COVID-19's Impact on People with Disabilities

A report on how deeply the pandemic has affected the populations served by Easterseals and how everyone can best support their recovery and resilience, as we work to open new and better opportunities for people with disabilities.

Study conducted by Accenture

APRIL 2021

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all abilities. limitless possibilities.

Foreword

Letter from Angela F. Williams

Angela F. Williams, Easterseals President & CEO

March 2020 was a pivotal month for me and so many others. As we listened to news reports about COVID-19, there were many unanswered questions: What's going on? How serious should I take this virus? What's going to happen to me, my family, and my livelihood? How long will I have to work from home? Is there something else I should be doing right now to protect myself? And on, and on – so many questions with very few answers. In some ways, it was almost paralyzing to watch the news and see the numbers go up – infection rates and death rates. An invisible terrorist was holding us hostage, with the means of combatting it still not fully known.

Many had to work from home, either alone or alongside their spouse or loved one, and children attending school virtually. This surfaced an entirely new set of issues: isolation and loneliness; health challenges; feeling stuck; tension from working in close quarters with family; trying to secure the right equipment; trying to find a quiet space; Zoom and Teams meetings fatigue; and so much more. As I write this letter, these issues still persist. We realize that these are uncertain times for all of us. But they are especially daunting for the vulnerable people we serve.

We created this report to highlight the disproportionate effects of COVID-19 on people with disabilities. Society largely neglected these individuals' needs prior to COVID-19; that state of play hasn't changed since its onslaught.

Easterseals is on the ground in communities nationwide, committed to responding to the ever-increasing demands for services during the pandemic. Our network of Affiliates has been delivering critical services and supports needed by people with disabilities, seniors, veterans, and their families. But much more is needed. It is our responsibility as a society to ensure these individuals will not be passed over any longer, as we recover from the pandemic, and beyond. To that end, we present our findings and our recommendations.

Our environment is evolving at a rapid pace. We are in a new era and we can choose how we will exist in it – boldly or timidly – in hope or in fear – connected or isolated. It's up to us. I hope that you choose to live a life worth living and embrace this and every challenge as an opportunity!

Our mission

At Easterseals, we knew we needed to develop a granular understanding of the impact of COVID-19 on people with disabilities so that as we emerge from the pandemic, we can effectively focus our work to improve the systems that support these individuals. To that end, we commissioned the research that informed this report. The findings herein reflect both quantitative and qualitative studies conducted between January and March of 2021. To understand the perspectives of children, young adults, adults, seniors, people of color, caregivers, and veterans, the work included a broad survey of **557 individuals** representing all these populations, and a remote diary project that engaged **22 Easterseals program participants**.

We researched their experiences across five key areas (and the holistic services that connect those areas) including education, economic stability, healthcare, neighborhood and built environment, and social and community. We also looked at the impacts of COVID-19 on people of color with disabilities. This report details not only what we've learned, but also how we intend to move forward.

How can we ensure equity for people with disabilities?

Easterseals is already addressing these challenges, but there's more work to be done, and we can't do it alone. Addressing these inequalities will require an ecosystem of funders and donors, policy makers, nonprofits, government entities, partners, and businesses.

Our findings showed that COVID-19 highlighted - and exacerbated - inequities affecting people with disabilities.

EDUCATION

Children with disabilities are missing developmental milestones during the pandemic.

93% *vs* **54%**

Children with disabilities have been more likely to miss milestones during COVID-19 than their non-disabled peers.

ECONOMIC STABILITY

The pandemic's longevity has increased financial insecurity for people with disabilities; this as the job market is evolving, requiring new skills and tech savviness.

18% *vs* **62%**
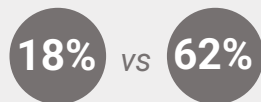
People with disabilities are less likely to be employed than their non-disabled peers (labor force rates-of-employment).

HEALTHCARE

People with disabilities are misunderstood by healthcare workers, causing reduced quality of care. Opportunities to receive care during the pandemic have also been limited.

46%

People who used Easterseals services have been unable to access services during COVID-19.

NEIGHBORHOOD + BUILT ENVIRONMENT

People with disabilities are less comfortable than others using certain technologies and are acutely impacted by the digital divide, with less access to the Internet and devices overall.

53% *vs* **24%**
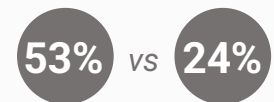
During the pandemic, people with disabilities have felt less comfortable using technology for critical tasks than their non-disabled peers.

Our findings showed that COVID-19 highlighted - and exacerbated - inequities affecting people with disabilities.

SOCIAL + COMMUNITY

Isolation has been the main cause of stress during COVID-19 and has limited individuals from engaging in stress relieving activities, such as meeting up with friends.

87% *VS* **76%**

People with disabilities feel more isolated than their non-disabled peers.

PEOPLE OF COLOR WITH DISABILITIES

Hardships are compounded for people with disabilities who are also people of color.

Black Americans have felt a collective loss of safety, belonging, and wellbeing during the pandemic.

HOLISTIC CARE

Individual needs are interconnected but are treated in isolation in traditional service streams.

The pandemic has witnessed a sudden degradation of many social determinants of health, leading to a swift rise in multifaceted community needs. The need for holistic care has become acute.

"Life gave me a bunch of lemons and I can't find my water or sugar to make the lemonade."

Parent of child who uses Easterseals services, Georgia

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> **We're balancing on a precipice – seeing the path that brought us to this point, yet delicately making our way to a new era that ensures people with disabilities are treated equitably and not left behind.**

Angela F. Williams,
Easterseals President & CEO

Before COVID-19, people with disabilities were already at a disadvantage.

Historically, people with disabilities have been under-reported and overlooked. They have faced discrimination in **employment,** with many employers not understanding their talent and potential; in **healthcare,** at the hands of doctors who lack training on their unique needs; and in **society,** with heavy stigmas being placed on their worth.

