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THE ECONOMIC RESEARCH ORGANIZATION
AT THE UNIVERSITY OF HAWAIʻI

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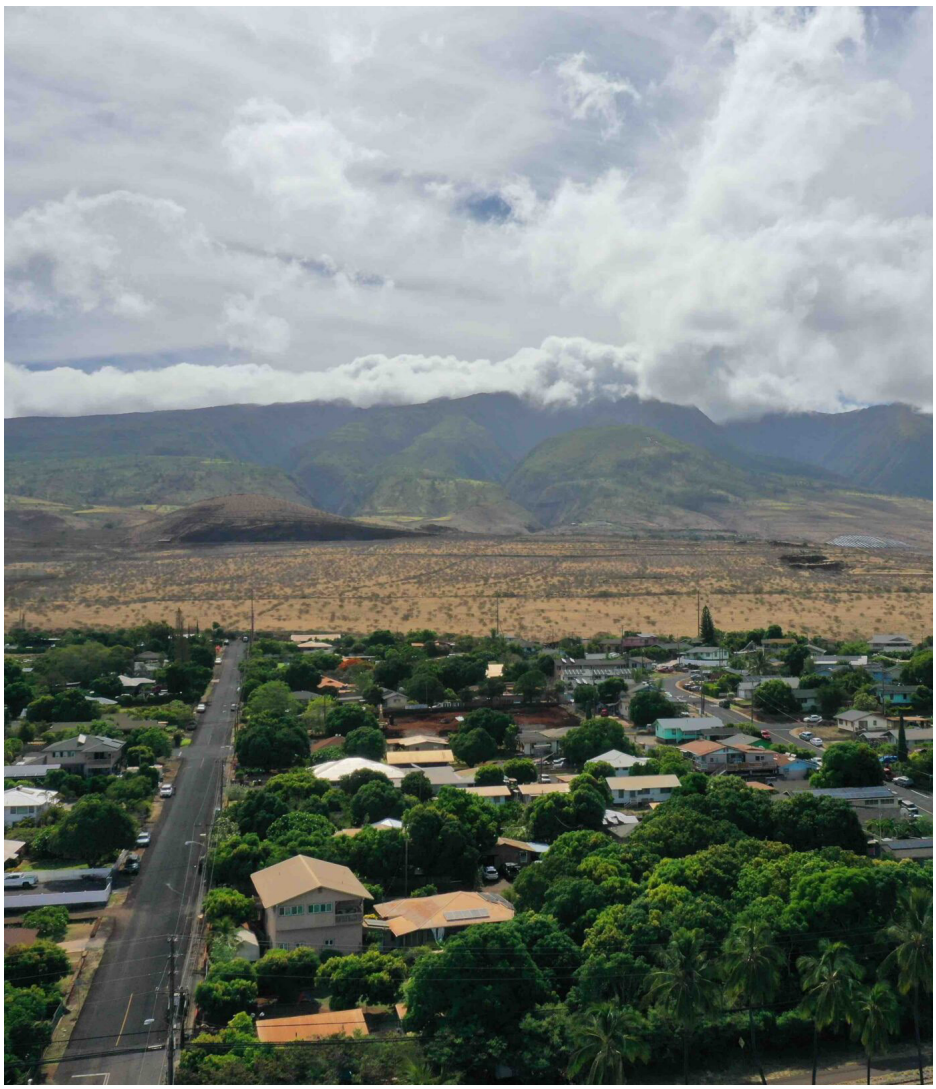
# RECOVERY THROUGH A DISABILITY LENS: IMPACTS OF THE 2023 MAUI WILDFIRES ON DISABILITY EQUITY AND SHARED PROSPERITY

NOVEMBER 13, 2025



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**Recovery Through a Disability Lens:**
**Impacts of the 2023 Maui Wildfires on Disability Equity and Shared Prosperity**

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# Executive Summary

The August 2023 Maui wildfires devastated homes, disrupted livelihoods, and reshaped entire communities. For many Maui residents with disabilities, life after the fires has been an uphill climb. This report draws on two large-scale surveys conducted between 2024 and 2025 to document how the disaster and its aftermath have affected disabled people in Lahaina.

The findings provide compelling evidence that people with disabilities - both pre-existing and newly acquired after the fires - are more likely to be negatively affected by the wildfires across a wide range of areas such as housing, income, employment and health - and that the magnitude of these impacts are also disproportionate. Therefore, the disaster reinforced and even widened existing disparities between people with and without disabilities. In addition, the findings show that while the disability community displayed resilience, they faced greater impacts from the wildfires and continue to experience a weaker recovery and disproportionate hardship two years later.

**Housing:** Housing stability remains a central concern for disabled people. By 2025, fewer than half had secured permanent housing. Compared to non-disabled people, those with disabilities are more likely to be living in temporary or unstable arrangements and much less likely to regain homeownership if displaced. Many renters rely heavily on rental assistance, raising concerns about what will happen once temporary assistance programs wind down.

**Employment and income**: Disabled people have faced sharper and more lasting economic setbacks than others. It is particularly concerning that a disproportionate number of working-age people with disabilities not only lost employment after the wildfires, but exited the labor force. This risks long-term exclusion from employment and earnings. People with pre-fire disabilities started with lower incomes and have seen further declines, while people who have been disabled since the fires have experienced particularly steep losses. This underscores the compounded challenges facing the disability community in attaining or regaining economic security.

**Health impacts**: Ongoing deterioration of physical and mental health two years after the wildfires is more common among disabled than non-disabled people. These health challenges translate directly into greater limitations in daily life, reducing opportunities to work and participate fully in community life. While reported difficulties in accessing healthcare before the fires did not differ much by disability status, significant disparities in healthcare access have arisen since the disaster, with disabled people - and especially those with new disabilities - disproportionately affected.

**Unmet needs and assistance**: Facing such far-reaching adverse impacts, disabled people report higher rates of unmet needs: from financial assistance, housing and healthcare to food, transportation, and even cultural and spiritual support. Difficulties in navigating complex assistance systems remains a persistent obstacle, despite heightened need. Assistance from the government, community organizations and family networks has helped many, but access to support has been uneven and over a quarter of disabled people reported receiving no assistance at all in the last month.

**Life satisfaction**: The cumulative effect of these challenges is reflected in life satisfaction. Disabled people consistently report lower well-being than others, with little improvement over time. While most are resilient and express satisfaction despite adversity, the persistent disparities show that the recovery has not been equitable.

**Policy implications**: The current State framework for disability inclusion in disaster preparedness and recovery is largely non-binding and fragmented, and county-level initiatives are still being developed. For disability equity to be achieved, it needs to be mainstreamed in disaster management as a cross-cutting principle, not a niche program.

This includes:

- Considering explicit legal provisions mandating disability equity and inclusion in disaster management in Hawai‘i
- Updating statewide operational guidance for disaster preparedness for people with disabilities and extending it to include disaster recovery
- Devising concrete, measurable targets at both the state and county levels, including a plan for monitoring them and collecting disability-disaggregated data

This report also outlines a range of specific policy options that could address the gaps in the existing frameworks for disaster preparedness and recovery. Responding to the observed disparities that are evident from the report's findings, recovery-focused policy options include:

- A key priority is connecting (newly) disabled residents to services, e.g. by leveraging healthcare encounters. Given the required resources, healthcare providers can help identify and refer disabled people to dedicated housing, financial, and social support.
- Making assistance simpler and easier to navigate would help more people access support. Accessible applications and case managers trained in disability inclusion can ensure that no one is overlooked.
- Accessible and affordable housing remains essential. Targeted housing aid and universal design in rebuilding can help address disparities in transitioning from temporary to permanent homes.
- In the labor market, dedicated employment services, job placement, and workplace accommodations can help prevent long-term exclusion from work.
- Greater availability of accessible, disability-informed healthcare can help remove access barriers in the post-fire healthcare infrastructure.

Addressing the disparities in the wildfire recovery affecting people with disabilities will support equitable outcomes and strengthen resilience across the whole fire-affected community. A plain language version of the report is available on the UHERO website.

# Introduction

The August 2023 wildfires on Maui destroyed homes, devastated communities and reshaped lives across the island. For people with disabilities[1], the disaster has had especially profound and lasting effects. This report includes the experiences of both: people who identified as disabled before the fires and those whose disabilities were first reported in the years after. Their experiences shed light on how the disaster exposed and magnified disparities that were already present.

Drawing on survey data collected in the two years since the wildfires, this report explores how disabled residents have navigated housing, economic stability, health, and access to support. It documents the disproportionate challenges faced by this community, while also showing how and where support systems have helped buffer the disaster impact. The findings illustrate patterns that can inform long-term recovery planning and disaster preparedness strategies that include the needs and perspectives of disabled people to create a stronger and more resilient community overall. The report discusses specific policy implications from the gaps identified in the analysis as well as general policy principles that could help mitigate disproportionate disaster impacts on people with disabilities in the future.

# Data

This report draws on two surveys of people affected by the August 2023 Maui wildfires. Both surveys provide unique and complementary insights into the experiences of individuals with disabilities, including those who were disabled prior to the wildfires and those who developed disabilities afterward.

**Maui Recovery Survey: Housing & Jobs (MRS)**
The MRS is a monthly survey that began in August 2024, one year after the wildfires. It is run by UHERO with support from the Hawai'i Community Foundation. The survey focuses on housing, employment, income, and related socioeconomic outcomes among people who lived, worked, or owned a business in West Maui or Kula at the time of the fires.(Bond-Smith et al., 2025) More than 950 individuals have participated since launch, with roughly 430 responses each month. For this report, we use a cross-sectional sample consisting of the most recent observation for each participant. We only include participants for whom we have disability status information and who have responded to at least one survey in 2025, resulting in a sample of 608. Disability is defined through self-identification: respondents were asked whether they had a disability or health condition that significantly impacts daily life, and whether it began before or after the Maui wildfires.

**Maui Wildfire Exposure Study (MauiWES)**
MauiWES is a community-based cohort study designed to track medium- and long-term health consequences of the wildfires.(Juarez, Maunakea, et al., 2025; Juarez, Phankitnirundorn, et al., 2025) A total of 1,836 participants completed a baseline assessment between January and August 2024, and a randomly selected group of 422 took an expanded survey in the fall of 2024. Year 2 follow-up data was collected from 386 participants in early 2025. Disability is measured in two ways: through direct self-identification and through a set of functional impairment questions based on the Washington Group Short Set, a widely used international standard that is also used by the U.S. Census Bureau. These functional questions cover the domains: hearing, vision, cognition, mobility, self-care, and the ability to conduct daily errands. Individuals were classified as having a disability if they reported difficulties in any of these areas or identified as

[1] We use the terms "people with disabilities" and "disabled people" interchangeably to honor the diverse preferences in the community.

disabled. Information about when participants' disability started is only available in the expanded and follow-up surveys. For disabled participants who did not complete the disability onset questions, we also considered responses about the onset of a range of chronic health conditions (e.g. arthritis, lung disease, heart disease, ADHD, fibromyalgia, Hashimoto disease, etc.), as it is reasonable to assume that their disability started no later than the onset of these conditions. In total, we obtained a sample of 490 participants, 257 of whom have data from both year 1 and year 2.

