



Unpacking housing needs: Utilization of rental assistance among a national sample of households with children with disabilities

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ABSTRACT

Background: Affordable housing provides a critical foundation for children's health. Yet little is known about how households of children with disabilities engage in federal rental assistance programs.

Objective: This study examines the rates of participation in HUD rental assistance programs among households of children with disabilities in 2023 and assesses the odds of these households residing in specific HUD rental assistance programs.

Methods: This paper engages a population level cross-sectional analysis of HUD-assisted households using HUD household and member data files. The sample included all households receiving HUD rental assistance in 2023 that were led by an adult between the ages 18–61 and included at least one child ($n = 1,558,711$). Participation in HUD rental assistance programs was quantified and characterized through descriptive statistics and multinomial logistic regression.

Results: Eight percent ($n = 134,628$; 1 in 12) of HUD-assisted households with children included at least one child with a disability. Compared to HUD-assisted households with a child without a disability, HUD-assisted households with a child with a disability had higher odds of participating in a Housing Choice Voucher Program than in Multifamily Housing by a factor of 2.6 and higher odds of participating in Public Housing than Multifamily Housing by a factor of 2.2.

Conclusions: HUD rental assistance programs serve a substantial share of households with children with disabilities, with notable variation in participation by program type. This study provides the most comprehensive national estimates to date of HUD participation among households with children with disabilities, offering a critical foundation for future research.

1. Introduction

Affordable housing supports children's health and well being.^{1–3} Yet housing affordability remains a pervasive challenge for low-income households.⁴ Housing is considered affordable when it consumes less than 30 % of a household's monthly income,⁵ a threshold associated with positive outcomes in nutrition, physical and mental health, healthcare costs, and child development.^{6–12} Despite this, 55 % of households that include individuals with disabilities spend more than 30 % of their income on housing⁶ and frequently live in economically

constrained neighborhoods with limited access to public services and higher crime rates.¹³ Not surprisingly, 36 % of households classified as "worst case need" include a person with a disability,¹⁴ which indicates these households, earn less than 30 % of the Area Median Income, spend over half of their income on rent and/or live in severely inadequate housing without rental assistance.¹⁴

Federally funded rental assistance programs are the primary source of housing support for low-income households in the United States. In 2025 HUD provided rental assistance to over 10 million people, including over 5 million individuals living in households with

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children.¹⁵ This makes HUD rental assistance programs a critical health-promoting resource, particularly for households with children with disabilities, who face additional healthcare cost burdens¹⁶ and housing challenges and rely more heavily on health service systems. However, current and comprehensive information on the participation of children with disabilities in HUD programs is lacking, limiting policy planning and the design of systems to efficiently connect them to needed resources.

2. Literature review

Affordable housing has garnered increasing attention given that research has demonstrated that housing influences health through multiple pathways, including neighborhood conditions and housing quality, stability, and affordability.^{17–19} Each pathway contributes uniquely to health, and the affordability pathway is particularly important to the health of children with disabilities as caring for a child with a disability incurs greater costs on families.²⁰ HUD rental assistance has been shown to reduce housing cost burdens for low-income families by nearly 50 %, allowing households to retain more income each month.⁴ This effect is especially important for families raising children with disabilities, who face significantly higher health-related expenses, including medical treatment, therapies, and assistive technologies. By easing housing cost burdens, rental assistance can help to free resources to address health needs by making more disposable income in households available for health-generating goods, such as food, clothing, and healthcare.^{21–23} Therefore, understanding and, where possible, optimizing the participation of families with children with disabilities in HUD rental assistance programs is essential to promoting equitable access to this resource.