Thus, the hardships this group has faced during COVID-19 are not new; they're just worse.
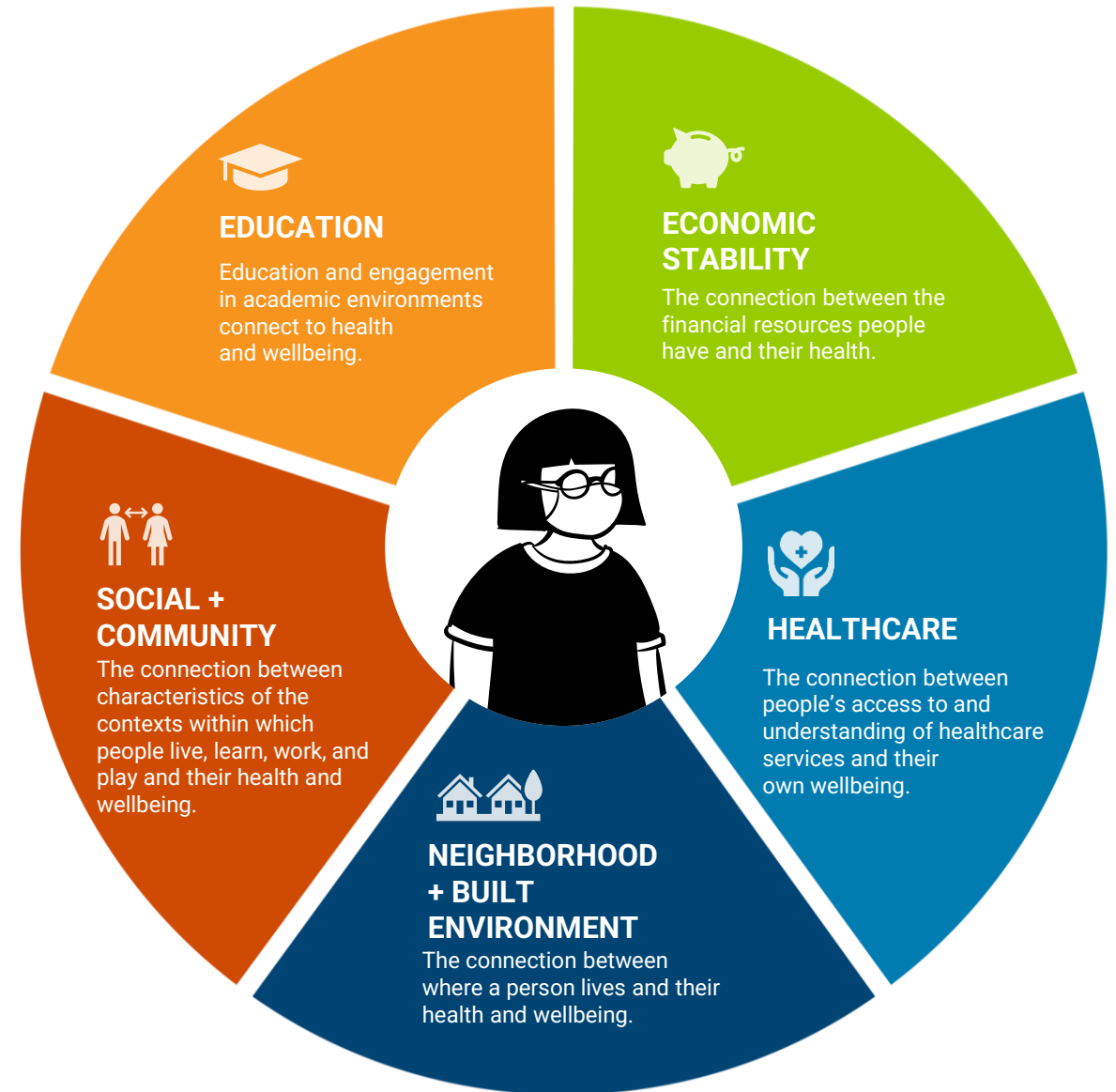
COVID-19 highlighted these inequities and exacerbated them.

When we look at the impact COVID-19 has had on people with disabilities, we see the hardship they face in the following critical areas of their lives:

- **Education:** 93% of respondents who are students with significant disabilities and 89% of all students with disabilities reported difficulty meeting milestones during COVID-19.

- **Economic Stability:** 27% of respondents with disabilities reported a decline in financial health during COVID-19.

- **Healthcare:** 25% of respondents with disabilities reported decreased physical health during COVID-19.

- **Neighborhood + Built Environment:** 17% of respondents with disabilities reported having poor quality or no access to the Internet.

- **Social + Community:** 79% of respondents with disabilities reported feeling isolated during COVID-19 with 31% feeling very isolated.

EDUCATION
Education and engagement in academic environments connect to health and wellbeing.

ECONOMIC STABILITY
The connection between the financial resources people have and their health.

SOCIAL + COMMUNITY
The connection between characteristics of the contexts within which people live, learn, work, and play and their health and wellbeing.

HEALTHCARE
The connection between people's access to and understanding of healthcare services and their own wellbeing.

NEIGHBORHOOD + BUILT ENVIRONMENT
The connection between where a person lives and their health and wellbeing.

Hardships have been compounded for people of color with disabilities.

The statistics on this slide refer to people of color (and not specifically to those with disabilities) in order to highlight the impact of layered inequities. Due to under-reporting on people with disabilities, few studies have formally investigated the compounded impacts for people of color with disabilities.

Economic Stability

People of color with disabilities have experienced more financial losses.

People of color have experienced higher rates of unemployment during COVID-19[1, 2, 3]. This contributed to reduced financial health for this group, with 34% of Easterseals respondents of color reporting decreased financial health during COVID-19 compared to 25% of white respondents.

Healthcare

Lack of trust and access to healthcare have led to more severe negative impacts on health.

People of color have experienced limited access to and quality of healthcare prior to COVID-19, resulting in higher rates of pre-existing conditions.[4] Additionally, there is a feeling of distrust between people of color and the healthcare system due to systemic racism. Combined, this has led to more severe health impacts on communities of color with Black Americans three times more likely to die of COVID-19.[5]

Neighborhood + Built Environment

People of color with disabilities have less access to technology.

The digital divide disproportionately affects people of color, with Black and Hispanic Americans having a lower device ownership rate (58% and 57% vs 82%), Internet access (66% and 61% vs 79%), and general Internet usage (86% and 81% vs 92%) compared to their white peers.[6, 7]

With digital participation compulsory as a result of COVID-19 closures, people of color with disabilities were at a greater disadvantage since the pandemic began.

Education

The achievement gap has widened as a result of the digital divide's effect on virtual schooling.

The digital divide directly increases the likelihood of educational losses. With in-person instruction one of the first things to close when the pandemic hit, children of color who are more likely to be without reliable access to devices and the Internet were immediately more at risk of falling behind.

Social + Community

Loss of safety has led to declines in mental health for people of color.

In recent months, as the social justice movement intensified and violent events increased, Black populations have felt a collective loss of safety, belonging, and wellbeing. This is especially true for children of color who have developed anxiety, depression, and fear in response to highly visible violent events and subsequent charged exchanges.[8]

Moreover, people with disabilities have been explicitly deprioritized during COVID-19.

Nineteen states don't report on COVID-19 cases and deaths in long-term support settings that primarily serve non-elderly people with disabilities. [9]

A lack of disability reporting in healthcare has led to a lack of COVID-19 relief funding.

When supplies of life-saving equipment such as ventilators have been limited, people with disabilities in need have been passed over in favor of individuals without so-called "compromised health". [10]

Clinicians and policymakers unfamiliar with disabilities frequently associate disability with health status.

Only six states explicitly mention people with disabilities (other than people with "high risk medical conditions") in their vaccination plans. [9]

Most states did not prioritize people with disabilities, despite many being at high-risk for contracting COVID-19.

"

The impact of COVID-19 on people living with disabilities has been disproportionate. In addition to a greater risk of death, unequal access to healthcare, social isolation, and more limited access to technology, people with disabilities have seen an impact on their ability to achieve economic security and independence. The challenges highlighted by COVID-19 re-enforce the need to develop a holistic framework to remove disability barriers and to create greater equality.

"

Nancy Goguen,
Easterseals National Board Chair

Education

"

When we first went online, I struggled a little bit because I had gotten used to the rigid structure of the way school was… I'm having some difficulty adjusting to it.

"

Young Adult who uses Easterseals services, Texas

Haiwen's story

This is a composite story, informed by qualitative and quantitative research.

Haiwen is a first grader living with her mom, dad, and big sister. Her struggles in social situations have led her family to believe that she is on the autism spectrum; however, she has not been diagnosed.

When COVID-19 forced Haiwen to begin learning remotely, she struggled. Her dad works from home now and wants to help her adjust but has had difficulty figuring out how best to offer support.

Because the teacher doesn't get to interact much with Haiwen during virtual learning, he doesn't see signs that she may be on the autism spectrum, so Haiwen doesn't get screened.

Without interacting socially with her classmates, Haiwen is missing key developmental milestones, such as understanding how to codeswitch or read emotions of others.

Haiwen is missing out on crucial support because she hasn't been diagnosed, causing her to miss important milestones. It's unknown just how much this will impact Haiwen's future.

Across the board, the transition to virtual learning has hindered some children's educational journeys.

Disruptions in school and home life due to COVID-19 have caused children to fall behind in their educational journeys. More specifically, this has happened because:

Virtual learning is less engaging

Studies show that students enrolled in online education struggle compared to their in-person peers. One study, conducted prior to COVID-19, showed online students were up to a year behind their peers in math.[16] The rapid switch from traditional to virtual learning has increased the probability of academic losses during COVID-19.

