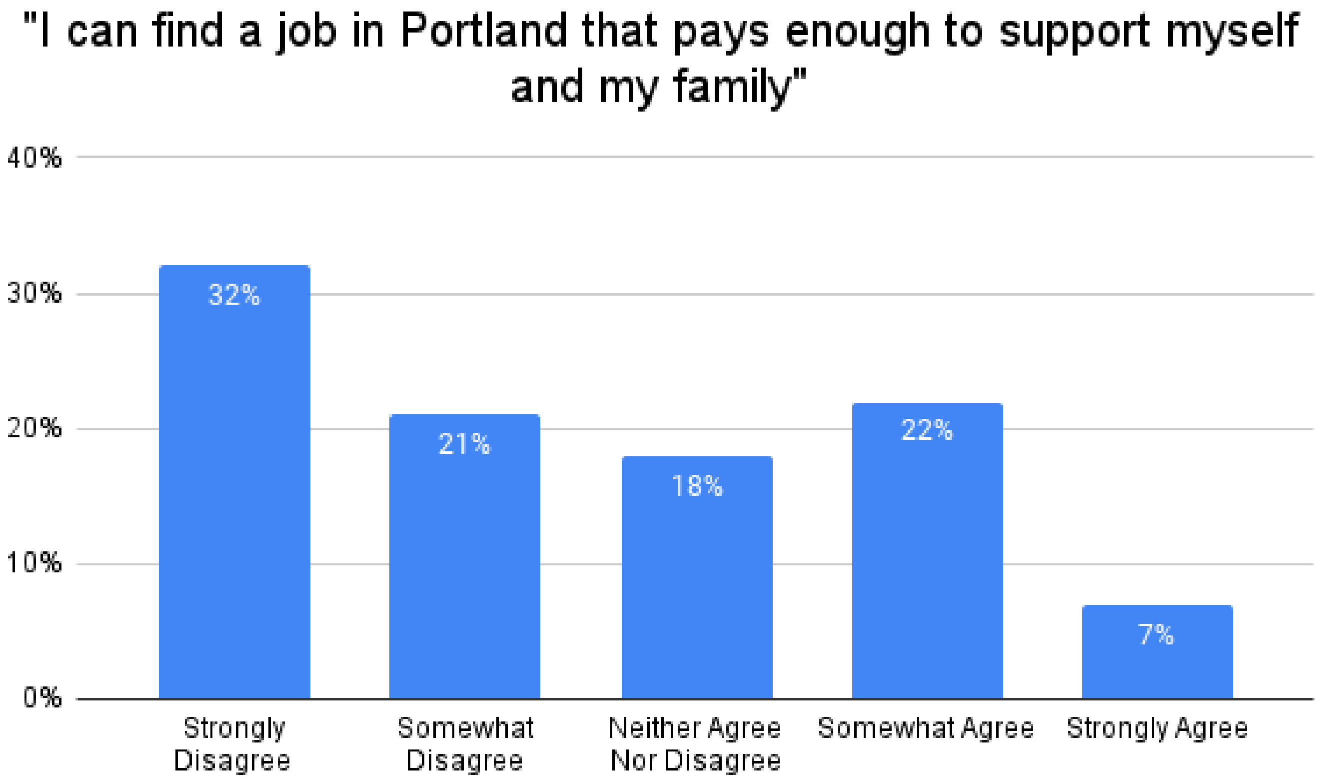


Figure 21. Ease of Finding Job with Living Wage

Nearly a third of respondents strongly disagreed with the statement “I can find a job in Portland that pays enough to support myself and my family” (Figure 21).

Housing

Thirty-five percent of people said that their housing is currently stable, but they are worried about losing it in the future. Another 3% reported unstable housing at the time of the survey.