3. Overview of federal rental assistance programs

HUD rental assistance includes a number of different programs that are typically grouped into three general categories, each of which caps rental costs at 30 % of a household income: Housing Choice Vouchers (HCV) programs that provide rental subsidies (i.e. vouchers) to seek housing in the private rental market; Public Housing (PH) which provides rental units through publicly owned and operated buildings, and Multifamily Housing (MF) programs which provide rental units through privately owned and operated buildings that set a pre-determined share of units aside for HUD rental assistance programs.^{24–27} Within each of these program types, HUD rental assistance includes programs designed to support people with disabilities with the size and availability of all of these programs often determined at the local level. For example, Section 811 Project Rental Assistance, is a type of Multifamily Housing, designed specifically for people with disabilities, Housing Choice Voucher programs may include policies that prioritize households including individuals with disabilities, and Public Housing programs offer accessible units and reasonable accommodations for people with disabilities.¹⁹

Households apply for HUD rental assistance through local Public Housing Agencies (PHAs). PHAs review applications, determine eligibility, and assign households to specific HUD programs. HUD program eligibility is determined at the household level and consider both federal criteria and local priorities. Federal criteria include factors such as Head of Household's annual income and age, and citizenship or eligible immigration status.²⁸ Local priorities and conditions include factors such as disability status, homelessness, and veteran status and the availability of rental assistance programs, which varies substantially by geographic regions.²⁹ However, given that HUD rental assistance programs are not entitlements, fewer than one in four eligible households receive HUD rental assistance.^{17,19,30}

4. Housing assistance and children's health

Research indicates that HUD rental assistance can positively affect

children's health by improving housing affordability, quality, and stability. Participation in HCV programs has been linked to reduced onset and severity of illness in children through improvement in housing quality and neighborhood conditions.^{31,32} Research has also found that participation in HCV programs can improve children's health and educational outcomes by lowering parental stress and increasing family investment in child enrichment and healthcare.^{4,33} However, the evidence for the impact of federal rental assistance on children's health is mixed.¹⁷ Experimental studies of HCV programs show the strongest health benefits for children,⁴ whereas findings for PH programs are mixed with some suggesting negative health effects such as asthma and weight problems and mental health challenges.^{17,30,34,35} This variation underscores the importance of understanding how children's participation in HUD rental assistance differs by program type.

Despite the promise of existing findings, it is not clear yet whether the results observed among children in general can be applied to children with disabilities. HUD's definition of disability includes a heterogeneity of disabilities that include different functional, developmental, and health needs which may interact with HUD program types in distinct ways. Moreover, knowledge about the health benefits of HUD-assisted housing for people with disabilities remains in an emergent stage, with most studies focused on adults with disabilities. For example, recent studies using data from the National Health Interview Survey²⁵ linked with HUD administrative records, found that adults with disabilities have higher rates of involvement in HUD programs (44 %) than previously estimated (30.4 %),¹⁹ These findings suggest that rates of participation may also be substantial among children with disabilities in HUD-assisted households, particularly given that the majority of families with at least one child with a disability experience significant housing cost burdens.

A rate-limiting step in advancing research, policy, and system interventions, is that there is no current understanding and characterization of the number of households with at least one child with a disability enrolled in a HUD program that includes the full census of HUD-assisted households. One of the most frequently cited studies on children with disabilities in HUD-assisted housing used NHIS-HUD linked data (2006–2012) to document high prevalence rates of learning disorders and other specific health conditions among this population.³⁵ However, this older data does not reflect the continuation of the housing affordability crisis, nor does the data offer a population-level prevalence of all HUD assisted households that include a child with a disability. More recently, Shea et al. used Medicaid data to identify autistic individuals under age 61 in HUD rental assistance between 2008 and 2016, finding a 70 % increase over that period, with most participating through the HCV program.³⁶ While this study highlights substantial participation among autistic individuals, it focuses narrowly on one condition, includes adults as well as children, and does not capture the broader range of disabilities included under HUD's definition.

Given the potential of HUD rental assistance to improve health and well-being for children with disabilities, and the pressing need for accurate and robust data to guide housing and health policy in a resource-constrained environment, it is essential to develop a clearer understanding of this population's participation in HUD programs on a national level. Such evidence is particularly timely as federal policymakers consider funding reductions and service realignments. The research presented here addresses this critical gap through one of the first population-level analyses of HUD rental assistance programs that characterizes 1) what proportion of HUD-assisted households with children include at least one child with a disability, and 2) how the household characteristics of HUD-assisted households with children with disabilities compare to those HUD-assisted households with children without disabilities, and 3) Assess the odds that HUD-assisted households with a child with a disability reside in each of the three major types of HUD rental assistance after accounting for household characteristics and geographic distribution.