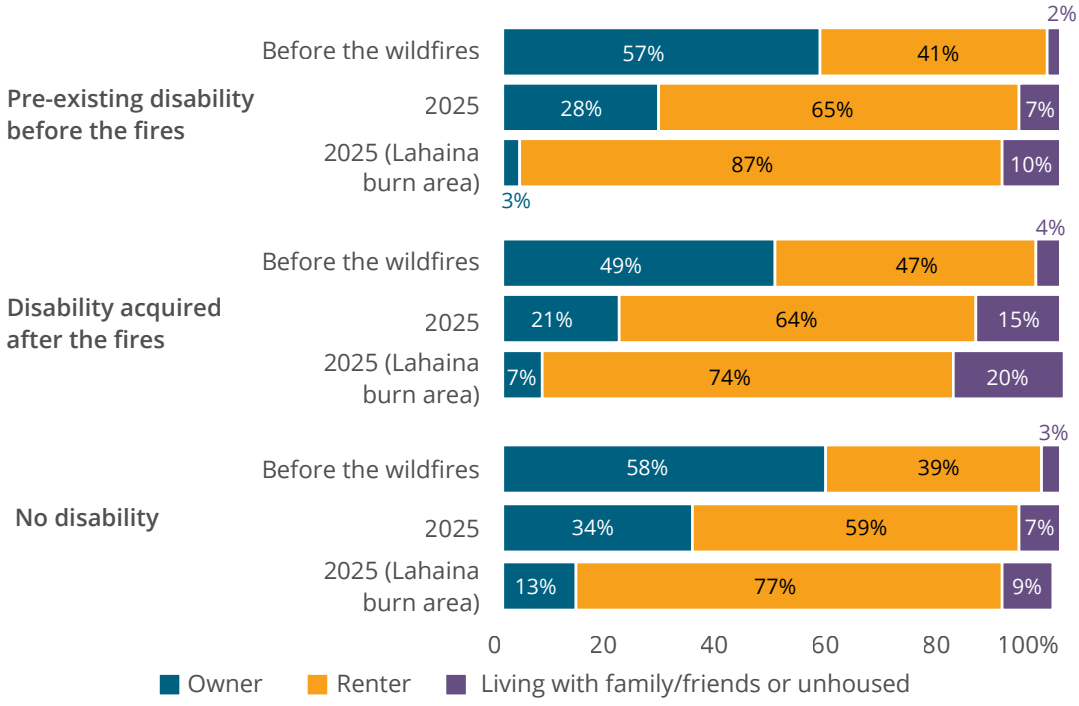
Although the two data sources were designed differently and use somewhat different eligibility criteria, both provide valuable perspectives. To strengthen comparability, this report limits the analytic samples to participants who lived in Lahaina prior to the wildfires. We also weighted the data to be representative of the general population of people with disabilities in Lahaina. Taken together, the surveys indicate that between 7 percent (in MauiWES) and 14 percent (in MRS) of individuals who were not disabled prior to the wildfires had developed a disability by 2025. Further details about the survey and analysis methodology are provided in the Appendix.

# Housing

## Tenure

Before the wildfires, people with and without disabilities were living in fairly similar housing arrangements, although people who would later develop a disability after the fires were somewhat less likely to be homeowners (Figure 1). Two years later, the housing landscape has shifted dramatically and especially so for disabled people. By 2025, fewer than 1 in 3 people who had disabilities before the fires still owned their homes, and about two-thirds had become renters. and nearly two-thirds were renting. In contrast, people without disabilities fared somewhat better, with over a third still homeowners and just under 60 percent renting.

**Figure 1: Housing status before the wildfires and two years after the disaster**



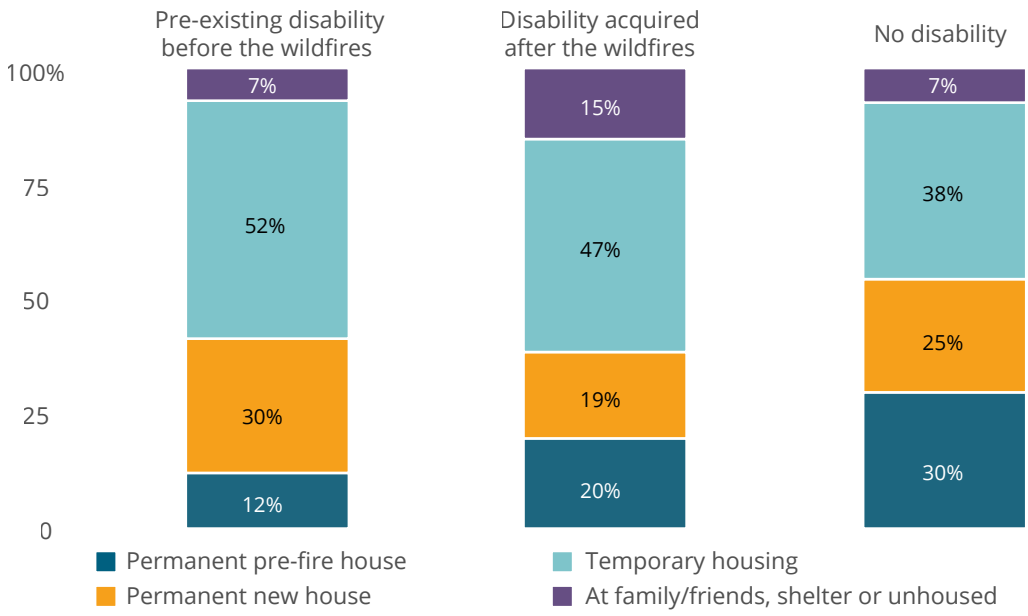

*Note: "Pre-existing disability before the fires" includes people who were already disabled prior to the wildfires. "Disability acquired after the fires" includes people who were not disabled before the fires, but their disability started afterward. "No disability" includes people who have never been disabled (before or after the fires). The disability groups remain constant over time, i.e. for each disability group, we compare outcomes for the same group of people at different points in time.*

Another concern is the rise in unstable living situations, such as staying with family or friends or being unhoused. People who became disabled after the fires were disproportionately affected. About 16 percent were still without a stable home by mid-2025: a four-fold increase compared to before the fires and more than double the share among previously disabled people and people without disabilities. Among people who were displaced from the Lahaina burn area, 20% of those who became disabled have lost stable housing.

## Housing stability

The fires not only destroyed homes but also disrupted the broader housing landscape, forcing many people into temporary or precarious arrangements. Two years later, the data show that stability remains out of reach for a substantial share of fire-affected people, especially those with disabilities (Figure 2).

### Figure 2: Housing type in 2025




*Note: "Pre-existing disability before the fires" includes people who were already disabled prior to the wildfires. "Disability acquired after the fires" includes people who were not disabled before the fires, but their disability started afterward. "No disability" includes people who have never been disabled (before or after the fires).*

People without disabilities are more likely to be in permanent housing, with about 55% either back in their pre-fire homes or established in new ones. By contrast, only 39% of newly disabled people and 42% of people with pre-fire disabilities have reached that point. A much lower percentage of people with pre-existing disabilities could remain in their pre-fire housing compared to people who did not have a disability before the fires. 30% of people who had a disability before the fires are now in permanent new homes, while only one in five of those who developed disabilities afterward have been able to do the same.

Temporary housing continues to play a major role across all groups, but especially among people with disabilities. About half of both pre- and post-fire disabled people remain in temporary units, compared with less than 40 percent of people without disabilities. This heavy reliance on temporary housing shows how people with disabilities are hit hardest when homes are scarce.

Overall, the comparison suggests that while many households have begun to move into more stable housing, people with disabilities—especially those whose disabilities emerged after the fires—are more likely to remain in temporary or unstable settings.

## Rents

Rental affordability has deteriorated in the aftermath of the wildfires. Even before the disaster, many households spent a large share of their income on rent, but for those who do not receive full rental assistance, by 2025 these burdens had become overwhelming.

**Table 1: Rent burden as a percentage of household income**

| | | Before the wildfires | After the wildfires (excluding full subsidies) | After the wildfires (including full subsidies) |
|---|---|---|---|---|
| 0-1 bedrooms | Pre-existing disability before the fires | 54.2% | 80.9% | 10.4% |
| | Disability acquired after the fires | 33.2% | 89.1% | 3.5% |
| | No disability | 32.3% | 58.8% | 39.0% |
| 2+ bedrooms | Pre-existing disability before the fires | 18.9% | 30.2% | 26.7% |
| | Disability after the wildfires | 31.7% | 49.4% | 40.4% |
| | No disability | 31.3% | 56.4% | 44.2% |

*Note: "Pre-existing disability before the fires" includes people who were already disabled prior to the wildfires. "Disability acquired after the fires" includes people who were not disabled before the fires, but their disability started afterward. "No disability" includes people who have never been disabled (before or after the fires). The disability groups remain constant over time, i.e. for each disability group, we compare outcomes for the same group of people at different points in time.*

The difference is most pronounced in smaller units (Table 1). Before the fires, disabled people living in studios or one-bedroom apartments already had to spend more than half of their income on rent, compared to about one third for non-disabled people. By 2025, excluding those with full rental subsidies, disabled people had become severely rent-burdened, requiring more than 80% of their incomes for rent. For non-disabled renters in small units, the median rent burden also rose significantly, but remained below 60%.

For larger units, rent burdens also increased across the board. People with new, post-fire disabilities renting two or more bedrooms needed about half of their incomes for rent in 2025, slightly below non-disabled people. People with disabilities that predated the wildfires were somewhat less affected, but still reported higher burdens than before the disaster.

With subsidies included, the median rent burden is substantially lower, sitting at less than 50% of incomes for all groups and unit sizes. For smaller units, disabled people report lower out-of-pocket burdens than before the fires. This shows that rental assistance programs have played an important role in buffering affordability pressures for beneficiaries.

**Table 2: Percentage of people with comprehensive rental assistance**

| | |
|---|---|
| Pre-existing disability before the fires | 36.5% |
| Disability acquired after the fires | 39.7% |
| No disability | 27.3% |

*Note: "Pre-existing disability before the fires" includes people who were already disabled prior to the wildfires. "Disability acquired after the fires" includes people who were not disabled before the fires, but their disability started afterward. "No disability" includes people who have never been disabled (before or after the fires).*

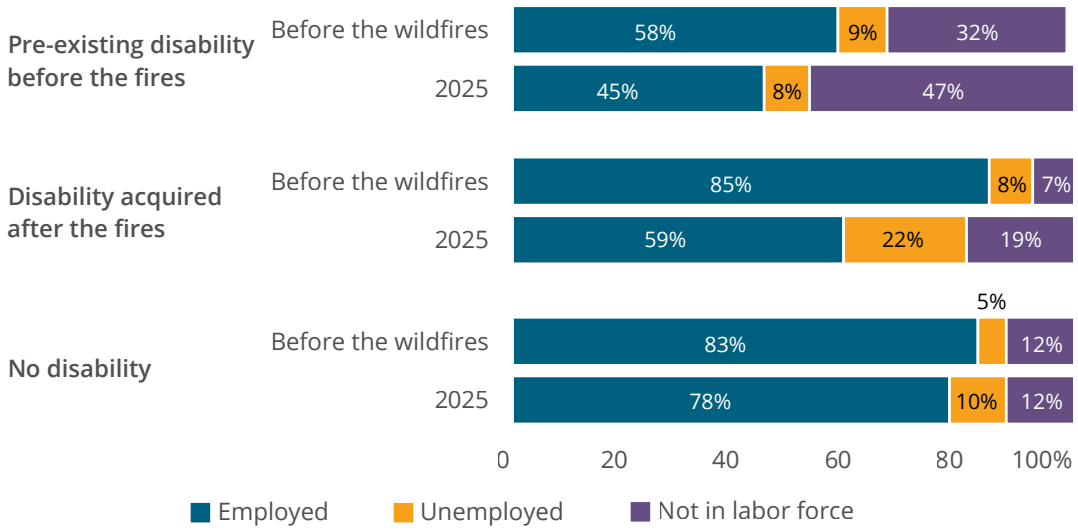
Full rental assistance, defined as paying zero or near zero (<$100) rent per month, has reached a larger share of disabled than non-disabled households (Table 2). In 2025, just over a quarter of non-disabled people were receiving full rental assistance. The share among people with disabilities was higher: 40% for people who developed a disability after the fires and 36% for those with pre-existing disabilities. But their reliance on rental assistance to ward off overwhelming affordability challenges raises concerns for the impending termination of FEMA and other rental assistance programs, if support winds down before more permanent housing solutions are in place.