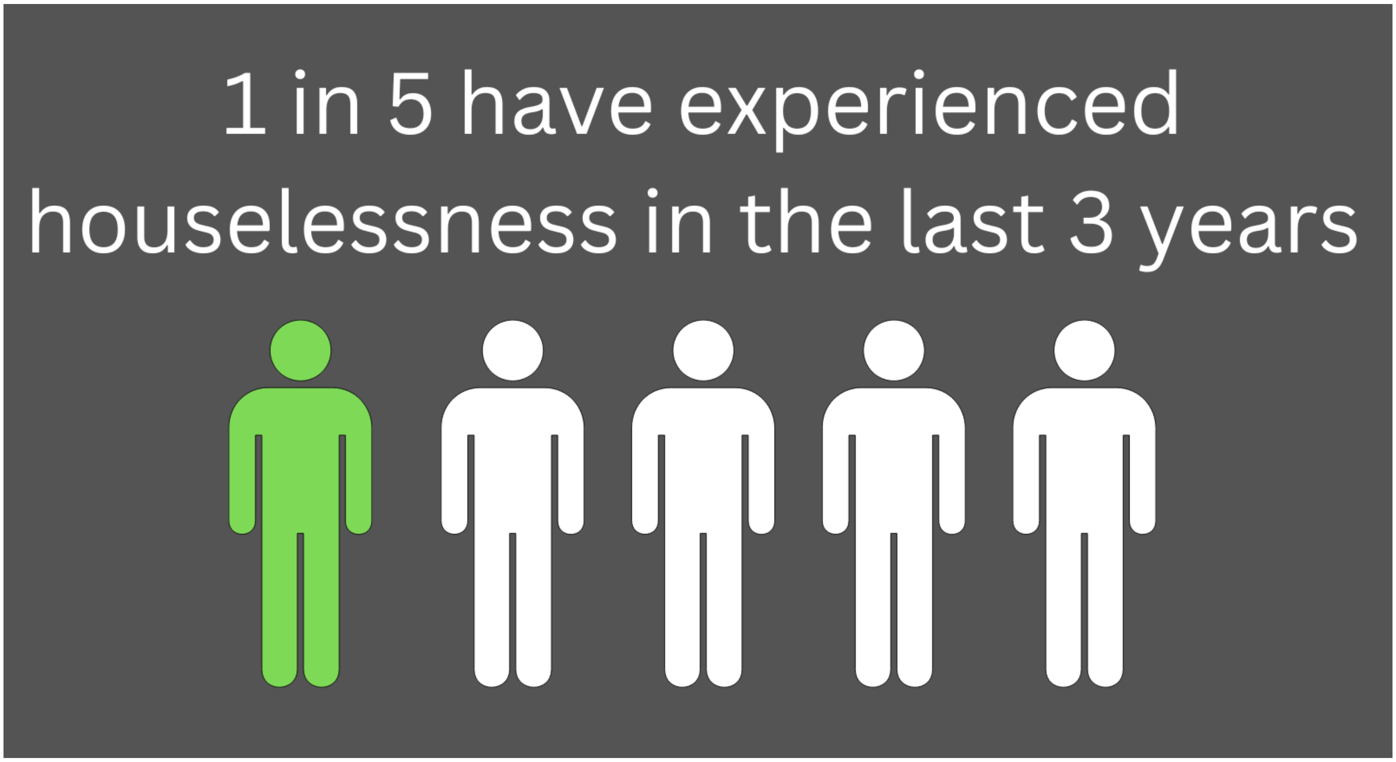


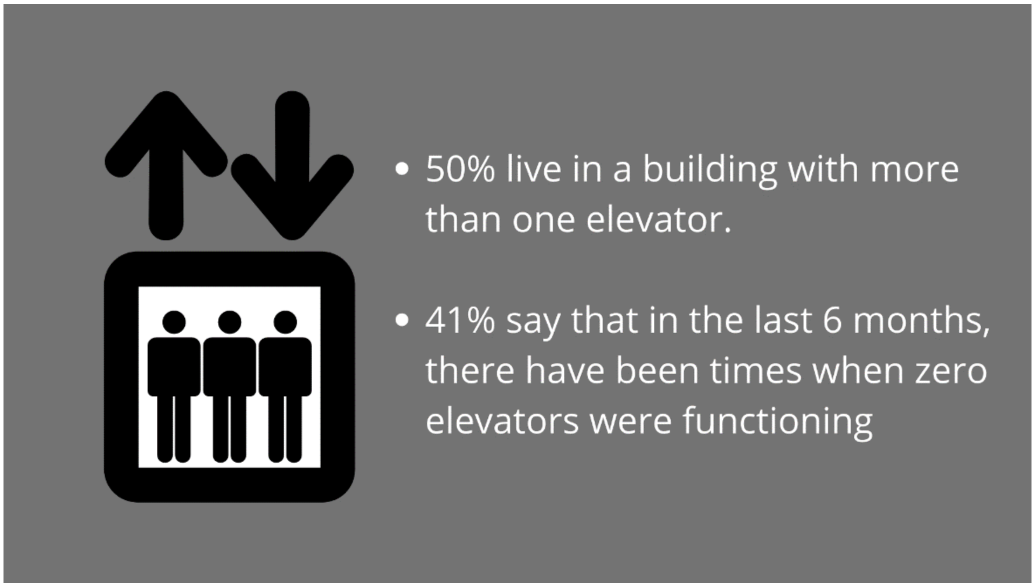
Figure 22. One in Five Has Experienced Houselessness

One in five respondents say they have experienced houselessness in the last three years (Figure 22).

Only 26% of people said they had no concern about losing their housing due to cost.

For those living in a place with access to utilities (i.e. electric, gas, oil, and water) 22% of people said they’d been threatened with disconnection in the previous 6 months. Another 2% said their utilities had already been shut off.

Half of survey participants live in a building with one or more elevators and 41% report than in the last 6 months, there have been times when zero of the elevators were functioning (Figure 23).



- 50% live in a building with more than one elevator.
- 41% say that in the last 6 months, there have been times when zero elevators were functioning

Figure 23. Accessing Elevators

A little over half (51%) of individuals have made a request for reasonable accommodation from their landlord or property manager and 86% say their requests were granted.

Twenty-seven percent of people said they do not have the mobility equipment or other supports they need to leave the house.

Accessing Community

Sixty-two percent of respondents say they have had to walk in the roadway to get where they’re going.

- 36% cite damaged sidewalks
- 36% say there is no sidewalk where they are going
- 20% report not enough curb ramps
- 6% had other reasons

For those that selected “other” they were asked to specify in open text their reasons for walking in the roadway:

- construction diverting pedestrian traffic
- avoiding unmasked individuals
- skirting houseless encampments
- vehicles parked on the sidewalk
- bicyclists riding on the sidewalk

Forty-six percent of individuals said that they had experienced arriving at their destination and being unable to access it for any reason.

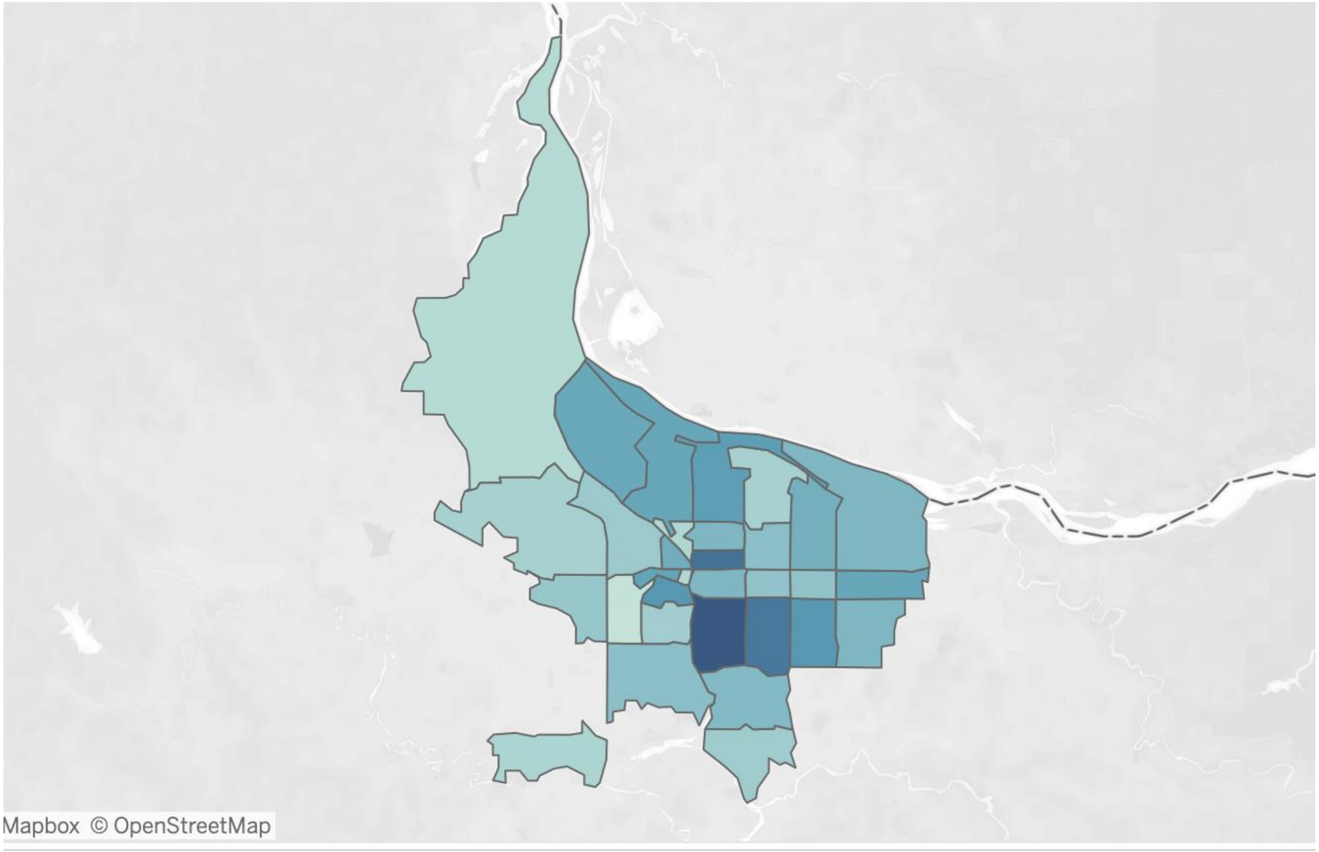


Figure 24. Density of Disability by Zip Code

A map was created to depict density of disabled residents by zip code. The darker the zip code area, the greater the number of disabled survey respondents. The data for this map is available in Appendix D. The five most represented zip codes in descending order are 97202, 97232, 97206, 97201, and 97266.

Bureaus should use this table in Appendix D as a benchmark when developing programs to better gauge how to incorporate accommodations into a program ahead of any specific requests.

44%	**44%**	**59%**
Ride the bus or Max at least once a week	**Use medical transport or paratransit services (e.g., TriMet Lift)**	**Use a rideshare service**

Figure 25. Using Transit

Forty-four percent ride the bus or Max at least once a week, 44% use medical transport or paratransit services (e.g. TriMet Lift), and 59% use a rideshare service (Figure 24). Thirty-three percent of people have experienced harm while using transportation. Harm experience has most often been from medical transport/cab/rideshare drivers.