5. Methods

5.1. Design

This study uses administrative data from the U.S. Department of Housing and Urban Development (HUD) covering the period from January 1, 2023, through December 31, 2023, for all 50 states and the District of Columbia. A cross-sectional analysis of HUD-assisted households with at least one child ($n = 1,558,711$) was conducted using HUD household and member data files³⁷ from 2023. HUD-assisted households in this sample included households led by non-elderly adults (18–61 years) and included cases where information on the gender of both the child and head of household and rental assistance program type were present. Households receiving HUD rental assistance through the Indian Housing program were excluded due to small sample size. Additionally, households receiving HUD rental assistance in U.S. territories and Freely Associated States were also excluded due to differing policy contexts.

HUD household data files provide information on the HUD housing program type, family composition, household income information, and geographic location. Additionally, this dataset includes information on the head of household, such as demographic information and their disability status. The HUD member data files include information related to demographics, income information, disability status, and eligibility status for every individual living in a household receiving HUD rental assistance.

The indicator for disability in the HUD member files was used to identify the presence of a disability in household members. The definition of disability used by HUD includes a person who meets one or more of the following criteria 1) the criteria for disability in Section 223 of the Social Security Act, 2) an ongoing, long term, physical, mental or emotional impairment that substantially limits independence, and has the potential for improvement when suitable housing conditions are provided; 3) a developmental disability as defined by Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act, or; 4) Acquired Immune Deficiency Syndrome (AIDS) or any condition that arises from this condition.³⁸ Specific disabilities include “orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus (HIV) infection (whether symptomatic or not), intellectual or developmental disabilities, mental or psychological disorders, dyslexia and other specific learning disabilities, Attention Deficit Hyperactivity Disorder, tuberculosis, drug (other than addiction caused by current, illegal use of controlled substances), and alcoholism.”³⁹

5.2. Variables

Disability status variables for both child and Head of Household included binary variables (coded as 1 for disability and 0 for no disability) constructed using information in the HUD member files that indicates whether a member has a disability.

Socio-demographics variables characterizing the head of household and the oldest child in the household included age, sex (male/female), race (White/Black/Native American/Asian/Hawaiian or Pacific Islander/More than one race/Other), and ethnicity (Hispanic or Non-Hispanic).

HUD program and geographic characteristics variables included HUD rental assistance program type [Public Housing (PH), Housing Choice Voucher (HCV), and Multi-Family Housing (MF)], region, urbanicity and duration in HUD-assisted housing. The region variable is based on Census Regions and Divisions and included the Northeast, Midwest, South, and West regions of the U.S. Urbanicity is defined using the Rural-Urban Commuting Area (RUCA) codes published by the U.S. Department of Agriculture (USDA), which consider population size, density, and commuting patterns to classify areas as Urban, Metropolitan, Small Rural Town, or Isolated Small Rural Town. The average

duration in HUD housing was calculated using the HUD admission date and the last day of 2023.

Household characteristic variables included the following variables: household size, number of children living in each HUD-assisted household, number of non-head of household adults living in the household, proportion of households with at least one child or adults with a disability, and the percentage of households that were homeless at the time of entry into HUD-assisted housing. Household income was based on the average total earnings for the household from all sources, including assets. HUD-assisted housing programs use Area Median Incomes (AMI) to determine financial eligibility, which indicates the midpoint in income distributions for specific geographic areas. “Very low-income” denotes households with earnings that are less than 50 % of the AMI and “extremely low-income” identifies households with earnings below 30 % of the AMI. Based on the structure of the data the very low-income (<50 % AMI) and extremely low-income (<30 % AMI) categories overlap, as households below 30 % AMI are also counted in the <50 % AMI category; therefore, only the <30 % AMI variable, was included in the multinomial logistic regression to avoid overlapping categories.

