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Evaluating the Americans with Disabilities Act's Effectiveness in Ensuring Accessible Housing and Healthcare

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Abstract: ***The Americans with Disabilities Act (ADA) of 1990 represents a significant legislative milestone aimed at eradicating discrimination and ensuring equitable access to housing, healthcare, and public services for individuals with disabilities. Despite its foundational intent, considerable barriers remain concerning housing security and healthcare accessibility. Thus, this study provides a timely and critical evaluation of the Americans with Disabilities Act (ADA), examining its real-world effectiveness in enhancing housing and healthcare access for people with disabilities. The article reveals how the ADA, despite its progressive intent, often falls short in addressing entrenched structural inequities, by analyzing systemic financial burdens, enforcement limitations, and intersectional disparities. The findings highlight persistent barriers, particularly for marginalized groups, such as limited access to affordable housing and healthcare facilities. The study calls for targeted policy reforms such as improved data collection standards, inclusive service delivery models, and stronger enforcement mechanisms. The study suggests that without comprehensive updates, the ADA risks remaining a framework of minimal compliance rather than transformative inclusion. The ADA can more effectively achieve its goals of inclusivity and equity for all individuals with disabilities by addressing these critical gaps.***

Keywords: Americans with Disabilities Act (ADA), housing accessibility, healthcare access, disability policy, intersectionality

1. Introduction

The Americans with Disabilities Act (ADA) was enacted in 1990 to prohibit discrimination based on disability and ensure equal access to employment, public services, transportation, and housing (U.S. Department of Justice, 2020). Title II (public services) and Title III (public accommodations) of the ADA mandate accessibility in healthcare facilities, while the Fair Housing Act Amendments of 1988 extended protections to housing (National Fair Housing Alliance, 2021).

Despite these important legal frameworks designed to foster inclusivity, recent research indicates that people with disabilities continue to face significant barriers in achieving housing security and accessing healthcare services. Studies reveal persistent issues such as inadequate physical access to buildings, a lack of affordable housing options, and insufficient healthcare facilities that meet the needs of individuals with disabilities (Friedman, 2023; Reichard et al., 2011). The ADA mandates that healthcare providers ensure physical accessibility (e.g., wheelchair ramps, adjustable exam tables) and effective communication (e.g., sign language interpreters, accessible digital platforms) (Mudrick et al., 2020). Despite this, nearly 30% of disabled Americans report encountering accessibility barriers in medical settings (Iezzoni et al., 2021). Rural areas face even greater disparities, with healthcare deserts limiting access to specialists and adaptive equipment (Ibukun & Alam, 2024; Peterson et al., 2023). Although telehealth expanded rapidly during COVID-19, yet many disabled individuals, mainly those with low incomes or limited broadband access, remain excluded from virtual care (Shakespeare et al., 2022).

This paper thoroughly examines the impact of the ADA on housing and healthcare accessibility and outlines the ongoing challenges that still hinder full equity for individuals with disabilities. The study is based on a narrative synthesis of peer-reviewed literature, government reports, and statistical datasets spanning 2009–2024. The sources were selected based on relevance to ADA enforcement, housing accessibility, and healthcare disparities. Data were thematically analyzed to identify systemic patterns and gaps in ADA implementation. Through this analysis, we aim to highlight the successes of the ADA and the critical areas that require further attention and improvement to ensure a truly inclusive environment for all.

2. Legal Framework

The legal framework governing accessible housing in the United States is structured around three key statutes, establishing important rights while highlighting various implementation challenges. The Americans with Disabilities Act (ADA) of 1990 fundamentally transformed the landscape of public accommodations; however, it contains a significant exemption for privately owned housing, which is only subject to accessibility requirements if it acts as a public accommodation (42 U.S.C. S 12181(7)(A); DOJ, 2022). Consequently, responsibility for accessible housing predominantly falls upon the Fair Housing Amendments Act (FHAA) of 1988, which mandates specific accessibility features in multifamily units constructed after March 1991 (42 U.S.C. S 3604(f)(3)(C)). A 2023 study by the Department of Housing and Urban Development (HUD) revealed that 17% of these units comply fully with the established requirements (HUD, 2023). Section 504 of the Rehabilitation Act also provides some protection for federally assisted housing, yet

leaves considerable gaps within the private rental market (Pritchard, 2022).

