Report on the AEA Accessibility Survey

Christine L. Exley, Douglas Kruse, and Sophie Mitra*

June 1, 2026

*Exley: exley@umich.edu University of Michigan; Kruse: Rutgers University, dkruse@smlr.rutgers.edu; Mitra: Fordham University, mitra@fordham.edu

1 Executive Summary

In April 2025, the Executive Committee of the American Economic Association (AEA) appointed an Ad Hoc committee to design, administer, and analyze a survey of AEA members to determine their views on accessibility issues in the profession, with an eye to determining how the AEA could encourage best practices in accommodating them at various levels (professional conferences, academic departments, etc.). The Ad Hoc Committee includes Christine Exley (University of Michigan and chair of the Committee), Douglas Kruse (Rutgers University), and Sophie Mitra (Fordham University). The Ad Hoc Committee designed the survey which was distributed to the membership. The AEA leadership reviewed the draft survey and offered comments.

To introduce the concept of accessibility, respondents are told the following on the welcome page of the survey: "We encourage people to think broadly about accessibility. Accessibility means all individuals have the opportunity to fully engage with the same environments, use the same products, and enjoy the same services without barriers in the context of the economics profession. Many people have different accessibility needs over the course of their careers [...] We will mostly, but not exclusively, ask about your experience with accessibility during the last 3 years of your work experience in the economics profession."

From the 922 respondents who completed the survey, we classify 20% of respondents as disabled and 80% of respondents as non-disabled. Key findings are as follows:

- **Accommodations and access needs are common and diverse** for both disabled and non-disabled respondents (see Section 3.1)
  - 74% of disabled respondents and 57% of non-disabled respondents requested at least one accommodation in the prior 3 years. The most commonly requested accommodations pertain to work-life flexibility (e.g., hybrid work options, flexible hours, and leave for personal or family obligations).
- **The economics profession is not viewed as accessible and inclusive** by most disabled respondents and by about half of non-disabled respondents (see Section 3.2)
  - When asked if the economics profession is accessible, only 37% of disabled respondents and 52% of non-disabled respondents agree.
  - When asked if disabled people are respected in the economics profession, only 38% of disabled respondents and 55% of non-disabled respondents agree.

- **Most respondents lack accessibility knowledge** (see Section 3.3)
  - Only 44% of respondents (55% of disabled vs 41% of non-disabled respondents) indicate that they know how to create an accessible and inclusive environment.
- **Most respondents do *not* put forth proactive accessibility efforts** (see Section 3.3)
  - Outside of teaching, only 31% of respondents (41% of disabled versus 29% of non-disabled respondents) indicate that they take proactive steps to create more accessible and inclusive environments for disabled people in the economics profession.
  - Within the context of teaching, only 40% of faculty respondents (50% of disabled vs 38% of non-disabled faculty respondents) report that they take proactive steps, when teaching, to create an accessible and inclusive environment.
- **Many respondents do *not* implement accommodations**, even when they are brought to their attention (see Section 3.3)
  - Outside of teaching, only 57% of respondents (58% of disabled vs 56% of non-disabled respondents) indicate that they implement accommodations that are brought to their attention
  - Within the context of teaching, only 79% of faculty respondents (78% of disabled versus 79% of non-disabled faculty respondents) indicate that they implement accommodations that are brought to their attention.
- **Disability-related discrimination, stigma or unfair treatment is common** (see Section 3.4)
  - 51% of disabled respondents (and 11% of non-disabled respondents) report that they have **personally experienced** stigma, discrimination, or unfair treatment due to a disability, impairment, or health condition.
  - 56% of disabled respondents (and 31% of non-disabled respondents) report that they **know someone** in the economics profession who has personally experienced stigma, discrimination, or unfair treatment due to a disability, impairment, or health condition.

  - The most common contexts for this discrimination, stigma, or unfair treatment pertain to a respondent's job, promotion or compensation; networking opportunities; conference and external opportunities; and workplace policies.

- **People frequently avoid disclosure** due to fear of discrimination, stigma, or unfair treatment (see Section 3.4)

  - 60% of disabled respondents (and 15% of non-disabled respondents) have avoided disclosing a disability, impairment, or health condition due to fear of discrimination, stigma, or unfair treatment.

- **Inaccessible environments, products, and services are common** (see Section 3.5)

  - 54% of disabled respondents (and 15% of non-disabled respondents) have encountered problems with inaccessible environments, products, or services within the prior 3 years in the economics profession.
  - Inaccessibility problems are diverse, and the most common types pertain to insufficient leave, difficulty accessing buildings and workplaces, difficulty seeing due to font size, difficulty hearing due to lack of microphone use, difficulty securing private spaces or breaks, and insufficient funding for accommodations.

- **Many point to problems with the accommodations process** (see Section 3.5)

  - Among respondents who have requested accommodations due to a disability, impairment or health condition, only 33% thought that making the request was—overall—worthwhile.
  - Timely and effective accommodations are only reported by a minority of respondents.
  - Respondents commonly report that the accommodations process was emotionally draining, overly time consuming, and made them feel doubted and like their needs were not fully believed.

- When respondents are asked to provide free response input into ways to improve the accessibility of the economics profession, some of the themes that emerge include (see Section 4):

- **Flexible and Hybrid Professional Life**: Hybrid options—combining in-person and remote participation—are often viewed as necessary for participation in conferences, seminars, faculty meetings, and job talks. Many point to the need for flexible work arrangements and flexible scheduling as well.
- **Accessibility for Conferences and Seminars**: Respondents suggest universal design as default as well as those related to visual accessibility (e.g., avoid relying on color alone, use large fonts, ensure materials are screen-reader friendly, verbally describe all content on slides), hearing accessibility (e.g., consistent microphone use, repetition of audience questions closed captioning), physical accessibility (e.g., accessible seating, room layouts, hotels, transportation), and the need for childcare, breaks, quiet rooms, recorded sessions, and religious accommodations.
- **Accessible Teaching**: Respondents discuss the need for course materials to be compatible with assistive technologies and to provide faculty training and resources to support accessibility
- **Mental Health and Wellness Support**: Respondents stress the need for more professional mental health resources for faculty and students.
- **Cultural and Policy Transformation**: Respondents discuss how economics is often unfriendly toward disability and how stigma discourages disclosure. Respondents discuss the need for empathetic supervision and improved accommodation processes.

Finally, as detailed in Section 5, this report concludes with two recommendations on how to continue the work of this Ad Hoc committee.

1. Form an AEA committee on disability
2. Develop, regularly update, and disseminate accessibility best practices for the economics profession, including through periodic re-evaluation of accessibility barriers and evolving best practices.

To advance this second recommendation, in Appendix A, we provide an initial list of fourteen accessibility best practices for the economics profession. This list reflects responses from this survey and other current accessibility best practices for institutions and workplaces.

2 Survey Design and Data

Section 2.1 provides an overview of the 2025 AEA Accessibility Survey design, and Section 2.3 describes the recruitment and data collection. See also Appendix C for screenshots of the survey.

2.1 Survey Design

This survey was designed by an Ad Hoc committee to better understand accessibility issues in the economics profession.

The welcome page of the survey encourages respondents to consider accessibility broadly and notes that accessibility means that "all individuals have the opportunity to fully engage in the same environments, use the same products, and enjoy the same services—without barriers in the context of the economics profession." The welcome page also informs respondents that their survey is anonymous and emphasizes that responses from those with and without accessibility needs are highly valued. Most of the survey questions ask respondents to consider the last 3 years of their work experience in the economics profession.

The survey begins with two **accommodation experience** questions. The first question (see Appendix Figure C.2) asks respondents whether they have requested accommodations within the last 3 years, and if so, to select classifications that align with their requests. If respondents indicate that their requests pertain to "accommodations for a disability, impairment, or mental/physical health condition," the next question (see Appendix Figure C.3) asks them to describe their experience with requesting those accommodations by indicating whether the accommodations were timely or effective and whether the process was emotionally draining, overly time consuming, invasive, respectful, supportive, simple, clear, misleading, worthwhile, etc.

The survey then asks an **accessibility knowledge and actions** question (see Appendix Figures C.4). Specifically, this question asks whether respondents feel knowledgeable about how to create accessible environments, whether they implement accommodations when requested, and whether they proactively take steps to create accessible environments—both within the context of teaching and outside the context of teaching.

In the next three questions on **accessibility ideas** (see Appendix Figures C.5 – C.7), respondents can share their ideas—via free response answers—on how to make the economics profession more accessible in general, for students, and given their own experiences.

In the next four questions on **stigma and discrimination**, respondents reflect on potential stigma, discrimination, and unfair treatment due to a disability, impairment, or mental/physical health condition. On 5-point Likert scales with options from “Never” to “Daily or almost daily," respondents first indicate: (i) how frequently they have experienced such treatment (see Appendix Figure C.8), (ii) how frequently they have observed *others* experience such treatment (see Appendix Figure C.10), and (iii) how frequently a fear of such treatment has made them avoid disclosing a disability, impairment, or mental/physical health condition (see Appendix Figure C.11). If their answers in (i) indicate that they have experienced stigma, discrimination, and unfair treatment due to a disability, impairment, or mental/physical health condition, respondents then are asked to select the contexts—such as contexts pertaining to conferences, job opportunities, or teaching—in which they have experienced such treatment (see Appendix Figure C.9).

The survey then proceeds to two **inaccessibility problem** questions. The first question (see Appendix Figure C.12) asks respondents to indicate—again on the 5-point Likert scale with options from “Never” to “Daily or almost daily"—how frequently they have faced problems because of inaccessible environments, products or services. If they indicate having experienced such problems, the second question (see Appendix Figure C.13) then asks them to select categories that align with the problems they have experienced.

The survey also asks 4 questions about **accessibility views** within the economics profession. As shown in Appendix Figure C.24, these questions ask respondents to indicate their agreement—on a 5-point Likert scale ranging from “Strongly disagree” to “Strongly agree"—with the statements about whether disabled people are respected in the economics profession, whether the economics profession is accessible and inclusive for disabled people, whether the economics profession should be accessible and inclusive for disabled people, and whether these accessibility and inclusivity conditions have improved over the last 10 years.

The remaining questions (see Appendix C.2) ask respondents about their own accessibility needs, demographic information (disability, age, gender, sexual orientation, race, ethnicity) and other background information.

2.2 Disability Measures

Measuring disability in surveys is a very challenging task, and there is not a gold standard. As one example of the challenge, many more people may be considered disabled—and even “legally blind"—absent advances in corrective lenses. Related, modern frameworks typically consider disability as arising from the interaction between individuals and their

environments (World Health Organization, 2001; United Nations, 2006). The accessibility of their environment can pertain to physical and digital accessibility as well as processes, attitudes, culture, etc. Disability is sometimes temporary, evolving, or permanent in nature. In addition, stigma may discourage people from identifying as disabled. These are all reasons—among others—that we may observe potential access and accommodation needs for both disabled and non-disabled people. Hence, as detailed in Section 2.1, we asked the same questions to all respondents regardless of whether we classify them as "disabled" for the purpose of our analyses. Indeed, as will become evident when we detail our results, many respondents who we classify as "non-disabled" still report, as we expected, facing accessibility barriers, use assistive technology, and having medical conditions that may influence their access needs.

With those caveats in mind, we classify a respondent as disabled if they: (i) self-identify as disabled, and/or (ii) report at least a lot of functional difficulty.

For (i), we say a respondent self-identifies as disabled if they answer "Yes" when they are asked "Do you have a disability" and can select either "No" or "Yes" (see Appendix Figure C.31 for a screenshot of this question).

For (ii), we say a respondent has at least a lot of functional difficulty if they report "a lot of difficulty" or "cannot do" for one or more functional domains (see Appendix Figures C.16–C.22 for screenshots of these questions). We ask about difficulties in seven functional domains. The first six functional questions involve the internationally tested Washington Group short set (WG-SS) of questions and pertain to seeing, hearing, walking, cognition, self-care, or communication (Washington Group on Disability Statistics, 2022). The seventh functional questions pertains to an instrumental activity of daily living.[1] Specifically, the seven functional questions are as follows, and in response to each functional question, respondents can choose (a) No difficulty, (b) Some difficulty, (c) A lot of difficulty, or (d) Cannot do at all:

1. Do you have difficulty seeing, even if wearing glasses?
2. Do you have difficulty hearing, even if using a hearing aid?
3. Do you have difficulty walking or climbing steps?
4. Using your usual language, do you have difficulty communicating, for example understanding or being understood?

[1] We include this question because it is part of the American Community Survey six (ACS6) questions in addition to the seeing, hearing, mobility and cognition and self-care domains (U.S. Census Bureau, 2007). The ACS6 questions have yes/no answers and have been included since 2008 in several federal surveys. However, for consistency with our other six functional questions from WG-SS, the answers in our survey are (a) No difficulty, (b) Some difficulty, (c) A lot of difficulty, or (d) Cannot do at all.

5. Do you have difficulty remembering or concentrating?

6. Do you have difficulty with self-care, such as washing all over or dressing?

7. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

2.3 Data

The AEA sent an email with a link to the 2025 AEA Accessibility Survey on September 29, 2025. Up to four reminder emails were sent. The survey remained open for one month: until October 29, 2025.

The survey was completed by 930 respondents. All but eight respondents answered the first question about whether they have recently requested accommodations. Since survey logic depended on answers to this first question, we restrict our analyses to the 922 respondents who answered this first question.

Table 1 provides disability measures on all 922 respondents in Column (1), disabled respondents in Column (2), and non-disabled respondents in Column (3). As evident from the first row in this table, as well as the sample sizes across the columns, we classify **20% of respondents (n=186) as disabled, and 80% of respondents (n=736) as non-disabled.** Specifically, given the two ways in which we classify respondents as disabled (recall Section 2.2), we note that these 186 disabled respondents arise from the following (overlapping) groups of respondents: (i) the 17% of respondents who *self-identify as disabled*, and (ii) the 9% of respondents who report *at least a lot of functional difficulty*. These percentages immediately make clear that respondents are often classified as disabled because of their own self-identification as disabled. In addition, to further understand which functional questions result in respondents as being classified as disabled, note that the "A lot of difficulty..." rows in Table 1 show the fraction of respondents who report they have a lot of difficulty—or cannot do at all—the mentioned function. While 15% of disabled respondents report at least a lot of difficulty with remembering or concentrating, around 10% of disabled respondents report at least a lot of difficulty with seeing, hearing, walking or climbing stairs, or doing errands alone. Only 3-4% of disabled respondents, however, report similarly high levels of difficulty with communication or self-care.

The set of rows in Table 1, which begin "Any difficulty...," show that the fraction of respondents who indicate they have *any difficulty* with at least one of the seven functions is noticeably higher than the fraction that reports *at least a lot of difficulty*. Indeed, 52% of all respondents indicate any difficulty with at least one of the seven functions, and around

one-in-five respondents indicate any difficulty with remembering or concentrating, seeing, or hearing.

See Appendix Table B.1 for additional descriptive statistics on the respondents, including those that show high prevalence of medical conditions for disabled and non-disabled respondents (88% vs 55%), the relatively common use of assistive technology or equipment for disabled and non-disabled respondents (36% vs 9%), and background information on these respondents that pertain to their current employment, their gender, their sexual orientation, and their race/ethnicity.

Taking a step back, we note that the 20% of our respondents classified as disabled compares to the one in four prevalence estimated with nationally representative data for US adults (Centers for Disease Control and Prevention, 2025). In addition, the 9% of respondents who report at least a lot of functional difficulty is similar to the 8% of the general population who are identified as disabled with the same questions (Landes, Swenor and Vaitsiakhovich, 2024).