The pandemic has exacerbated the effects of the digital divide

The digital divide directly increases the likelihood of educational losses with 30% of students lacking adequate digital access for distance learning.[11] With schools being one of the first to transition virtually when the pandemic hit, children without reliable access to devices and the Internet have fallen behind.

Percent of children who are engaged in virtual learning during COVID-19

56% Children with significant disabilities

64% Children with disabilities

81% Children without disabilities
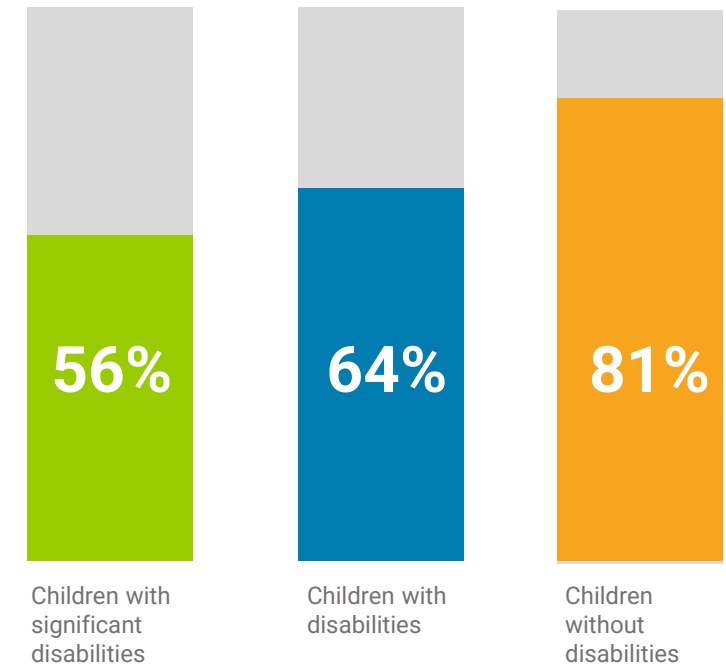
Source: Easterseals Community survey by Accenture

9M students lack both Internet and device access for virtual learning.[11]

15

"

We are hearing that there are many children who have a disability that are not getting diagnosed during the pandemic. This is because their teachers would normally catch that, but they aren't able to observe their progress as well in a virtual setting.

"

Easterseals Affiliate
Leader, Georgia

Teachers are not able to identify children who need support on multiple fronts, including for disabilities.

Teachers see students more often than most of the other people in their lives. Losing face-to-face connection during the pandemic has disrupted key reporting systems, whereby teachers can spot potential challenges or a need to shift approaches to provide the best care for children to ensure their safety and wellbeing.

Specifically, this lack of in-person observation has caused a decrease in early identification and intervention for children with disabilities. Teachers are finding it difficult to determine if the cause of low performance is because of the pandemic or because the child might have a disability. Due to the under-reporting of people with disabilities, we were unable to find data around the reporting of identified children with disabilities before or during the pandemic, making it impossible to quantify its impacts.
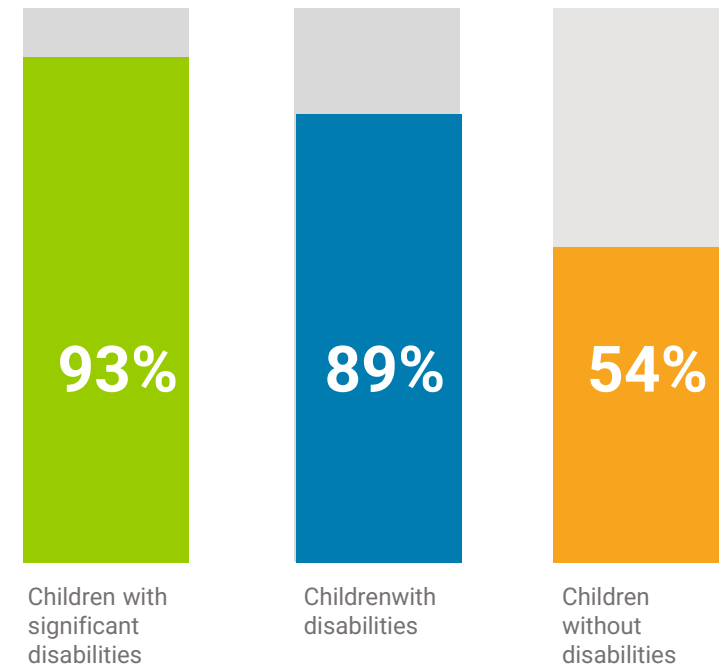
Children with disabilities are missing developmental milestones during the pandemic.

Beyond the impacts of virtual learning and the lack of much-needed attentiveness to their wellbeing, children with disabilities have lost several main educational supports during the pandemic, causing them to miss developmental milestones.

Many children with disabilities lost access to the supports that enabled their academic success, such as Individual Education Plans that could only be fully deployed in person. Fourteen percent of children served by Easterseals lost access to school-related services during COVID-19. They also lost in-person access to their developmental therapies, leading many to lose ground in critical areas. These circumstances have especially impacted children from birth to three years who have lived much or most of their lives in the pandemic without the full breadth of early intervention services.

It is unclear what the lasting impact will be for children who have missed critical developmental milestones during the pandemic.

Percentage of children not achieving milestones during COVID-19

93%	**89%**	**54%**
Children with significant disabilities	Childrenwith disabilities	Children without disabilities

Source: Easterseals Community survey by Accenture

Economic Stability

"

I often go into deep depression because I constantly think of how I am not contributing financially at all to our current bills and expenses. I also panic sometimes when I think I may never be successful on my own.

"

Adult job seeker, Maryland

Luca's story

This is a composite story, informed by qualitative and quantitative research.

Luca is a high school graduate with Obsessive Compulsive Disorder. He lives with his mom. He worked hard during school and is ready to begin his adult life but isn't quite sure he has the right skills for the job opportunities he has identified.

Moreover, during the pandemic, Luca feels as if he has had to put his life on hold. It has been scary to watch the news. Is it even safe for him to be working right now? He has also seen the unemployment rate jump. If people who already had jobs have been losing them, how can he expect to be hired?

And how can he find an employer who will understand his needs and be willing to accommodate them anyway? He's a great worker, but without support, he fears he won't be able to show his value.

Luca doesn't feel as optimistic about his future employment plans as he did when he first graduated. He is afraid that with these setbacks, he may never be financially stable or independent.

The pandemic's longevity has increased financial insecurity for people with disabilities.

Before the pandemic, people with disabilities were financially less stable than the general population. Many factors contributed to this situation, including:

- **Lack of employment:** People with disabilities in the workforce were more likely to be unemployed than the general population (**7.3% vs 3.5%** in 2019).[13]

- **Lack of workforce participation:** The percentage of people with disabilities employed was significantly lower, with **only 17.9%** of the population of working-age people with disabilities working versus 61.8% of the general population.[13] Workers with disabilities were also more likely to be employed part-time than people in the overall population.

- **Lack of adequate wages: 320,000** people with disabilities earned a subminimum wage based on their productivity, which is allowed by provisions in the Fair Labor Standards Act.[14]

During the pandemic, people with disabilities have been more likely to lose their jobs than their non-disabled peers. People with disabilities have also been more likely to contract COVID-19 and suffer negative health impacts, incurring more significant healthcare expenses. Combined, these impacts have caused more financial disparity among people with disabilities than in the general population.

Unemployment Rates[13]	
General Population	People with Disabilities
3.5% (2019)	**7.3%**
7.9% (2020)	**12.6%**
↑ **4.4%** (Change)	↑ **5.3%**

Rates-of-Employment[13]		
General Population	People with Disabilities	Difference
66.3% (2019)	**19.3%**	**47%**
61.8% (2020)	**17.9%**	**43.9%**

"

I don't have a job. I constantly worry about how bills are going to get paid. I worry about how my family would eat and how much longer are we going to be able to live where we stay.