Other sources of harm were specified in open text format where participants could self-describe the harm they experienced.

Qualitative Responses from Survey Participants: Harm Experienced While Using Transit Services

- A shooter
- People on the Max/Other transit rider
- I wasn't physically harmed but on numerous occasions while waiting for my transportation ' I have been accosted by strangers who postured at me and verbally threatened to beat me up for being in their way or for saying I didn't have any money or cigarettes to give them (which was true)."'

- MEN, people on drugs or mentally ill on streets [sic]
- wheelchair strapping equipment.
- Someone at a streetcar stop
- A masturbating creep ON THE TRAIN PLATFORM AT GATEWAY TRANSIT CENTER. I had to go to court to testify against him. Exacerbated the PTSD I have as a result of 2 rapes.
- Someone kicked my foot. Someone else ran over my foot with their bike.
- Passengers and people on the street who were abusive and some who kept attempting to get close to me and cough on me without a mask on while I was on my wheelchair attempting to gain transportation
- another person taking the lift to my day program
- a person I'd never seen before
- Strangers on the TriMet bus (yes I reported it to the proper channels at TriMet).
- mugged by a group of teenagers walking by the bus stop at night
- People on the street. "Handicapped piece of shit. A waste of tax money."
- strangers on bus/at bus stop
- a drunk racist passenger

Safety

Forty-nine percent of individuals report being harmed in their homes in the last 6 months. The most common source of harm was family members, followed by housemates. Almost three-quarters of people (74%) say they experienced harm outside their home in the same time frame, most often by neighbors or people in the neighborhood.

Participants were asked how safe they felt traveling in their neighborhoods during both day and night (Figure 25).

Aggregated findings suggest that individuals feel safe while traveling in their neighborhoods.

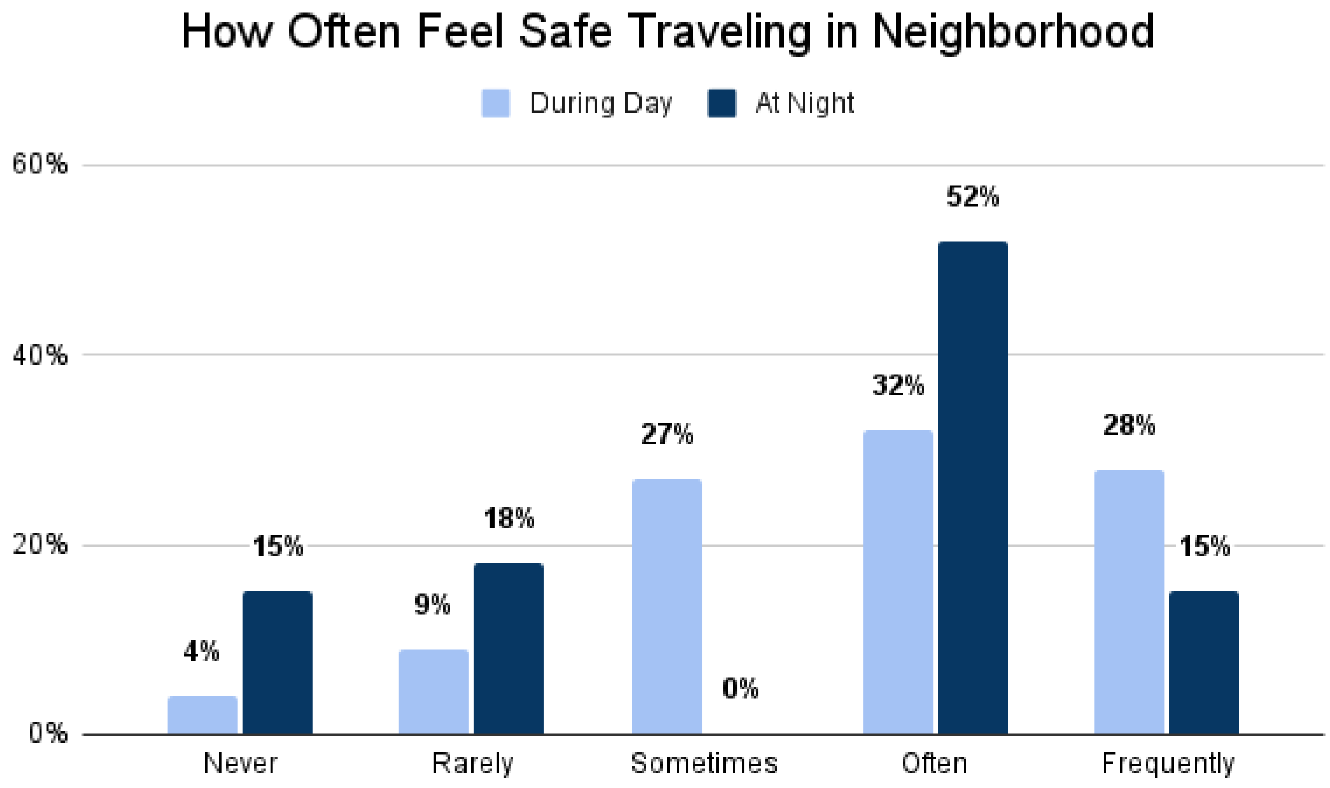


Figure 26. Feelings of Neighborhood Safety

When findings are disaggregated by gender on a summative scale value of safety, we can see that Trans Feminine (5.57) and Questioning (5.6) individuals' mean score is lower than other gender categories, suggesting they feel the least safe while traveling. Agender (7.71) and Intersex (7.5) individuals reported the greatest feelings of safety while traveling in their neighborhoods (Figure 26).

Figure 27. Mean Scale Scores of Feeling Safe in Neighborhood

The same scale disaggregated based on disability type and race or ethnicity, respectively, did not show as much variation.

Emergency Preparedness

A priority for the Portland area is emergency preparedness. People were asked how prepared they feel for a natural disaster (e.g. a wildfire or earthquake). Most reported not being very prepared for a disaster (Figure 27).