Table 1: Disability measures

Respondent Group:	**All**	**Disabled**	**Non-disabled**
Disabled respondents given (i) or (ii)	0.20	1.00	0.00
(i) Self-identify as disabled	0.17	0.83	0.00
(ii) At least a lot of difficulty with any functions	**0.09**	**0.43**	**0.00**
At least a lot of difficulty remembering or concentrating	0.03	0.15	0.00
At least a lot of difficulty seeing even if wearing glasses	0.02	0.10	0.00
At least a lot of difficulty hearing even if using hearing aid	0.02	0.09	0.00
At least a lot of difficulty walking or climbing steps	0.02	0.10	0.00
At least a lot of doing errands alone	0.02	0.09	0.00
At least a lot of difficulty communicating with usual language	0.01	0.04	0.00
At least a lot of difficulty with self-care	0.01	0.03	0.00
(iii) Any difficulty with any functions	**0.52**	**0.87**	**0.43**
Any difficulty remembering or concentrating	0.23	0.44	0.18
Any difficulty seeing even if wearing glasses	0.25	0.38	0.21
Any difficulty hearing even if using hearing aid	0.18	0.32	0.15
Any difficulty walking or climbing steps	0.13	0.31	0.09
Any difficulty communicating with usual language	0.10	0.23	0.07
Any difficulty doing errands alone	0.08	0.28	0.03
Any difficulty with self-care	0.04	0.15	0.01
Observations	922	186	736

Note. This table shows the fraction of respondents who are classified as disabled in the first row, the fraction who self-identify as disabled in the second row, and the fraction who report they have some difficulty—or cannot at all do—any of the seven functional questions in the third row. The remaining "A lot of difficulty ..." rows show the fraction of respondents reporting they have a lot of difficulty—or cannot do at all—the mentioned functions (see Appendix Figures C.16–C.22 for corresponding screenshots). The "Any difficulty..." rows instead show the fraction of respondents who report they have some difficulty, a lot of difficulty, or cannot do at all the mentioned functions. Column (1) presents data from all respondents, while Columns (2) and (3) provide data for disabled and non-disabled respondents, as defined in Section 2.3, respectively.

3 Results

3.1 Accommodations and Access Needs Are Common and Diverse for Both Disabled and Non-Disabled Respondents

This section documents how accommodations and access needs are common both among disabled and non-disabled populations via two main sets of facts. While the selection into this survey may naturally lead to higher overall rates of accommodations and access needs, these results clearly establish that both disabled and non-disabled economists have a diverse set of accommodation and access needs.

Our first set of results reveals that the majority of both disabled and non-disabled respondents have recently requested at least one accommodation, and the types of accommodations requested are diverse. To show this, Table 2 presents the fraction of respondents who report having requested various types of accommodations within the last three years (see Appendix Figure C.2 for a screenshot of the relevant survey question). While Column (1) presents data for all respondents, Columns (2) and (3) present data for disabled and non-disabled respondents, respectively. The most commonly requested accommodations broadly relate to work-life flexibility:

- hybrid or work-from-home options (21% of all respondents requested it)
- accommodations for family or personal obligations (17% of all respondents requested it)
- flexible hours or changes to work schedules (17% of all respondents requested it)
- leave, including for parental, medical, and personal reasons (17% of all respondents requested it)

Disabled and non-disabled respondents are similarly likely to request these work-life flexibility accommodations and most other accommodations. There are only two accommodations that are requested at notably different rates by disabled and non-disabled respondents; disabled respondents, as compared to non-disabled respondents, are more likely to request ergonomic office setups (22% vs 14%) and are more likely to specifically request accommodations for a disability, impairment, or health condition (37% vs 5%), the latter of which is somewhat mechanical. Overall, at least one accommodation is requested by the majority of all respondents; 74% of disabled respondents and 57% of non-disabled respondents requested at least one accommodation—implying that 61% of all respondents requested at least one accommodation.

Our second set of results reveal that the majority of both disabled and non-disabled respondents report having a medical condition. Appendix Table B.2 shows that 88% of disabled respondents and 55% of non-disabled respondents report at least one medical condition—implying 61% of all respondents report at least one medical condition (see Appendix Figure C.23 for a screenshot of the relevant question). For both disabled and non-disabled respondents, the most common reported health or medical condition is anxiety. Other common health condition or medical conditions include back pain, high cholesterol, hypertension, depression, and chronic illnesses.

Table 2: Rates of Requested Accommodations

Respondent Group:	**All**	**Disabled**	**Non-disabled**
Requested at least one of below accommodations	0.61	0.74	0.57
Hybrid or work-from-home options	0.21	0.25	0.20
Accommodations for family or personal obligations	0.17	0.16	0.17
Flexible hours or changes to work schedule	0.17	0.20	0.17
Leave, including parental, medical, and personal	0.17	0.20	0.16
Ergonomic office setup	0.16	0.22	0.14
Accommodations for disability impairment, or health	0.11	0.37	0.05
New or modified equipment	0.10	0.12	0.09
Food that meets your dietary restrictions	0.10	0.11	0.09
Changes in communication or information sharing	0.09	0.09	0.09
Training	0.09	0.10	0.09
Policy changes in your workplace	0.07	0.09	0.07
Changes in work tasks or job tasks	0.06	0.06	0.07
Changes to comply with religious beliefs	0.04	0.04	0.04
Physical changes to your workplace	0.04	0.06	0.04
Other	0.01	0.02	0.01
Observations	922	186	736

Note. This table shows the fraction of respondents providing each answer to the question shown in Appendix Figure C.2. Column (1) presents data from all respondents, while Columns (2) and (3) provide data for disabled and non-disabled respondents, as defined in Section 2.3, respectively.

3.2 The Economics Profession is Not Viewed as Accessible and Inclusive for People with Disabilities

Figure 1 presents a distribution of answers provided by all respondents when asked to indicate their agreement—on a 5-point Likert scale ranging from 1 “Strongly Disagree" to

5 “Strongly Agree"—with the following statements (see Appendix C.24 for the screenshot of the relevant questions):

1. I think the economics profession SHOULD provide an accessible and inclusive environment for people with disabilities.
2. I think the economics profession provides an accessible and inclusive environment for people with disabilities.
3. Relative to 10 years ago, I think the economics profession provides a much more accessible and inclusive environment for people with disabilities.
4. People with disabilities are respected within the economics profession.

Table 3 presents the fraction of respondents who respond strongly agree or agree to each of these statements when considering all respondents in Column 1, disabled respondents in Column 2, and non-disabled respondents in Column 3.

The vast majority of respondents agree that the economics profession should be accessible and inclusive for people with disabilities (statement 1). However, only about half of respondents think: the economics profession *is* accessible and inclusive for disabled people (statement 2), accessibility has improved over the last decade (statement 3), or disabled people are respected within the economics profession (statement 4). These percentages are particularly pessimistic among individuals who are likely more informed given personal experience: disabled respondents. For instance, while 52% of non-disabled respondents think the economics profession is accessible, only 37% of disabled respondents agree that the economics profession is accessible. Similarly, while 55% of non-disabled respondents think disabled people are respected, only 38% of disabled respondents agree that disabled people are respected in the economics profession.

Table 3: Reported agreement with views on accessibility and disability

Respondent Group:	**All**	**Disabled**	**Non-disabled**
Strongly Agree or Agree that:			
1. Economics SHOULD be accessible	0.86	0.88	0.86
2. Economics is accessible	0.49	0.37	0.52
3. Accessibility has improved in economics	0.54	0.49	0.55
4. Disabled people are respected in economics	0.51	0.38	0.55
Observations	922	186	736

Note. This table shows the fraction of respondents strongly agreeing or agreeing in response to the statement shown in Appendix Figure C.24. Column (1) presents data from all respondents, while Columns (2) and (3) provide data for disabled and non-disabled respondents, as defined in Section 2.3, respectively.

Figure 1: Views on Accessibility of the Economics Profession

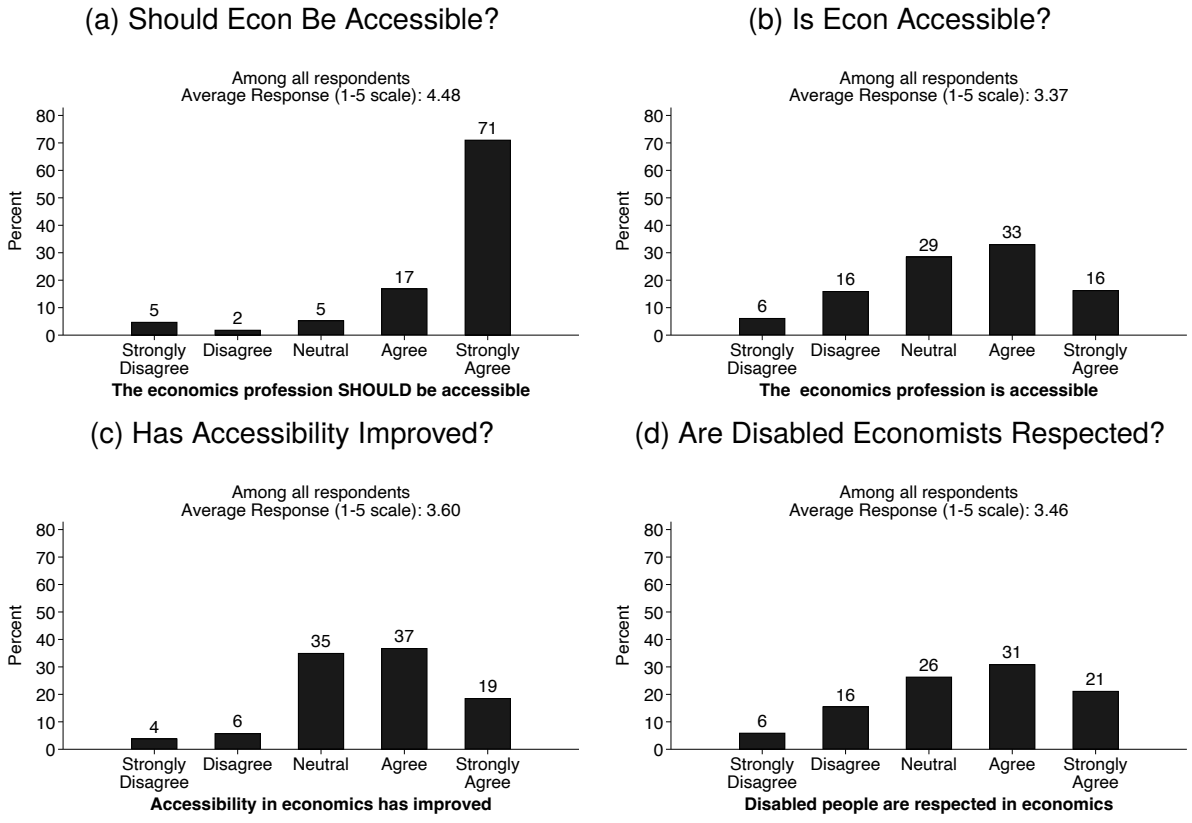


Figure 1: This graph shows the distribution of respondents' agreement in response to the statements shown in Appendix Figure C.24.

3.3 Proactive Accessibility Efforts Are Uncommon and Accessibility Knowledge is Lacking

While the prior section suggests that many respondents desire to alleviate accessibility problems in the economics profession, this section suggests that proactive steps to create more accessible environments are rare and related accessibility knowledge is lacking.

When considering their last three years of experience in the economics profession—specifically in relation to people with a disability, impairment, or mental/physical health condition—all respondents are asked a question about their knowledge and active support in creating accessible environments in the economics profession (see Appendix Figure C.4 for a screenshot of the relevant question). Specifically, they are asked to select any of the following that apply to them:

1. I am knowledgeable about how to help create an accessible and inclusive environment.
2. Outside of teaching, I implement accommodations – when they are brought to my attention – to create an accessible environment (e.g., when organizing meetings or a seminar).
3. Outside of teaching, I proactively take steps – even if no one asks me – to create an accessible environment (e.g., when organizing meetings or a seminar).
4. When teaching, I implement accommodations – when they are brought to my attention – to create an accessible environment.
5. When teaching, I proactively take steps – even if no one asks me – to create an accessible environment.

Figure 2 presents the fraction of respondents who select each of the first three options (1 – 3) when considering all respondents. Table 4 presents the fraction of respondents who select each of the first three options when considering all respondents, disabled respondents, and non-disabled respondents. Table 4 also presents the fraction of faculty respondents who select each of the last two options (4–5). We focus on faculty respondents for the last two options (4–5) since these options are only relevant for respondents with teaching obligations.[2]

[2]We do not have information on respondents' teaching obligation, which is why we use this approach. But, we of course note that some faculty do not have teaching obligations, and some people who are not faculty have teaching obligations.

Figure 2: Accessibility Knowledge and Proactive Support

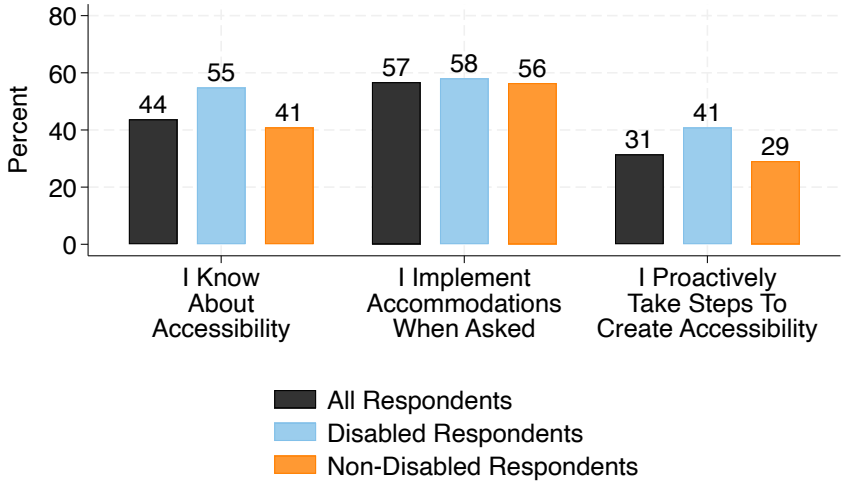


Figure 2: This graph shows the fraction of respondents selecting the following answers in response to the question shown in Appendix Figures C.4: "I am knowledgeable about how to help create an accessible and inclusive environment" in the first set of bars, "Outside of teaching, I implement accommodations – when they are brought to my attention – to create an accessible environment (e.g., when organizing meetings or a seminar)" in the second set of bars, "Outside of teaching, I proactively take steps – even if no one asks me – to create an accessible environment (e.g., when organizing meetings or a seminar) in the third set of bars."

These results immediately reveal several obstacles to improving accessibility conditions. Only 44% of respondents (55% of disabled vs 41% of non-disabled respondents) indicate that they know how to create an accessible and inclusive environment. Even when accommodations are brought to their attention—which may help to mitigate knowledge gaps—only 57% of respondents (58% of disabled vs 56% of non-disabled respondents) indicate that they implement the corresponding accommodations. Even more challengingly, only 31% of respondents (41% of disabled versus 29% of non-disabled respondents) indicate that they take proactive steps to create more accessible and inclusive environments for disabled people in the economics profession.

Accommodations are more common when they are requested in the context of teaching. Among the 633 faculty respondents, who are likely to have some teaching obligations, the vast majority (78%-79% of disabled and non-disabled faculty respondents) indicate that they implement accommodations that are brought to their attention while teaching. But, even among this group of faculty respondents and when focusing on the teaching context, proactive efforts are *not* common practice: only 40% of faculty respondents (50% of disabled vs 38% of non-disabled faculty respondents) report that they take proactive steps, when teaching, to create an accessible and inclusive environment.