# Economic Impacts

## Employment

Before the wildfires, more than 80% of 18-64 year olds without disabilities, including those who would later develop a disability, were employed (Figure 3). People with pre-existing disabilities, however, already faced significant barriers in the labor market: only about 57% were working, and roughly one-third were not in the labor force at all. By 2025, employment had declined across the board, but the scale and nature of the changes differed sharply by disability status. Disabled people - whether they had their disability prior to the fires or not - experienced much larger relative declines in employment (22% for pre-fire disabled and 31% for post-fire disabled people compared to 6% for non-disabled individuals). For people who developed disabilities after the fires, unemployment more than doubled, rising from 9% before the fires to 23% two years later. In addition, labor market exits almost tripled. This indicates that many in this group have already left the labor force and those who remain active in the labor market are struggling to secure jobs.

**Figure 3: Employment status before the wildfires and two years after the disaster**




*Note: "Pre-existing disability before the fires" includes people who were already disabled prior to the wildfires. "Disability acquired after the fires" includes people who were not disabled before the fires, but their disability started afterward. "No disability" includes people who have never been disabled (before or after the fires). The disability groups remain constant over time, i.e. for each disability group, we compare outcomes for the same group of people at different points in time.*

For those with pre-existing disabilities, nearly half are now outside the labor force altogether, up from one-third before the fires (Figure 3). Unemployment in this group declined slightly, but further analysis confirmed that the majority of people who were unemployed when the disaster struck have not moved into employment, but dropped out of the labor force. For people without disabilities both unemployment and labor force exit also increased, but much less so than for disabled people. Taken together, these results show that employment recovery has been uneven and pre-existing employment disparities by disability status have wideneded even further.

## Income and poverty

The drop in employment has resulted in substantial declines in household income following the wildfires, with particularly steep losses among people who became disabled afterward. Before the fires, median monthly household income was about $6,000 for both non-disabled people and those who would later develop disabilities (Table 3). By 2025, people without disabilities reported a median household income of about $4,750, a decline of roughly 30%. For people who have become disabled after the fires the drop was even sharper: median income fell by nearly half to just over $3,000 two years later. People with pre-existing disabilities already had substantially lower incomes before the fires, typically at around $4,100, and by 2025 their median income had slipped further to about $3,250.

### Table 3: Median household income

| | | Before the wildfires | 2025 | Difference |
|---|---|---|---|---|
| Overall | Pre-existing disability before the fires | $4,123 | $3,439 | -16.6% |
| | Disability acquired after the fires | $6,050 | $3,250 | -46.3% |
| | No disability | $6,050 | $4,250 | -29.8% |
| Under 65 | Pre-existing disability before the fires | $3,277 | $2,250 | -31.3% |
| | Disability acquired after the fires | $6,050 | $2,250 | -62.8% |
| | No disability | $6,050 | $4,750 | -21.5% |

*Note: "Pre-existing disability before the fires" includes people who were already disabled prior to the wildfires. "Disability acquired after the fires" includes people who were not disabled before the fires, but their disability started afterward. "No disability" includes people who have never been disabled (before or after the fires). The disability groups remain constant over time, i.e. for each disability group, we compare outcomes for the same group of people at different points in time.*

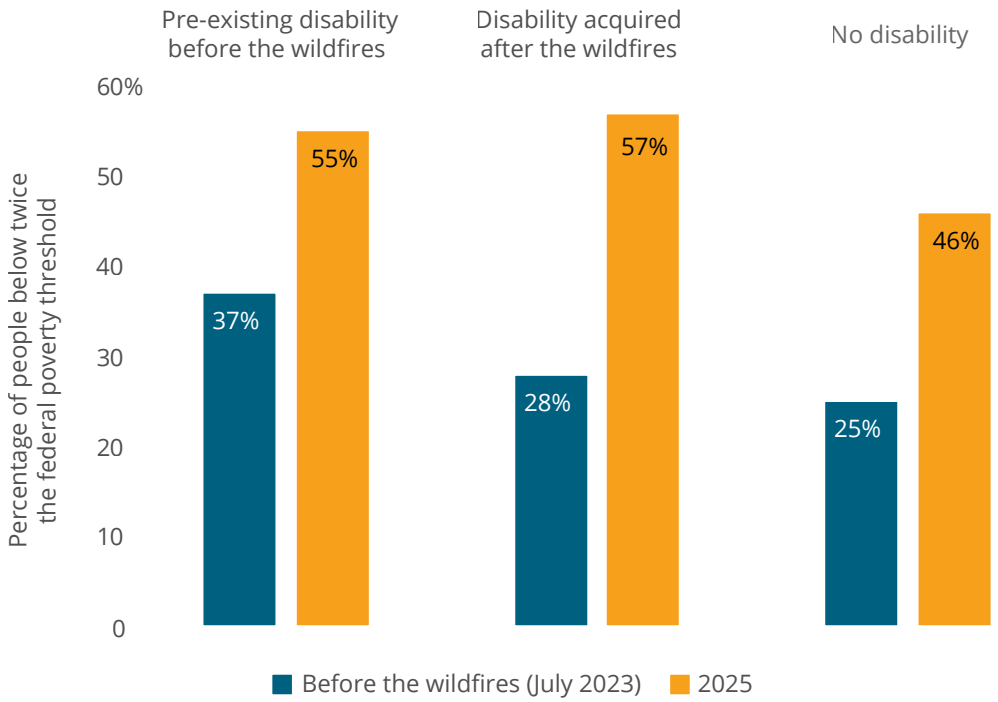
While the relative income loss appears only about half as drastic for people with pre-fire disabilities than for people who were not disabled prior to the fires, much of this is driven by the older age structure of the disability population (Table 3). When only looking at people under the age of 65, people with pre-existing disabilities saw a larger drop in income after the fires compared to non-disabled people. It is also notable that while median income before the fires was the same for the under 65 age group as the overall population for people without disabilities, it was already much lower for younger disabled people than the overall disability population. Both the lower pre-fire incomes and the larger income loss for younger disabled people are likely due to exclusion from the labor market and barriers in accessing social safety nets. Most people above 65 live on Social Security and retirement savings, providing a more stable income stream that is largely cushioned from local economic shocks. Since relatively more disabled people are older, this may dampen the overall income effect of the fires on the disability population. However, since younger disabled people are disproportionately affected by income losses, the severe existing disparities for this group are further exacerbated.

These changes are mirrored in poverty indicators. For this analysis, we looked at the share of people living in or near poverty, defined as having an income below twice the federal poverty

threshold for Hawai'i. The federal poverty threshold depends on household size. For a two-person household, it was at about $1,900 a month before the wildfires and $2,000 a month after the wildfires. For a five-person household, it was $3,400 before the wildfires and $3,500 after the wildfires.

Before the fires, about one-quarter of non-disabled households were living in or near poverty, compared with about 28% of those who would later become disabled and 37% of those with pre-existing disabilities (Figure 4). By 2025, poverty had risen across all groups. Rates almost doubled for non-disabled people but are still well below the share of poverty for people with disabilities. Moreover, the difference in poverty rates between non-disabled people and (pre-fire) disabled people remains about the same. People who developed disabilities after the fires experienced a dramatic increase in (near) poverty rates to similar levels as people with pre-existing disabilities: 57% of this group now lives in or near poverty.

**Figure 4: Percentage of people near or in poverty before the wildfires and two years after the disaster**

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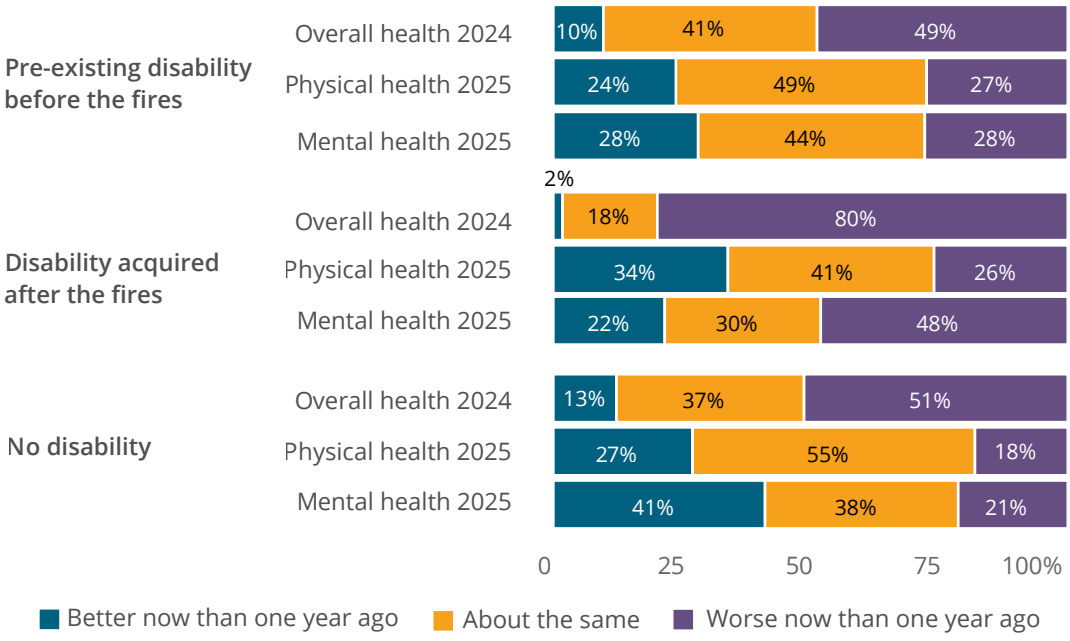
These patterns indicate that fire-affected people with disabilities are experiencing particularly severe hardship. People with pre-existing disabilities started with lower incomes and have seen further declines, while newly disabled people have experienced particularly steep losses. This underscores the compounded challenges facing the disability community in attaining or regaining economic security.

# Impacts on Health

## Overall change in health

Health trajectories after the wildfires differ markedly by disability status. In the first year after the fires, the vast majority - about 80% - of people with post-fire disabilities reported that their health had worsened compared to the previous year (Figure 5). People with pre-existing disabilities report similar magnitudes of change as people without disabilities, with about half reporting worsening health.

**Figure 5: Post-disaster change in health at one and two years after the wildfires**

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By the second year of follow-up, the picture had shifted somewhat (Figure 5). People who have become disabled after the fires reported some recovery in their physical health. About one third reported that their health was better than a year earlier, while about one-quarter still reported further deterioration. For those with pre-existing disabilities, change was more muted, with nearly half reporting no change, about one-quarter better, and one-quarter worse.

