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COVID-19 Negatively Impacted Health and Social Relationships among Working-Age Adults with Disabilities

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The COVID-19 pandemic worsened existing inequalities among people with disabilities.¹ In addition to increasing risks of serious illness and death, the COVID-19 pandemic also impacted health and wellbeing through reduced access to health care and community-based services, financial stress, and strain on social relationships.² These pandemic impacts may disproportionately harm adults with disabilities because U.S. COVID-19 response measures have not been disability inclusive.³

Activities of Daily Living (ADLs) are related to personal care and mobility, and adults with ADL difficulties often receive regular care from paid home care providers or from friends and family. For many people with ADL difficulty, consistent access to quality care is essential for maintaining health and supporting social engagement.⁴ COVID-19 disrupted access to care for many working-age adults with ADL difficulties, potentially creating negative health and social impacts.⁵ Limited care options and other financial, social, and healthcare disruptions during the pandemic response period may give rise to unequal COVID-19 impacts on health and wellbeing for adults with disabilities.

This brief summarizes findings of from recently published study in [Disability and Health Journal](#) using nationally representative survey data collected in early-2021 to examine how perceived impacts of COVID-19 on health, social, and financial wellbeing differed between working-age adults (18-64) with and without ADL difficulty.⁶

KEY FINDINGS

- Working-age (18-64) adults with difficulty with Activities of Daily Living (ADL) had higher odds of reporting negative COVID-19 related health impacts, including physical health and COVID-19 infection and hospitalization.
- Working-age adults with ADL difficulty had higher odds of reporting negative impacts on family relationships and lower odds of reporting losing a friend or family member to COVID-19.
- Disability-inclusive public health and social policy approaches are needed to reduce adverse outcomes among individuals with ADL difficulty.

Working-age Adults with ADL Difficulty Report Worse Health and Social Harms due to the COVID-19 Pandemic

Figure 1 shows differences in reported COVID-19 impacts on physical and mental health, social relationships, and financial wellbeing between adults ages 18-64 with and without ADL difficulty. Those with ADL difficulty were significantly more likely to report negative physical health and mental health impacts and had much higher rates of COVID-19 infection and hospitalization than those without ADL difficulty. Adults with ADL difficulty were also significantly more likely to report negative impacts on relationships with family and friends but significantly less likely to report losing a friend or family member to COVID-19. There were no significant differences in reported financial impacts or ability to see a doctor by ADL status.