Table 4: Proactive Support and Knowledge of Accessibility

Respondent Group:	**All**	**Disabled**	**Non-disabled**
I know about accessibility	0.44	0.55	0.41
Outside of teaching, I implement accommodations when asked	0.57	0.58	0.56
Outside of teaching, I take proactive steps to create accessibility	0.31	0.41	0.29
Observations	922	186	736
Among faculty only:			
When teaching, I implement accommodations when asked	0.79	0.78	0.79
When teaching, I take proactive steps to create accessibility	0.40	0.50	0.38
Observations	633	119	514

Note. This table shows the fraction of respondents selecting answers in response to the question shown in Appendix Figure C.4. Specifically, This table shows that fraction selecting (i) "I am knowledgeable about how to help create an accessible and inclusive environment" in the first row, (ii) Outside of teaching, I implement accommodations – when they are brought to my attention – to create an accessible environment (e.g., when organizing meetings or a seminar)" in the second row, and (iii) Outside of teaching, I proactively take steps – even if no one asks me – to create an accessible environment (e.g., when organizing meetings or a seminar) in the third row. The fourth and fifth rows show the fraction of faculty respondents selecting the options that apply to "when teaching" but otherwise match (ii) and (iii). Column (1) presents data from all respondents, while Columns (2) and (3) provide data for disabled and non-disabled respondents, as defined in Section 2.3, respectively.

To summarize, most respondents indicate that they do *not* know how to create accessible and inclusive environments for disabled people, and perhaps related, more than two-thirds of respondents do *not* take proactive steps to create such an environment. Even when accommodations are brought to their attention—particularly outside of the context of teaching—it is common for respondents *not* to implement them. While knowledge and proactive efforts are substantially more common among disabled than non-disabled respondents, around half of disabled respondents report *not* being knowledgeable and *not* taking proactive steps to create accessible and inclusive environments. These results indicate substantial room for improvement when it comes to creating more accessible and inclusive environments in the economics profession.

3.4 Disability-Related Discrimination, Stigma, or Unfair Treatment is Common

When considering their last three years of experiences in the economics profession, respondents indicate the frequency with which they have experienced or observed disability-related discrimination, stigma, or unfair treatment (see Appendix Figure C.8 – C.11 for screenshots of the relevant questions). Figure 3 and Table 5 presents corresponding results.

As immediately evident via bars for disabled respondents in Figure 3 (see light blue and middle bars in each set of three bars), the majority of disabled respondents have experienced and observed disability-related discrimination, stigma, or unfair treatment.[3] Specifically:

1. 51% have **personally experienced stigma, discrimination, or unfair treatment** due to a disability, impairment, or mental/physical health condition.

2. 56% have **known someone else in the economics profession who experienced stigma, discrimination, or unfair treatment** due to a disability, impairment, or mental/physical health condition.

3. 60% have **avoided disclosing** a disability, impairment, or mental/physical health condition **due to fear of stigma, discrimination, or unfair treatment**.

As similarly evident via the bars for non-disabled respondents in Figure 3 (see the orange and last bars in each set of three bars in Figure 3), non-disabled respondents are less likely to have experienced or observed such stigma, discrimination, or unfair treatment. While somewhat implied by our disability classification, only 11% of non-disabled respondents have personally experienced such discrimination, stigma or unfair treatment and only 15% have avoided disclosure due to fears of such treatment. Interestingly though, even a notable share of non-disabled respondents (31%) indicate that they know of others in the economics profession who have experienced discrimination, stigma or unfair treatment because of their disability, impairment or health condition.

Among respondents who have personally experienced stigma, discrimination, or unfair treatment, recall that they can select the contexts in which they experienced such

[3]Conditional on having these outcomes occurring at all, it is typically the case that the outcome occurs more than one time (i.e., respondents choose “A few times," “Many times," or “Daily or Almost Daily" as their answers). See Appendix Figure B.1 for a distribution of how often respondents indicate these outcomes have occurred.

Figure 3: Disability-Related Discrimination, Stigma, or Unfair Treatment

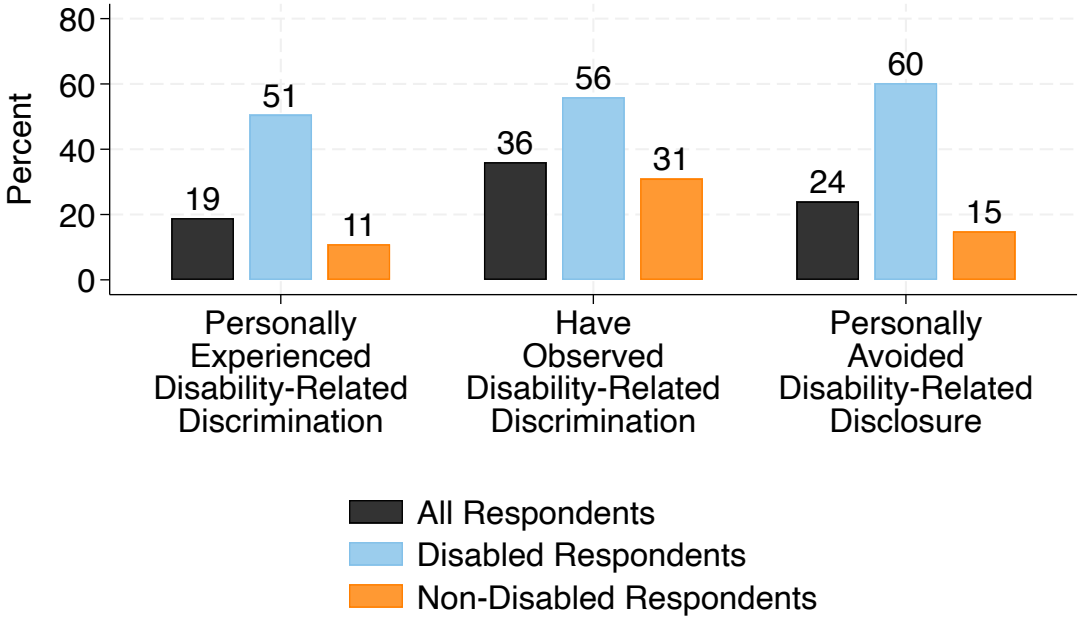


Figure 3: The three sets of bars in this graph show the fraction of respondents indicating that (i) they have personally experienced stigma, discrimination or unfair treatment due to a disability, impairment, or mental/physical health condition (given their answers to the question shown in Appendix Figure C.8); (ii) that they have known someone else in the economics profession to experience stigma, discrimination or unfair treatment due to a disability, impairment, or mental/physical health condition (given their answers to the question shown in Appendix Figure C.10); and (iii) that they have avoided disclosing a disability, impairment, or mental/physical health condition due to fear of stigma, discrimination, or unfair treatment (given their answers to the question shown in Appendix Figure C.11).

Table 5: Disability-Related Stigma, Discrimination, and Unfair Treatment

Respondent Group:	**All**	**Disabled**	**Non-disabled**
Panel A: All Respondents			
Personally experienced disability-related discrimination	0.19	0.51	0.11
Have observed disability-related discrimination	0.36	0.56	0.31
Personally avoided disability-related disclosure	0.24	0.60	0.15
Observations	922	186	736
Panel B: Respondents who have experienced disability-related discrimination			
Context: Job, promotion, compensation	0.47	0.46	0.49
Context: Networking opportunities	0.41	0.49	0.31
Context: Conferences and external opportunities	0.38	0.39	0.36
Context: Workplace policies	0.31	0.35	0.26
Context: Research opportunities	0.24	0.26	0.21
Context: Mentorship opportunities	0.20	0.20	0.19
Context: Teaching opportunities	0.18	0.20	0.16
Context: Leave policies	0.16	0.18	0.12
Context: Funding opportunities	0.16	0.14	0.19
Context: Grad program requirements	0.10	0.10	0.10
Context: Service requirements or opportunities	0.20	0.16	0.24
Context: Other	0.08	0.11	0.05
Observations	177	96	81

Note. In Panel A, the first three rows show the fraction of respondents indicating: (i) that they have personally experienced stigma, discrimination or unfair treatment due to a disability, impairment, or mental/physical health condition (given their answers to the question shown in Appendix Figure C.8); (ii) that they have known someone else in the economics profession to experience stigma, discrimination or unfair treatment due to a disability, impairment, or mental/physical health condition (given their answers to the question shown in Appendix Figure C.10); and (iii) that they have avoided disclosing a disability, impairment, or mental/physical health condition due to fear of stigma, discrimination, or unfair treatment (given their answers to the question shown in Appendix Figure C.11). In Panel B, we restrict to the set of respondents who have personally experienced disability-related stigma, discrimination, or unfair, and we then show that fraction of these responses indicating that such treatment occurred in the contexts shown in Appendix Figure C.9. Column (1) presents data from all respondents, while Columns (2) and (3) provide data for disabled and non-disabled respondents, as defined in Section 2.3, respectively.

treatment. These respondents report that they experienced stigma, discrimination, or unfair treatment in relation to: job, promotion, or compensation opportunities (47%); networking opportunities (41%); conferences and external opportunities (38%); workplace policies (31%); research opportunities (24%); teaching opportunities (18%); and mentorship opportunities (16%). When comparing disabled and non-disabled respondents, their answers are largely similar, except disabled respondents are much more likely to select networking opportunities as a particularly challenging context.

3.5 Inaccessible Environments and Poor Accommodation Experiences Are Common

When considering their last three years of experience in the economics profession, all respondents are asked how often they have encountered problems because of inaccessible environments, products or services (see Appendix Figure C.12 for the screenshot of the relevant question), and among those who have faced problems, they are then asked to indicate the type of inaccessibility problem (see Appendix Figure C.13 for the screenshot of the relevant question).

Table 6 shows that problems because of inaccessible environments, products, or services are common: within the last three years, 54% of disabled respondents and 15% of non-disabled respondents have faced inaccessibility problems—implying 23% of all respondents have faced inaccessibility problems. When restricting to the set of respondents who have faced these inaccessibility problems, Table 6 further shows that the types of problems are diverse, pertaining to insufficient leave (29%), difficulty accessing buildings and workplaces (25%), difficulty seeing due to font size (24%), difficulty hearing due to lack of microphone use (19%), difficulty securing private spaces or breaks (17%), and insufficient funding for accommodations (16%).

Related to respondents' inaccessibility problems, many respondents also express difficulty with accommodations and the process of requesting them. To see this, Appendix Table B.3 shows results from a follow-up question that was asked to any respondents who indicated that they have requested accommodations because of disability, impairment, or health condition within the prior 3 years (see Appendix Figure C.3 for a screenshot of the relevant question). These results reveal that **only 36% of respondents say requesting an accommodation was, overall, worthwhile.** Related, positive accommodation experiences are far from universal, and negative accommodations are far from rare. As examples, in terms of positive experiences, only 42% of respondents report timely accommodations, only 41% of respondents report effective accommodations, and only 16% of respondents report simple and clear processes for accommodations request. As examples, in terms of negative experiences, 37% of respondents say requesting an accommodation was emotionally draining, 29% of respondents say requesting an accommodation was overly time consuming, and 27% of respondents report feeling doubted and like their needs were not fully believed when they requested an accommodation.

Table 6: Problems from Inaccessible Environments, Products, or Services

Respondent Group:	**All**	**Disabled**	**Non-disabled**
Panel A: All Respondents			
Problems from inaccessible environments, products or services	0.23	0.54	0.15
Observations	922	186	736
Panel B: Respondents who have experienced problems from inaccessible environments, products or services			
Difficulty taking sufficient leave for personal reasons	0.29	0.31	0.27
Difficulty accessing a building or workspace	0.25	0.26	0.23
Difficulty seeing due to font size	0.24	0.31	0.18
Difficulty hearing due to lack of microphone use	0.19	0.22	0.17
Difficulty securing private spaces or breaks	0.17	0.21	0.14
Problem: insufficient funding for accommodations	0.16	0.16	0.15
Difficulty securing assistance	0.15	0.20	0.11
Difficulty seeing due to font colors	0.15	0.16	0.14
Difficulty accessing websites or online materials	0.14	0.12	0.15
Difficulty finding accessible parking and transportation	0.13	0.12	0.14
Difficulty acquiring assistive or specialized equipment	0.13	0.11	0.14
Difficulty getting captioning or interpreters	0.07	0.09	0.05
Other difficulties	0.16	0.21	0.11
Observations	212	101	111

Note. Panel A shows the fraction of respondents who have experienced problems with inaccessible environments, products or services (see Appendix Figure C.12 for the screenshot of the relevant question). Panel B shows, among those who have faced such inaccessibility problems, the types of inaccessibility problems they have faced (see Appendix Figure C.13 for the screenshot of the relevant question). Column (1) presents data from all respondents, while Columns (2) and (3) provide data for disabled and non-disabled respondents, as defined in Section 2.3, respectively.

4 Insights from free response questions

All respondents had three opportunities to provide free response feedback via the following three questions. Before turning to themes from each of the three questions, we highlight a few overall themes here:

1. **Flexible and Hybrid Professional Life**: This is the most dominant theme, centering on using technology and policy to leverage flexibility as a "great equalizer" for professionals at all stages.

    - Hybrid Participation: The consensus is that hybrid options—combining in-person and remote participation—are essential for conferences, seminars, faculty meetings, and job talks. This is often the “difference between attending or not."
    - Flexible Work and Scheduling: There is a demand for flexible work arrangements and flexible scheduling in general, recognizing that this helps everyone by accommodating different work rhythms and personal/family situations.
    - Career Support: Many respondents think it would be helpful to offer mentorship for junior economists and students with disabilities.
    - Content Accessibility: Many respondents emphasize the importance of ensuring slides, notes, and lectures are recorded and/or shared in advance allows individuals to review materials at their own pace.
    - Respondents hope that the economics profession will work with software providers to ensure their tools are accessible.
    - Respondents highlight a need for accessibility best practices for the economics profession.
    - Respondents also emphasize that accessibility best practices should evolve over time as technologies, environments, and understanding of accessibility barriers change.

2. **Accessibility for Conferences, Seminars, Meetings, and Events**: Respondents provide many ways in which conferences and other events can be more accessible. Some broad groups of accommodations are as follows:

    - Visual accessibility: avoid relying on color alone, use large fonts, ensure materials are screen-reader friendly, verbally describe all content on slides

- Hearing accessibility: consistent microphone use, repeating audience questions, closed lip-captioning for all lectures and meetings, environments that are friendly for lip-reading
- Physical accessibility: carefully consider accessible entrances, pathways, seating, room layouts, hotels, and transportation.
- Set universal design as default.
- Provide childcare, breaks, quiet rooms, recorded sessions, and religious accommodations.

3. **Mental Health and Wellness Support**: To improve mental health and wellness support, respondents emphasize the need for:
    - Access to professional mental health resources for all faculty and students.
    - Flexibility for health conditions affecting sleep or energy.
    - Stress reduction via institutional changes and peer networks.
4. **Cultural and Policy Transformation**: Some of the proposed changes in relation to culture and policy relate to:
    - Recognizing that economics is often unfriendly toward disability and that stigma discourages disclosure.
    - Valuing empathetic supervision and more humane professional norms.
    - Developing consistent, streamlined, confidential accommodation policies across institutions.
    - Increasing the representation of disabled economists in decision-making roles.
5. **Accessible Teaching**: To provide more accessible courses and educational experiences for students, respondents point to:
    - Universal design in pedagogy.
    - Ensuring that course materials are compatible with assistive technologies.
    - Providing alternative assessment options (oral, written, creative, etc.).
    - Recommending faculty training and resources to support accessibility.
    - Accommodations that also relate to pregnancy and childcare.
    - Some concerns raised about possible misuse of accommodations.