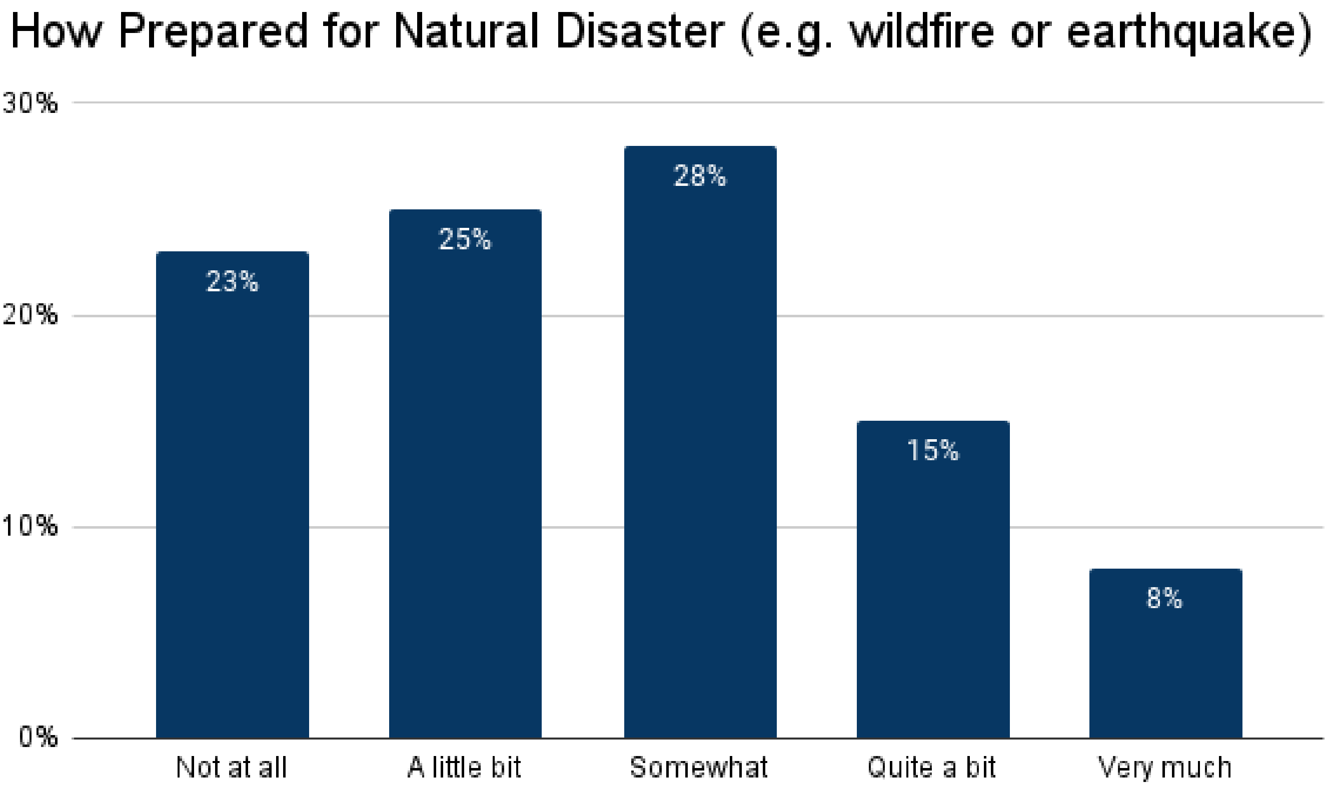


Figure 28. Natural Disaster Preparedness

Despite reporting less than total preparedness, more people than not say they have an emergency plan in case of disaster and have tested it.

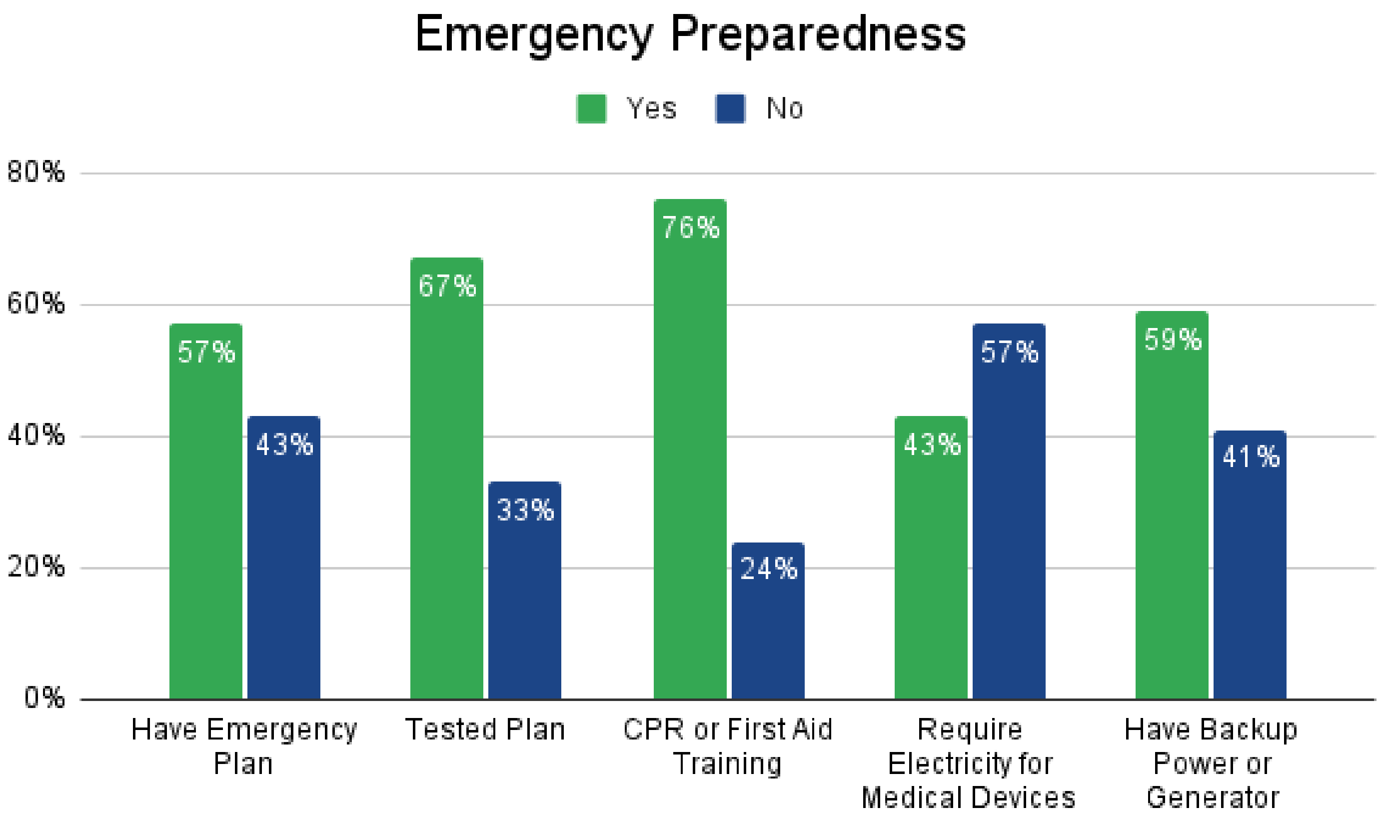


Figure 29. Rates of Emergency Preparedness

Civic Engagement

A series of questions were asked to both gauge level of civic engagement and one’s satisfaction with their level of engagement and the City’s response (Figure 29).

Half of respondents say that City meetings and events are important to them. Another 50% do not feel that local leaders are responsive to their needs. Nearly half of respondents don’t know how to influence City decisions and 45% don’t feel they have the power to influence City decisions about issues they find important.