5.3. Analysis

We calculated descriptive statistics for socio-demographic variables, HUD program characteristics, and household characteristics for all HUD-assisted households with at least one child. We then compared the distribution of these characteristics between HUD-assisted households with at least one child with a disability and households with children without a disability. In instances where a household included more than one child with a disability, the oldest child with a disability was included in analyses, unless otherwise specified. Multinomial logistic regression was used to examine how disability status influenced the odds of participation in HCV or PH relative to MF rental assistance, adjusting for household characteristics and the geographic distribution of HUD-assisted households with children. A pseudo R^2 statistic (Max-rescaled R^2) was utilized to assess model fit. No cases were excluded from the regression analyses due to missing data; instead, missing responses were retained by coding them as categories within their respective variables (see Table 1 for a breakdown of missing data by variable). Data analysis was conducted using SAS Version 9.4. The Drexel University Institutional Review Board approved this study.

6. Results

Table 1 illustrates that among HUD-assisted households with children, eight percent ($n = 134,628$) included at least one child with a disability in 2023. Table 1 presents comparisons of household characteristics and geographic distribution between HUD-assisted households with and without children with disabilities. While differences are evident across Table 1, this discussion will highlight differences of 5 percentage points or more, in order to focus on findings that may represent substantively meaningful distinctions.

The results in Table 1 demonstrate that more children with disabilities were school-aged (6–17) compared to children without disabilities (89.30 % vs. 82.78 %). Additionally, a greater percentage of children with disabilities living in HUD-assisted households were Black (62.27 % vs 57.12 %), and male (65.37 % vs 49.72 %). Table 1 also shows that there was approximate 15 % difference in the rates of participation in the Housing Voucher program (74.63 % vs. 59.80 %) and Multi-Family Housing programs (9.17 % vs. 24.88 %) respectively across the two groups, but that the difference in rates of participation in Public Housing programs was less than 1 %.

The comparison of households with and without children with a disability in Table 1 also show that HUD-assisted households with a child with a disability were larger, both in terms of the number of people living in the household (4 or more people in household 53.73 % vs.

Table 1
Sample and household characteristics.

