

COVID-19's Impact on People with Disabilities in Canada

Fact Sheet No. 4:

Barriers to Health Care and Services

The COVID-19 pandemic and related policy measures had many negative impacts on diverse people with disabilities in Canada. While these impacts were often profound for those in the disability community, they remained largely invisible to others. In this fact sheet, people with disabilities describe in their own words how the pandemic and related measures affected their health care and services.

Key impacts of COVID-19 policies on health care and services for people with disabilities

- People with disabilities, and especially those who rely on personal support workers or live in congregate settings, have a **greater risk of contracting COVID-19**.
- Pandemic responses reduced **access to primary and routine care** and have reduced the **quality of care** received.
- COVID-19 **triage policies** raised concerns about whether people with disabilities would be treated fairly in emergency situations.
- Using **phone or online platforms** for health care appointments may increase access for some people with disabilities but has created added barriers to accessing care for others, such as those who are Deaf or do not have access to computers.
- Social distancing and other lockdown procedures led to **poorer mental health** for people with disabilities due to increased isolation and reduced access to mental health services.

Increased risk of contracting COVID-19

People with disabilities are at higher risk of COVID-19 infection, particularly those who have multiple support workers, live in congregate settings, have multiple health issues, need assistance to wash their hands, or have difficulty understanding or following public health guidelines such as social distancing protocols.

Reduced access and quality of care

Statistics Canada* suggests that roughly half of all people with disabilities who replied to their survey experienced a decline in their overall health during the first three months of the pandemic. People who were Deaf or hard of hearing reported the lowest declines, while people with intellectual and cognitive disabilities reported the greatest declines in their health. Many people with disabilities had difficulty getting access to home supports.

In addition, service or care recipients may receive poorer quality of care and experience violence or abuse because frontline workers have too many demands and there are too few resources.



“I feel like things are falling through the cracks, with chronic health stuff where follow up isn’t happening a lot of appointments got canceled, and they never got rescheduled. . . . Things are getting lost in that process. There’s a lot of like, I tell them something but then it’s like, I never told them. It either gets forgotten or lost.”

– Interview participant



“I think another piece that’s come up a lot with all of these interactions around like with frontline workers, like, denying access requests or being abusive. I can’t ignore the fact that they’re traumatized that they’re strapped like, you know, my partner, asking for an accommodation around masks. . . . [the health care workers] were kind of pushing themselves beyond their own comfort and were not supported and, but they kind of shared with us that like folks are traumatized. . . . I think [this] really impacts people with disabilities because we work with these systems.”

– Interview participant

*Data from the Statistics Canada crowdsourced survey “Impacts of COVID-19 on Canadians Living with Long-term Conditions and Disabilities.” From June 23 to July 6, 2020, approximately 13,000 Canadians with long-term conditions or disabilities participated in this survey. The survey was not conducted according to probabilistic sampling.

Policies that devalue lives of disabled people

Triage policies or guidelines that say who gets priority in treatments or in hospitals during the pandemic were a very real concern for people with disabilities. In Ontario and Québec, proposed COVID-19 triage policies excluded many people with disabilities, implying that in emergency situations a person with disabilities would not receive the same level of care as a person without disabilities. After opposition from disability organizations, the Ontario protocol was withdrawn, but disability organizations remain concerned that these policies are still being used. In Québec, triage policies were revised after they were challenged by disability organizations.

Increased use of phone and online platforms

As the pandemic continued, many services were moved to phone or online formats. This shift made care more accessible for some people with disabilities, who appreciated being able to access care from home. For others with different impairments or with reduced access to technology, the shift to phone and online formats posed an important barrier to meeting health care needs. Those at greater risk include women with disabilities; individuals with intellectual disabilities; people with mental health disabilities; people who are Deaf or hard of hearing; and those who have no or unstable access to internet and other communications technologies.

Impacts on mental health

During the pandemic, many services and supports for people with disabilities were not deemed essential. The closure of services or restrictions affected people most in congregate living settings, those requiring external supports in their homes, and those in rural or remote areas. The increased isolation that resulted from these restrictions led to poorer mental health for people with disabilities at a time when there was decreased access to mental health services.



“I also am supposed to have attendant care, and I haven’t had attendant care consistently or regularly since the middle of March. And I am really struggling. My care agency is not very cooperative or kind about the needs of the clients during the pandemic. They did start taking precautions in the middle of April, which was a little bit late, but that’s when they started wearing masks. And since then, like I didn’t have care for quite a while, and then last month I was like, well, I’ll see one attendant once or twice a week. I don’t want to see multiple attendants because where I live, I live in assisted living.”

– *Focus group participant*



“When it comes to my own personal stuff like for my own pain management, and my doctor’s appointments because I do have a lot of specialists. It’s been hard to go do some of those appointments. Some are great because they’re over the phone but then there’s the added barrier of I’m Deaf. So, I’m not getting that face to face, and that basically is connection where I can read your lips and you know I can make sure I understand.”

– *Interview participant*



“But it’s [the isolation is] very hard on someone who has disabilities. And, you know, high risk. You know, people who have lung disease or low lung function, you know, they’re really, really isolated.

– *Interview participant*

What are some good practices that could improve health care and services in future crises?

- People with disabilities must be included and valued in the design and implementation of preparedness and response plans.
- Preventing discrimination based on disability is especially important when ventilator rationing measures and medical triaging are discussed.

About this series

This fact sheet is part of a series highlighting research conducted in Fall 2020 by the Live Work Well Research Centre in partnership with the DisAbled Women’s Network of Canada. Read the final report and fact sheet series at liveworkwell.ca.

As part of this research we:

- Gathered data from five provinces (British Columbia, Alberta, Ontario, Québec, and New Brunswick) and from international websites;
- Analyzed statistical data, research articles, policies, and media coverage;
- Conducted interviews and focus groups with 24 disability leader key informants, 30 people with disabilities, and three federal, provincial, and regional health key informants; and
- Identified themes from the data by applying our intersectional disability and gender analysis framework (iDGA).

The *COVID-19’s Impact on People with Disabilities in Canada* fact sheet series includes:

1. Sharing the Experiences of Diverse People with Disabilities During COVID-19
2. Accessing Essentials During the Pandemic
3. Involving People with Disabilities in Decision-Making
4. Barriers to Health Care and Services
5. Housing and Congregate Living
6. Learning from International Examples

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