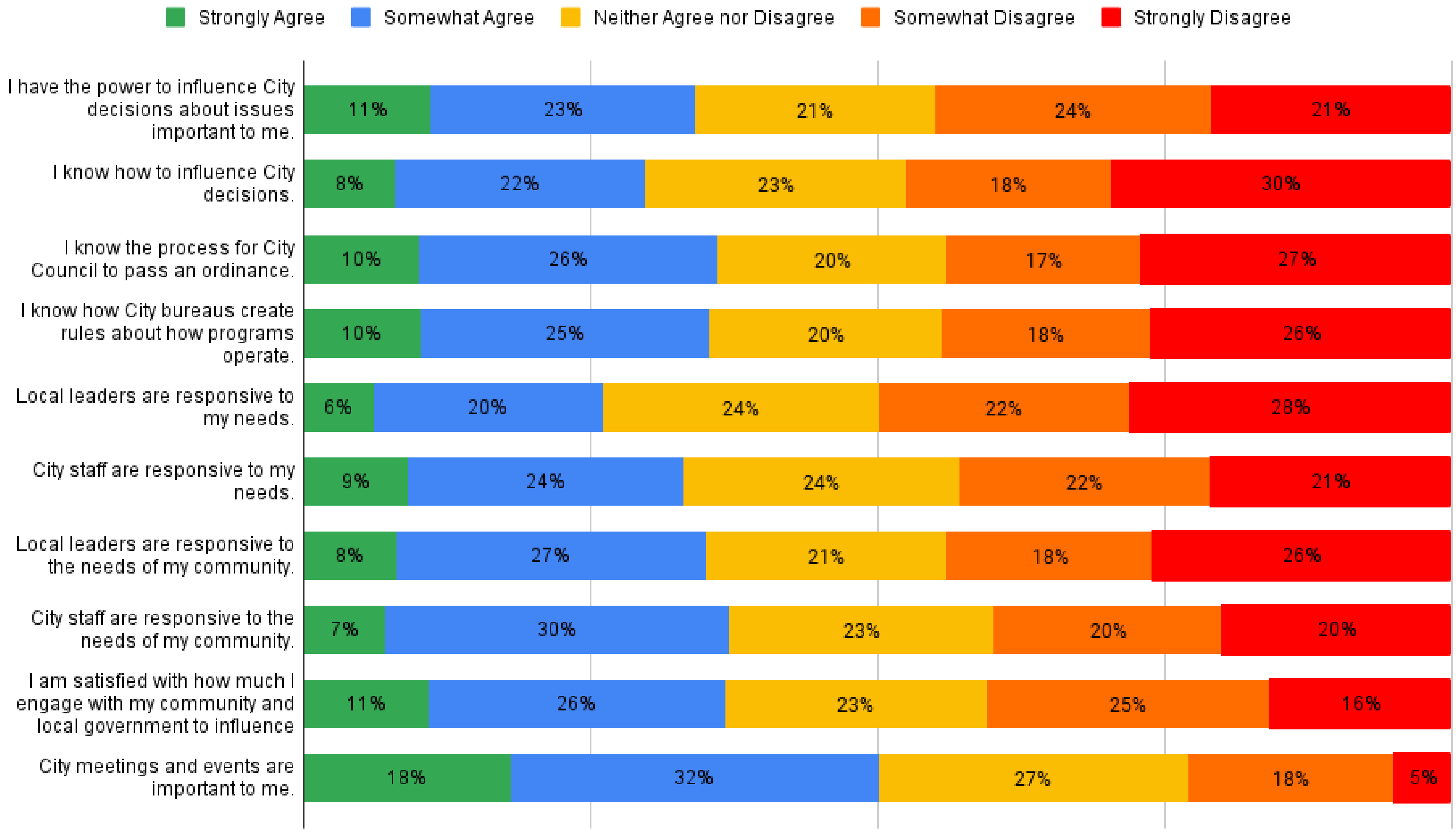


Figure 30. Rating City Engagement

A scale value of civic engagement satisfaction was created by summing the values from 10 questions. Scale ranged 10 to 50 but was adjusted to 0 to 40 for ease of interpretation. Civic engagement satisfaction in this sample is below the 50th percentile.

Participants were asked to choose what they thought to be most important factors to create or improve so that they can engage with the city. The top five items in descending order: Notice of upcoming meetings or events, relevance to you or your community, usability of technology, times of meetings or events, and live captioning (Figure 30).

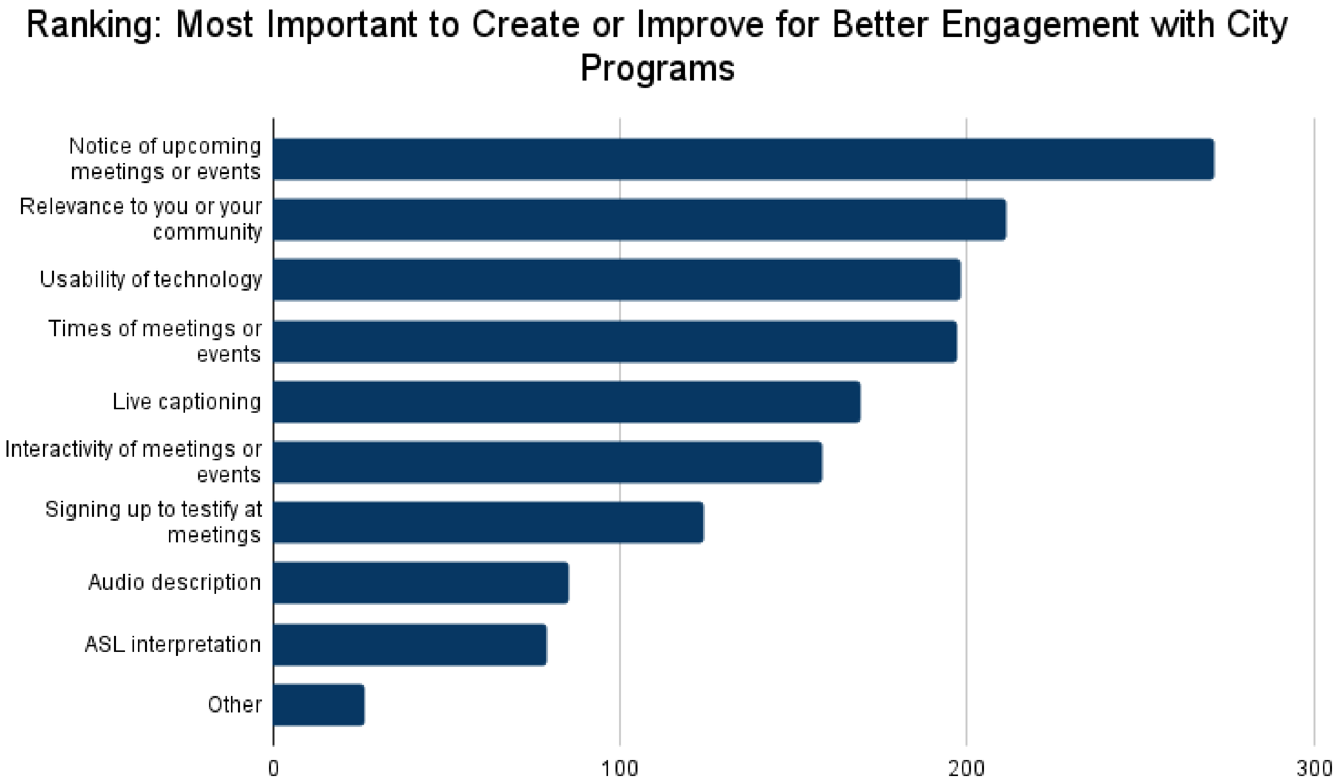


Figure 31. Ranking Most Important for City Engagement

Those that selected “other” we asked to specify what would make engagement with City programs better.

Qualitative Responses from Survey Participants: Improving Civic Engagement

- Keeping on time for city council meetings as much as possible. The council meetings are long, the majority of the time run behind. It is difficult to attend (especially when in person was the only option) longer than one physically plans to with chronic pain. Zoom has made it easier but it can be difficult if agenda items are regularly pushed back. It is worse in person because the chairs are hard wood.
- Access to devices that people can use to participate like tablets in my opinion with cultural centers, schools. Outreach to those impacted by the actual issues at hand, shit maybe liaisons to serve as filters for information to funnel to young people and poor people across Portland, someone who won’t bore the community with the colonialist way that the government operates.
- Recorded for future viewing/review; More accessible times; Third party that is neutral to access that will not disconnect me.
- A detailed summary available afterwards for people with concentration and attention issues to refresh memory and get the whole picture they may not have been able to pay attention to. Sent out via newsletter would be good.
- Having meetings held in a way where the average person understands what is being discussed (the one time I attended a city meeting, I couldn't understand half of what was said, and I am an educated person)
- ADA compliance; Clear agendas, clear objectives; Being more responsive of concerns; Transparency and accountability
- Considering gang members stakeholders in the discussion on community violence.
- More breaks and times for rest and reflection for all parties involved (including staff, council, and public).
- If you want to increase engagement you first have to acknowledge the fact that disabled people have less time and energy in general to be politically active because many of us are just struggling to survive.