4.1 First Free Response Question

The first free response question (see Appendix Figure C.5 for a screenshot) reads as follows:

- Please share **any ideas on how** to make the economics profession **more accessible for people** with a disability, impairment, or mental/physical health condition.

The themes from responses to this question are as follows:

1. *Flexible Work Arrangements*
    - Hybrid participation is essential for conferences, seminars, job talks, and meetings.
    - Flexible scheduling supports those with varied work rhythms and caregiving needs.
    - Recorded lectures and advance slide-sharing allow self-paced review.
2. *Institutional and Cultural Change*
    - Need for empathetic supervision and colleagues who speak one at a time.
    - Address gender inequality and support parents through reduced teaching loads and tenure extensions.
    - Provide faculty resources to stay current on accessibility practices.
    - Improve ergonomic environments (lighting, seating).
3. *Accessibility for Conferences and Seminars*
    - Visual accessibility improvements such as large fonts and non-color-only distinctions.
    - Hearing accessibility through microphones and question repetition.
    - Additional needs include childcare, quiet rooms, recorded sessions, and religious accommodations.

4.2 Second Free Response Question

The second free response question (see Appendix Figure C.6 for a screenshot) reads as follows:

- Please share **any ideas on how** to make taking economics classes and securing economics degrees **more accessible for undergraduate and graduate students** with a disability, impairment, or mental/physical health condition.

The themes in responses to this question are as follows:

1. *Flexible Learning and Accessible Materials*
    - Flexible, hybrid course design and smaller classes.
    - Offer alternative assessment methods (oral, written, creative).
    - Ensure compatibility with screen readers and accessibility guidelines.
    - Develop tools to help faculty make older materials accessible.
2. *Mental Health and Wellness Support*
    - Provide professional mental health services for students and faculty.
    - Provide flexibility for medical conditions that disrupt sleep or energy.
    - Reduce systemic stress, such as long journal turnaround times.
3. *Cultural Change, Policy, and Stigma*
    - Increase the awareness of disability.
    - Organizers should proactively ask about accessibility needs.
    - Harmonize inconsistent accommodation policies across institutions.
    - Increase representation of disabled economists in leadership.
    - Work to counter stigma associated with disabilities, impairments or health conditions.
4. *Professional and Conference Accessibility*
    - Improve physical accessibility and dietary accommodations.
    - Provide microphones, captioning, and technology for remote participation.
    - Support disabled students through bridge programs and accessible admissions.

4.3 Third Free Response Question

The third free response question (see Appendix Figure C.7 for a screenshot) reads as follows:

- If you are comfortable, please share **any accommodations, workarounds, or other ideas** that have made (or could make) the economics profession **more accessible to you**.

The themes in response to this question are as follows:

1. *Accessibility and Accommodations*
    - Streamline and standardize accommodation processes.
    - Ensure materials are accessible: captions, text descriptions, large fonts, accessible textbooks.
    - Ensure software (LaTeX, PDFs) is compatible with assistive tech.
    - Simplify and standardize testing accommodations.
2. *Mental Health Support and Awareness*
    - Improve mental health awareness and resource availability.
    - Encourage mentors to listen and support students compassionately.
3. *Pedagogy, Flexibility, and Institutional Change*
    - Share best practices for accessible teaching.
    - Include disability-focused content in the curriculum.
    - Provide faculty with support and autonomy to accommodate students.
    - Some respondents note concerns about misuse of accommodations.
    - Offer flexible learning modalities (hybrid, online, alternative assessments).

5 Recommendations

Given documented concerns faced by disabled people in the economics profession—including concerns related to access needs, inclusivity, and fears of stigma, discrimination and unfair treatment—we believe there is ample room for improvement. We provide some recommendation below, and most broadly, recommend ongoing efforts to better understand and improve the accessibility conditions in the economics profession.

5.1 Form an AEA Committee on Disability

To continue efforts to promote accessibility in the economics profession, including for people with disabilities, we encourage the AEA to consider the formation of an AEA committee on disability (and accessibility), akin to CSWEP and CSQIEP.

Out of the 922 respondents who completed our survey, 65 respondents (7%) indicated that they would definitely be interested in joining such a group and 184 respondents (20%) indicated that they would maybe be interested in joining such a group.

5.2 Develop and Regularly Update Best Practices for Accessibility in the Economics Profession

We encourage the AEA to develop, disseminate, and regularly update best practices for accessibility in the economics profession. We include, in Appendix A, an initial list of fourteen accessibility recommendations spanning conferences, seminars, teaching, digital systems, accommodation processes, and broader professional environments. This initial list is built from responses to the 2025 AEA Accessibility Survey and other accessibility resources.

One accessibility resource we used came from the American Public Health Association (APHA): see https://www.apha.org/events-and-meetings/annual/about/accessibility.[4] For instance, similar to our second recommendation in Appendix A, the APHA recommends that participants are explicitly invited to share accessibility needs and provide the following example text:

- "While we do not require attendees to disclose their needs, you may complete the accessibility questions during the registration process or contact us at access@apha.org for individualized support."

Although we view the accessibility recommendations in Appendix A as an important starting place, we emphasize that this list is not exhaustive and not tailored to specific contexts or individual circumstances. Given the goal of maintaining a concise and practical list—as well as the diversity of accessibility needs, environments, and barriers—many important accessibility practices are necessarily omitted from this initial list. We thus encour-

[4]The APHA also provides useful accessibility guidance for presenters: see https://www.apha.org/events-and-meetings/annual/presenters/accessibility-guidelines. For instance, some of their recommendations include: (i) using contrasting colors (white text on dark backgrounds or dark text on light backgrounds), (ii) verbally describing figures and graphs, and (iii) speaking clearly and directly into the microphone at a moderate pace.

age organizations to build on these accessibility recommendations, including by adding to them and adjusting them to better meet specific contexts and individual circumstances.

In addition, accessibility needs, technologies, professional norms, and accessibility barriers evolve over time. We therefore encourage the AEA to regularly re-evaluate and update accessibility best practices—ideally every 2–3 years, or as part of future culture and climate assessments within the profession. Such updates could incorporate feedback from:

- accessibility-specific surveys,
- accessibility questions on future culture and climate assessments,
- focus groups or dedicated workshops,
- consultation with accessibility experts and disability communities, and
- opportunities for economists to suggest new or revised recommendations (e.g., via a confidential survey link on the AEA website).

The continued development and maintenance of these best practices could be a natural responsibility for a future AEA committee on disability and accessibility. Indeed, the evidence in this report makes clear that accessibility affects who is able to fully participate in the economics profession. Improving accessibility expands who can contribute, innovate, and lead, ultimately strengthening the quality and credibility of economic research, teaching, and policy engagement.

A Accessibility Recommendations

Accessibility means all individuals have the opportunity to fully engage with the same environments, use the same products, and enjoy the same services without barriers in the context of the economics profession. Accessibility benefits economists with disabilities, chronic illnesses, caregiving responsibilities, temporary injuries, religious and dietary needs, and others. Many accessibility practices are low-cost and improve participation for everyone.

The initial list of accessibility recommendations detailed below is built from responses to the 2025 AEA Accessibility Survey and other accessibility resources. While we view these accessibility recommendations as an important starting place, we emphasize that this list is not exhaustive and not tailored to specific contexts or individual circumstances. Given the goal of maintaining a concise and practical list—as well as the diversity of accessibility needs, environments, and barriers—many important accessibility practices are necessarily omitted from this initial list. We thus encourage organizations to build on these accessibility recommendations, including by adding to them and adjusting them to better meet specific contexts and individual circumstances. We also believe these accessibility recommendations should be revised and improved on a regular basis as we learn more and environments change.

Recommendation 1: Prioritize accessibility by default and beyond minimum requirements

- Focus on usability and full participation rather than only technical compliance or minimum requirements.
- Strive to make accommodations processes clear, timely, respectful, and minimally burdensome.
- Proactively design experiences, systems and environments to work for as many people as possible without requiring individualized accommodations.
- Invite regular feedback on accessibility barriers and ways to improve accessibility via regular surveys and discussions in your workplace.

Rationale

- *Minimum standards frequently fail to result in environments that are meaningfully accessible. Many economists report that accommodations processes are burdensome*

and insufficient. Proactively improving accessibility can reduce barriers, reduce reliance on individual accommodation requests, and improve participation for many members of the profession.

Recommendation 2: Invite people to share access needs ahead of events

- Invite people to share access needs, including for meetings, seminars, conferences, and other professional events.
- When inviting people to share access needs, provide information on the event's accessibility and clearly communicate how to (privately) share access needs or accommodation requests. For instance, you may say:
- "We aim to make this event accessible to all participants. Please contact us at [INSERT EMAIL ADDRESS] with any access needs or accommodation requests. Examples may include large-print materials, dietary accommodations, breaks during the schedule, lactation or other private spaces, captioning, ASL interpretation, CART, or other supports."
- Have someone designated as an accessibility coordinator to gather information on access needs that are shared and to provide related accommodations.

Rationale

- *Adding an explicit invitation to share access needs in event communications is repeatedly described as low-cost and high-impact by economists. Asking about access needs helps normalize accessibility and increases the likelihood that appropriate adjustments will be made.*

Recommendation 3: Allow remote work and virtual participation

- Provide remote and hybrid work options when possible.
- Provide a virtual participation option for meetings, seminars, conferences, and other professional events. More flexible options can be provided while still preserving in-person participation, e.g., by conveying messages such as follows: "While we expect in-person participation when it is possible, we recognize that virtual participation facilitates inclusion for many people, including persons with disabilities, medical conditions, and caregiving responsibilities."

- When using a virtual platform, test accessibility features (e.g., captions, audio, screen sharing) in advance.
- Provide asynchronous access to content (e.g., share presentation materials in advance or share recordings of talks).

Rationale

- *Increasing access to remote work and virtual participation is repeatedly described as the most consequential change of the past two decades for disabled, immunocompromised, and caregiving economists. Many economists note that without the ability to participate remotely they would be unable to participate at all.*

Recommendation 4: Provide flexible work schedules

- Allow flexibility in individual work schedules when possible.
- Avoid scheduling meetings, seminars, conferences, and other professional events during evenings, weekends, or religious holidays.
- Include breaks in schedules for seminars, conferences, and other professional events.

Rationale

- *Economists often need flexible work schedules because of transportation issues, healthcare appointments, caregiving responsibilities, and other needs.*

Recommendation 5: Provide offices and classrooms that best meet the needs of persons with disabilities

- For offices, allow employees with disabilities to choose, to the extent possible, which offices best meet their own access needs.
- For offices, offer ergonomic equipment (e.g., sit-stand desks), adjustable lighting, adaptable temperature, and other accessibility-enhancing features.
- For classrooms, prioritize spaces that are accessible to everyone, including students with a range of disabilities. In addition to the physical layout of the classroom, provide technology (e.g., microphones, projection systems) that support accessibility.

- For classrooms, allow instructors with disabilities to choose, to the extent possible, which classrooms best meet their own access needs.
- Prioritize access needs over what may be conventional practices, such as those relating to seniority and rank.

Rationale

- *Allowing people to determine what works best for them can lead to better access than relying on assumptions.*

Recommendation 6: Provide accessible learning environments and assessments

- Include accurate and accessible accommodation information in course syllabi, exams, course websites, and instructional materials. Because accommodations processes are often updated, instructors should review the information each academic year.
- Ensure course materials, assignments, and assessments are accessible to students using screen readers and other assistive technologies.
- Avoid designing classroom participation, attendance, or assessment policies in ways that unnecessarily penalize students for disability-related access needs, medical needs, or accommodation use.
- Provide flexibility in how students engage with course content and demonstrate mastery of material (e.g., oral versus written assessments, alternative assignment formats, flexible participation methods, or recorded content).
- Work with the institution's disability services office to ensure that you follow all proper guidance and that the students have the accommodations they need (e.g., extended time, reduced-distraction environments, screen-reader compatible exams, large-print materials, accessible digital testing platforms, or breaks during exams).
- Ensure testing and assessment accommodations are implemented reliably, in a timely manner, and in accessible formats and environments.
- Plan testing accommodations sufficiently in advance so that students are not required to repeatedly advocate for accommodations.

Rationale

- *Syllabi frequently include inaccurate information on the accommodations process. Economists repeatedly describe testing accommodations and classroom accessibility as inconsistently implemented, difficult to coordinate, or treated as optional rather than essential for equal access. Proactively planning for accessibility—including by redesigning materials and assessments if needed—can reduce barriers for students and reduce the need for repeated individual accommodation requests.*

Recommendation 7: Provide accessibility-related information and health resources, including mental health resources

- Provide accurate, clear, stigma-free statements about how to access accommodations, accessibility information, and health resources, including mental health resources.
- Provide this information in new hire materials, annual emails, annual meetings, syllabi, and other outlets.
- Provide training and resources that help people—specifically, instructors, leaders, and managers—create accessible environments.
- Build mentoring programs, panels, and workshops that center persons with accommodations, access needs, and health conditions.

Rationale

- *Many economists emphasize that stigma associated with disability and mental health remains common within the economics profession. Many economists also note the difficulty in navigating related processes.*

Recommendation 8: Reduce or eliminate physical barriers

- Favor venues that are flat and barrier-free (i.e., avoid steps, high thresholds, and steep ramps).
- Favor venues with accessible parking, transportation, and pathways to the venue.
- Favor hotels with accessible rooms.

- Ensure any elevated areas can be accessed via working elevators or appropriate ramps.
- Ensure accessible entrances and routes are available throughout the venue, including reception areas and podiums.
- Ensure doors are propped open, automatic, or low effort to open.
- Ensure restrooms that meet Americans with Disabilities Act (ADA) accessibility standards are available and clearly identified.
- Ensure clear signage and wayfinding (e.g., large font, high contrast).
- Provide information in advance about accessible entrances, routes, and facilities (e.g., restrooms).
- Prioritize accessible paths that do not require entirely separate or isolating experiences.

***Rationale**:*

- *Economists emphasize that wheelchair access, working elevators, accessible bathrooms, and short walking distances are far from solved, even at well-funded universities and major events. Economists also recount being assigned classrooms or conference hotel rooms that were reachable only by stairs even after explicitly requesting an accessible space.*

Recommendation 9: Reduce or eliminate digital barriers

- Ensure digital content—including websites, registration systems, editorial systems, and submission portals—meets the Web Content Accessibility Guidelines (WCAG). See https://www.w3.org/WAI/standards-guidelines/wcag/
- Ensure digital content supports screen readers, keyboard navigation, and other assistive technologies.
- Ensure digital content is perceivable in multiple ways (e.g., captions for audio/video content, alt text for figures and images, descriptive link text, and content that does not rely on color alone to convey meaning).

- Use meaningful headings, logical document structure, clear reading order, and accessible document formats (e.g., tagged PDFs, OCR-enabled documents, readable electronic documents).
- Use sans-serif fonts, adequate font sizes, and clear formatting, and ensure digital materials remain usable when users increase text size or zoom in (e.g., text reflow, visible buttons and menus, avoid need for horizontal scrolling).
- Avoid fixed formatting that prevents users from resizing text, adjusting spacing, or using browser and device accessibility features.
- Test accessibility of online systems regularly, provide a clear way for users to report accessibility barriers, and provide support staff to address accessibility issues quickly, even before permanent fixes are in place.
- Avoid requiring participants to rely on inaccessible software, websites, or file formats to participate fully in professional activities.