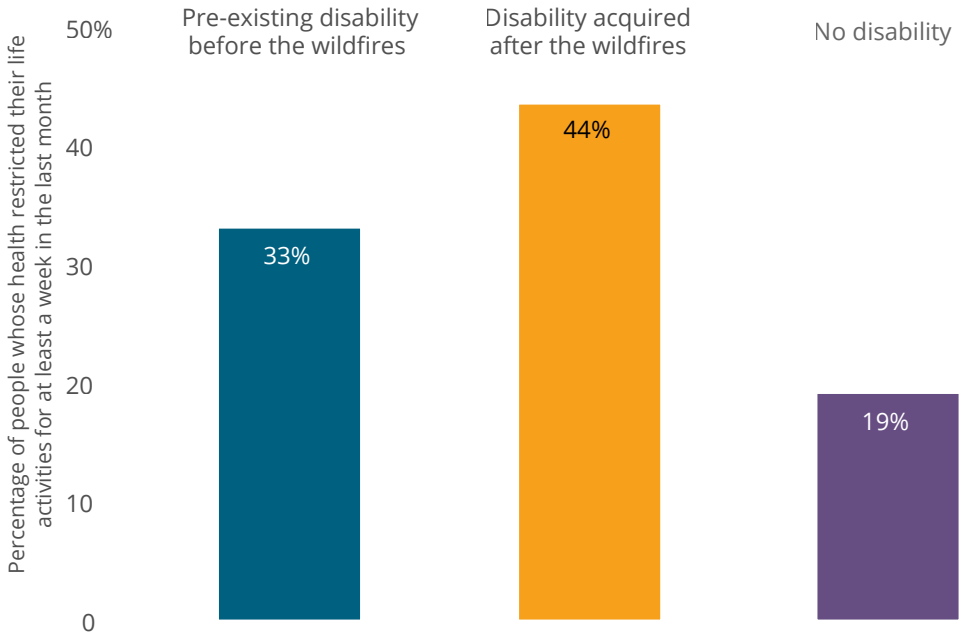
Mental health patterns in 2025 remain particularly concerning. Nearly half of people who became disabled after the fires say their mental health has gotten worse over the past year,, while only about one in five said it had improved. People with pre-existing disabilities reported a more mixed picture, with 28% seeing improvement and 27% reporting deterioration. Non-disabled people reported markedly more positive changes: over 40% said their mental health had improved, while only about one in five reported declines.

Taken together, these findings suggest that fire-affected people with disabilities experienced sharper declines in health in the immediate aftermath of the disaster, particularly those who developed disabilities after the fires. While physical health outcomes show some signs of recovery by the second year, mental health difficulties remain widespread, especially among those with post-fire disabilities.

## Impact on life

For many, these changes in health had important consequences for their ability to carry out daily activities. When asked how often health issues limited their lives, people with disabilities were far more likely to report ongoing barriers. Among those who have become disabled after the fires, about 44% said their health limited their activities for a week or more in the previous month (Figure 6). For people with pre-existing disabilities, the share was slightly lower but still high, at about one-third. By contrast, fewer than one in five people without disabilities reported facing barriers this frequently. These differences highlight that the health impacts of the wildfires warrant both a healthcare response and an inclusive approach to disaster recovery. This requires improvements in accessibility and inclusion such that people with disabilities - whether pre-existing or newly acquired - can participate fully in work, family, and community life.

**Figure 6: Share of people for whom post-disaster health issues have restricted their life activities**

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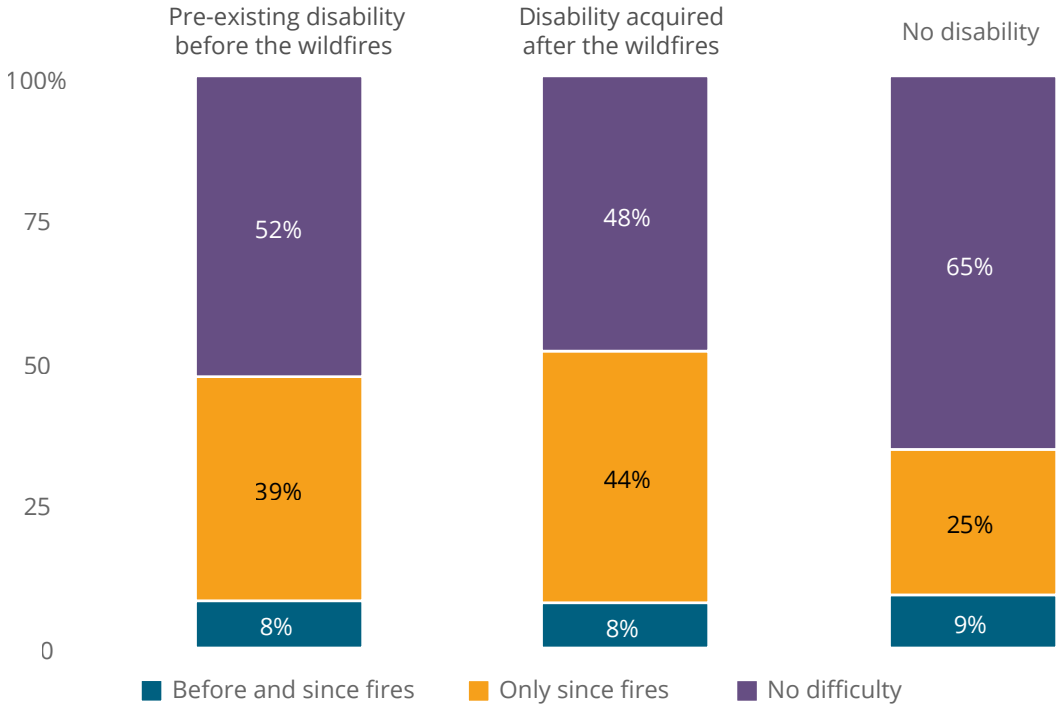
## Access to healthcare

Two years after the wildfires, many people report being able to access healthcare when they need it, but clear differences remain by disability status. While long-standing barriers exist for some, the fires also introduced new obstacles for many more, and these have fallen disproportionately on disabled people.

The share of people who faced healthcare access difficulties even before the fires does not differ much by disability status. But significant disparities have arisen since the disaster. About a quarter of non-disabled people report new difficulties in accessing healthcare after the fires, while the share is 39% for people with pre-existing disabilities and 44% for people who have become disabled since the fires (Figure 7).

**Figure 7: Difficulties with healthcare access before and after the wildfires**

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# Needs and Access to Assistance

## Unmet needs

Unmet needs remain widespread two years after the wildfires, affecting people across the fire-affected community, but at higher rates those with disabilities. Housing and financial assistance are among the most common concerns overall, but the specific areas where gaps persist vary by disability status.

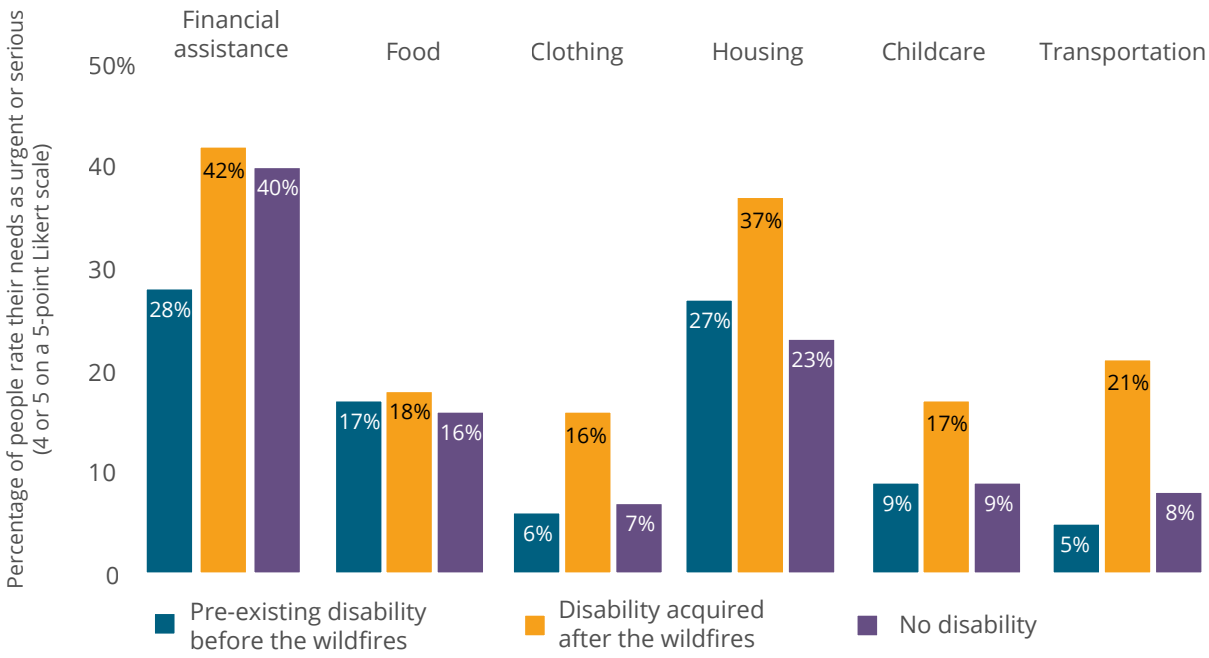
For people with pre-existing disabilities, unmet needs are broadly similar to those reported by non-disabled people, with a few notable exceptions where this group stands out. Four in ten people who already had disabilities still struggle to navigate recovery programs — nearly three times the rate of others (40% versus 15%, Figure 8), underscoring the barriers that disabled people face in accessing the assistance that exists. This suggests ongoing gaps in accessibility of case management and assistance. People with disabilities that predate the fires also report greater unmet needs for food (over one in five) and for spiritual or cultural support (close to 30%), again higher than either newly disabled or non-disabled people.

People who have become disabled after the fires present a different picture. Their unmet needs are consistently higher than those of both non-disabled and pre-fire disabled people across a wide range of areas (Figure 8). In physical and mental health care, transportation, clothing and childcare, roughly twice as many people with post-fire disabilities report unmet needs as the

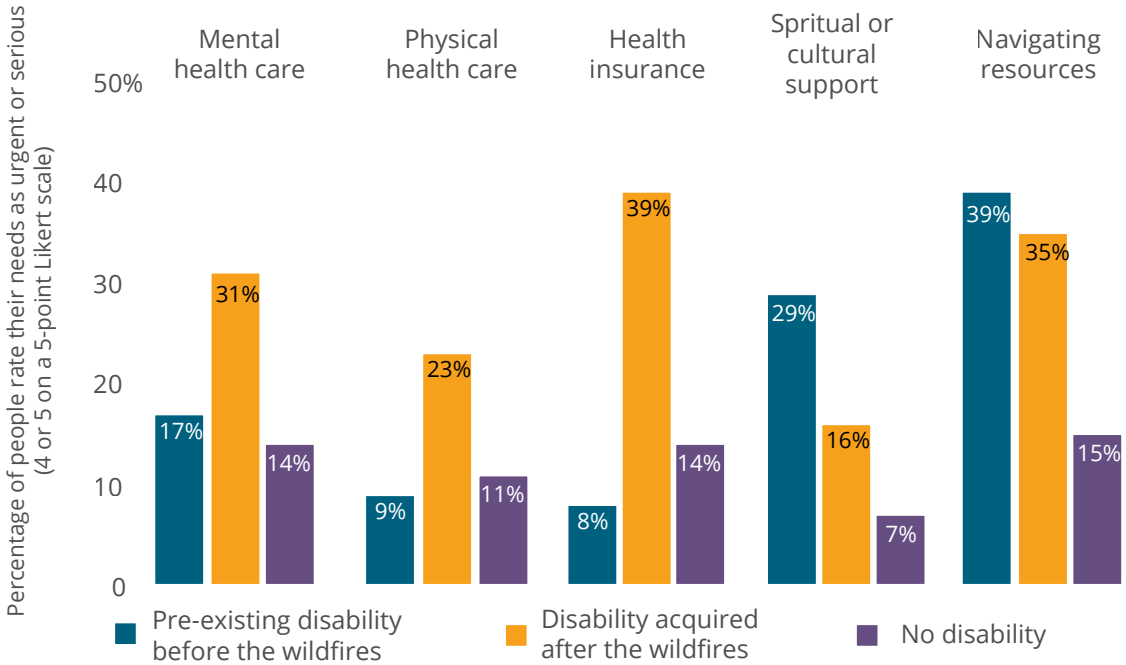
other groups. The disparities are even greater for health insurance. More than one-third also struggle with navigating resources. These extensive gaps are likely related to the substantial economic losses that people with newly acquired disabilities have experienced, but they also point to substantial gaps in the assistance infrastructure that disproportionately affect disabled people. While people with pre-existing disabilities may be more familiar with providers that offer accessible and inclusive assistance, this will not be the case for many newly disabled people. This suggests a need for targeted efforts to facilitate connecting people with new disabilities to support services and networks.