"

Parent of a child who receives
Easterseals services, Georgia

As the job market evolves and requires new skills, existing inequities are at risk of expanding.

The dual impact of the pandemic and technology adoption is causing workforce disruption, changing the nature of jobs, and changing where and how work gets done.

For example: service sector jobs that call for many repeatable tasks, and jobs that require manual labor, are most likely to be significantly affected by increased automation. People with disabilities are more likely to be employed in these areas than in others - 18% compared to 15% of their non-disabled peers.[16]

The changing employment market will also result in the need for new skills; employers report that critical thinking, problem solving, and technology skills are necessary for the jobs of the future.

Experts predict that to remain employable, workers will need to update 40% of their core skills within the next five years.[15]

Training and upskilling must be inclusive and accessible for people with disabilities, or existing inequities in the employment market will further increase.

"

I think that a more developed training program involving technology would provide better support in today's job market.

"

Adult who uses Easterseals
services, Delaware

Healthcare

"

I have gained weight and lost muscle. I am not physically active and just don't have much time to exercise. I also stress eat and can't afford to eat super healthy for every meal. I make what's fast and cheap.

"

Adult job seeker who uses Easterseals services, Georgia

Zaara's story

This is a composite story, informed by qualitative and quantitative research.

Zaara is 32 and has Crohn's disease, which she's been able to manage reasonably well during the last several years. Recently, however, she's been experiencing extreme fatigue, migraines, and nausea, and has been visiting the emergency room every week.

Her intuition says these new symptoms are unrelated to her Crohn's, but every doctor she has seen says these are not uncommon symptoms of Crohn's disease. They all suggest treatment that never relieves her pain.

Feeling frustrated, Zaara does some research on her own to see if she might have a secondary condition. She stumbles upon Addison's disease, which describes her condition perfectly. After a telehealth visit with a new doctor, Zaara has some medical tests run, and her doctor confirms that this is what she has. Zaara is slightly relieved now that her symptoms have a name.

However, even though Zaara has identified her secondary condition, and the doctor has recommended an appropriate treatment, she knows that this might be a long journey in which she will need to continue to advocate for herself.

People with disabilities are misunderstood by healthcare workers, causing reduced quality of care.

One of the biggest challenges for people with disabilities is accessing quality healthcare. Many medical professionals do not fully understand their needs because they lack specific education and awareness about people with disabilities. And specialized care is often too costly.

- **Lack of understanding** leads to uninformed assumptions about the needs of people with disabilities and an inability to provide adequate care.

- **Lack of affordable care** makes appropriate treatment less accessible for people with disabilities who live in low-income households and for those facing limited employment opportunities. Financial instability is often linked to being uninsured.

- **Lack of, or poor, communication**, such as when braille or assistive technologies are not available, minimizes one's ability to advocate independently for their care and health.

80% of U.S. medical students receive no clinical training for treating people with intellectual and developmental disabilties.[17]

56% of U.S. medical students report they are not competent to treat people with disabilities.[17]

3x People with disabilities are three times more likely to be denied healthcare.[17]

4x People with disabilities are four times more likely to be treated poorly while receiving care.[17]

COVID-19 shut-downs limited many in-person services, causing access and quality gaps despite efforts to provide continuous, high quality service delivery.

42%
of respondents did not utilize virtual services during the pandemic.

46%
of respondents were no longer able to access services during COVID-19.

69%
of respondents who used virtual services during the pandemic want a return to in-person services.

When the pandemic hit, organizations had to transition their in-person services to virtual environments in real-time. Facing insurmountable temporary barriers due to COVID-19, nonprofits like Easterseals pivoted to deliver support whenever possible.

Not all services could be transitioned to virtual delivery models, such as camp for children with disabilities. As a result, long-term interruptions in some services occurred during the pandemic. Additionally, many individuals did not (or could not) engage in services online – some due to access issues, and some feeling online delivery would not serve their needs.

Of the services that did transition, not all were able to sustain their former quality levels. In the case of children's therapy, for example, it's much harder to engage children through virtual interactions, which limits the support that can be provided.

"

I feel like it is not safe for me to access all the healthcare services and support I would prefer for my family.

"

Parent of child who uses
Easterseals services, Ohio

A severe lack of direct service providers, compounded by COVID-19, has decreased the likelihood that people with disabilities will get adequate care.

The shortage of direct service providers, including in-home care providers, therapists, and social workers, prior to COVID-19 has become acute. Many direct service providers stopped working due to fear of contracting COVID-19 and/or spreading the virus. Many have also seen an increase in their caregiving responsibilities at home and have been unable to travel between locations for health safety reasons.

As a result of this shortage, the individuals who continued to work during the pandemic needed to take on additional responsibilities. In some cases, this has meant that direct service providers are needed 24/7, whereas before the pandemic, responsibilities were shared between program staff and direct service providers.

70% of administrators and staff delivering long-term services and supports report a lack of qualified job applicants.[18]

85% of agencies report not being able to staff all personal care shifts.[18]

18% of long-term care facilities have had to decline new resident admissions.[18]

1.1 M additional direct service providers will be needed by 2024 -- a 26% increase from 2014.[18]

Neighborhood + Built Environment

"

I didn't realize how many of our clients did not have access to technology at the beginning of the pandemic.

"

Easterseals Affiliate Leader, Texas

Gerald's story

This is a composite story, informed by qualitative and quantitative research.

Gerald is a 65-year-old who uses a cochlear implant to hear. He loves how independent his life is and wants to keep working to remain active for as long as possible.

Gerald knows he's at a higher risk of getting COVID-19 because of his age but still goes out to run errands. His children tried to get him to use his computer to buy groceries and handle his banking online, but Gerald gets frustrated using technology and tries to avoid it, beyond what he needs to do now that his work is remote.

Up until now, Gerald has been just fine without using technology but with the transition to working from home during the pandemic, he can't accomplish many daily tasks without it. Gerald knows that learning more would help him at home and with his work, but he doesn't know where to start.
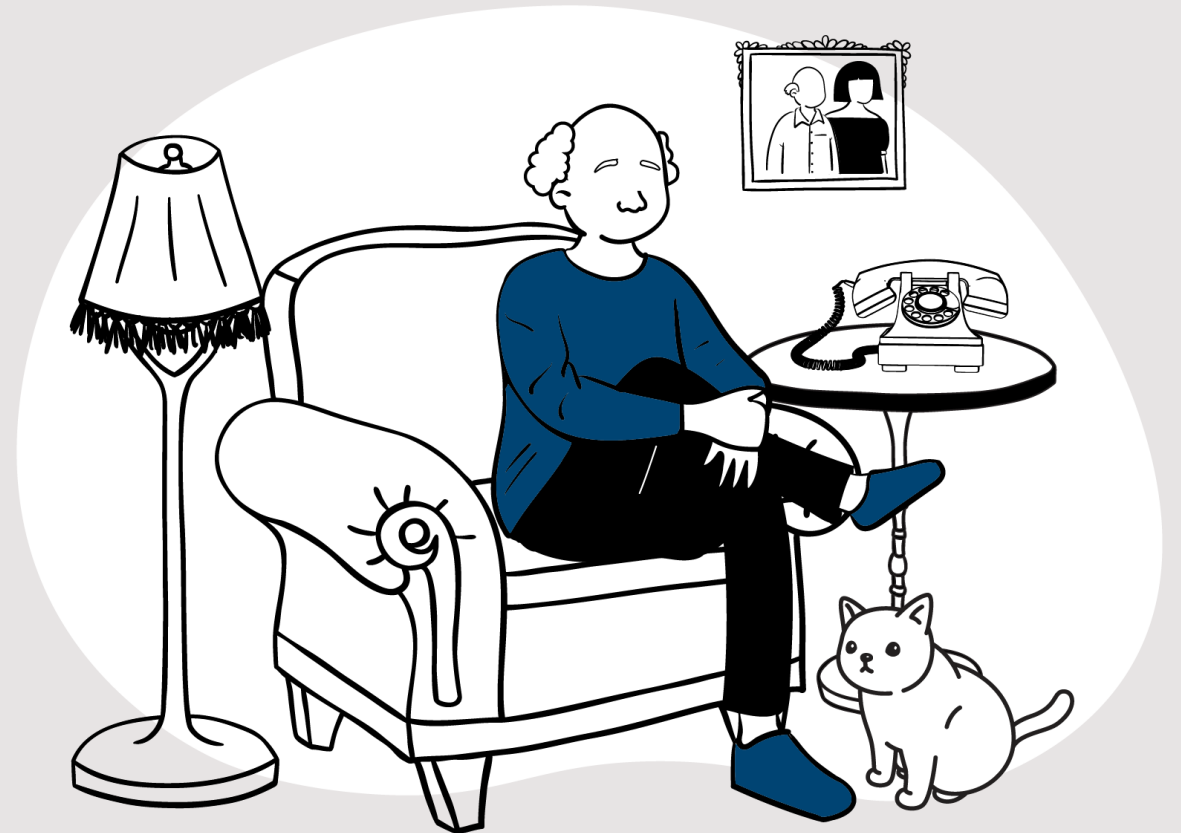
People with disabilities are less comfortable with technology in critical areas than their non-disabled peers.