Rationale

- *Economists emphasize that inaccessible PDFs and digital systems, notably including editorial systems, create substantial barriers to participation. Widely used accessibility standards, such as WCAG, emphasize designing digital systems that are perceivable, operable, understandable, and robust for users with diverse access needs.*

Recommendation 10: Reduce or eliminate the need to hear information

- Enable live automated captions for virtual and hybrid events.
- Provide captions for videos.
- Ensure microphones are used by all speakers and audience members, including during Q&A. If audience members do not have a microphone, have the speaker repeat the question.
- If people share access needs such as CART, ASL interpretation, or printed transcripts, ensure these services can be provided.
- Speak at a moderate pace and pause after each question.

- Encourage one person to speak at a time during meetings and discussions.
- Favor quiet reception areas and venues with acoustics in mind.

Rationale

- *Economists note that microphones and captioning are basic, low-cost tools for improving accessibility but are chronically unused.* ***Economists report that speakers sometimes decline to use microphones because they believe they are "loud enough,"*** *which often introduces other accessibility issues.*

Recommendation 11: Reduce or eliminate the need to see information

- Use large font, sans-serif typefaces, and high-contrast colors in slides, papers, and other materials.
- Do not rely on color alone to convey meaning in slides, papers, and other materials.
- When presenting, provide verbal descriptions of all visual elements in a presentation, including graphs and figures.
- Share presentation materials in advance.
- Share audio recordings of materials.
- Share a virtual participation link for presentations, including for in-person participants so that they may view materials on their own electronic devices.

Rationale

- *Blind and low-vision economists emphasize that presentations are often difficult to follow without sufficient verbal descriptions. Economists who are blind, low-vision, color blind, or dyslexic emphasize that relatively simple changes— colorblind-safe palettes, larger fonts, sans-serif typefaces, and verbally describing content—would substantially improve access.*

Recommendation 12: Provide accessible food options for people with dietary restrictions and needs

- When food is provided, provide food options for people with various dietary restrictions (e.g., gluten-free, vegetarian, vegan, and allergen-aware options).

- Ensure all food options have their ingredients—most importantly, their allergens—labeled.
- Ensure a sufficient supply of accessible food options, including for people who did not request them in advance.
- Avoid relying on a single meal option to accommodate all dietary restrictions.

Rationale:

- *Economists with celiac disease, food allergies, and other dietary restrictions repeatedly describe attending conference meals where there is little or nothing that they can eat.*

Recommendation 13: Provide access to quiet and low-stimulation spaces

- Provide access to private spaces that can be used for a range of needs, including sensory needs, medical needs, lactation needs, religious needs, or the need for breaks from stimulation.
- Ensure these spaces are clearly identified and easy to access.
- Minimize noise, interruptions, and visual stimulation in these spaces.

Rationale

- *Economists emphasize that quiet and sensory-friendly rooms at conferences and workplaces serve multiple constituencies and reduce the need for any individual to disclose why they need a break.*

Recommendation 14: Support participation by people with caregiving responsibilities

- Avoid scheduling important meetings, seminars, conferences, and other professional events at times that systematically disadvantage people with caregiving responsibilities, such as evenings, weekends, school holidays, or times with limited childcare availability.
- Provide advance notice of schedules to facilitate caregiving planning.

- Provide remote or hybrid participation options for meetings, seminars, conferences, and other professional activities.
- Ensure caregiving-related needs (e.g., lactation needs, childcare logistics, family-related scheduling constraints) can be shared privately and addressed respectfully.
- Avoid treating remote or hybrid participation, schedule flexibility, or caregiving constraints as signs of lower commitment or professionalism.
- Provide information about local childcare options, lactation spaces, and other caregiving-related resources for conferences and major events.

Rationale

- Economists repeatedly describe caregiving responsibilities as creating barriers to conference participation, networking, travel, scheduling, and full professional engagement. Many economists emphasize that relatively modest changes—such as advance scheduling, flexible participation options, and supportive norms—can substantially increase participation and reduce exclusion.

B Additional Results

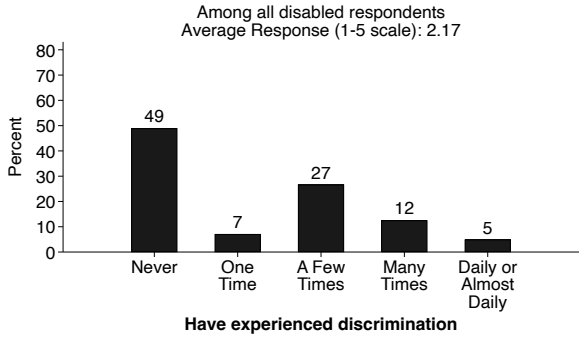
Table B.1: Descriptive Statistics

Respondent Group:	**All**	**Disabled**	**Non-disabled**
Other disability and health measures:			
Some medical condition	0.61	0.88	0.55
Use assistive technology or equipment	0.14	0.36	0.09
Current Work Affiliation:			
Faculty	0.69	0.64	0.70
Student, RA, or Postdoc	0.07	0.08	0.07
Private sector or government	0.17	0.20	0.16
Other work status	0.08	0.08	0.08
Gender Identity:			
Man	0.58	0.51	0.60
Woman	0.31	0.37	0.29
Transgender, Non-binary, another gender	0.01	0.03	0.01
Sexual Orientation:			
Straight	0.77	0.73	0.78
Not Straight	0.07	0.13	0.06
Race/Ethnicity:			
White	0.62	0.67	0.61
Black	0.06	0.04	0.06
Asian	0.15	0.11	0.16
Hispanic	0.07	0.06	0.07
Observations	922	186	736

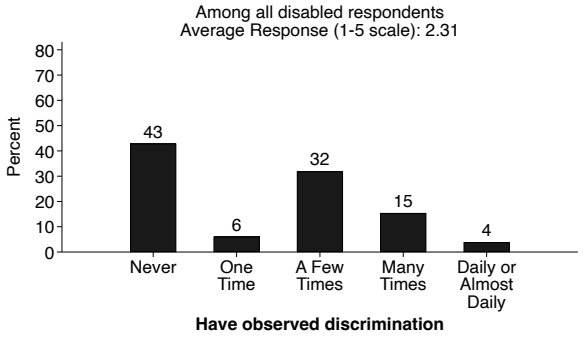
Note. This table shows the fraction of respondents with the noted background or demographic characteristic (see Appendix C.2 for screenshots of relevant survey questions). Column (1) presents data from all respondents, while Columns (2) and (3) provide data for disabled and non-disabled respondents, as defined in Section 2.3, respectively.

Figure B.1: Among Disabled Respondents, Perceptions of Discrimination, Stigma and Unfair Treatment Due to Disability, Impairment, or Mental/Physical Health Condition in Economics Profession

(a) Have Experienced Discrimination



(b) Have Observed Discrimination



(c) Have Avoided Disclosure Due to Fears of Discrimination

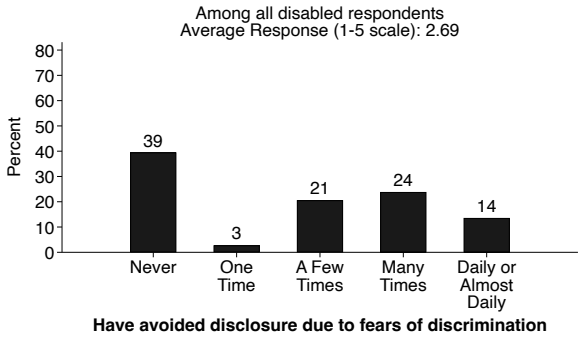


Table B.2: Reported medical condition

Respondent Group:	**All**	**Disabled**	**Non-disabled**
Anxiety	0.19	0.32	0.16
Back pain	0.15	0.17	0.14
High cholesterol	0.14	0.12	0.14
Hypertension	0.13	0.17	0.12
Depression	0.10	0.24	0.07
Chronic illness or medical condition	0.10	0.25	0.06
Arthritis	0.09	0.15	0.07
Asthma	0.07	0.09	0.06
Tinnitus	0.07	0.11	0.06
Cancer	0.06	0.11	0.04
Deaf or hard of hearing	0.06	0.16	0.03
Diabetes	0.05	0.09	0.04
Mental health or psychological condition	0.04	0.13	0.02
Autism	0.02	0.06	0.01
Blind or low vision	0.02	0.05	0.01
Heart disease	0.02	0.03	0.02
Trauma	0.02	0.09	0.01
Allergies that are disabling	0.01	0.03	0.01
COPD	0.01	0.03	0.01
Long COVID	0.01	0.02	0.01
Neurodivergence	0.03	0.12	0.01
Physical or Mobility disability	0.03	0.10	0.01
Neurological disability	0.02	0.06	0.01
Speech or Communication disability	0.02	0.05	0.01
Amputation	0.00	0.01	0.00
Stroke	0.00	0.01	0.00
Dementia	0.00	0.00	0.00
Other health condition	0.04	0.09	0.03
Some health condition	0.61	0.88	0.55
Observations	922	186	736

This table shows the fraction of respondents reporting the medical condition in Appendix Figures C.23. The last row reports the fraction of respondents reporting any medical condition. Column (1) presents data from all respondents, while Columns (2) and (3) provide data for disabled and non-disabled respondents, as defined in Section 2.3, respectively.

Table B.3: Accommodation experiences among respondents who have requested accommodations

Respondent Group:	**All**	**Disabled**	**Non-disabled**
Overall view on accommodations:			
Overall, requesting accommodations was worthwhile	0.36	0.37	0.35
Frequency of positive accommodation experiences:			
Accommodations were timely	0.42	0.47	0.32
Accommodations were effective	0.41	0.38	0.47
Colleagues are supportive of my accommodations	0.33	0.32	0.35
Supervisors are supportive of my accommodations	0.29	0.31	0.26
Accommodations process was respectful	0.27	0.21	0.41
Accommodations process was simple and clear	0.16	0.12	0.24
Frequency of negative accommodation experiences:			
Accommodations process was emotionally draining	0.37	0.41	0.29
Accommodations process was overly time consuming	0.29	0.29	0.29
Accommodations process made me feel doubted	0.27	0.31	0.21
Accommodations process involved misleading information	0.17	0.16	0.18
Accommodations process involved overly invasive questions	0.11	0.15	0.03
Accommodations have been denied	0.10	0.13	0.03
Observations	102	68	34

This table shows the fraction of respondents who described their accommodation experience in the noted way—when restricting to the set of respondents who have requested accommodations due to a disability, impairment or health conditions (see Appendix Figure C.3 for the screenshot of the relevant question). Column (1) presents data from all respondents, while Columns (2) and (3) provide data for disabled and non-disabled respondents, as defined in Section 2.3, respectively.

C Screenshots of Survey

Section C.1 provides screenshots for our main survey questions, and Section C.2 provides additional screenshots for the demographic and background question. The screenshots appear in the order shown with one small exception: Question 4b (shown in Appendix Figure C.9) occurs after Question 6.

C.1 Screenshots of Main Survey Questions

Figure C.1: Screenshot of The Welcome Page

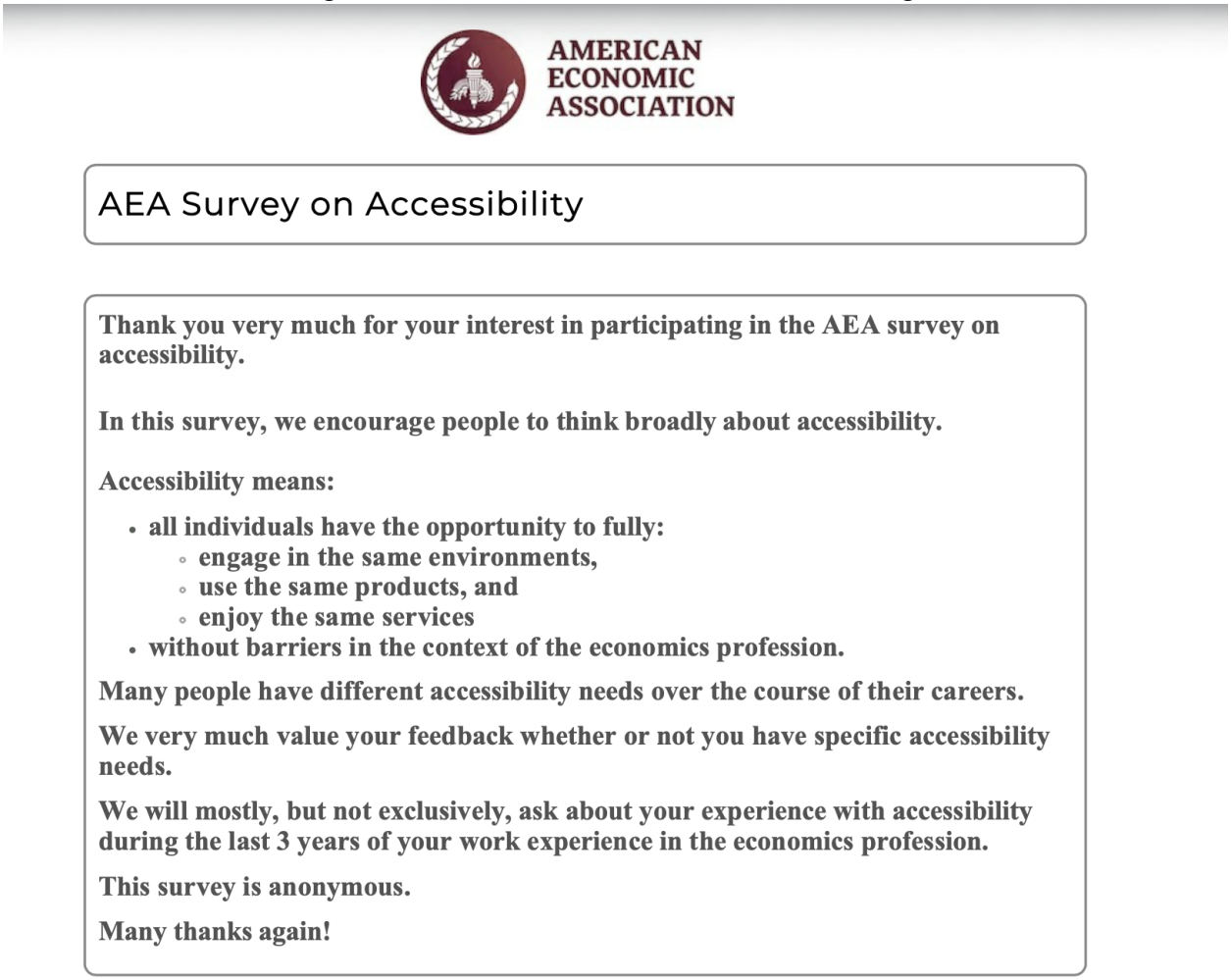


Figure C.2: Screenshot of Question 1 (Accommodation Requests)