	Overall		Household with a child with a disability		Household with no children with a disability	
	N = 1,558,711		(N = 134,628)		(N = 1,424,083)	
Oldest Child in the Household						
Age	11.01 (4.76)		11.55 (4.19)		10.96 (4.80)	
0–3	142,917	9.17 %	5956	4.42 %	136,961	9.62 %
4–5	116,642	7.48 %	8440	6.27 %	108,202	7.60 %
6–12	574,975	36.89 %	55,028	40.87 %	519,947	36.51 %
13–17	724,177	46.46 %	65,204	48.43 %	658,973	46.27 %
Gender						
Female	762,703	48.93 %	46,619	34.63 %	716,084	50.28 %
Male	796,008	51.07 %	88,009	65.37 %	707,999	49.72 %
Race						
White	500,029	32.08 %	40,864	30.35 %	459,165	32.24 %
Black	897,306	57.57 %	83,836	62.27 %	813,470	57.12 %
Native American	15,957	1.02 %	1118	0.83 %	14,839	1.04 %
Asian/Hawaiian/Pacific Islander	24,936	1.60 %	1452	1.08 %	23,484	1.65 %
More Than One Race	59,486	3.82 %	4631	3.44 %	54,855	3.85 %
Missing	60,997	3.91 %	2727	2.03 %	58,270	4.09 %
Ethnicity						
Hispanic	291,820	18.72 %	28,403	21.10 %	263,417	18.50 %
Non-Hispanic	1,263,502	81.06 %	105,026	78.75 %	1,158,476	81.35 %
Missing	2389	0.15 %	199	0.15 %	2190	0.15 %
HUD program type						
Housing Choice Voucher Program	952,118	61.08 %	100,469	74.63 %	851,649	59.80 %
Public Housing	239,964	15.40 %	21,810	16.20 %	218,154	15.32 %
Multi-Family Housing	366,629	23.52 %	12,349	9.17 %	354,280	24.88 %
Head of Household						
Age	37.07 (8.90)		39.20 (7.89)		36.87 (8.96)	
18–35	728,549	46.74 %	47,512	35.29 %	681,037	47.82 %
36–61	830,162	53.26 %	87,116	64.71 %	743,046	52.18 %
Gender						
Female	1,428,128	91.62 %	126,453	93.93 %	1,301,675	91.40 %
Male	130,583	8.38 %	8175	6.07 %	122,408	8.60 %
Race						
White	543,459	34.87 %	44,202	32.83 %	499,257	35.06 %
Black	879,734	56.44 %	82,280	61.12 %	797,454	56.00 %
Native American	18,142	1.16 %	1327	0.99 %	16,815	1.18 %
Asian/Hawaiian/Pacific Islander	27,112	1.74 %	1615	1.20 %	25,497	1.79 %
More Than One Race	36,134	2.32 %	3195	2.37 %	32,939	2.31 %
Other/Missing	54,130	3.47 %	2009	0.95 %	52,121	3.66 %
Ethnicity						
Hispanic	279,338	17.92 %	27,231	20.23 %	252,107	17.70 %
Non-Hispanic or Missing	1,279,373	82.08 %	1,531,480	79.77 %	1,306,604	82.30 %
Household Characteristics						
# People in Household						
2	410,441	26.33 %	24,550	18.24 %	385,891	27.10 %
3	487,285	31.26 %	37,739	28.03 %	449,546	31.57 %
4+	346,125	22.21 %	72,339	53.73 %	588,646	41.34 %
# of Children						
1	599,227	38.44 %	37,620	27.94 %	561,607	39.44 %
2	477,662	30.64 %	40,484	30.07 %	437,178	30.70 %
3	280,209	17.98 %	29,098	21.61 %	251,111	17.63 %
4+	201,613	12.93 %	27,426	20.37 %	174,187	12.23 %
# disabled children						
1	115,711	7.42 %	115,711	85.95 %		
2	15,733	1.01 %	15,733	11.69 %		
3	2551	0.16 %	2551	1.89 %		
4+	633	0.04 %	633	0.47 %		
# of families that have at least one disabled adults	243,207	15.60 %	41,958	31.17 %	201,249	14.13 %
# of families who were homeless before entry	93,686	6.01 %	10,216	7.59 %	83,470	5.86 %
Duration of HUD rental assistance (years)	6.86 (12.01)		7.78 (11.96)		6.77 (12.01)	
Income variables						
Total annual income	19576 (17997)		23850 (16434)		19171 (18086)	
At least Very Low Income (30–50 % threshold) ^a	1,442,177	92.52 %	125,000	92.85 %	1,317,177	92.49 %
Extremely low income (below 30 % threshold)	1,119,673	71.83 %	93,665	69.57 %	1,026,008	72.05 %

^a The 30–50 % Very Low Income 30–50 % threshold includes people in the Extremely low income below % 30 Threshold.

41.34 %) and number of children in the household (3 or more children in household 41.98 % vs. 29.86 %). Additionally, information in this table shows that a greater percentage of households with a child with a disability included at least one adult with a disability (31.17 % vs. 14.13 %)

Fig. 1 illustrates the results of the unadjusted and adjusted multinomial logistic regressions with forest plots that examined the odds of participation in HCV or PH relative to MF rental assistance for HUD-assisted households with at least one child with a disability as compared to HUD-assisted households with a child (ren) without a disability when accounting for household characteristics and geographic location. Fig. 1 shows that compared to households without a child with a disability, households with a child with a disability had 2.6 times higher odds of participating in a HCV than in MF, and 2.2 times higher odds of participating in PH than MF. Additionally, higher Max-rescaled r-squares indicate that the model fit improved in the fully adjusted multinomial logistic regression (see [Supplementary File 1](#)).

7. Discussion

The findings of this research demonstrate that one out of every 12 HUD-assisted households included at least one child with a disability in 2023, highlighting the important role that HUD rental assistance programs play in addressing the housing cost burden for HUD-assisted households with a child with a disability. This information also offers valuable information to policy makers and advocates, by providing a current, population-level estimate of the rates of participation children with disabilities in HUD-assisted households, that is based on a comprehensive administrative count across HUD programs.