The need to stay home during COVID-19 amplified the role of technology in our lives. In a matter of days, technology became the primary way for individuals to work, to connect to family and friends, to see the doctor, and to access vital services.

Our research showed that many people with disabilities feel uncomfortable using technology. Adults and seniors were less comfortable buying groceries online, meaning that they were more likely to purchase groceries in-person, putting them at risk for exposure to the virus.

Across all age groups, respondents self-reported feeling uncomfortable accessing insurance and benefits information. Prior to COVID-19, these tasks were primarily completed in-person, which meant many didn't need to learn how to use technology for these tasks. Now, comfort with technology is critical for people with disabilities, but they are not technologically prepared.

Level of comfort using technology for critical tasks

	Finding answers on the internet	Video chatting with friends or family	Paying bills	Ordering a meal	Accessing healthcare	Accessing insurance and benefits information	Purchasing groceries
People with significant disability	29%	33%	23%	21%	18%	13%	18%
People with disabilities	43%	34%	30%	29%	24%	20%	19%
People without disabilities	67%	58%	59%	50%	45%	47%	40%

- People with significant disability
- People with disabilities
- People without disabilities

Source: Easterseals Community survey by Accenture

"

With the computer, I never learned it. I need someone to teach me how to do it.

"

Adult who uses Easterseals services,
New Hampshire

People with disabilities are acutely impacted by the digital divide, with less access to the Internet and devices overall.

People with disabilities are more impacted by the digital divide than individuals without disabilities, having less access to Internet and devices than others.

This situation is compounded in rural settings. Rural households are 11% less likely to own a computer, 10% less likely to be Internet users, and 16% less likely to have home broadband access than their suburban peers.

Disparity in access to the Internet is also influenced by income. Thirty-five percent of low-income households with school-aged children do not have high speed Internet, compared to 6% of middle- and high-income households.[9]

Without access to reliable and accessible technology, people with disabilities cannot fully participate in the increasingly digital world.

Technology access by ability		
People with Disabilities[19]	General Population[19]	Difference
67%	**84%**	**17%**
54%	**81%**	**27%**
41%	**69%**	**28%**

Row labels (left of table):
- Own a desktop or laptop computer
- Internet users
- Home access to broadband

Social + Community

"

Depression is starting to take a toll on me because I want to get out of the house, and I feel this pandemic will never end and this will be our new normal.

"

Parent of child who uses Easterseals services, Georgia

Lewis's Story

This is a composite story, informed by qualitative and quantitative research.

Lewis is 44 and the primary caregiver for both of his parents who have limited mobility. Being a caregiver had its challenges before COVID-19, but the pandemic has increased the stress associated with his routine.

Lewis feels uncomfortable now going to pick up groceries for the house. He is aware that his actions could endanger his parents, even if he is also providing food and other products they need.

He loves his parents, but the pandemic has also forced him to be a caregiver all the time. He never gets a moment for himself because respite care is no longer available. His friends get together at the park with social distancing, but, even with the safety measures in place, Lewis is too concerned about his parents' safety and his ability to care for them to participate. Even hiking on the trails near his house feels risky.

Lewis is sure everything will be fine when the pandemic recedes and the "new normal" begins, so he doesn't do anything for his mental health. Everyone's stressed right now, so he's fine, right?
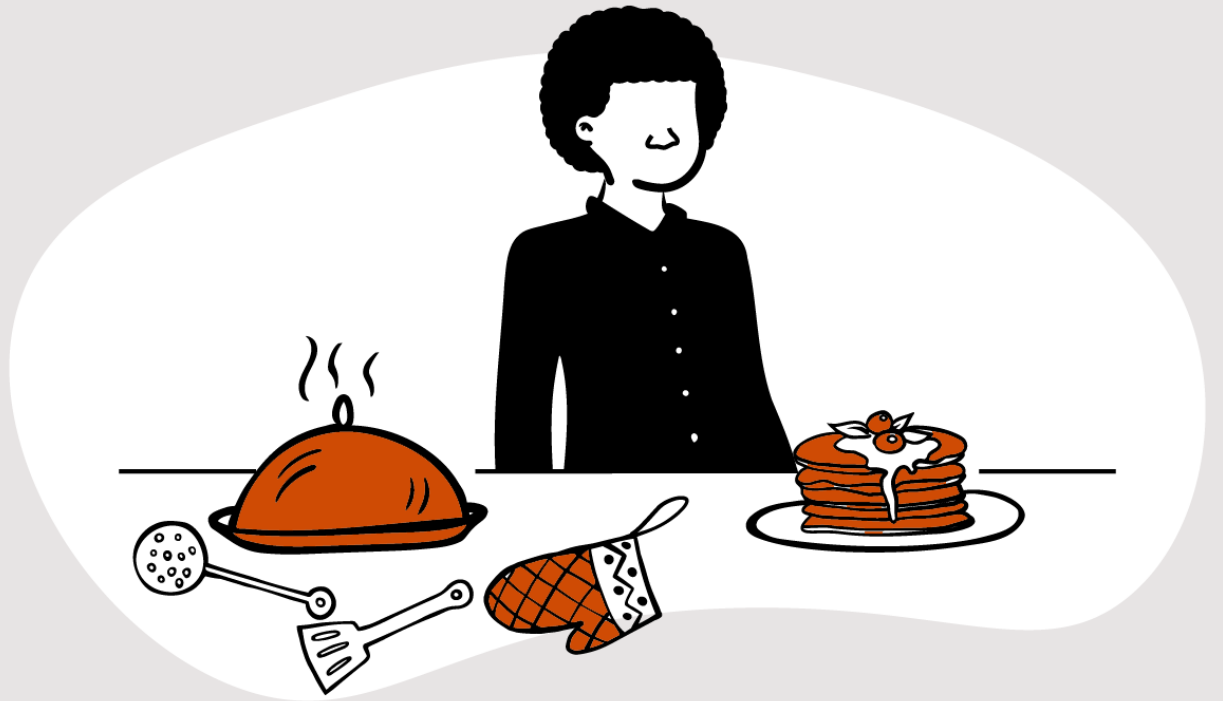
Social isolation is the most prevalent COVID-19 impact, especially for people with disabilities.