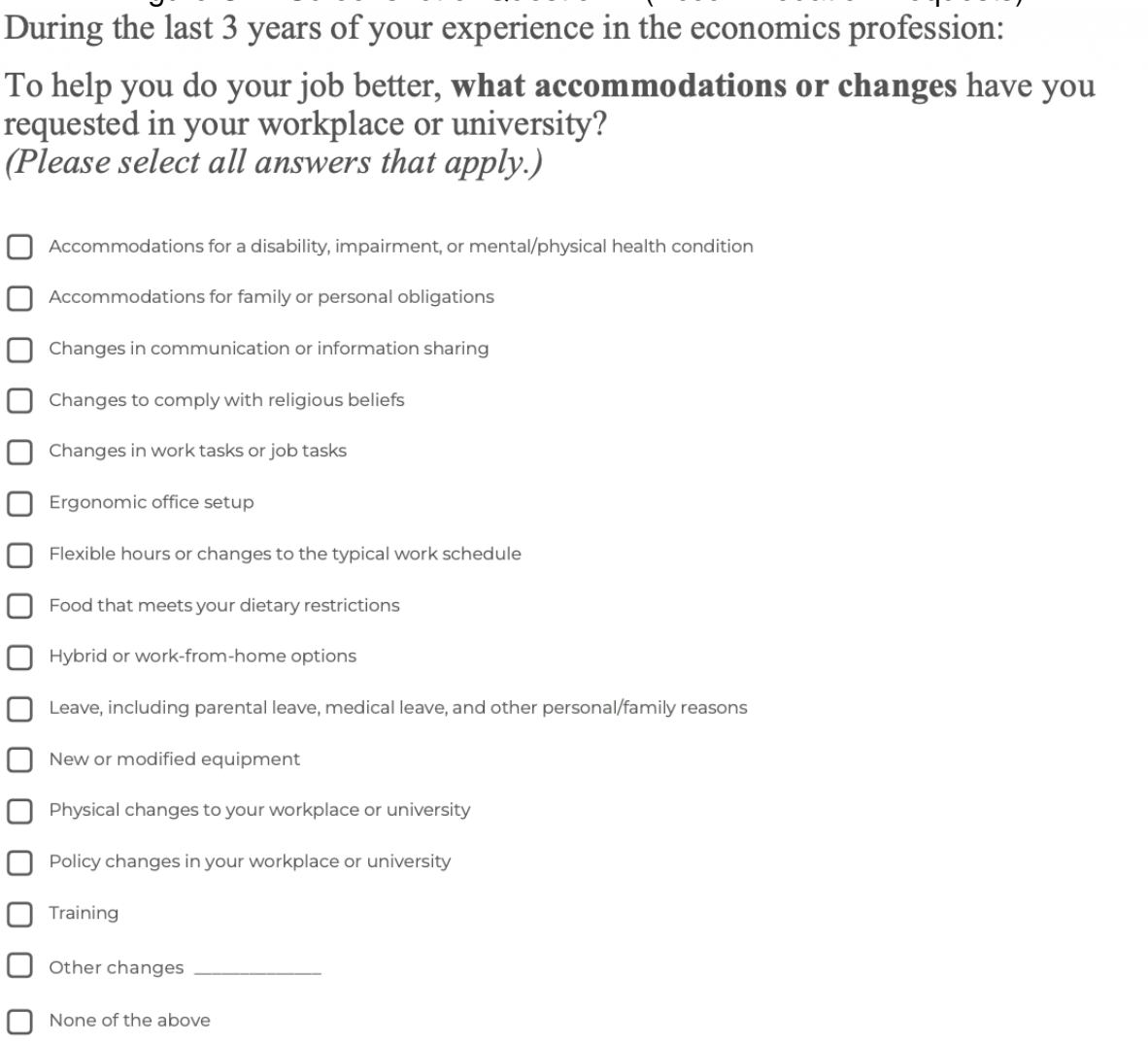


Figure C.3: Screenshot of Question 1B (Accommodation Experiences)

Figure C.3: *NOTE: Only asked If respondents selected "Accommodations for a disability, impairment, or mental/physical health condition" in QUESTION 1*

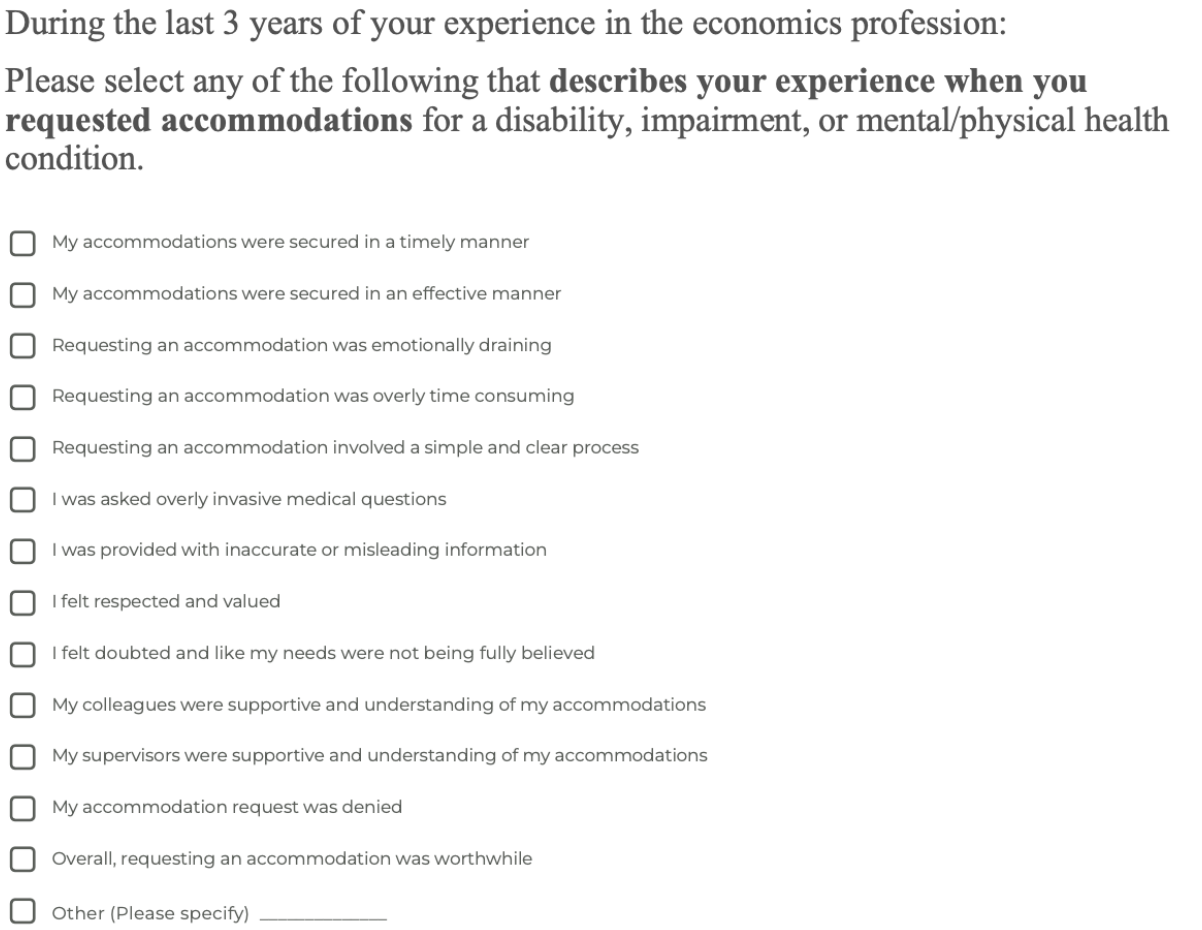


Figure C.4: Screenshot of Question 2 (Accessibility Knowledge)

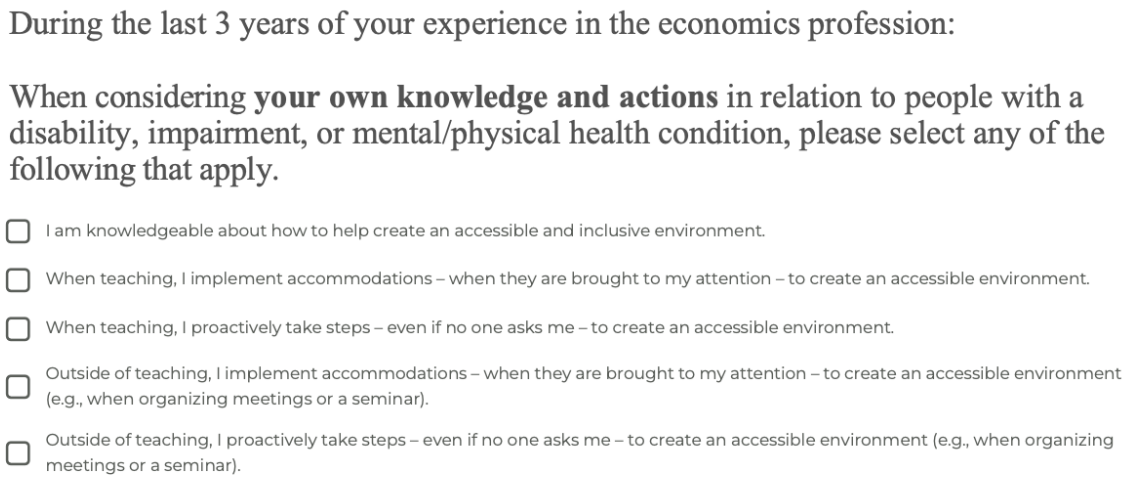


Figure C.5: Screenshot of Question 3A (Accessibility Ideas In General)

Please share **any ideas on how** to make the economics profession **more accessible for people** with a disability, impairment, or mental/physical health condition.

Figure C.6: Screenshot of Question 3B (Accessibility Ideas To Help Students)

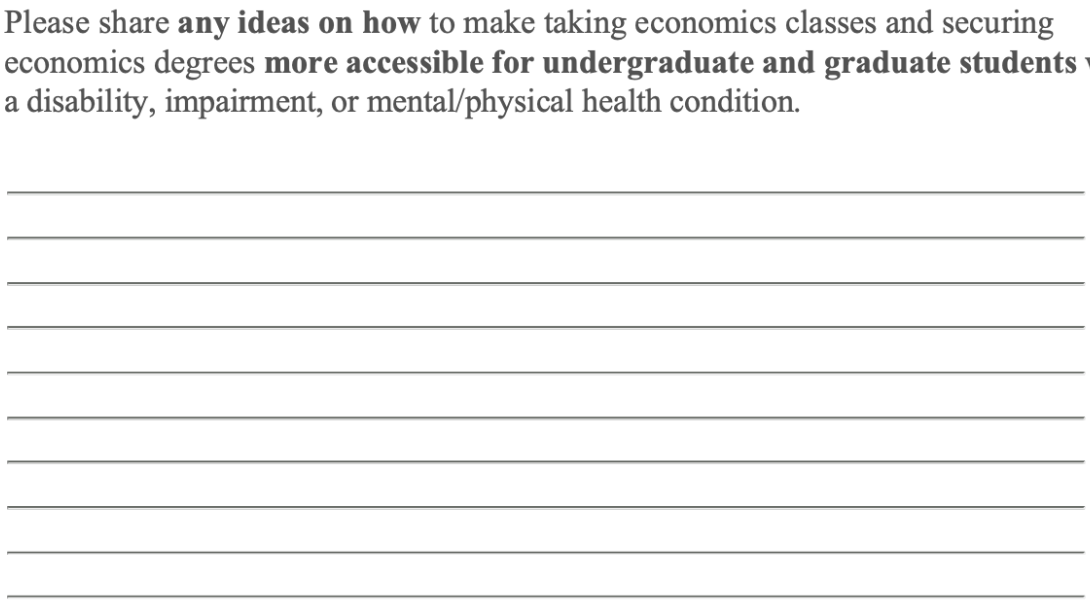


Figure C.7: Screenshot of Question 3C (Accessibility Ideas Given Own Experience)

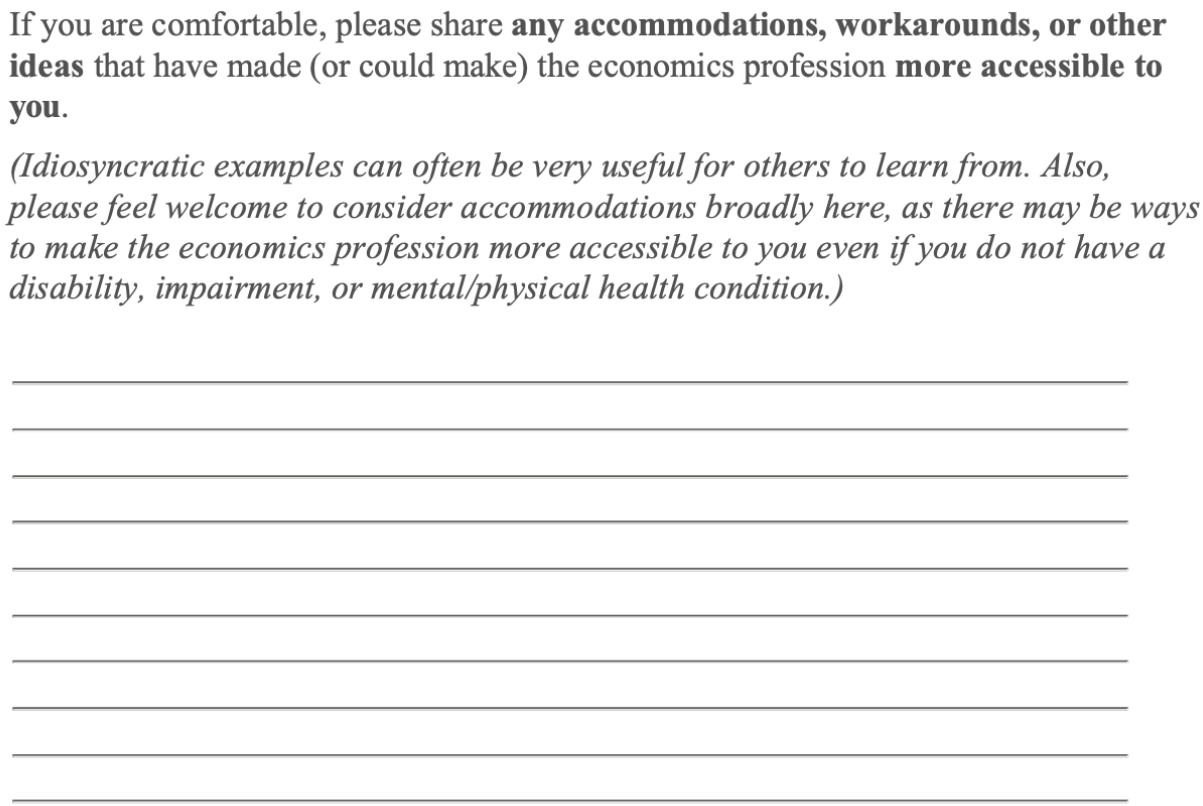


Figure C.8: Screenshot of Question 4a (Have Experienced Stigma and Discrimination)

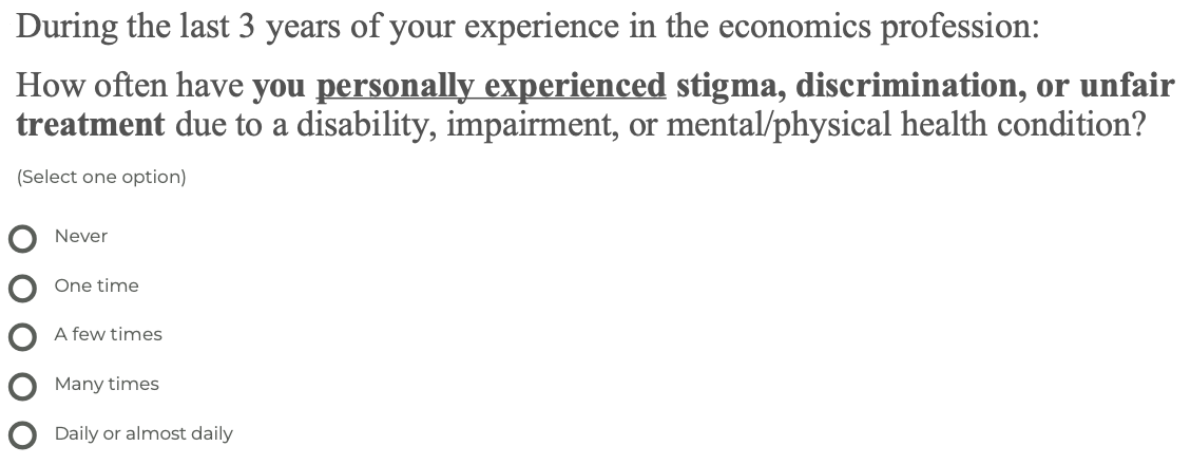


Figure C.9: Screenshot of Question 4b (Contexts Having Experienced Stigma and Discrimination)