- I'd literally need people to come to my home in order to be able to engage in the things you're mentioning…being in a room full of strangers or having the emotional/ physical energy to advocate for myself in a way that anyone would notice or care about [is an unaddressed barrier to civic participation].

Half of respondents reported they do not always know or understand how City meetings are run or the order of things that happen. Even fewer feel that they belong at the City meetings or events that they have attended. Despite this:

- 61% reported acting on the issues that impact them
- 56% acting on the issues that impact the disability community.

The top three ways people describe being active in their respective communities:

- Engaging with friends, neighbors, or acquaintances about shared concerns
- sharing resources with others
- participating in an organization with shared interests or values

Participants were asked how they participated in civic activity in the 6 months prior to the survey (Figure 31). The top three ways people report participating were voting, participating in an advocacy group, and participating in a neighborhood association, district coalition, or community organization meeting.

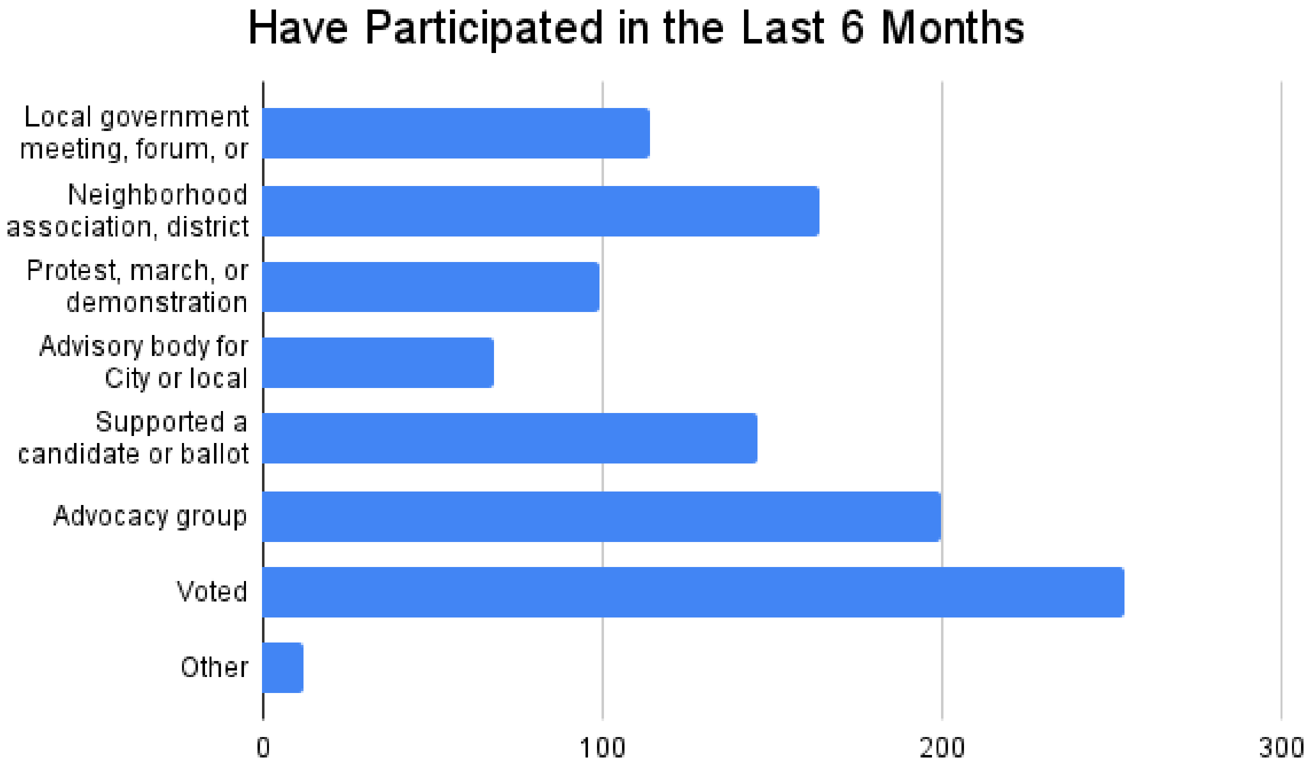


Figure 32. Describing One's Civic Engagement

Participants who selected "Other" were given the option to self-describe their participation.

Qualitative Responses from Survey Participants: How They are Active in Their Communities.

- City arts activation forum
- Consult people with advice
- Volunteer weekly at local nonprofit family shelter
- Attended protest and march from the vantagepoint of being an otherly abled person [sic] social distanced crowds!
- Promote And support BLM, BIPOC and LGBTQIA services via my business
- Mutual Aid; volunteered with Multnomah County in the pandemic response
- Portland Food Project
- Served on a community board
- I serve on a National Board for young adult self-advocates: YASA
- Put together a panel for Transit Summit
- Contacted numerous city offices for help to no avail. No one did anything

Individuals were also asked which of the City bureaus or programs they had engaged with in the previous 6 months (Figure 32). The bureau most often engaged with was Community and Civic Life followed by Parks and Recreation and Development Services Center.