Enforcement mechanisms associated with these statutes demonstrate systemic weaknesses. Although disability-related complaints filed with HUD have increased by 42% since 2015, only 28% of these cases resulted in corrective action in 2022, compared to 39% in 2010 (NFHA Annual Report, 2023). Also, the private right to take legal action under the FHAA is limited; a statutory cap of $16,000 on damages does not effectively deter litigation, resulting in only 17 successful private accessibility cases annually from 2018 to 2022 (Colker, 2022). The complexity of local building codes exacerbates these issues, with only 14 states fully adopting updated accessibility standards outlined in the 2017 ICC (NCSHA Survey, 2023).

Likewise, technical compliance frequently obscures functional accessibility shortcomings in housing design. A nationwide audit conducted in 2022 of 1,200 "ADA-compliant" units found that while 78% met doorway width requirements, only 31% provided an adequate turning radius in bathrooms, and merely 12% included accessible kitchen surfaces (Steinfeld et al., 2022). Grandfathering pre-1991 buildings further contribute to accessibility shortages, as many landlords mistakenly believe they are exempt from necessary upgrades during renovations (Bittle & Gawrys, 2024).

Fiscal factors also complicate the accessible housing market. Developers often overestimate the costs associated with ensuring accessibility, while the actual premium costs typically range from just 0.5% to 1.2% of overall construction expenses (HUD Cost Analysis, 2022). Additionally, the appraisal industry tends to undervalue accessible features, leading modified units to appraise 8-12% lower comparable properties due to a lack of competencies related to disability (Appraisal Institute White Paper, 2023). Besides, 72% of landlords report facing challenges with insurance coverage for accessible units despite the absence of actuarial evidence to suggest increased risk (Harrison & Kaye, 2023).

Emerging policy solutions indicate potential pathways for improvement in accessible housing. Minnesota's Accessibility Bond Program, initiated in 2021, has facilitated financing for 1,200 retrofits through low-interest loans, achieving a remarkable 98% repayment rate (Minn. Housing Finance Agency, 2023). Proposed federal legislation, such as the Universal Design Tax Credit Act (H.R. 2941), offers the potential to provide 30% tax credits for accessibility modifications, which could create approximately 45,000 accessible units annually if enacted (CBO Score, 2023). Also, local initiatives like Portland's accessory dwelling unit (ADU) reforms have led to a significant increase in the production of accessible units, with a reported 217% rise since 2019 (Portland Housing Bureau, 2023). These examples suggest that while current implementation falls short for many individuals with disabilities, targeted policy interventions could greatly enhance housing accessibility.

3. Systemic Inconsistencies in Disability Data and Policy Fragmentation

Casebolt's (2021) analysis identifies significant inconsistencies in the collection of global disability data, noting the optional disability module in Demographic and Health Surveys (DHS). This reflects similar challenges present in the United States. Proxy-based assessments, such as caregiver reports in housing and healthcare contexts, frequently misrepresent individual needs, thereby undermining compliance with the Americans with Disabilities Act (ADA) (Altman, 2016). These discrepancies are further compounded by fragmented definitions of disability across more than 60 federal programs, including Section 4302 of the Affordable Care Act (ACA), which complicates resource allocation and policy coherence. The absence of standardized tools, such as the Washington Group Questionnaire, leads to misalignments between data collection efforts and policy objectives.

Geographic and enforcement disparities contribute to the inconsistent implementation of the ADA. Ibukun and Alam (2024) observe that while 89% of transit agencies claim compliance with accessibility standards, only 63% of stations fully meet these requirements. Rural areas are mostly affected, with 19.5% of individuals who travel limited residing there, despite these individuals comprising only 20% of the overall population. Notable inequities also exist in healthcare access; CDC data reveal that 28.7% of U.S. adults have disabilities, but 1 in 4 of these individuals lack a usual healthcare provider. This illustrates a considerable gap in the enforcement of ADA-mandated access.

Challenges related to healthcare access and transitional vulnerabilities remain prevalent. Reichard et al. (2011) identify significant gaps in preventive care utilization, such as Pap tests and mammograms, among disabled adults, despite the mandates set forth by the ADA. The transition from pediatric to adult care illustrates systemic shortcomings, with young adults experiencing insurance lapses, such as losing Medicaid coverage at age 18, and encountering fragmented provider networks that necessitate reliance on emergency room services for routine care. These disruptions highlight the ADA's limitations in ensuring the continuity of critical services. The overall effectiveness of the ADA is diminished by inconsistent data collection, geographic disparities, and fragmented systems. To enhance enforcement, it is essential to establish standardized metrics, implement centralized oversight, and develop policies that bridge clinical and community divides, thereby aligning with the original intent of the ADA.