Figure C.9: *NOTE: Only asked If respondents indicated having experienced some stigma, discrimination or unfair treatment in QUESTION 4a (i.e., “Never" not selected)*

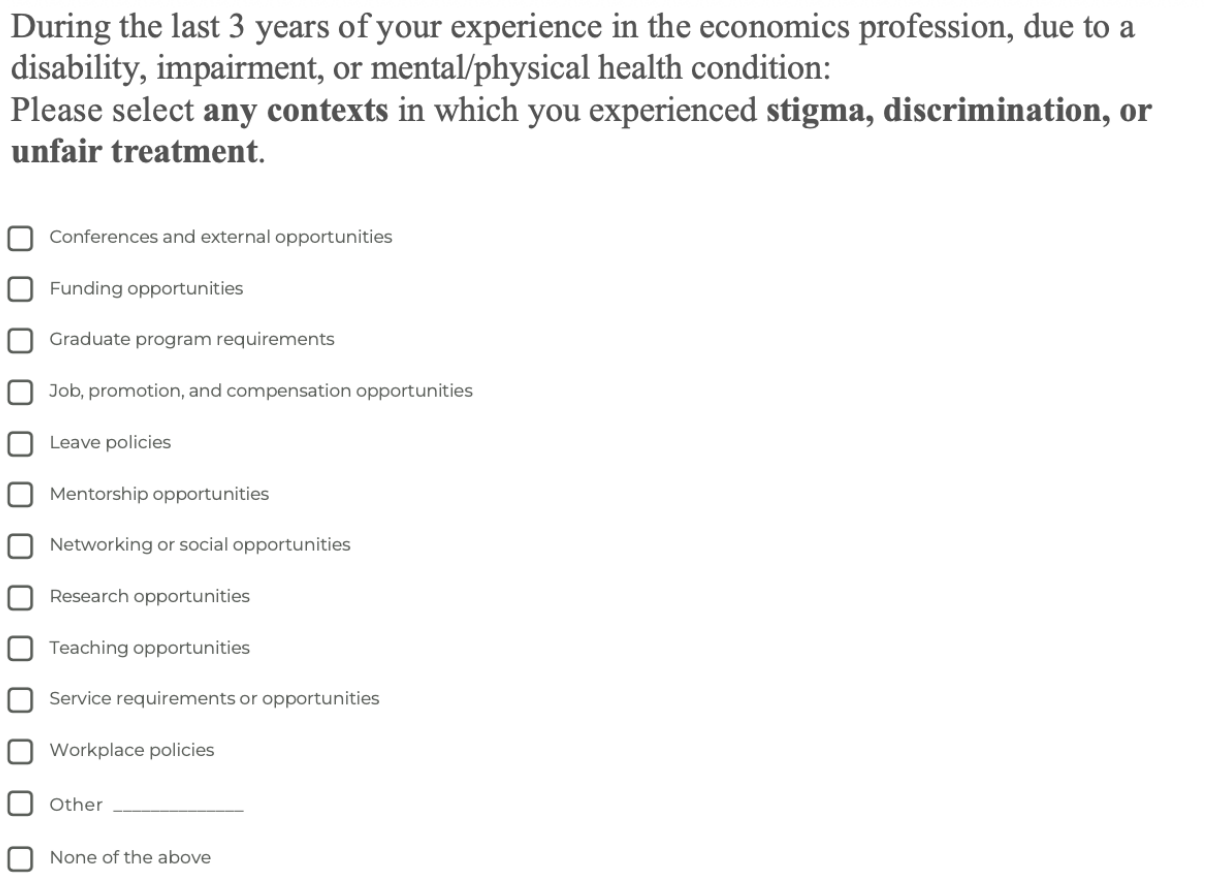


Figure C.10: Screenshot of Question 5 (Have Observed Stigma and Discrimination)

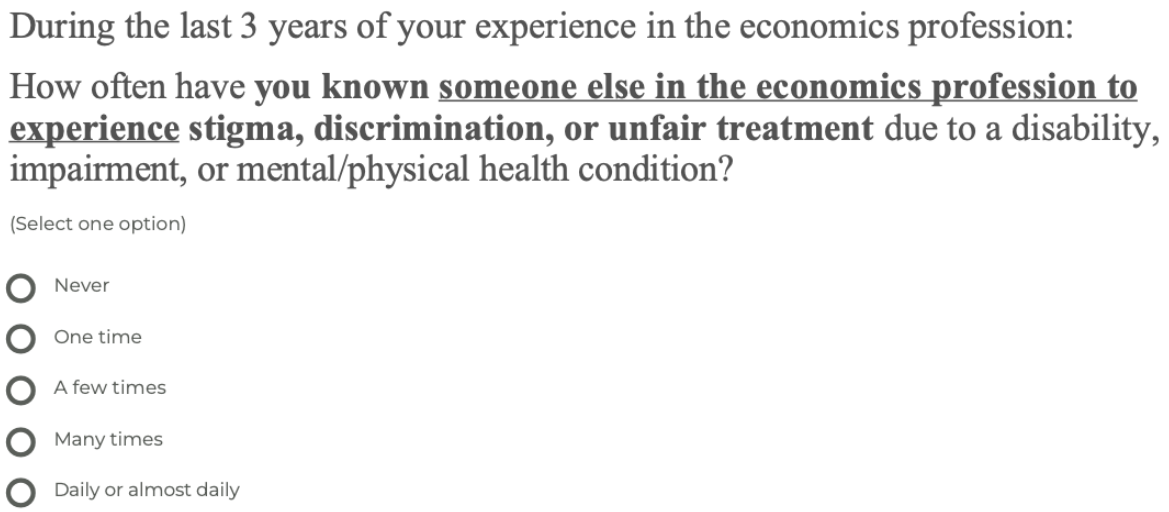


Figure C.11: Screenshot of Question 6 (Avoided Disclosure Due to Stigma and Discrimination Fear)

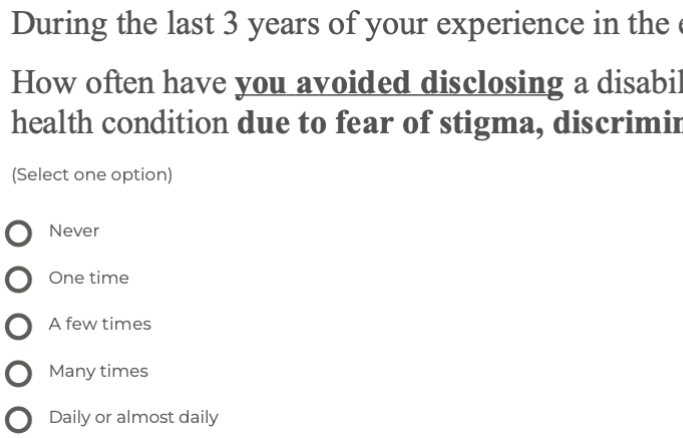


Figure C.12: Screenshot of Question 8a (Have Experienced Inaccessibility Problems)

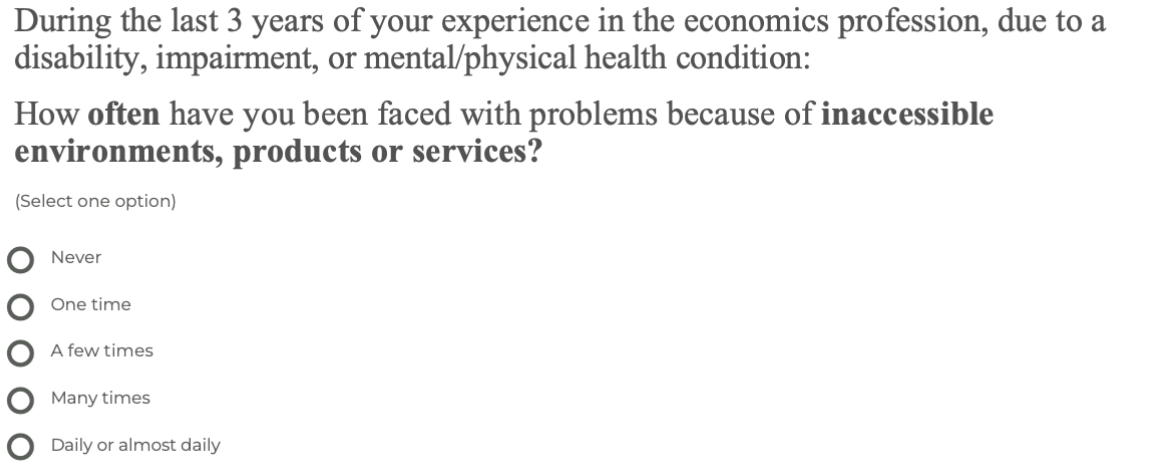
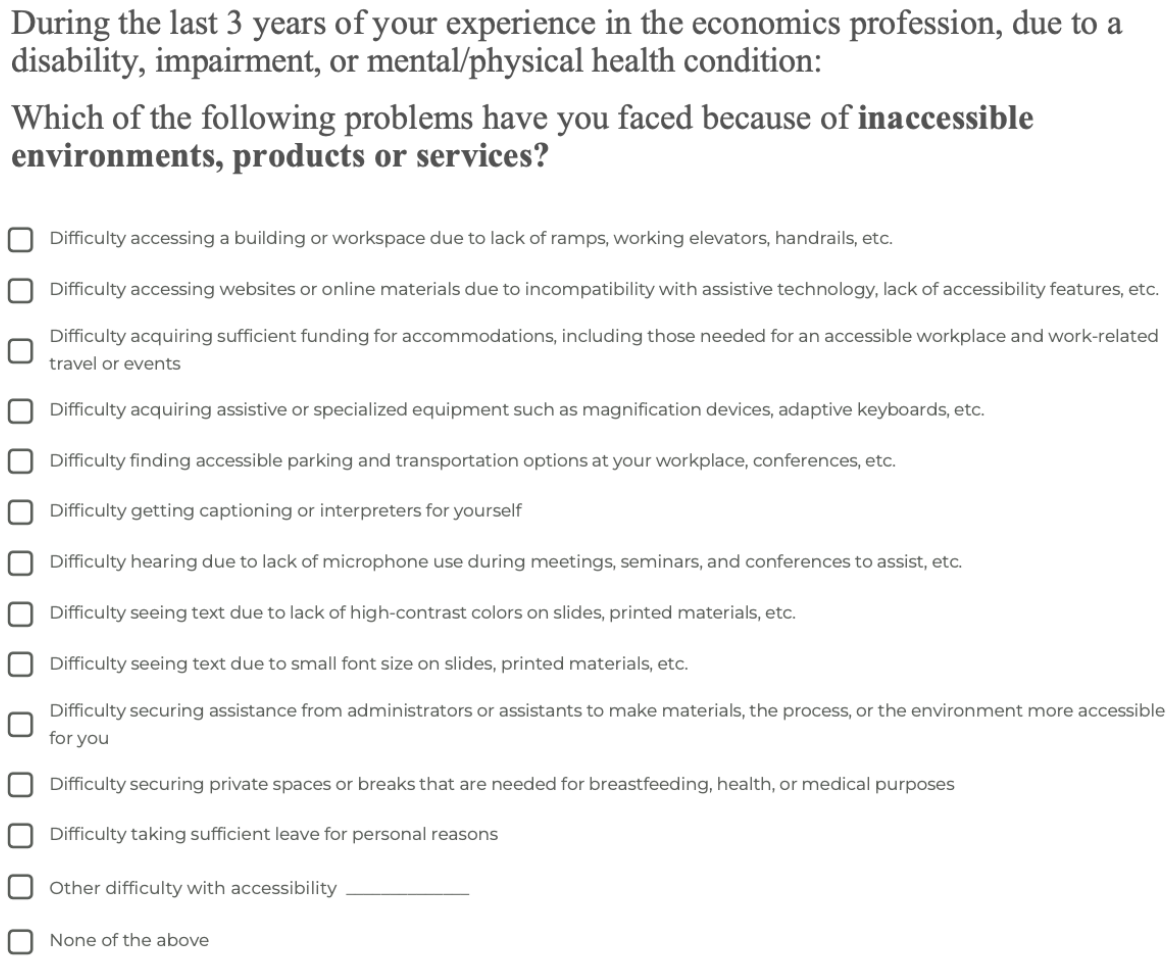


Figure C.13: Screenshot of Question 8b (Types of Inaccessibility Problems)

Figure C.13: *NOTE: Only asked If respondents indicated having experienced some inaccessibility problems in QUESTION 8a (i.e., "Never" not selected)*



C.2 Screenshots of Demographic and Background Questions

Figure C.14: Screenshot of Assistive Technology Question

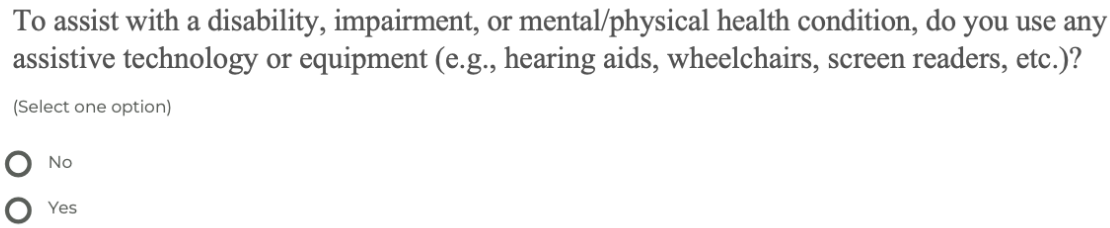


Figure C.15: Screenshot of Assistive Technology Details

Figure C.15: *NOTE: This is only displayed If respondents say they have used assistive technology in the question shown in Appendix Figure C.14)*