Social isolation by ability

88%

People with significant disabilities

81%

People with disabilities

76%

People without disabilities

Social isolation has become normalized as stay at home orders and social distancing for safety remain some of the best ways to mitigate the impacts and spread of COVID-19.

This isolation is more prevalent for people with disabilities caused by a fear of exposure. People with disabilities are at higher risk for COVID-19 and as such are more likely to socially isolate for their own safety than people without disabilities.

Isolation prevented many individuals from engaging in coping mechanisms such as meeting up with friends or attending church, leaving some without effective ways to manage stress.

Source: Easterseals Community survey by Accenture

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Mental health challenges are on the rise due to social isolation.

According to our research, isolation is the most reported cause of stress during COVID-19, affecting 50% of respondents, a higher percentage of respondents with disabilities. Isolation outranks other stress-inducing pandemic effects, such as limited access to services, financial struggles, and personal health.

And in any case, while stress has increased for everyone, the Easterseals Community Survey found that the impacts of stress are greater for people with disabilities. As a result, mental health challenges for people with disabilities have also increased. Before COVID-19, 11% of American adults reported symptoms of anxiety or depression disorder. At the time of the survey, well into the pandemic, that figure had reached 41%.[20]

Mental health was an ever-growing concern prior to the pandemic but has been exacerbated by the social isolation and accompanying stress of the COVID-19 pandemic.

Causes of stress during covid-19

Education	13%
Housing	14%
Ability to meet basic needs	14%
Employment status	17%
Physical health	24%
Finances	27%
Access to services	31%
Isolation	50%

High stress by Ability

38%
People with significant disabilites

31%
People with disabilities

25%
People without disabilities

Source: Easterseals Community survey by Accenture

"
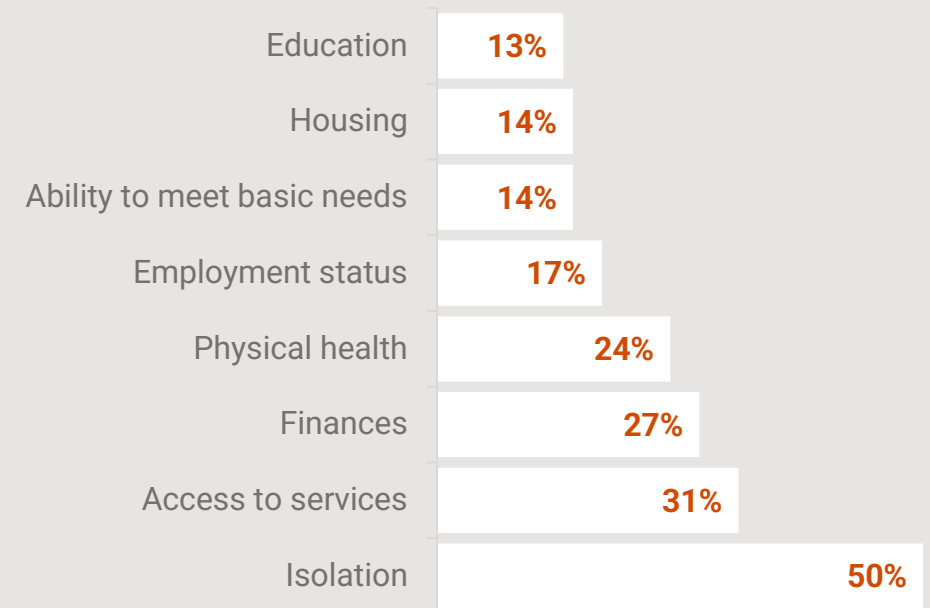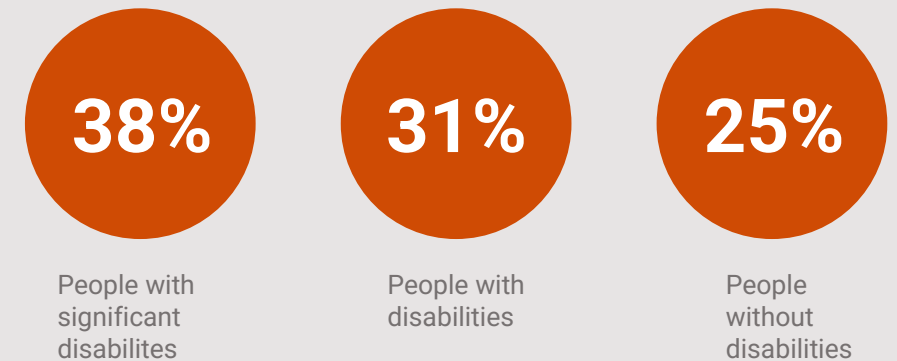
Because I have a high-risk son, we are on the more extreme end of taking precautions and I feel excluded, isolated, and disconnected.

"

Parent of child who uses Easterseals
services, Ohio

Holistic Care

"

Every week brought something new and just 100 problems to solve every single day.

"

Parent of a child who receives Easterseals services, Texas

Catori's story

This is a composite story, informed by qualitative and quantitative research.

Catori is 54, lives with her dog Nacho, and has been unemployed for one year. On her way to a job interview, she accidentally runs a red light and gets pulled over. The police officer gives her a hefty ticket, and she ends up being late to her interview.

Unfortunately, Catori doesn't get the job and is left with a ticket that she can't pay, piling on top of the debt that is accumulating on her credit cards.

Her stress levels are high, causing her PTSD symptoms to worsen. She knows she should visit her therapist but can't because she doesn't have health insurance since she's unemployed.

Catori knows she needs help, but she has so many problems, she doesn't know which to try to tackle first; they just keep spiraling. As a veteran, Catori is aware she has access to support services but doesn't know how to access them or how to even begin the process.

Individual needs are interconnected, but in traditional service streams they are treated separately.

Needs are often interconnected; for example, lack of employment can easily lead to lack of healthcare.

But in too many scenarios, the onus is on the individual to identify what they need and locate essential resources. This can result in receiving misaligned services that do not recognize or address underlying conditions or no services at all.

Compounding the issue, those supporting people with disabilities are often specialized in a single area—unequipped to identify underlying causes, much less help the person in need secure access to other supports. If workers are not trained on the interconnectivity of needs, and empowered with ways to help, the task of mitigating issues and addressing core needs becomes almost impossible.

The pandemic has caused a sudden degradation of many social determinants of health, leading to a swift rise in multifaceted needs. There is an acute need for holistic case management.
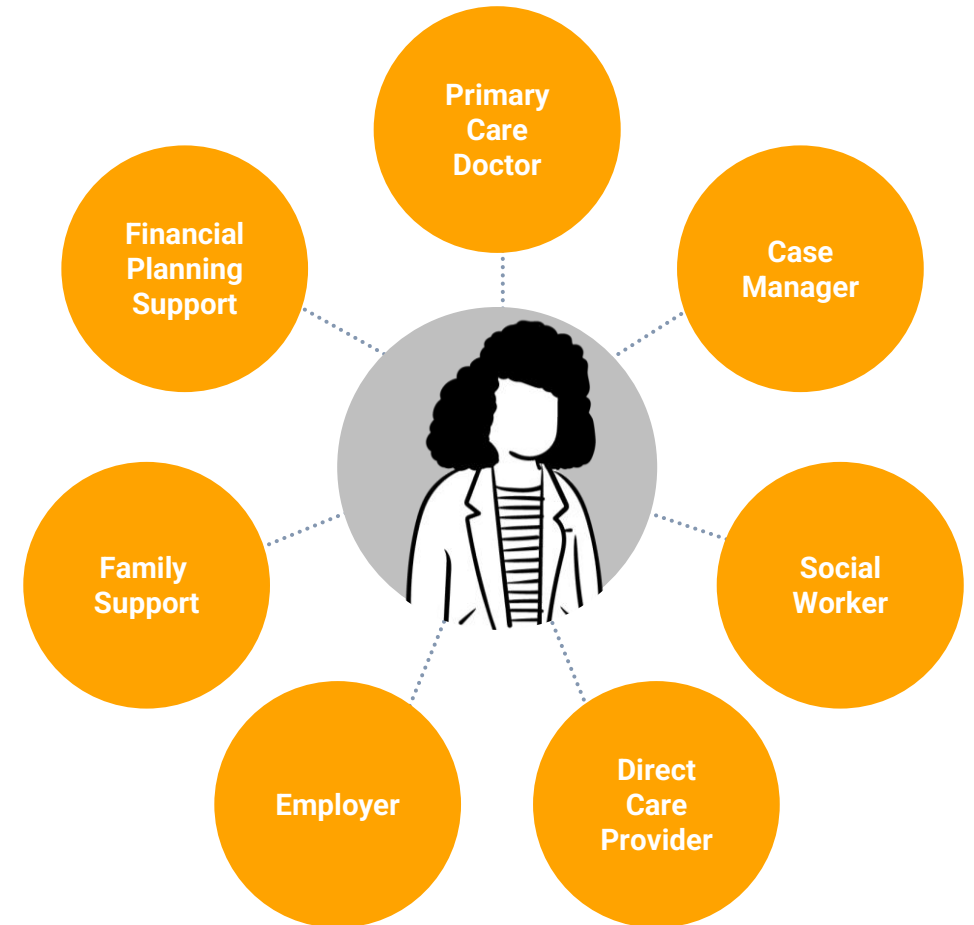
"