This study found that 75 % of HUD-assisted households with a child with a disability participate in the Housing Choice Voucher Program, a notable finding given the prior research demonstrating this program’s potential for positive health impacts for children generally.^{4,31–33} While housing vouchers offer households flexibility that could have a positive impact on the health of children with disabilities, households caring for a child with a disability spend considerable time navigating the healthcare system to access disability related services. Therefore, future research needs to examine whether the additive responsibility of procuring housing in the private rental market creates additional burdens or barriers that could have unintended impacts on the health of children with disabilities.

The higher odds of participation in HCV among households with a child with a disability, coupled with their lower rates of participation in MF, suggest that meaningful differences may exist in how these households navigate HUD rental programs, highlighting the need for more

research in this area. HCV may be a more viable and attractive option for households that include a child with a disability because the geographic flexibility it provides allows families to live near specialized health or educational services.⁴⁰ However, given the nascent stage of research on this topic, more information is needed to understand how HUD rental assistance programs can best support the needs of households with children with disabilities.

Furthermore, this study’s findings, related to children with disabilities in HUD-assisted households, found that they differed from their counterparts without disabilities in potentially important, and intersecting ways. Children with disabilities living in HUD-assisted households were older on average, with almost half approaching the transition into adulthood. This older age range represents a vulnerable developmental period for children with disabilities that can require additional support to navigate the transition from pediatric care to adult serving health care systems. While this cross-sectional study cannot identify the mechanisms underlying the observed participation patterns, prior research has shown that disability identification increases with age,⁴¹ as do service needs and caregiving demands, which can create financial strains that increase a household’s vulnerability.⁴² These findings underscore the need for future research to examine how rental assistance programs and other service providers can better support households with older youth with disabilities, particularly as they navigate the “service cliff” associated with the transition to adulthood.^{43–45}

Additionally, this study found that 62.27 % of the children with disabilities in our study identified as Black and one in two were male. Taken together these findings highlight the need for future research that employs an intersectional framework to develop a more nuanced understanding of the intricate relationship between disability status, race, and gender for children living in HUD assisted households. This analytic approach allows for the exploration of the multidimensional aspects of accessibility, discrimination, and social inequalities, that could be working to create differences among these two groups of children and by so doing can enhance the fields understanding of the challenges confronted by individuals at the intersection of these critical domains.^{13,46,47} By characterizing the differential attributes of the population of households with and without children with disabilities, this study provides support for these intersectional analyses in future research.

The differential household characteristics across those with and without children with disabilities also have important implications for health care professionals and policy makers, given research that has shown that children’s health is impacted directly and indirectly by their caregivers and the households in which they live.^{4,33} For example, this research found that children with disabilities tended to live in larger

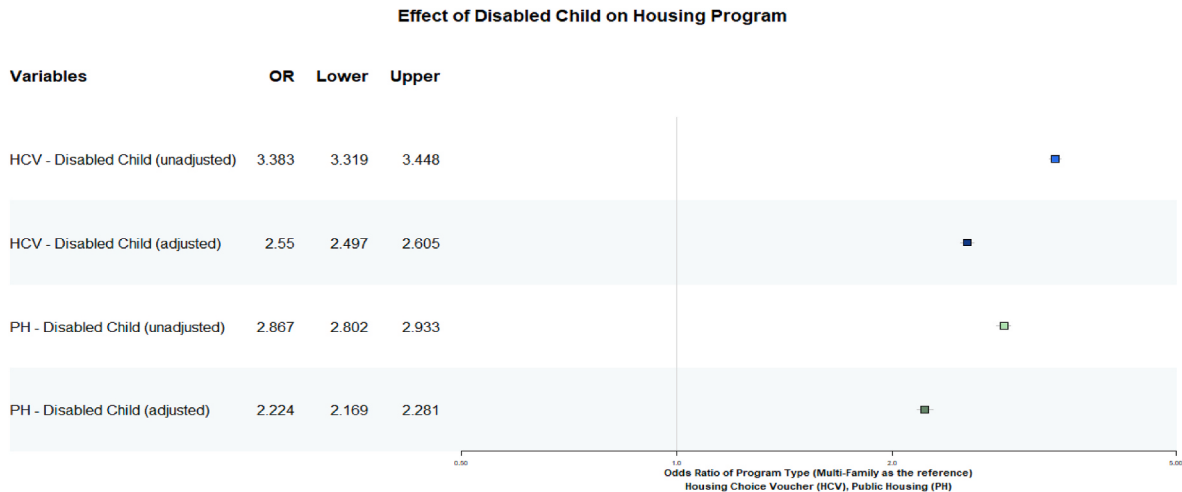


Fig. 1. Regressions with forest plots.