4. Systemic Financial Barriers in Healthcare and Housing

The intersection of disability and economic vulnerability results in significant barriers to equitable access across various sectors. The protections afforded by the ADA have proven inadequate during periods of crisis, revealing intertwined economic and disability-related vulnerabilities. Friedman (2023) finds that

26% of Medicaid beneficiaries with cognitive disabilities faced housing arrears during COVID-19, with 52% at risk of eviction. Still, the income requirements associated with Medicaid further limit access to affordable housing options, emphasizing the ADA's shortcomings in addressing socioeconomic instability. Further research indicates that healthcare expenditures related to disabilities in the United States total approximately $397.9 billion annually, with public programs covering 70.4% of these costs (Reichard et al., 2011). This reliance on often underfunded public systems exacerbates an affordability crisis, particularly as data from the Centers for Disease Control and Prevention (CDC) reveal that adults with disabilities report unmet healthcare needs due to costs at more than double the rate of their non-disabled counterparts. More so, the prevalence of chronic conditions among individuals with disabilities, such as diabetes, affecting 16.6% of this population compared to 7.9% of non-disabled individuals, further intensifies this financial strain. These challenges underscore significant gaps in the Americans with Disabilities Act's (ADA) approach to affordability regarding insurance coverage and out-of-pocket expenses for essential medications and assistive devices.

Financial instability within the disabled population manifests in multiple ways. Approximately 25% of disabled adults live below the federal poverty line, and nearly 47.8% rely on public insurance, compared to just 19.7% of non-disabled adults (Friedman, 2023). These economic disparities considerably affect healthcare utilization. Young adults with disabilities are twice as likely to delay or forgo necessary care due to cost (19.1% compared to 8.9%) and exhibit greater concerns about medical bills (48.9% compared to 40.2%). This situation is especially critical for individuals with household incomes below $25,000, where 51.1% of disabled persons face a 2.67 times greater risk of falling behind on payments during periods of income loss (Friedman, 2023). Consequently, these financial pressures compel individuals to make difficult decisions between housing, healthcare, and other essential needs that the ADA inadequately addresses due to its primary focus on physical accessibility rather than comprehensive economic barriers.

The affordability crisis extends beyond healthcare, significantly impacting housing and transportation challenges. The cost of making housing modifications to increase accessibility is often prohibitive, leading to substandard living conditions for individuals with disabilities (Mitra et al., 2009). Transportation barriers further complicate these concerns, as ADA-compliant options are generally 28% more expensive than standard alternatives (Ibukun & Alam, 2024). This disparity is predominantly pronounced among rural populations with disabilities, where 53% are aged 65 or older and depend on fixed incomes, yet only 7.7% qualify for income-based transit subsidies (Ibukun & Alam, 2024). The COVID-19 pandemic has exacerbated these pre-existing vulnerabilities, with 26% of Medicaid beneficiaries with cognitive disabilities experiencing housing arrears and 52% eviction (Friedman, 2023).

Systemic policy failures further perpetuate these affordability challenges. The restrictive income requirements of Medicaid limit housing options, while inconsistent disability identification, including underreporting due to stigma, often excludes individuals from accessing essential subsidies (Casebolt, 2021; Mitra et al., 2009). The financial burden remains considerable, as disabled individuals incur medical costs that are four to five times higher than those of their non-disabled counterparts, with an average annual expense of $11,487 for individuals with cognitive limitations (Reichard et al., 2011). These findings highlight the urgent need for policy reforms to expand evidence-based interventions, increase funding for Medicaid and housing subsidies, enhance the collection of disability-related data, and integrate comprehensive affordability protections into ADA enforcement frameworks. Without such systemic changes, the promise of the ADA for equal access will remain unfulfilled for millions of disabled Americans contending with persistent economic barriers.

5. Systemic Accessibility Challenges and Enforcement Gaps

Recent research highlights significant physical accessibility barriers within healthcare environments, which persist despite the mandates established by the Americans with Disabilities Act (ADA). An analysis conducted by Casebolt (2021) on disability data collection methods indicates that survey designs often inadequately capture environmental barriers. For example, discrepancies were found in the reported mobility difficulties, with 9.3% identified in the Disability Health Survey (DHS) compared to 4.9% in the Uganda Functional Disability Survey (UFDS). This methodological inconsistency reflects the documented physical barriers in medical facilities across the United States, where inaccessible equipment, mostly examination tables, continues to hinder access to care in violation of ADA Title III requirements (Nosek & Howland, 1997). The ongoing underreporting of these physical barriers through proxy-based assessments emphasizes the need for a shift towards direct individual reporting methods, as Casebolt (2021) advocates, to better align with the ADA's principles of patient-centered accommodation.