Life gave me a bunch of lemons and I can't find my water or sugar to make the lemonade.

"

Parent of child who uses
Easterseals services, Georgia

Key focus areas to address.

Easterseals has identified the following as critical inputs to framing and addressing challenges.

PEOPLE OF COLOR WITH DISABILITIES

Hardships are compounded for people with disabilities who are also people of color.

EDUCATION

Children with disabilities are missing developmental milestones during the pandemic.

ECONOMIC STABILITY

The pandemic's longevity has increased financial insecurity for people with disabilities. At the same time, the job market is evolving, requiring new skills and tech savviness.

HEALTHCARE

People with disabilities are misunderstood by healthcare workers, causing reduced quality of care.

NEIGHBORHOOD + BUILT ENVIRONMENT

People with disabilities are less comfortable than others using certain technologies and are acutely impacted by the digital divide, with less access to the Internet and devices overall.

SOCIAL + COMMUNITY

Isolation has been the main cause of stress during the pandemic and has limited individuals from engaging in coping mechanisms, such as meeting up with friends.

HOLISTIC CARE

Individual needs are interconnected, yet they are treated in isolation in traditional service lines.

Easterseals is addressing these challenges, but we need help to achieve and ensure sustainable success.

Easterseals has a 100-year legacy of providing services and supports to people with disabilities, their families, and their caregivers.

We have advocated for and delivered positive change in the communities we serve.

Easterseals delivers services and support for people with disabilities and the greater community.

We serve the needs of the whole person at different life stages and all abilities.

Easterseals has a national Network of 67 Affiliates in 48 states. Its staff of 35K across the nation includes experts in early intervention, workforce training, behavioral health, and senior services.

Our expertise allows us to create informed, long-lasting impact in the lives of the people we serve.

How can we ensure equity for people with disabilities?

COVID-19 has brought disproportionate inequities upon the communities served by Easterseals. Addressing these disparities effectively will require an ecosystem of funders and donors, policy makers, non-profits, government entities, partners, and businesses.

To drive immediate and lasting impact, we must respond to community needs across the Easterseals Network.

7 AREAS OF FOCUS

PEOPLE OF COLOR WITH DISABILITIES

How might we address the systemic inequities faced by people of color with disabilities and support recovery from the effects of COVID-19?

NEIGHBORHOOD + BUILT ENVIRONMENT

How might we strengthen technology access, literacy, and skills development for people with disabilities, given the increasing need for digital literacy across home and work life?

EDUCATION

How might we ensure that children with disabilities receive proper support in school to mitigate education gaps and provide a solid foundation of learning for lifelong success?

SOCIAL + COMMUNITY

How might we increase access to mental health services for people with disabilities in order to strengthen their resilience, community connections, and quality of life?

ECONOMIC STABILITY

How might we help job seekers with disabilities build skills to future-proof their careers, connect with employment opportunities, and adapt to the rapidly changing job market?

HOLISTIC CARE

How might we design human-centered experiences that seamlessly integrate support for social, mental, and physical wellbeing?

HEALTHCARE

How might we ensure that people with disabilities receive equitable access to quality care?

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People of color with disabilities

How might we address the systemic inequities faced by people of color with disabilities and support recovery from the effects of COVID-19?

ACTIONS TO TAKE

Policy

- Advocate for public policy that combats the effects of racism with a focus on the digital divide, financial stability, equitable opportunities in education, employment, and access to affordable health care.

- Prioritize people of color in COVID-19 relief plans with a focus on access to vaccine administration.

Education & awareness

- Educate employers about unconscious bias in hiring processes.

- Create employment training and placement in future-forward jobs.

- Collaborate with allies to identify actions that support people of color.

- Develop safe spaces for conversation and action related to issues of racial injustice.

- Work with mental health professionals to identify the unique mental health needs of people of color.

Community impact

- Create specialized approaches to improve employment opportunities and the financial health of people of color with disabilities.

- Provide people of color all the necessary support systems to help them mitigate health inequities and social determinant challenges.

- Provide more access to technology through increased access to broadband for people of color.

- Provide innovative financial strategies tailored to address post-COVID recovery and long-term economic planning.

- Engage communities of color with disabilities to inform solutions that solve systemic inequities.

Funding

- Provide assistance to meet basic needs (food insecurity, education assistance, etc.) and screen for additional benefit eligibility.

Education

How might we ensure that children with disabilities receive proper support in school, mitigate education gaps, and achieve lifelong success?

ACTIONS TO TAKE

Policy

- Support and inform public policy to implement routine screening and appropriate referrals for students found to have disabilities in all schools.

Education & awareness

- Create a public health campaign around early diagnosis of children with disabilities in preschool as well as in elementary and high school.

- Campaign to raise awareness of the use of technology in education for students with disabilities.

- Educate teachers to identify students with disabilities, including appropriate accommodation strategies that support inclusive education.

Community impact

- Create opportunities for students with disabilities to develop strong social and emotional skills inside and outside the classroom.

- Close the gaps in education for students with disabilities that were exacerbated by the COVID-19 pandemic.

Funding

- Fund assistive technology for children with disabilities to use both in school and at home.

- Provide scholarships for supplemental services for children with disabilities.

- Donate to the Black Child Fund.

Economic Stability

How might we help job seekers with disabilities build skills to future-proof their careers, connect with employment opportunities, and adapt to the evolving job market?

ACTIONS TO TAKE

Policy

- Promote public policy that provides support needed to phase out the use of subminimum wage and expand competitive integrated employment (CIE) opportunities.

Education & awareness

- Develop and offer more technical skills training for people with significant disabilities that aligns with post-COVID workplace priorities.

- Work with employers to strengthen their skills in identifying the unique contributions people with disabilities bring to the workplace.

Community impact

- Create more opportunities for exploration and self-direction in the workforce for people with disabilities.

- Provide support to people who are re-entering the workforce following the COVID-19 pandemic.

- Refine relevant training and placement programs for people with disabilities to reflect an understanding of and focus on the workforce challenges presented due to COVID-19.

- Develop reliable transportation services to help people with disabilities get to their place of work.

- Create opportunities and support for seniors to enter or return to the workforce.

Funding

- Provide funding for people with disabilities to access assistive technology at work that adapts to current workforce challenges.

Healthcare

How might we ensure that people with disabilities receive equitable access to quality care?