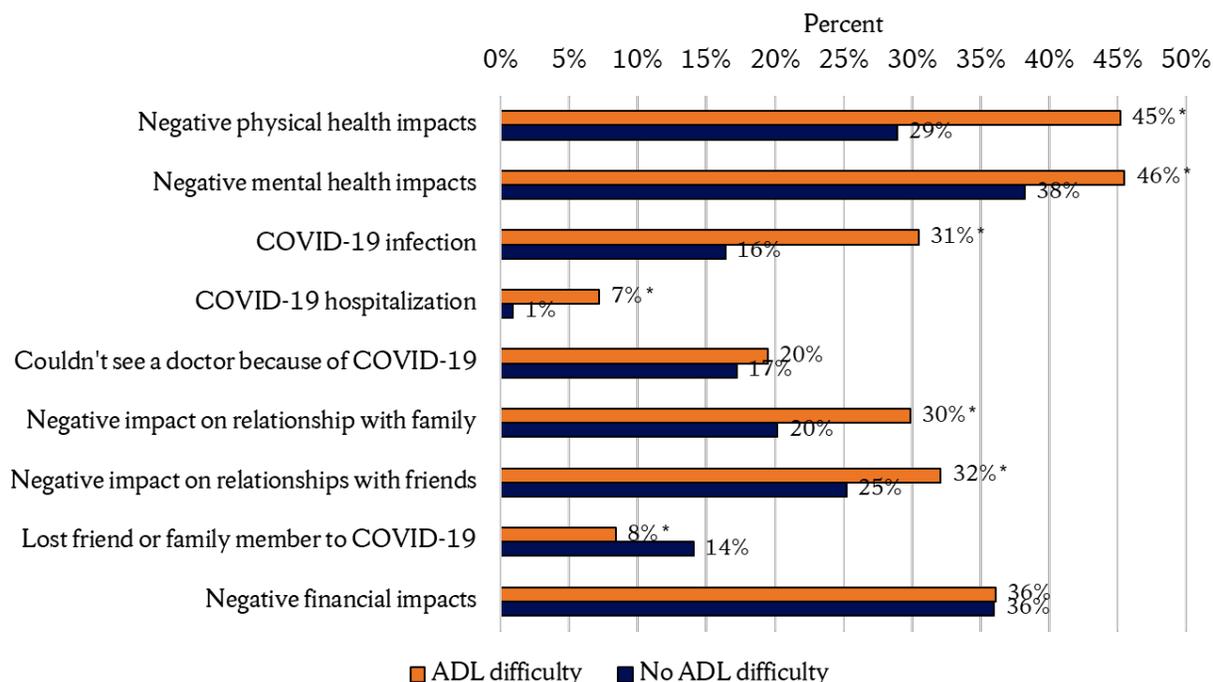


Figure 1. Percentage of Respondents Ages 18-64 Reporting Negative Health, Social, and Financial Impacts of COVID-19 by ADL Status, 2021

Data Source: National Wellbeing Survey, 2021. N=3,697.

Notes: Percentages are weighted to be nationally representative.

* Indicates statistically significant difference between those with versus without ADL difficulty at $p < 0.05$.

Holding other factors (age, sex, race, education, marital status, and number of people in the household) constant, working-age adults with ADL difficulty had twice the odds of reporting negative physical health impacts, 2.1 times the odds of COVID-19 infection, and 6.7 times the odds of being hospitalized for COVID-19. Respondents with ADL difficulty also had 29% greater odds of negative mental health impacts. In terms of social impacts, respondents with ADL difficulty had 57% greater odds of reporting that COVID-19 negatively impacted their relationships with family but 35% lower odds of reporting losing a friend or family member to COVID-19.

Disability Perspectives Must Be Included in Policy Decisions During COVID-19 Recovery and Beyond

U.S. working-age adults with ADL difficulty faced heightened health risks and social impacts during the first year of the COVID-19 pandemic, both from the virus itself and from pandemic-related disruptions. We found unequal COVID-19 impacts for people with ADL difficulties across multiple areas, highlighting the importance of broad social and policy factors in explaining COVID-19 disparities for adults with disabilities. Policy changes are needed to address worse outcomes among people with ADL difficulties during public health emergencies and beyond. For example, the Better Care Better Jobs Act would improve access to home care for adults with ADL difficulty, presenting opportunities to improve health outcomes and social supports for this population.⁷

Our findings also point to the importance of strengthening local, state, and federal public health measures to reduce COVID-19 infection and hospitalization risk for adults with disabilities. Evidence-based masking policies, improved access to personal protective equipment and rapid testing, and greater vaccination outreach may have reduced some of the adverse outcomes we observed in this study. Inclusive, accessible, and affordable behavioral health services for adults with disabilities are also needed to address the negative mental health impacts of the pandemic on adults with ADL difficulty.⁸ Moving forward, the needs of people with disabilities must be prioritized in social policy and public health decision-making to increase equity and reduce health disparities during the ongoing COVID-19 response and in future public health emergencies.

Data and Methods

We analyzed data from the National Wellbeing Survey,⁹ a national survey of U.S. working-age adults (ages 18-64) conducted in February and March 2021 (N=3,697). We used logistic regression to compare perceived COVID-19-related impacts on physical and mental health, health care access, social relationships, and financial wellbeing among those with and without ADL difficulty. For additional information on the methodology, see the [published manuscript](#).

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