Healthcare utilization patterns provide further evidence of these persistent physical accessibility challenges. Individuals with disabilities are less likely to engage in preventive care, with only 56.7% of those experiencing cognitive limitations accessing dental services, compared to 65% of their non-disabled counterparts (Reichard et al., 2011). Similarly, women with disabilities face notably lower rates of cancer screenings, often attributed to the presence of inaccessible examination equipment (Nosek & Howland, 1997). This issue is pronounced more in rural areas, where a study by Ibukun and Alam (2024) found that individuals with disabilities made medical trips at a rate of 5.4 times higher than that of non-disabled peers (17.9% versus baseline rates), indicating that inadequate accessibility at local facilities necessitates longer journeys for essential care. Failures in transportation infrastructure further exacerbate these challenges, as 78% of transit stations lack tactile paving (Ibukun & Alam, 2024), resulting in often inaccessible journeys to healthcare facilities.

The crisis of physical accessibility is evident across the entire continuum of care, disproportionately impacting vulnerable subgroups. Young adults with disabilities exhibit significantly lower dental visit rates (51.8% versus 61.8%), while 5.3% rely on emergency rooms as their primary source of care, in contrast to just 1.8% of non-disabled individuals. Such trends are closely associated with healthcare facilities' design and equipment limitations. Besides, older adults and individuals with musculoskeletal conditions encounter specific challenges, with 10.4% of disabled adults reporting walking difficulties that impede healthcare access. Furthermore, research conducted by Friedman (2023) indicates that Medicaid beneficiaries with sensory disabilities experience heightened housing insecurity (odds ratio = 1.54), suggesting that physical barriers within residential settings create additional complicating factors for accessing healthcare services.

These systemic failures reflect significant enforcement gaps in ADA compliance within medical environments. Although the ADA provides clear architectural standards for medical equipment and facilities, adherence to these standards remains inconsistent, particularly in older structures and rural settings. The resulting physical barriers contribute to notable healthcare disparities, evidenced by the statistic that 1 in 6 disabled adults forgo routine checkups due to challenges related to accessibility. Collectively, these findings underscore the urgent need for enhanced enforcement mechanisms for the ADA, standardized assessments of accessibility, and the implementation of meaningful penalties for non-compliant healthcare facilities. Such actions ensure equitable access to medical services for all individuals with disabilities.

6. Communication and Systemic Barriers in Healthcare for People with Disabilities

Current research reveals that persistent systemic barriers significantly impede healthcare access and quality for individuals with disabilities, with communication challenges serving as a critical and multifaceted obstacle. Kristina et al. (2019) identify considerable gaps in the inclusion of individuals with disabilities in health promotion, largely in preventive services such as smoking cessation programs and mammography screenings. These findings highlight the urgent need for explicitly integrating disability considerations into public health initiatives. The systemic exclusions contribute to measurable health disparities, including markedly higher rates of obesity (40.5% among disabled individuals compared to 30.3% among non-disabled individuals) and smoking (20.9% versus 10.2%) within disabled populations (CDC, 2024). This underscores the failures to adequately adapt health education and service delivery to accommodate diverse needs.

At the provider level, Jorge et al. (2021) reveal substantial competency gaps, indicating that clinicians frequently lack the necessary training to effectively communicate with patients experiencing cognitive disabilities, which are the most commonly reported type of impairment. Despite the mandates of the Americans with Disabilities Act (ADA) for "effective communication" accommodations, inconsistent implementation remains a problem. Consequently, care satisfaction rates are notably lower (86.8% for disabled patients compared to 94.6% for non-disabled patients), and there is a disproportionate reliance on proxy communication (15.2% versus 1.5%). These communication barriers specifically hamper the utilization of preventive care, as evidenced by reduced adherence to Pap tests among individuals with cognitive limitations (AOR 2.02; Reichard et al., 2011). Also, a prevailing emphasis on acute care over chronic care further exacerbates these health disparities, reflecting systemic biases in service delivery.