families both in terms of number of adults and children living in the household, which points to the potential for greater caregiving burden in these families. Additionally, our research found that the households for these families were generally older, and more often identified as female and Black, pointing again to the need for using an intersectional framework in both policy development and research moving forward.

Finally, this research also indicates that a noticeable number of HUD-assisted households with a child with a disability included additional household members with a disability. For example, among households that had at least one child with a disability, more than one in 10 (14 %) had more than one child with a disability, and more than one in four (31 %) had at least one adult with a disability in the household. This suggests that a substantial number of households are dealing with multiple health challenges, simultaneously, which can increase both their health and caretaking burden, pointing to the potential need for additional support to manage these competing health needs. Additionally, these results show that over 90,000 HUD-assisted households with children (with and without disabilities) were homeless at the point of entry into HUD rental assistance. Given the negative impact that homelessness has on health outcomes, future research needs to examine the social and health needs of these households as well.

Although this study has many strengths, the typical limitations of studies that rely on administrative data apply here. For example, the data used in this study was originally collected by HUD for program administration purposes. Data collected by HUD are for enrollment and service utilization purposes and not collected for research as its primary purpose. This means that the accuracy and quality of HUD data is largely unknown and as is the case across similar, large datasets, missing values are present. Data from HUD includes a flag for an individual with a disability but does not include diagnostic or clinical information about the nature of the disability. This precluded subgroup analyses or diagnostic comparisons, which is an important direction for future research in this area. Additionally, the R-square values for both models are low. Although the fully adjusted model explains nearly 20 % of the variance in the outcomes, the unadjusted model explains only about 2 %, indicating that disability status, our primary independent variable, has limited predictive strength on its own. These R-square values suggest that other variables in the model contribute more substantially to the variance. However, disability status remains statistically significant in both models, underscoring again the importance of incorporating intersectional analyses in future research. Finally, because HUD program types differ in their selection processes and eligibility pathways, the multinomial logistic regression estimates should be interpreted with some caution, as observed differences may reflect, at least in part, underlying selection patterns that cannot be fully accounted for in this cross-sectional analysis. However, as one of the first studies to examine these patterns across HUD programs in our study population, these findings provide an important foundation for future research in this area.

8. Conclusion

Together, the analyses in this study provide the most comprehensive national estimates to date of the scope and characteristics of HUD participation among children with disabilities, offering a critical foundation for future research efforts to build on these findings. By clarifying program-specific patterns, and differential, yet important, demographic attributes, this research helps to inform disability-inclusive housing and health policy. It can also be used to help guide HUD rental assistance resource allocation, and advance equity-focused strategies to improve the health and well-being of children with disabilities.

CRedit authorship contribution statement

Amy Blank Wilson: Writing – review & editing, Writing – original draft, Visualization, Supervision, Methodology, Investigation,

Conceptualization. **Lindsay Shea:** Writing – review & editing, Writing – original draft, Supervision, Project administration, Methodology, Investigation, Formal analysis, Conceptualization. **Dylan Cooper:** Writing – review & editing, Writing – original draft, Visualization, Project administration. **Wei-Lin Lee:** Writing – review & editing, Project administration, Formal analysis, Data curation. **Jonas Ventimiglia:** Writing – review & editing, Project administration, Formal analysis, Data curation. **Conner Carlton:** Writing – review & editing, Writing – original draft, Project administration. **Safiyah Okoye:** Writing – review & editing, Writing – original draft. **Anne Roux:** Writing – review & editing, Writing – original draft. **Antoine Lovell:** Writing – review & editing, Writing – original draft.

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Conflict of interest

The authors have no competing interests to declare.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.dhjo.2025.102015>.

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