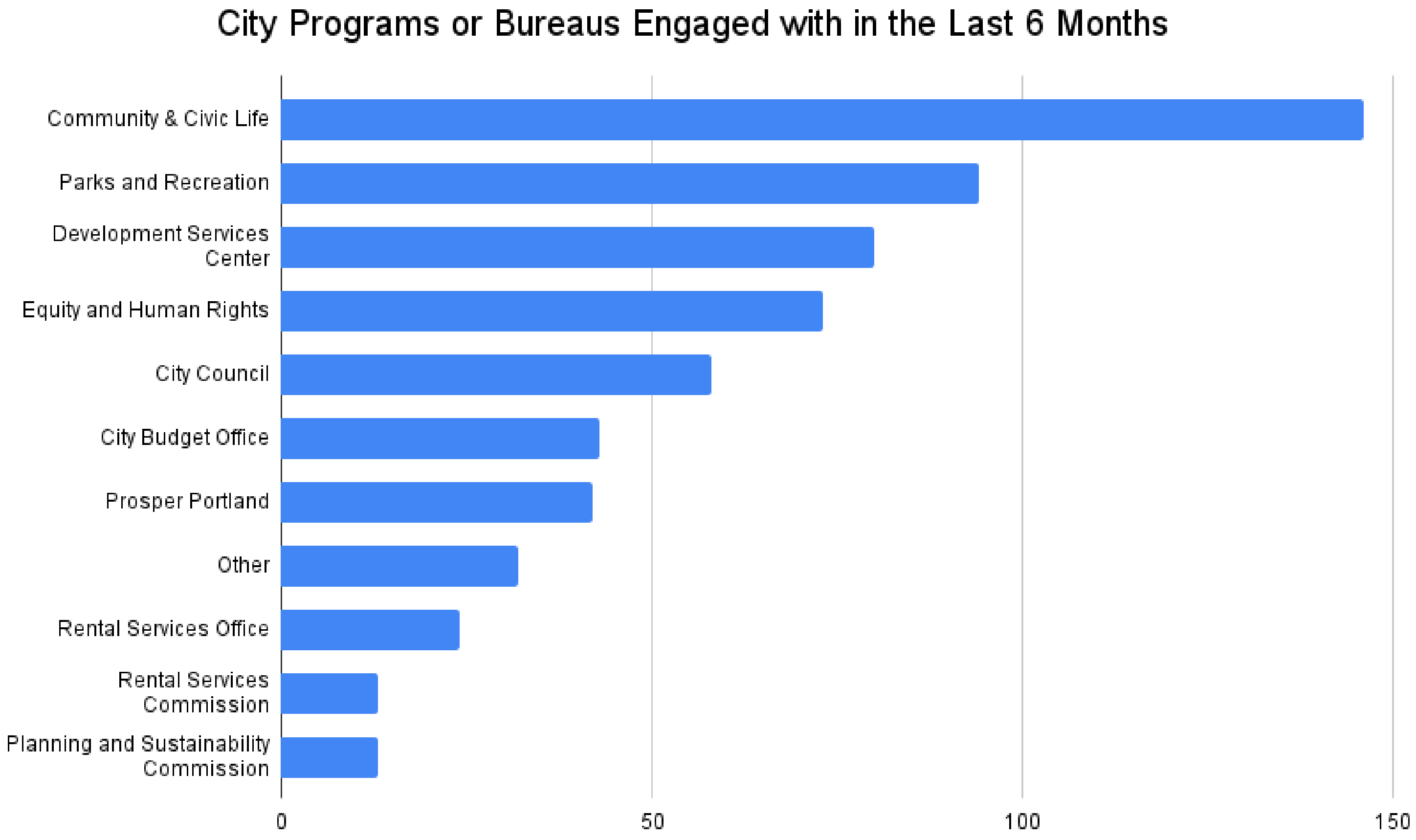


Figure 33. Programs or Bureaus Engaged with in Last Six Months

Individuals electing “other” were again asked to specify.

Qualitative Responses from Survey Participants: Engaging with City Bureaus and Programs

- Contacted Mayor's office and multiple city offices to no avail. No one calls back or emails or seems to care
- Arts activation forum
- Contacted city hall without reply
- I read about the events, but do not attend
- Portland Charter commission
- I would love to take part in sharing my information I uncover on corruption though this state
- Oregon department of human services update digital online access to healthcare
- Multnomah County
- We invited Mayor Wheeler to attend a number of meetings and lectures but were completely ignored by him and his entire staff at City Hall
- Portland Clean Energy Fund
- Office of Community Engagement, MultCo Emergency Operations Center
- Rent Well

When asked how they most prefer to receive communications regarding City programs, events, or news, 62.7% said they would like emails (Figure 33). Due to a programming error on the survey platform, participants were not able to select more than one method of communication. In the open text box, respondents clarified that they would prefer multiple forms of communication from the City regarding relevant news.

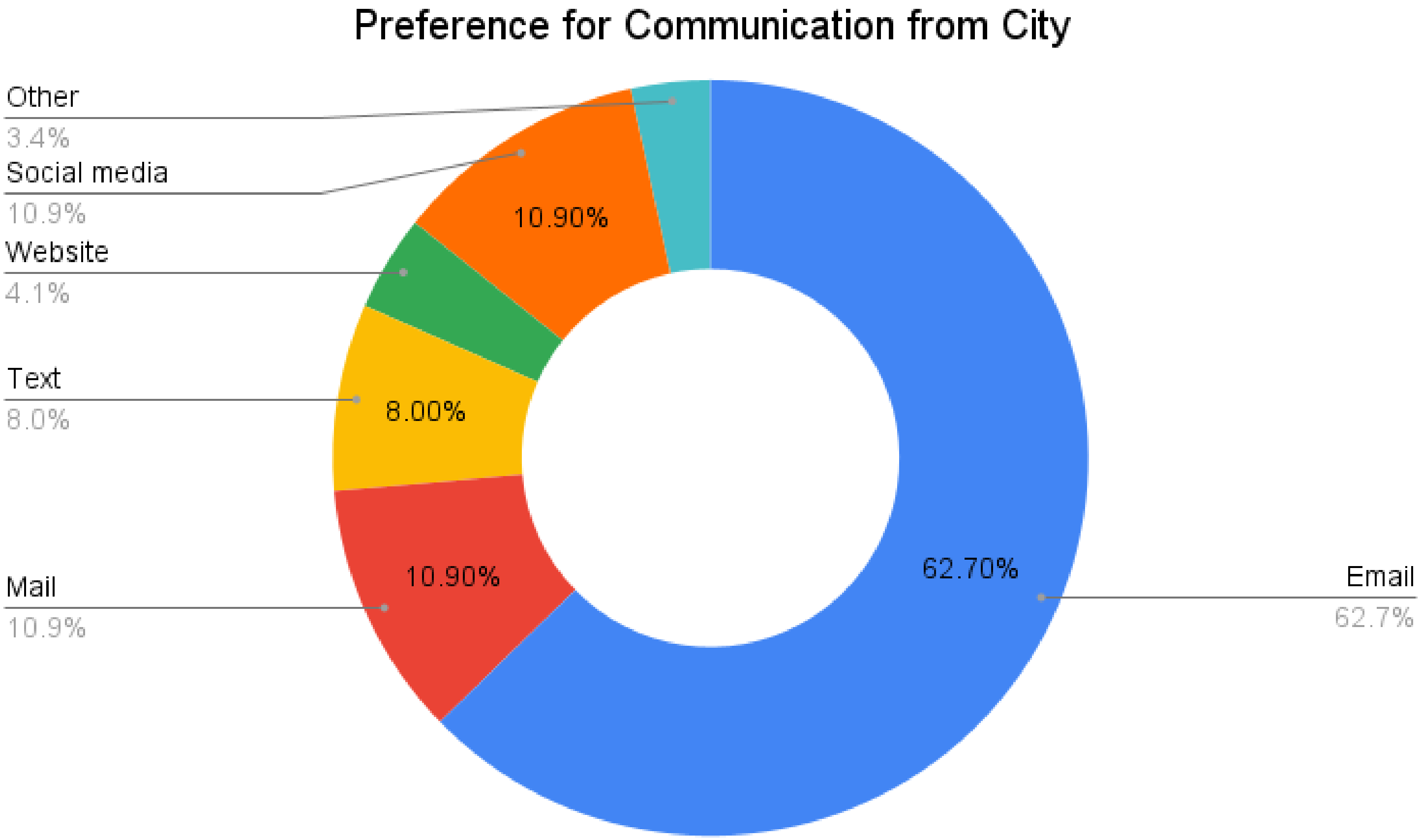


Figure 34. Preference for City Communication

Conclusions, Discussion, and Future Aims

- Disabled people in Portland experience extreme poverty at a high rate.
- Half of disabled people have more than one disability.
- Mobility and other physical disabilities were the most common. The built environment must be constructed with the assumption that power and manual wheelchair users are accessing the space.
- The assumption of wheelchair users in a space should include planning for safe evacuation of wheelchair users from that space if the need were to arise.
- Disabled Portlanders care about City events and programs, but don’t feel heard or prioritized by local leaders.
- Over a quarter of people don’t have the resources they need to leave the house: this should concern emergency planning people.
- People experience barriers to civic participation due to inaccessible features.
- Despite a third of people reporting experiencing harm while using transportation and 3/4s encountering harm while outside the home, disabled people generally feel safe traveling in their neighborhoods, but this varies widely by gender.