The challenges related to communication extend beyond clinical settings to encompass broader systemic issues. Friedman (2023) documents that beneficiaries with cognitive and visual impairments often receive insufficient information regarding critical housing assistance programs. Similarly, Parish and Saville (2006) identify comparable shortcomings in the accessibility of lease agreements. These findings across healthcare and housing sectors indicate structural deficiencies requiring attention. Moreover, Ibukun and Alam (2024) illustrate that only 41% of transit staff have received training in disability assistance, reflecting a consistent lack of preparation among healthcare providers.

Methodological challenges in disability data collection further compound these barriers. Casebolt's (2021) cross-national research indicates that proxy reporting and inconsistent survey questions can result in significant discrepancies in prevalence data (with variations of up to 64%). Additionally, stigma and a lack of awareness contribute to the systematic undercounting of disability experiences. These measurement challenges directly impact service provision and policy development, as evidenced by the potential undercounting of needs in the National Household Travel Survey due to reliance on proxy-reported data. Such information gaps especially disadvantage individuals with non-apparent disabilities, creating invisible barriers to care.

These layered barriers pose persistent challenges to achieving equitable healthcare. This research underscores the pressing need for comprehensive reforms, which include enhanced provider education, the establishment of standardized disability data protocols, rigorous enforcement of the ADA, and cross-sector collaboration to address communication barriers effectively. Implementing such integrated approaches is essential for realizing ADA's promise of equitable access and improved health outcomes for individuals with disabilities across all service sectors.

7. Intersectional Disparities in Disability, Race, Gender, and Poverty

Research indicates significant intersectional disparities that create compounded barriers for individuals with disabilities who also experience racial, gender, and economic marginalization. Transportation studies highlight stark racial inequities: Black disabled individuals constitute 12.5% of urban populations facing travel limitations, yet they have access to

34% fewer transit options in low-income neighborhoods (Ibukun & Alam, 2024). These mobility barriers are reflective of broader patterns of discrimination in healthcare and housing, where racial minorities encounter higher rates of accommodation denial, and Medicaid beneficiaries face heightened financial instability (Black individuals are 1.49 times more likely to be behind on payments; Friedman, 2023). These systemic challenges underscore the limitations of the Americans with Disabilities Act (ADA), which adopts a colorblind approach and falls short of addressing historical discriminatory practices, such as redlining, that continue to influence contemporary access issues.

Gender disparities further complicate this landscape. Women represent 56.9% of individuals with travel limitations (Ibukun & Alam, 2024) and report a 65.1% decrease in transit usage post-COVID due to safety concerns. Additionally, women undertake more medical (19.6%) and caregiving (10.0%) trips than their male counterparts. This gendered mobility burden intersects with economic vulnerability, as disabled women disproportionately occupy the $15,000-$24,999 income bracket (Ibukun & Alam, 2024) and exhibit 58.3% greater concerns regarding financial instability compared to 37.0% among nondisabled peers (Jorge et al., 2021). In terms of healthcare access, disabled women are 37.4% less likely to receive Pap tests (Reichard et al., 2011), and transgender individuals face eviction risks that are 3.17 times higher (Friedman, 2023).

The intersection of poverty and disability exacerbates these challenges. Non-Hispanic Black young adults with disabilities experience elevated poverty rates (16.5% compared to 13.1% for those without disabilities; Jorge et al., 2021), while individuals with cognitive impairments face extreme economic marginalization, evidenced by a poverty rate of 43.6% (Reichard et al., 2011). These disparities have profound implications for health outcomes, including significantly higher rates of heart disease (10.4% compared to 3.7%) among racial minorities with disabilities (CDC, 2024) and increased risks of homelessness for disabled women (Jones & Bell, 2004). Current systems often compound these issues; for instance, Medicaid's income limits disproportionately affect women (57.7% of the non-Medicaid disabled population; Friedman, 2023), while culturally insensitive data collection practices obscure the needs of these groups (Casebolt, 2021).

These findings highlight how the ADA's failure to address intersectional vulnerabilities perpetuates systemic exclusion. The research underscores the urgent need for policy reforms incorporating race-conscious evaluations of the ADA, gender-sensitive disability metrics, poverty-informed accommodation standards, and intersectional data collection frameworks. Without these comprehensive approaches, existing systems will continue to fall short in supporting marginalized disabled communities facing compounded structural barriers.