**Figure 8: Unmet needs in 2025**

**A:**




**B:**

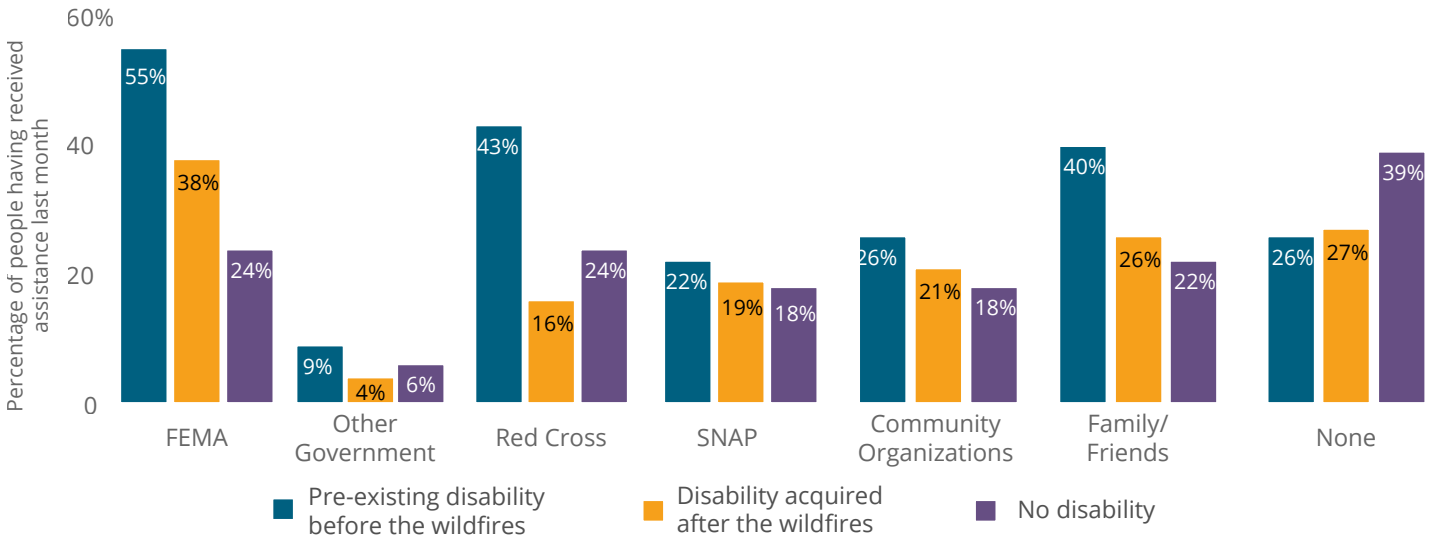



*Note: "Pre-existing disability before the fires" includes people who were already disabled prior to the wildfires. "Disability acquired after the fires" includes people who were not disabled before the fires, but their disability started afterward. "No disability" includes people who have never been disabled (before or after the fires).*

## Assistance

Assistance remains important for most fire-affected households even two years after the wildfires, but the sources and reach of support differ notably by disability status.

**Figure 9: Assistance used last month**




*Note: "Pre-existing disability before the fires" includes people who were already disabled prior to the wildfires. "Disability acquired after the fires" includes people who were not disabled before the fires, but their disability started afterward. "No disability" includes people who have never been disabled (before or after the fires).*

FEMA assistance remains the most common source of assistance across all groups in 2025, but disabled people were significantly more likely to rely on it (Figure 9). More than half of those with pre-existing disabilities reported receiving FEMA help, compared with just over one-third of people who developed disabilities after the fires and only one-quarter of those without disabilities. Other government disaster programs and Red Cross assistance followed a similar pattern, although newly disabled people were less likely to receive support from these sources than those without disabilities. While it is encouraging that formal disaster recovery programs have been able to reach people with pre-existing disabilities successfully, this data raises concerns about distinct gaps for people who have developed disabilities since the fires. Moreover, we do not see a compensation effect with assistance from community organizations and non-disaster government programs. Newly disabled people are also somewhat less likely than people with pre-fire disabilities to receive support from these sources, but disparities across groups are much smaller.

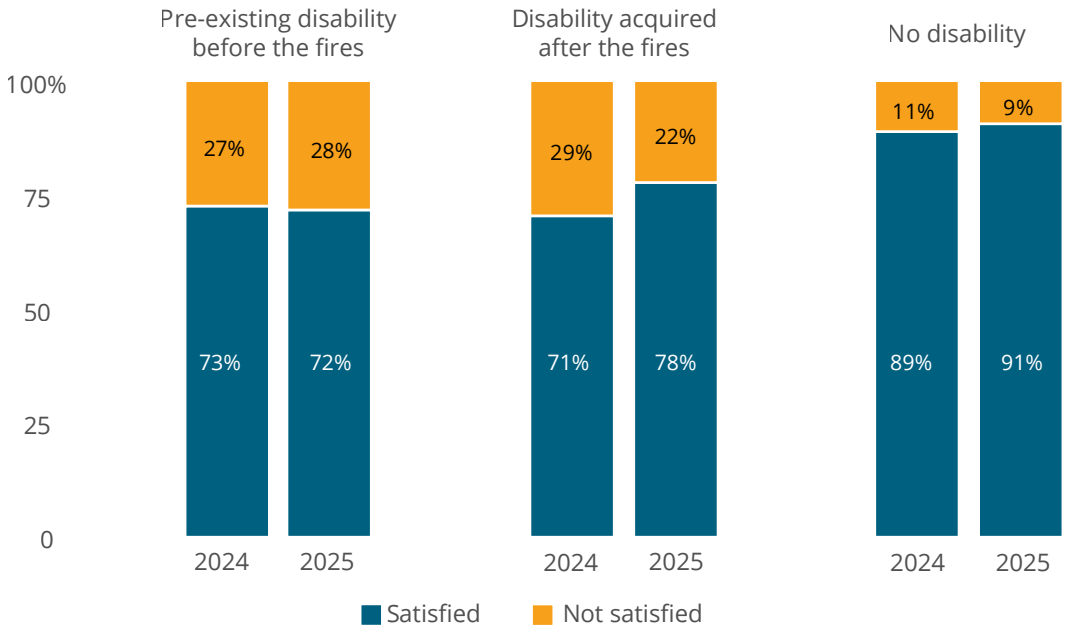
Family and friends continue to play a substantial role, particularly for disabled people. About one-quarter of people with new disabilities and more than a third of those with pre-existing disabilities reported turning to their personal networks for help. This is notably higher than the 22 percent of non-disabled people who relied on family or friends. These results suggest that informal social safety nets remain especially important for disabled people, likely to make up for gaps in formal assistance.

Despite pervasive unmet needs and substantial economic cuts, more than a quarter of people with disabilities report not receiving any assistance at all anymore. While this is much lower than the nearly 40% of non-disabled people who reported no assistance, it likely primarily reflects greater need in the disability community. Concerns remain that the reduction in available assistance, especially in conjunction with ongoing challenges in navigating resources, leaves vulnerable people behind. In fact, we find that more than 95% of disabled people without any assistance report ongoing unmet needs.

# Life Satisfaction

The disproportionate impacts of the wildfires on people with disabilities across all these areas of life - from housing to employment and income to health - translate into clear differences in life satisfaction that remain two years after the wildfires. While the majority of individuals across all groups report being satisfied with their lives, satisfaction levels are consistently lower among disabled people, whether their disability predated the fires or not (Figure 10). By 2025, people with pre-fire disabilities were three times more likely than non-disabled people to report not being satisfied with their lives. Notably, people who were not disabled prior to the wildfires experienced an increase in life satisfaction between 2024 and 2025, including people who had become disabled after the fires. While this group had similar rates of life satisfaction in 2024 as those with pre-existing disabilities, their life satisfaction in 2025 is now 6 percentage points higher, though it remains well below the levels of life satisfaction for non-disabled people. On the other hand, individuals with pre-fire disabilities experienced a slight decline in satisfaction, suggesting persistent challenges in recovery and well-being.

**Figure 10: Life satisfaction after the wildfires**




*Note: "Pre-existing disability before the fires" includes people who were already disabled prior to the wildfires. "Disability acquired after the fires" includes people who were not disabled before the fires, but their disability started afterward. "No disability" includes people who have never been disabled (before or after the fires).*

# Conclusion and Policy Implications

Taken together, the findings show that disabled people have faced greater and more persistent challenges in nearly every area of recovery following the 2023 Maui wildfires. From housing instability, employment losses and steep drops in income to ongoing health challenges and unmet needs, the disaster has deepened pre-existing disparities and introduced new pressures. While many have drawn on formal aid, community resources, and personal networks, recovery remains uneven, and gaps in support have left a substantial share of disabled residents with ongoing vulnerabilities.

These patterns highlight the broader role of disaster recovery in either narrowing or widening existing inequities. For people with disabilities, the aftermath of the fires has underscored how systemic barriers — in housing markets, labor force participation, healthcare access, and assistance systems — can slow or limit recovery even years after the initial event. At the same time, assistance where it could be accessed has buffered the impact and reduced hardship. In this context, the report discusses the gaps in the current policy context and develops policy options that may help inform equitable and resilient approaches to disaster recovery.

## Policy Context and Implications

Hawai'i's current framework for disability inclusion in disaster preparedness and recovery is largely non-binding and fragmented. Unlike states such as California, which have statutory requirements for access and functional needs inclusion in emergency planning (California Emergency Services Act, 2024), Hawai'i has no explicit legal provisions mandating disability inclusion at either the state or county level. The state's main disaster statute — the *Hawai'i Emergency Management Act* (HRS Ch. 127A) — establishes the basic governance structure for emergency management but makes no mention of accessibility or disability. (Hawai'i Emergency Management Act, 2014) The only binding provisions are indirect: HRS § 103-50 requires that state and county facilities be physically accessible (Building Design; Review by Disability and Communication Access Board, 2002), and HRS Ch. 348F gives the Disability and Communication Access Board (DCAB) an advisory role on accessibility in state programs, including emergency preparedness. (Disability and Communication Access Board, 1999) All other obligations stem from federal civil-rights law — the *Americans with Disabilities Act*, *Section 504 of the Rehabilitation Act*, and, in recovery contexts, the *Stafford and Fair Housing Acts*. (Americans with Disabilities Act of 1990, 1990; Fair Housing Act, 1968; Rehabilitation Act of 1973, 1973; Robert T. Stafford Disaster Relief and Emergency Assistance Act, 1988)

The most detailed statewide coordination document remains the 2009 *Interagency Action Plan for the Emergency Preparedness of Persons with Disabilities and Special Health Needs*, developed by DCAB and the Department of Health. (Disability and Communication Access Board, 2009) It outlines seven goals, from accessible shelters and communications to preparedness in healthcare and residential facilities. Although the plan called for biennial revisions, no update has ever been published. Efforts to do so in 2012, 2016, 2020 and 2024 stalled, and the 2009 version still serves as Hawai'i's only formal disability-specific preparedness framework. DCAB's current 2025-2026 Plan of Action again lists an update as a priority, but it has not yet materialized. (Disability and Communication Access Board, 2025) The plan predates FEMA's Functional Needs Support Services guidance (Federal Emergency Management Agency, 2010), leaving Hawai'i without a contemporary operational framework.