Future Aims

The Disability Division of the Office of Equity and Human Rights is developing a focused survey to follow up on the findings from this survey. Instead of a broad net, this survey will be targeted (approximately 35 questions) and focus on socioeconomic measures, access to the community, civic engagement, disability, and demographic factors.

Structuring data collection with an eye to its analysis and use is doubly important. First, we are collecting data from a community that has been very clear that time and energy are a limited resource; demands for data must take into consideration the burden placed upon participants. Second, data collection for its own sake is wasteful. The targeted survey is being developed following both inter and intra Bureau evaluation of existing disability data collection. Further, data do not exist in a vacuum and need to be easily interpreted alongside State and Federal data.

The management of these data will stay with the Office of Equity, but will exist for inter-bureau use. If your Bureau has disability data gaps it would like to address or would simply like to prioritize disability data moving forward, contact the Disability Division in the Office of Equity to set up a disability data evaluation.

Limitations

Initially, the study was set to launch in 2019. Due to administrative setbacks and the onset of the COVID-19 pandemic, the survey instead went live May 17, 2021 and closed July 2021.

This was an exploratory study and as such was comprehensive in the instruments used. The published survey had 8 domains and 124 individual questions. Developers wanted to understand what the state of disability is in the city of Portland, how it impacts various spheres of living, and how disabled people engage with the City. To build on these initial findings, the Disability Division of the Office of Equity and Human Rights will send out a targeted (approximately 35 questions) follow-up survey focusing on socioeconomic measures, access to the community, civic engagement, disability, and demographic factors.

This project had several hurdles and setbacks.

Data collection was initially proposed for April-May 2019. Collection didn’t begin until May 2021, by then, the COVID-19 pandemic was in full swing, thus confining outreach to digital spaces and potentially limiting the scope of individuals accessing the survey.

Portland State University (PSU) contracted with Real Choice Initiative (RCI), a Portland-based nonprofit that facilitates independent living opportunities for disabled individuals, and the Office of Community and Civic Life (OCCL) to assist with the technical aspects of the survey and to develop, write, and submit the report. However, due to organizational setbacks, the report was not completed, and data were not available for City use nor for the proposed town hall to discuss findings to the community.

The Disability Division of the Office of Equity and Human Rights had very little involvement in the creation of the survey but always intended to use the raw data to create a tool for Bureaus. During the months that PSU was tasked with cleaning and disaggregating the data for a final report, the ADA Title II and Disability Equity Manager in the Office of Equity and Human Rights, Nickole Cheron, created the role of Disability Equity Data Analyst and hired Dr. Brie Scrivner to support the City in collecting, disaggregating, and creating data tools for Bureaus around disability equity.

In August 2022, the Office of Equity and Human Rights inherited the raw data and created this report. The main objective of this report is to demonstrate the disparities in impact to the disability community in Portland. Further, this report is meant as a resource for city of Portland Bureaus for usable disability data when making decisions on bureau programs, plans, and services. Any other contracted agreements around the use of the data fall under the management of the Office of Community and Civic Life.

This document does not include a detailed report of every single finding from the survey. In its entirety, the survey has 124 individual questions and many were beyond the purview of City programs, services, and Bureaus. Requests for a copy of the survey questionnaire or for data can be made to the Disability Division of the Office of Equity and Human Rights.

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Appendices

Appendix A: Data Table for Figure 25: Feelings of Neighborhood Safety

How Often Do You Feel Safe Traveling in Your Neighborhood	During Day	At Night
Never	4%	15%
Rarely	9%	18%
Sometimes	27%	0%
Often	32%	52%
Frequently	28%	15%

Appendix B: Data Table for Figures 27 and 28: Rates of Preparedness for Natural Disaster and General Emergency Preparedness

How Prepared Are You For Natural Disaster?	%
Not at all	23%
A little bit	25%
Somewhat	28%
Quite a bit	15%
Very much	8%

Emergency Preparedness	Yes	No
Have Emergency Plan	57%	43%
Tested Plan	67%	33%
CPR or First Aid Training	76%	24%
Require Electricity for Medical Devices	43%	57%
Have Backup Power or Generator	59%	41%

Appendix C: Data Table for Figure 29: Rating Civic Engagement

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
I have the power to influence City decisions about issues important to me.	11%	23%	21%	24%	21%
I know how to influence City decisions.	8%	22%	23%	18%	30%
I know the process for City Council to pass an ordinance.	10%	26%	20%	17%	27%
I know how City bureaus create rules about how programs operate.	10%	25%	20%	18%	26%
Local leaders are responsive to my needs.	6%	20%	24%	22%	28%
City staff are responsive to my needs.	9%	24%	24%	22%	21%
Local leaders are responsive to the needs of my community.	8%	27%	21%	18%	26%
City staff are responsive to the needs of my community.	7%	30%	23%	20%	20%

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
I am satisfied with how much I engage with my community and local government to influence local issues.	11%	26%	23%	25%	16%
City meetings and events are important to me.	18%	32%	27%	18%	5%

Appendix D: Figure 24: Disability Types by Zip Code

Zip code	Mobility	Visual	Hearing	Intellectual	Speech	Mental	Invisible
97201	12	5	1	7	2	8	9
97202	16	4	7	10	3	21	16
97203	11	4	2	6	3	6	3
97204	3	0	0	1	1	1	1
97205	12	2	4	3	3	7	6
97206	24	5	3	3	4	13	8
97209	16	2	2	1	0	7	4
97210	5	2	2	2	0	2	2
97211	12	20	2	1	0	3	2
97212	5	3	2	5	0	9	3
97213	9	0	1	3	3	6	3
97214	12	2	1	2	1	5	4
97215	7	2	2	1	1	3	3
97216	5	3	1	3	1	3	3
97217	9	3	3	4	4	6	7
97218	3	1	0	2	0	4	1
97219	7	1	1	3	1	6	3
97220	9	2	0	5	2	8	5

Zip code	Mobility	Visual	Hearing	Intellectual	Speech	Mental	Invisible
97221	1	0	0	0	0	0	0
97222	9	1	4	0	3	5	3
97223	6	1	1	3	2	2	1
97224	2	2	1	1	0	3	0

Zip code	Mobility	Visual	Hearing	Intellectual	Speech	Mental	Invisible
97225	5	1	2	1	2	3	3
97228	0	1	1	1	0	0	0
97229	6	0	1	2	1	1	0
97230	8	0	3	4	3	6	3
97231	0	1	2	1	0	1	1
97232	15	8	5	8	7	14	7
97233	3	2	1	3	3	6	2
97236	7	2	3	4	0	6	5
97238	0	1	0	1	1	0	0
97239	4	2	1	1	0	4	1
97240	0	2	0	1	1	0	0
97242	0	0	1	1	1	0	0
97243	0	0	1	0	1	0	0
97249	0	0	1	0	1	0	0

Zip code	Mobility	Visual	Hearing	Intellectual	Speech	Mental	Invisible
97250	0	0	1	1	0	1	0
97252	0	2	1	1	2	2	0
97253	0	1	0	1	0	1	0
97254	0	0	1	1	1	0	0
97266	19	3	2	5	1	6	8
97267	6	0	2	0	1	3	2
97273	0	0	0	0	1	0	0
97296	2	1	1	0	1	0	0