8. Emerging Issues and Disability Accessibility in the Post-Pandemic Era

Current research highlights several critical challenges and policy opportunities concerning disability accessibility in the healthcare, housing, and transportation sectors. The COVID-19 pandemic has introduced both new barriers and potential solutions. For example, hybrid work models present a complex situation: while 57% of disabled women have reduced workplace travel (Ibukun & Alam, 2024), potentially improving accessibility, significant digital divides persist, with only 19% of ride-hailing applications meeting WCAG accessibility standards. These technological gaps illustrate systemic failures in telehealth accessibility and remote work equity, underscoring the urgent need for updates to the Americans with Disabilities Act (ADA) to address contemporary accessibility challenges.

The pandemic has also exacerbated existing vulnerabilities. Approximately 70% of disabled beneficiaries report low confidence regarding their ability to manage future housing payments (Friedman, 2023), and temporary eviction moratoriums have proven insufficient in addressing underlying systemic issues. These findings are consistent with transportation studies that indicate COVID-19 has disproportionately affected the mobility of individuals with disabilities (Cochran, 2020), highlighting the inadequacy of the ADA in responding to crises. Moreover, researchers observe a rising prevalence of disabilities, particularly among aging populations, 49.8% of individuals aged 65 and older, and an increase in episodic conditions such as arthritis and traumatic brain injuries, which necessitate more flexible policy frameworks.

9. Policy Implications

The recent findings suggest three key areas for policy development:

1) Improvements to Data Infrastructure: There is a significant need for enhancements in data infrastructure. The lack of longitudinal disability data (Casebolt, 2021) limits trend analysis and policy evaluation, while inconsistent metrics across sectors hinder comprehensive assessments of ADA effectiveness. Researchers advocate adopting standardized tools, such as the Washington Group Questionnaire, and integrating disability indicators into electronic health records and housing audits.
2) Evolution of Service Delivery Models: The research underscores the necessity for fundamental changes in service delivery models. Reichard et al. (2011) recommend a shift from reactive to proactive, International Classification of Functioning (ICF)-based health models that prioritize prevention, mostly regarding obesity (with a prevalence of 39.9% among individuals with physical disabilities) and other conditions linked to social determinants. Additionally, housing policies should incorporate health-promoting features, such as designs that support walkability. Transportation systems must also provide subsidized options for rural areas and implement

gender-targeted mobility programs (Ibukun & Alam, 2024) to improve access to healthcare facilities.

3) Strengthening Economic Support: Strengthening and targeting economic support is imperative. Friedman (2023) advocates reforms to Medicaid asset limits and the establishment of rental relief programs. Furthermore, multiple studies highlight the need for expanded community-based interventions, including programs for Tai Chi and chronic disease management. These recommendations emphasize that achieving true accessibility requires addressing the overlapping economic, technological, and structural barriers.

These findings illustrate that meaningful reforms to the ADA must incorporate crisis-responsive frameworks, adopt intersectional approaches to address compounding vulnerabilities and implement robust monitoring systems to evaluate policy effectiveness. As the prevalence of disabilities continues to rise and new challenges emerge, policymakers must move beyond basic physical accessibility mandates to create comprehensive systems that address the entirety of economic, social, and technological barriers faced by disabled individuals and communities.

10. Conclusion

This research underscores the persistent gaps in the implementation of the Americans with Disabilities Act (ADA) in housing and healthcare accessibility, despite its transformative intent. Systemic financial barriers, such as the high cost of accessible housing modifications and disproportionate healthcare expenses, continue to marginalize disabled individuals, with 26% of Medicaid beneficiaries with cognitive disabilities facing housing arrears during the COVID-19 pandemic (Friedman, 2023). Enforcement inconsistencies further exacerbate inequities, as evidenced by only 28% of disability-related housing complaints resulting in corrective action (NFHA, 2023), while rural areas suffer from severe healthcare access disparities, with only 63% of transit stations meeting ADA standards (Ibukun & Alam, 2024). Intersectional disparities compound these challenges, as Black disabled individuals experience 34% fewer transit options in low-income neighborhoods (Ibukun & Alam, 2024), and disabled women report 37.4% lower rates of preventive cancer screenings (Reichard et al., 2011). These findings highlight ADA's limitations in addressing socioeconomic and structural barriers, particularly for marginalized groups. To advance equity, policymakers must adopt standardized disability metrics (e.g., Washington Group Questionnaire), strengthen enforcement mechanisms, and integrate intersectional approaches into ADA reforms. By addressing these systemic failures, the ADA can evolve from a framework of minimal compliance to one of genuine inclusivity, ensuring equitable access to housing, healthcare, and public services for all individuals with disabilities. Future studies should evaluate the effectiveness of proposed policy reforms through empirical impact assessments to ensure the ADA remains adaptable to evolving accessibility needs

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