We could not find any Hawai'i statute or state-level policy document that addresses disability inclusion in recovery planning. The Hawai'i Emergency Operations Plan (2022) and its SESF-6 Annex recognize people with disabilities and access and functional needs primarily in relation to evacuation, mass care, and sheltering. (Hawai'i Emergency Management Agency, 2022) The state's 2019 Guidance for Disaster Recovery Preparedness omits disability entirely. (Hawai'i Climate Change Mitigation and Adaptation Commission, 2019) As a result, inclusion during recovery depends on federal requirements attached to disaster funding rather than on state-defined policies.

At the county level, Maui has taken meaningful but still developing steps following the 2023 wildfires. The MEMA Strategic Plan 2025-2030 explicitly identifies individuals with disabilities as a vulnerable population and establishes a deliverable titled "Disability, Access, Functional Needs (DAFN) / Vulnerable Communities Plan." (Maui Emergency Management Agency, 2025) The MEMA Strategic Plan commits to equitable and inclusive recovery and names "accessible resources" and "inclusive recovery efforts" among its goals. However, operational detail—such as measurable targets for accessible shelters or recovery programs—has not yet been published. The Maui County Commission on Persons with Disabilities has proposed additional concrete measures: ASL and alternative-format materials in recovery centers, accessible web platforms, and priority rebuilding of accessible housing. (Maui County Commission on Persons with Disabilities, 2025) These recommendations have not yet been codified.

## Policy principles

Closing these policy and implementation gaps will require a set of overarching principles that systematically embed disability inclusion to guide policy frameworks and commitments going forward. The principles below outline how existing policy frameworks and commitments can be amended to achieve that.

1. **Mainstreaming disability equity in disaster management**: Disaster frameworks should integrate disability equity as a cross-cutting principle, not a niche program. This is consistent with moving from a "special needs" framing to a "rights and equity" approach: disabled people are part of the community, with planning designed to ensure they have equal access to safety and recovery. While this is recognized in the MEMA Strategic Plan, it is not explicitly included in current State-level frameworks and there are no specific state or county legal obligations. (Maui Emergency Management Agency, 2025) Explicit legal provisions mandating disability equity and inclusion in disaster management in Hawai'i should be considered.

2. **Including a disability lens, not only in disaster preparedness and immediate disaster response, but also in disaster recovery strategies**: The findings from this report suggest that disabled people lag behind non-disabled people in their recovery, warranting specific attention to barriers to recovery affecting them. This is reflected in Maui County's Strategic Plan, although further operational details are needed.(Maui Emergency Management Agency, 2025) We could not find any comparable provisions at the State level. The statewide, inter-agency plan for disaster preparedness for people with disability needs to be updated and extended to include disaster recovery.

3. **Pursuing equity-focused policies pre-disaster to foster disaster preparedness:** Addressing economic and health disparities in normal times enhances resilience and disaster preparedness. Unfortunately, disasters cannot always be prevented, but disparities in disaster recovery can be mitigated by strengthening social safety nets and pursuing policies that foster socioeconomic equity.

4. **Designing strategies with disabled people**: Involving people with disabilities and disability organizations in every stage of disaster and recovery planning ensures that strategies reflect real needs. Maui County's Commission on Persons with Disabilities and the statewide DCAB provide forums for such involvement, with DCAB having a statutory advisory role on accessibility in state and county programs, including emergency preparedness. (Disability and Communication Access Board, 1999) However, we could not find any requirement for direct disability representation within the formal planning or decision-making processes of State or County emergency management.

5. **Devising concrete, measurable operational details** for disability equity in outcomes and disability inclusion in the process of disaster management and recovery: In addition to strategic commitments, specific implementation targets are required to spur tangible change. Updates to the statewide, inter-agency plan for disaster management should include such measurable targets and a plan for monitoring them.

6. **Data collection**: Collecting disaggregated data on disability status as part of disaster response programs helps identify gaps, but neither the State nor County currently mandate disability-disaggregated disaster data.

## Policy options for disaster preparedness and response

While disaster preparedness is not the focus of this report, it is clear that the disproportionate adverse effects of the Maui wildfires on the disability community call for preventing such discrepancies in the first place. Efforts targeting disaster preparedness for people with disabilities tend to focus on individual-level training (often led by non-governmental organisations) rather than filling structural planning and service gaps at the government level. The literature suggests a wide variety of pertinent interventions such as:

- **Accessible communication**, including making all alerts and preparedness materials available in plain language, multiple languages, American Sign Language, Braille, captioning, and other accessible formats (U.S. Department of Justice Civil Rights Division, 2009). MEMA's Strategic Plan commits to plain-language and multilingual alerts, while the Maui County Commission on Persons with Disabilities has further recommended measures such as ASL interpretation, captioning, and accessible print and digital formats. (Maui County Commission on Persons with Disabilities, 2025; Maui Emergency Management Agency, 2025) However, in State frameworks, explicit accessibility standards for communications were not evident.

- **Mapping and registries**, such as voluntary registries or community mapping, that can help identify people with access and additional support needs, paired with strong privacy protections and clear response plans (U.S. Department of Justice Civil Rights Division, 2025). While this was partially recognized in the 2009 Interagency Action Plan and there have been relevant discussions among disability community organizations, it has not been implemented in any form in any publicly available State or County plans. (Disability and Communication Access Board, 2009)

- **Accessible evacuation routes and transport and evacuation procedures** that accommodate mobility devices, service animals, medical equipment and sensory needs (Interagency Committee on Disability Research, 2024; Isaacson Kailes, 2025). The SESF-6 Annex outlines ADA-compliant shelters and Functional Needs Support Services, but detailed implementation procedures remain to be clarified. (Hawai'i Emergency Management Agency, 2022)

- **Mainstreamed disability training for first responders** before the disaster strikes, including training in communication with people with sensory, neurodevelopmental and intellectual disabilities (Ohio Disability and Health Program, 2025). Both State and Maui County frameworks only reference training provisions in broad 'whole-community' and 'vulnerable populations' terms. (Hawai'i Emergency Management Agency, 2022; Maui Emergency Management Agency, 2025)

- **Stockpiling accessible supplies and medical equipment** to ensure continuity of care (Interagency Committee on Disability Research, 2024) which is currently not explicitly covered by any publicly available State or County policies.

- **Universal design in shelters and temporary housing** (Interagency Committee on Disability Research, 2024; U.S. Department of Justice Civil Rights Division, 2009). Shelters built or modified with public funds must comply with HRS §103-50 and ADA accessibility standards (Americans with Disabilities Act of 1990, 1990; Building Design; Review by Disability and Communication Access Board, 2002), but no broader universal design strategy is evident in current plans.

- **Continuity of personal assistance and assistive technology** in shelters and temporary housing (Disability Rights Florida, 2025). This principle is recognized conceptually in SESF-6 guidance but lacks operational procedures in Hawai'i's current framework. (Hawai'i Emergency Management Agency, 2022)

## Policy options for disaster recovery

Addressing the disparities in disaster recovery will ensure that disabled people are not left behind in the years to come. Based on the specific gaps identified in this report, policymakers may wish to consider the following options for augmenting current recovery planning and designing future disaster response strategies:

1. **Leveraging healthcare encounters to improve referrals of (newly) disabled people for services and assistance**: Assistance reaches newly disabled people at much lower rates than people with pre-existing disabilities, let alone non-disabled people. An opportune starting point for outreach are healthcare encounters. Healthcare professionals could refer their clients to assistance programs beyond the medical realm, especially disability-specific support and disaster assistance services. While this would likely benefit (newly) disabled people in general, it would be particularly important as part of disaster response and recovery efforts, as disaster impacts may result in a disproportionate number of new disabilities and additional barriers. Referral to resources is particularly relevant for people who have become newly disabled, because they likely lack connections to support networks that people with long-standing disabilities have built over time. Nonetheless, these resources should also be offered to people with pre-existing disabilities. A systematic referral program that leverages healthcare encounters requires that healthcare professionals be given the required resources and mandate. No publicly available State or County documents address this referral pathway.

2. **Ensuring accessible resources and disability-informed case management**: People with disabilities, especially those with pre-fire disabilities, report much higher rates of struggling with navigating resources. Not only people with disabilities, but everyone would benefit from simplified and accessible resources and application processes for assistance. Having more disabled people involved in case management and providing additional disability competence training for non-disabled case managers would help them better serve their clients with disabilities. The Maui County Commission on Persons with Disabilities has recommended that Disaster Assistance Recovery Centers be fully accessible, including ASL interpretation, captioning, plain language forms and materials, sensory-sensitive spaces, and staff training on disability communication. (Maui County Commission on Persons with Disabilities, 2025) These recommendations have not yet been formally adopted or implemented by the County, and there are no evident provisions for directly involving people with disabilities in case management or service delivery.

3. **Providing targeted housing assistance**: Given that disabled people are notably lagging behind the non-disabled population in transitioning to permanent stable housing, additional support may be required to get them appropriately and securely housed. This could include improving referrals to assistance for unstably housed individuals and prioritizing people

with disabilities for mid-term housing placements. Dedicated new long-term solutions for increasing accessible and affordable housing supply will help avoid compounding pre-existing shortages. As FEMA and other rental assistance programs wind down, it would be important that policy strategies for managing the transition account for the disproportionate reliance of people with disabilities on these programs. Federal accessibility standards apply both to Maui's HUD-funded recovery housing and to State- or County-built temporary and mid-term units, yet we could not find any State or County policies that establish additional disability-specific housing policies or monitoring standards.

4. **Expanding employment services for people with disabilities and developing strategies for facilitating labor market re-entry**: People with disabilities were disproportionately affected by the labor market impacts of the wildfires, especially via a substantial increase in labor market exits. Nonetheless, we could not find any existing disaster recovery programs at the State and County levels that incorporate workforce development measures specifically aimed at this population. Support programs that focus on facilitating labor market re-entry could help avoid long-term exclusion from employment and wage income. In addition, expanding support for disabled people struggling to find work will help prevent additional labor market exits in the first place. Employment service programs could include job training, job placement services, support for disabled business owners and incentivizing workplace accommodations.