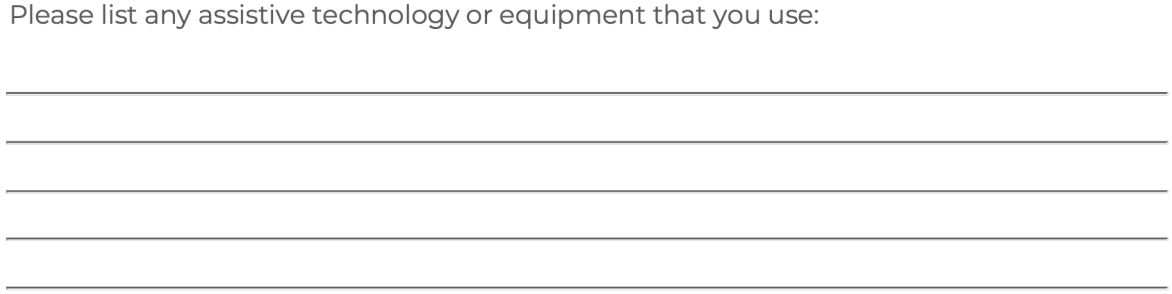


Figure C.16: Screenshot of Function Question 1

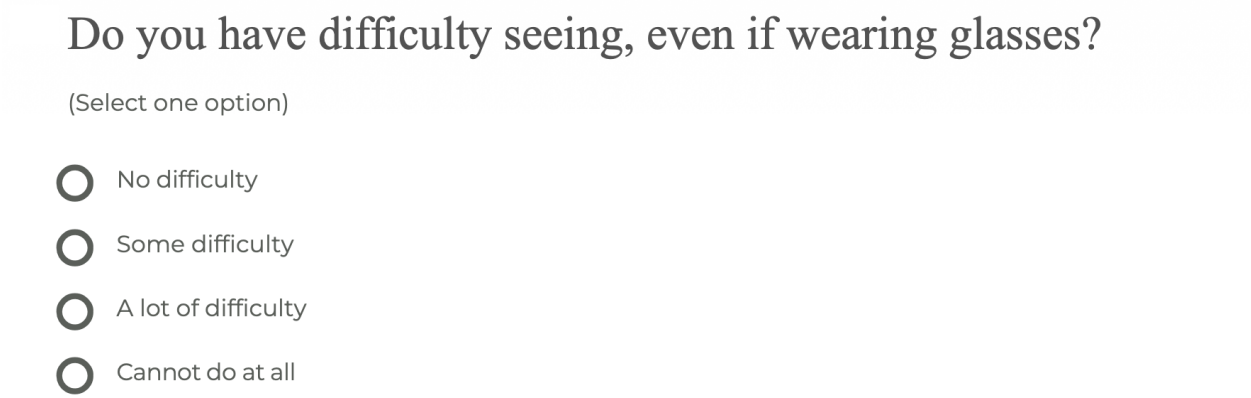


Figure C.17: Screenshot of Function Question 2

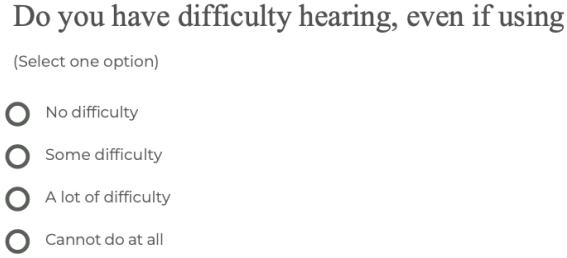


Figure C.18: Screenshot of Function Question 3

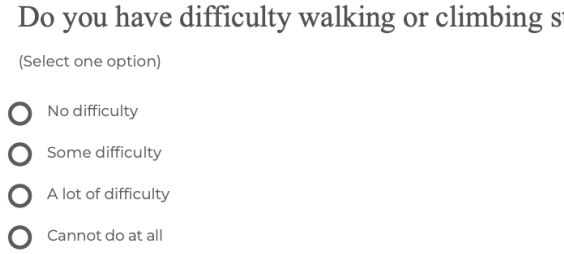


Figure C.19: Screenshot of Function Question 4

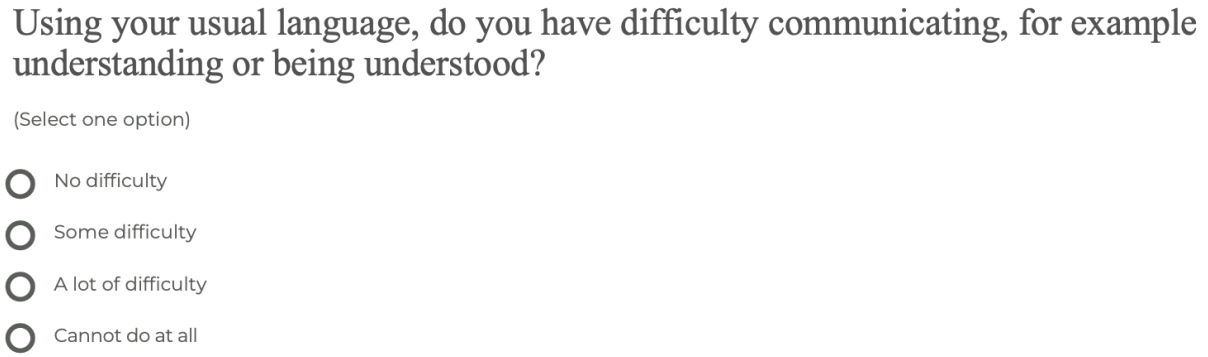


Figure C.20: Screenshot of Function Question 5

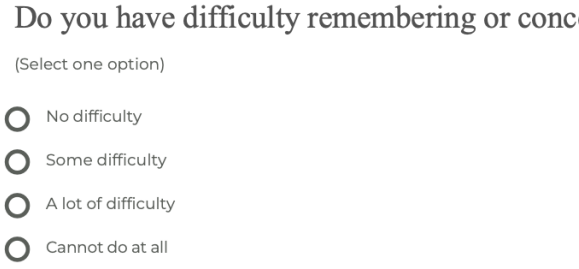


Figure C.21: Screenshot of Function Question 6

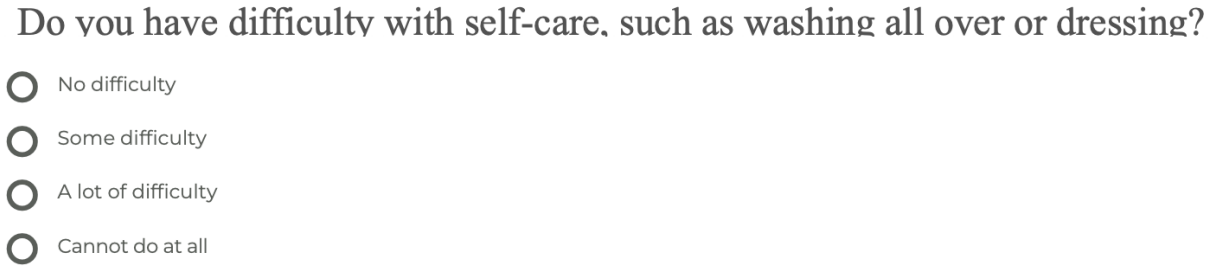


Figure C.22: Screenshot of Function Question 7

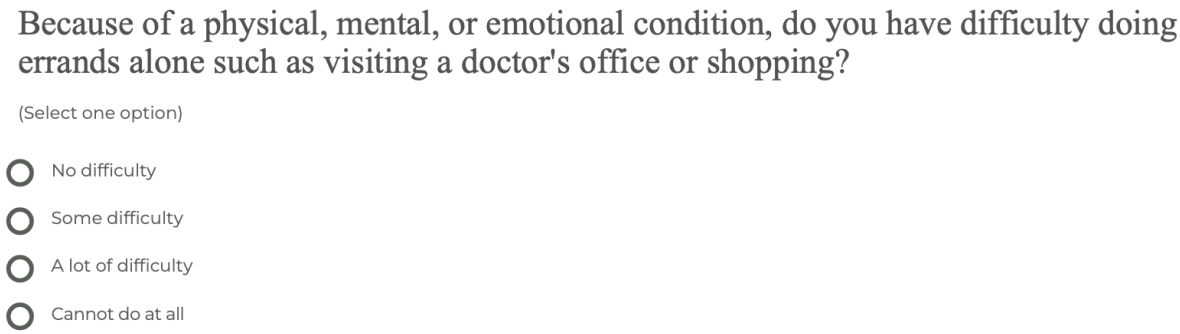


Figure C.23: Screenshot of Medical Question

Figure C.24: Screenshot of Accessibility Views Question

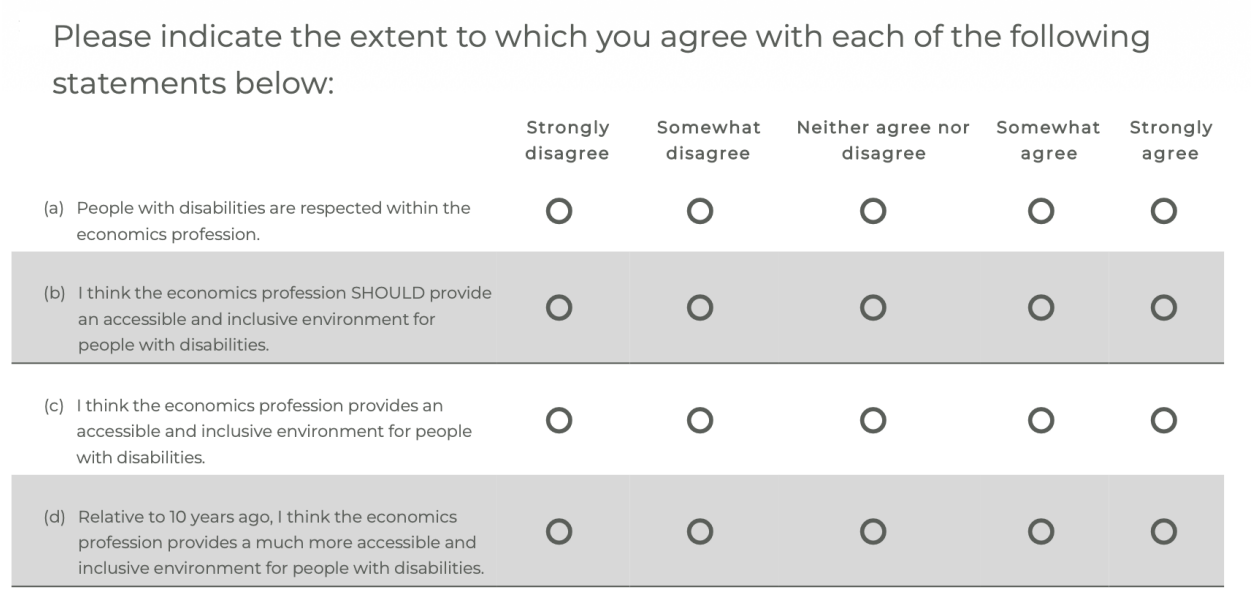


Figure C.25: Screenshot of AEA Interest Group for Economists with Disabilities Question

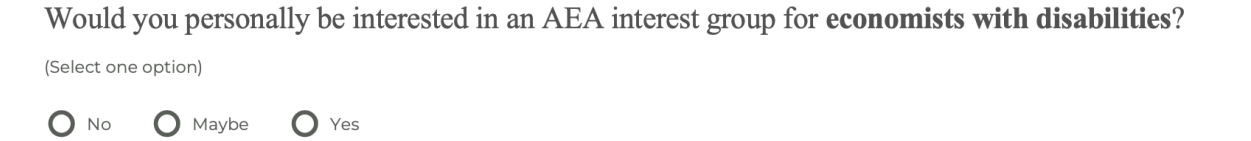


Figure C.26: Screenshot of Race/Ethnicity Question

Figure C.27: Screenshot of Gender Question

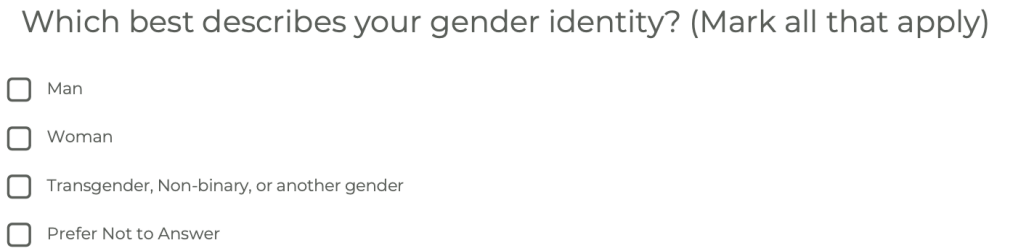


Figure C.28: Screenshot of Sexual Orientation Question

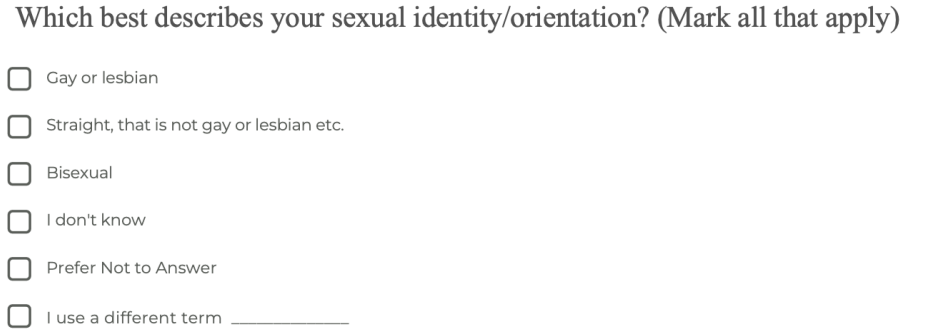


Figure C.29: Screenshot of PhD Year Question

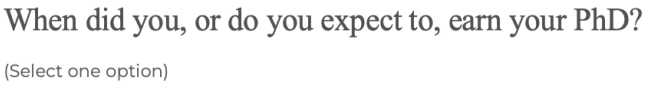


Figure C.30: Screenshot of Workplace Question

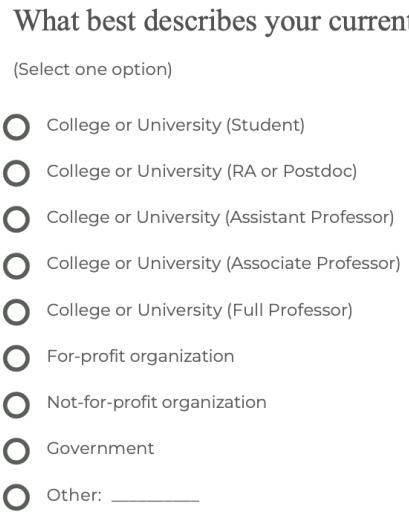


Figure C.31: Screenshot of Identify as Disabled Question

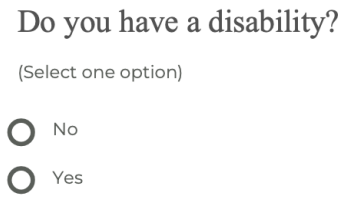


Figure C.32: Screenshot of Have Family or Friends who are Disabled Question

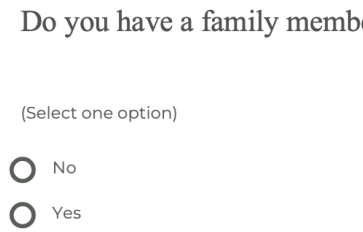


Figure C.33: Screenshot of Care for Someone who is Disabled Question

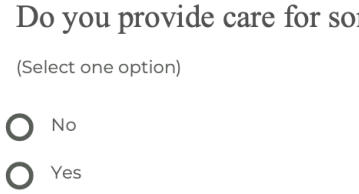


Figure C.34: Screenshot of Free-response Comments Question

References

Centers for Disease Control and Prevention. 2025. "Prevalence of Disabilities and Health Care Access by Disability Status and Type Among Adults. Center for Disease Control."

Landes, Scott D, Bonnielin K Swenor, and Nastassia Vaitsiakhovich. 2024. "Counting disability in the National Health Interview Survey and its consequence: Comparing the American Community Survey to the Washington Group disability measures." *Disability and Health Journal*, 17(2).

United Nations. 2006. "Convention on the Rights of Persons with Disabilities." *United Nations General Assembly*.

U.S. Census Bureau. 2007. "Evaluation Report Covering Disability: 2006 American Community Survey Content Test Report P.4." *https://www.census.gov/content/dam/Census/library/working-papers/2007/acs/2007_Brault_01.pdf*, Accessed 25 November 2025.

Washington Group on Disability Statistics. 2022. "The Washington Group Short Set on Functioning (WG-SS)." *https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/*, Accessed 21 November 2025.

World Health Organization. 2001. *International Classification of Functioning, Disability and Health.* World Health Organization.