5. **Increasing the availability of accessible and disability-informed healthcare**: Our data shows a distinct rise in access barriers in the post-fire healthcare infrastructure.  . This suggests that there is a need for prioritizing greater accessibility and disability-informed care. Continuity of medical services is referenced in SESF-6's mass-care provisions but not extended to the recovery phase. (Hawai'i Emergency Management Agency, 2022)

By embedding equity and accessibility into policy and practice, Hawai'i and Maui in particular can lead the way in fostering inclusive disaster recovery that leaves no one behind. Going forward, UHERO will continue to provide data and analysis to monitor the disparities in Maui's recovery. Both the MRS and MauiWES surveys are ongoing. Forthcoming UHERO research also digs deeper

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# Appendix

## Methodology

The data from both surveys has been weighted to maximize representativeness relative to the fire-affected population as a whole by disability status at the pre-fire baseline. The MRS data was weighted by age group (18-64 versus 65+ years) by disability status, employment status (defined as employed versus not employed including both unemployed and economically inactive people) by disability status, and tenure (defined as owners versus renters or unstable housing) by disability status. Iterative proportional fitting (raking) has been used to implement survey weighting. This method continues to adjust the weights until the sample distribution approximately matches the population distributions for the selected weighting variables. Reference data has been obtained from the American Community Survey 5-year sample for 2022 to avoid bias from 2023 data that could have been collected after the fires. In addition, the raked weights were post-stratified by near-poverty status (defined here as below versus above twice the federal poverty threshold for Hawai'i) by disability status. The design effect is 1.68 with a margin-of-error of 5.16.

The process used for the MauiWES data was similar. The data was raked based on age group by disability status (defined as for the MRS data) and gender (defined as male versus female; ACS reference for non-binary and other genders is not available) by disability status. As for the MRS data, the raked weights were post-stratified by near-poverty status (defined as above) by disability status. The design effect is 1.42 with a margin-of-error of 5.27. The MauiWES panel data (both year 1 and year 2 responses available) has been raked and post-stratified separately to ensure representativeness of this sub-sample (design effect: 1.68, margin-of-error: 7.92). The weighted survey samples align well with the reference population, see Figure A1-A10.

All reported percentages and cross-tabulations are weighted descriptive proportions.

**Figure A1: Age groups at baseline (before the wildfires) for the weighted MRS data versus ACS data**

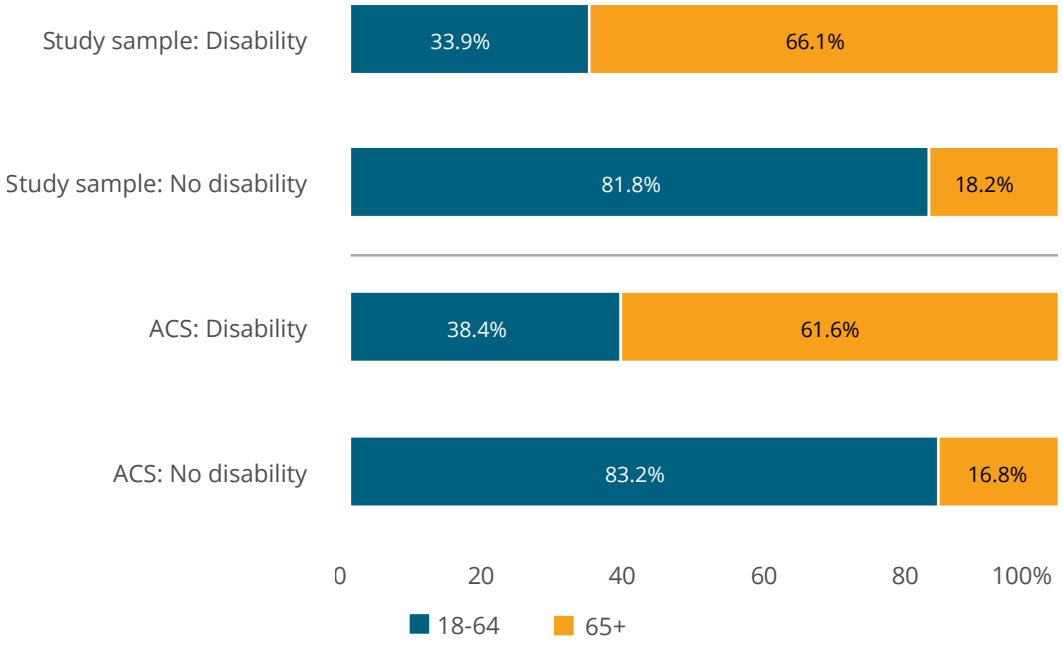


**Figure A2: Age groups at baseline (before the wildfires) for the weighted MauiWES data versus ACS data**

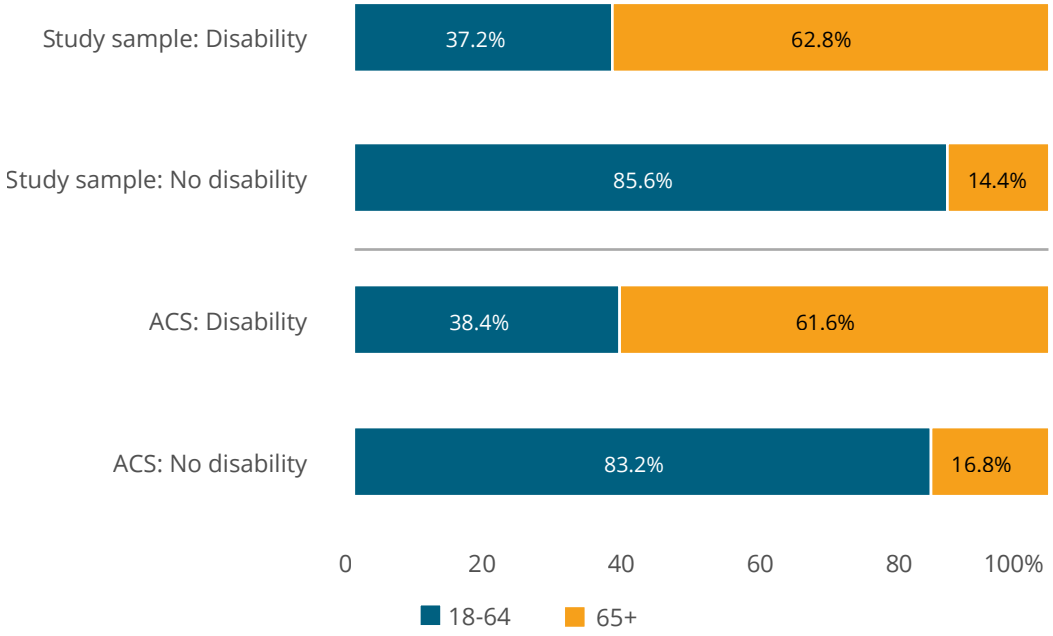



**Figure A3: Age groups at baseline (before the wildfires) for the weighted MauiWES panel data versus ACS data**

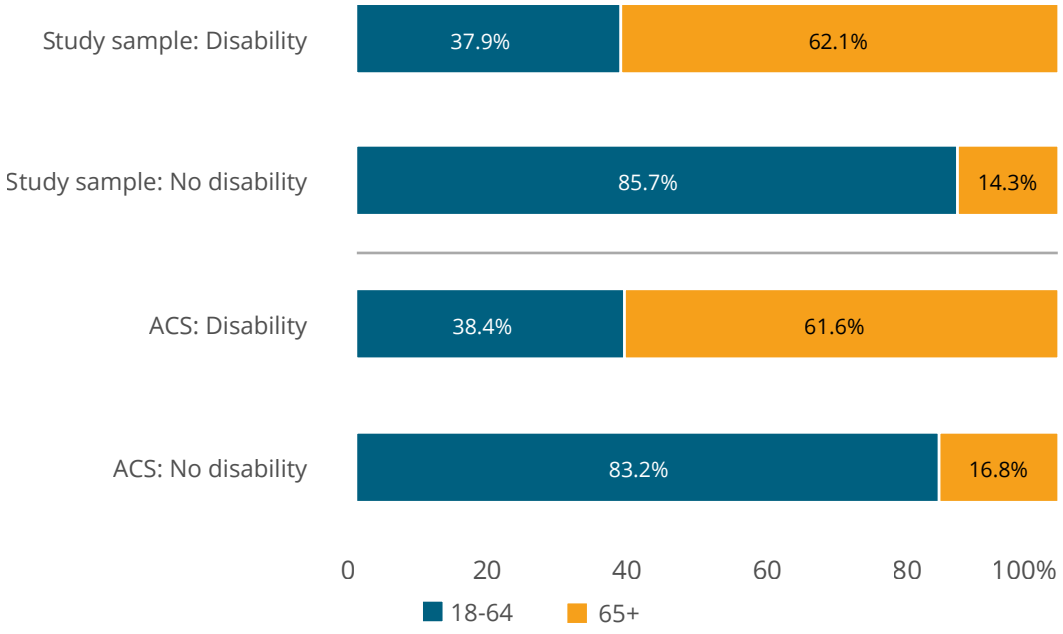


**Figure A4: Near-poverty status at baseline (before the wildfires) for the weighted MRS data versus ACS data**

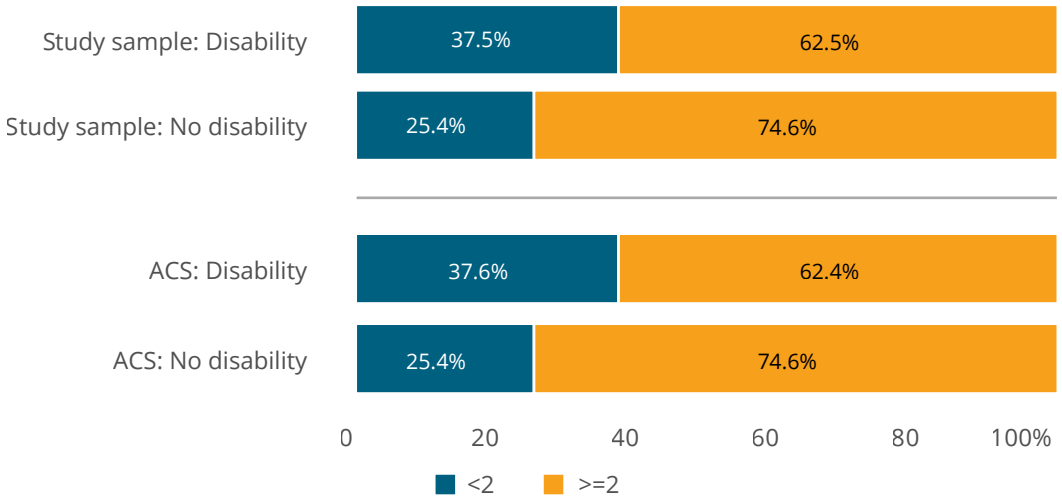



**Figure A5: Near-poverty status at baseline (before the wildfires) for the weighted MauiWES data versus ACS data**

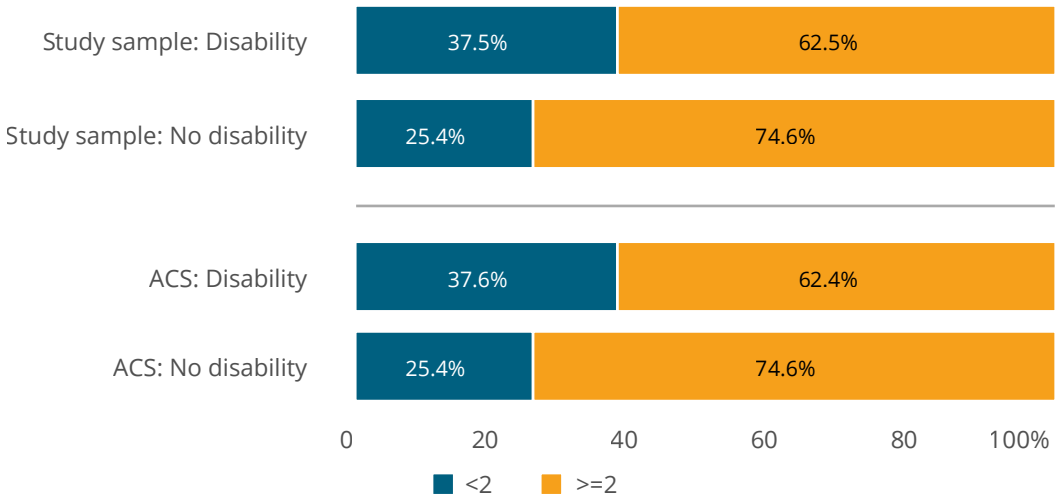



**Figure A6: Near-poverty status at baseline (before the wildfires) for the weighted MauiWES panel data versus ACS data**

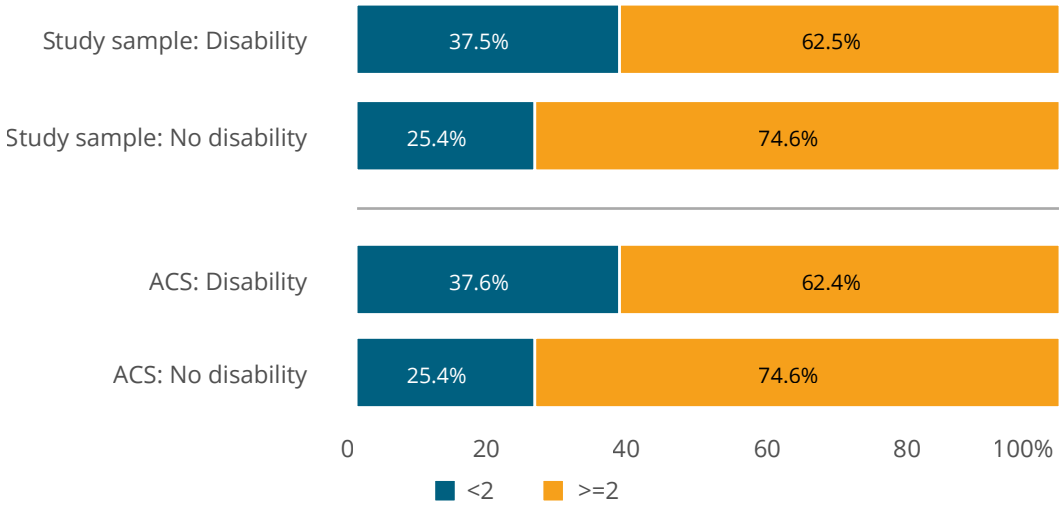


**Figure A7: Employment status status at baseline (before the wildfires) for the weighted MRS data versus ACS data**

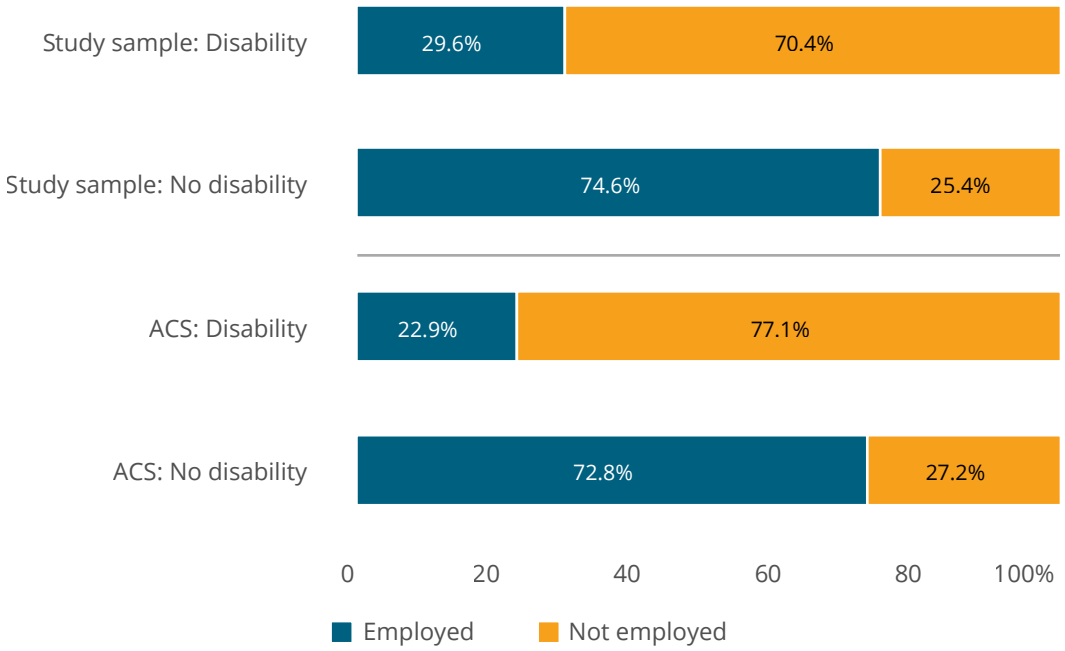



**Figure A8: Tenure at baseline (before the wildfires) for the weighted MRS data versus ACS data**

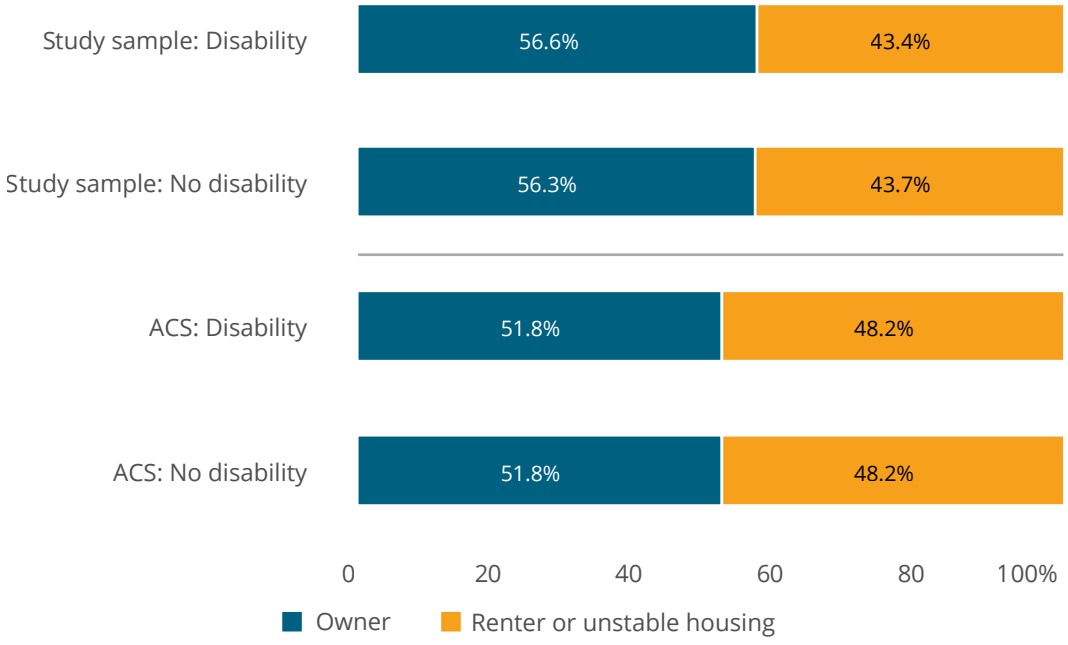


**Figure A9: Gender at baseline (before the wildfires) for the weighted MRS data versus ACS data**

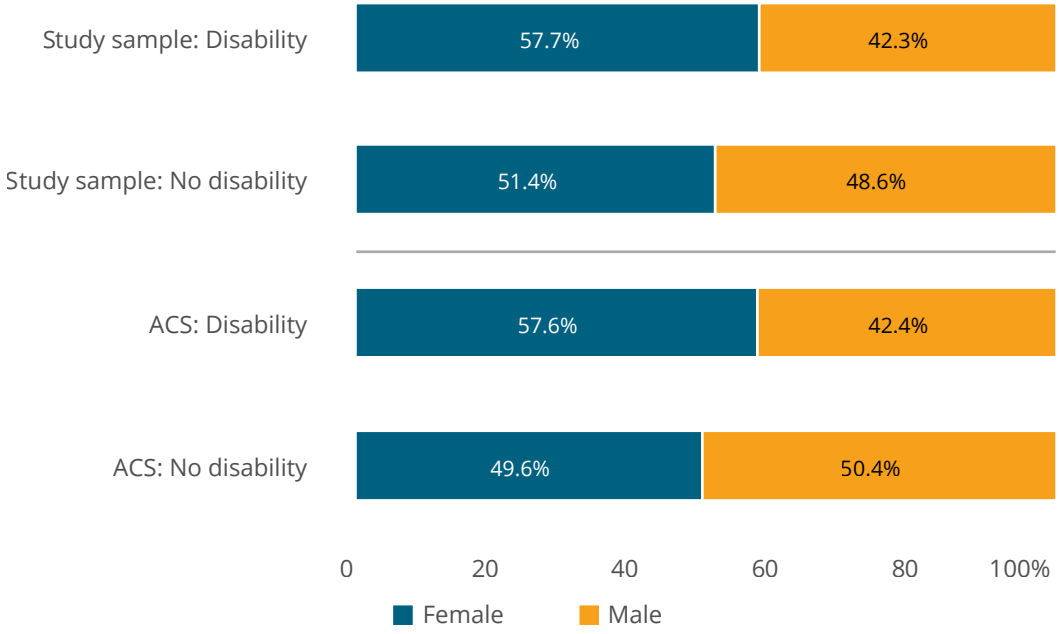
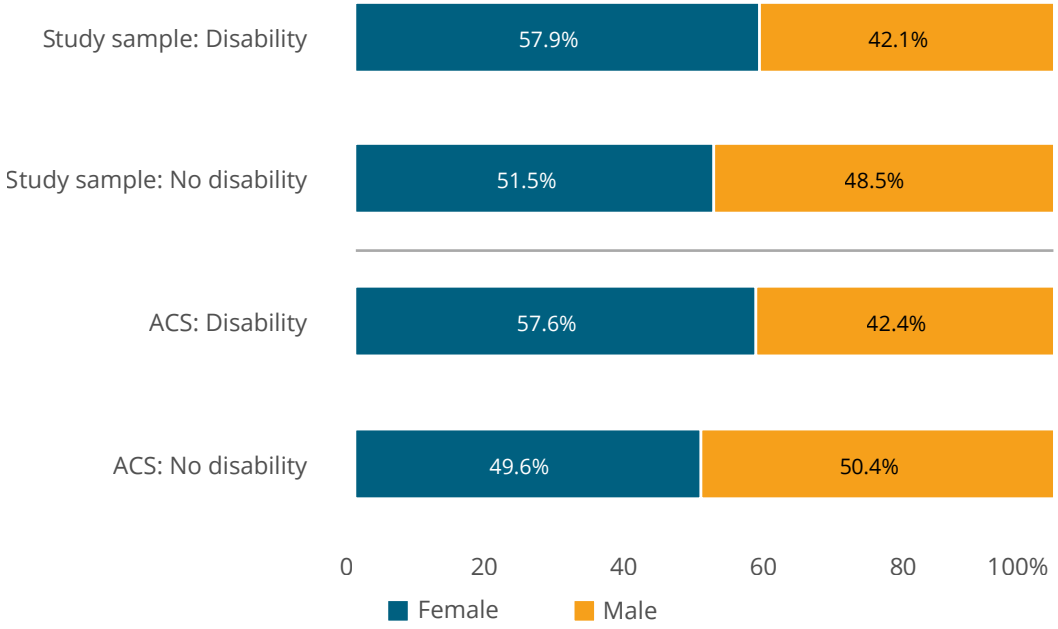



**Figure A10: Gender at baseline (before the wildfires) for the weighted MRS panel data versus ACS data**



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