ACTIONS TO TAKE

Policy

- Strongly advocate to prioritize people with disabilities in the Affordable Care Act.

- Develop and support policies that include long-term services and supports in both commercial and government entitlement health programs.

Education & awareness

- Educate healthcare workers on the concept of ableism and the perspectives and needs of people with disabilities.

- Strengthen the system of direct care delivery by establishing certification requirements to ensure quality of care.

- Facilitate conversations between people with disabilities and direct service providers to reduce barriers to accessing long-term services and supports.

Community impact

- Educate people with disabilities on financing options for affordable healthcare exchanges, which is part of the Affordable Care Act.

- Develop reliable transportation services to help people with disabilities access healthcare services.

- Ensure patients with complex cases are monitored and case managed.

- Develop critical wrap-around supports and provide transparency on how to navigate the system.

- Improve the experience of telehealth and help communities get access to internet and devices.

Funding

- Fund community learning about the root cause of distrust in healthcare systems among people of color with disabilities.

Neighborhood + Built Environment

How might we strengthen technology access, literacy, and skills development for people with disabilities, given the increasing need for digital literacy across home and work life?

ACTIONS TO TAKE

Policy

- Advocate for policies for people with disabilities to have greater access to assistive and inclusive technology through the re-authorization of the Assistive Technology Act.

Education & awareness

- Provide technology training to direct service providers, family members, and individuals with disabilities and enhance access to quality services and supports for people with disabilities.

- Increase awareness around the use of healthcare apps for people with disabilities in both education and healthcare.

- Develop emerging technology to be accessible to people with disabilities.

Community impact

- Provide technology training for people with disabilities, with a focus on using technology for working, accessing healthcare, and performing basic tasks.

Research & measurement

- Assess and understand technology solutions that promote and enhance health equity.

- Collect data to inform standard practices for virtual and telehealth services.

Funding

- Fund distribution services to deliver technology to people with disabilities.

- Fund the development of new assistive technologies.

- Conduct donation drives for devices including laptops, tablets, and smartphones.

Social + Community

How might we increase access to mental health services for people with disabilities in order to strengthen their resilience, community connections, and quality of life?

ACTIONS TO TAKE

Policy

- Develop and promote policies that increase access to mental health/substance use disorder services in schools and in communities, focused on anxiety, depression, and isolation.

Education & awareness

- Ensure availability of mental health services and supports for direct service providers and family caregivers of people with disabilities in the community.

- Create a mental health/substance use disorder awareness campaign, focused on reducing stigma and accessing treatment in underserved communities.

- Educate direct service providers on how to identify and intervene with people with disabilities experiencing mental health challenges.

Community impact

- Establish mental health curriculum in schools.

- Establish before- and after-school programs for children and youth that are based on promoting positive mental health strategies.

- Create a safe space where community members can express stress, learn stress-management techniques, and engage in stress-management activities including accessing services.

Research & measurement

- Collect data to inform best practices for transitioning back to in-person and hybrid mental health services post-COVID.

- Conduct research to identify the most relevant supports for different populations including veterans, caregivers, parents, siblings, and children of color.

Funding

- Fund mental health services in underserved communities.

Holistic Care

How might we design human-centered experiences that seamlessly integrate support for social, mental, and physical health?

Policy

- Establish public policy initiatives that promote inter-agency service coordination and program development for people with disabilities.

Community impact

- Create wrap-around support services in order to provide seamless care.

- Support the implementation of a call center in each state integrating multi-agency services for people with disabilities.

Education & awareness

- Create trainings for direct service providers on the social determinants of health and the interconnection of needs of people with disabilities.

Funding

- Fund holistic and targeted services coordination platform development.

We learned that…

So we must…

	We learned that…	So we must…
PEOPLE OF COLOR WITH DISABILITIES	Hardships are compounded for people with disabilities who are also people of color.	Address the systemic inequities faced by people of color with disabilities and support the short-term and long-term recovery from the effects of COVID-19.
EDUCATION	Children with disabilities are missing developmental milestones during the pandemic.	Ensure that children with disabilities receive proper support in school, mitigate education gaps, and achieve lifelong success.
ECONOMIC STABILITY	The pandemic's longevity has increased financial insecurity for people with disabilities. At the same time, the job market is evolving, requiring new skills and tech savviness.	Help job seekers with disabilities build skills to future-proof their careers, connect to employment opportunities, and adapt to the rapidly changing job market.
HEALTHCARE	People with disabilities are misunderstood by healthcare workers, causing reduced quality of care.	Ensure that people with disabilities receive equitable access and quality of care.
NEIGHBORHOOD + BUILT ENVIRONMENT	People with disabilities are less comfortable than others using certain technologies and are acutely impacted by the digital divide, with lower access to Internet and devices overall.	Strengthen technology access and comfort levels for people with disabilities to ensure success in a world where digital literacy is increasingly required to thrive.
SOCIAL + COMMUNITY	Isolation has been the main cause of stress during the COVID-19 pandemic and has limited individuals from engaging in coping mechanisms, such as meeting up with friends.	Increase access to mental health services for people with disabilities in order to help strengthen their resilience and ability to connect with others and build relationships in their community.
HOLISTIC CARE	Individual needs are interconnected, yet they are treated in isolation in traditional services streams.	Design human-centric experiences that seamlessly integrate support for social, mental, and physical health.

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Research activities

The data outlined in this report were informed by a mixed methods approach to research, including the quantitative and qualitative methods below:

Easterseals Communities Survey

We launched a quantitative survey to understand how COVID-19 has impacted the communities that Easterseals serves. We collected **557 responses** across the nation, capturing the perspectives of:

Ages

- 10% 0-3 years old
- 8% 4-17 years old
- 10% 18-26 years old
- 45% 27-59 years old
- 27% 60+ years old

Ethnicity

- 64% Non-Hispanic white
- 13% Black
- 8% Hispanic
- 2% Asian
- 1% Native American Indian
- 5% Multiple ethnicity
- 6% Other

Easterseals Affiliates Survey

We launched a quantitative survey to understand how COVID-19 has impacted Easterseals staff. We collected **410 responses from 11 Affiliates.**

Easterseals Community Qualitative Study

We collected data from **22 people who receive Easterseals services** through a digital platform called DScout. The participants included:

- Parents
- Young adults
- Adult job seekers
- Seniors
- Veterans
- People of color

One-on-one Interviews with Affiliate Leaders

We interviewed **12 Affiliate leaders,** from different States, to gain a deeper understanding of the impact COVID-19 has had on Easterseals Affiliates from a qualitative perspective.

Focus group with National Office staff

We conducted a focus group with **6 National Office staff** to understand the impact they've witnessed across the organization.

Co-creation Workshops

We held two co-creation workshops **with 37 participants**, including Affiliate Leaders, to identify core needs of the populations Easterseals serves and generate ideas for addressing these core needs.

Secondary Research

We conducted secondary research to understand the breadth of the impacts COVID-19 has had and **who COVID-19 has impacted the most.**
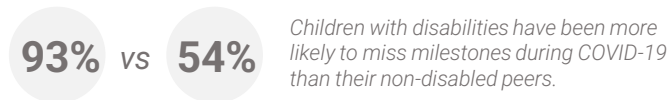
Market Assessment

We conducted a market assessment, looking into **three peer organizations** that serve similar populations as Easterseals, to understand how they've been impacted by COVID-19. The peer organizations included Goodwill, the Arc, and United Cerebral Palsy.

Summary-level findings

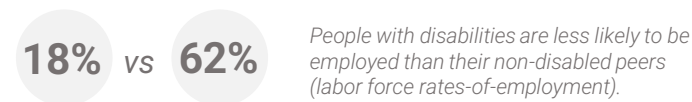COVID-19 highlighted the existing inequities for people with disabilities and exacerbated them.

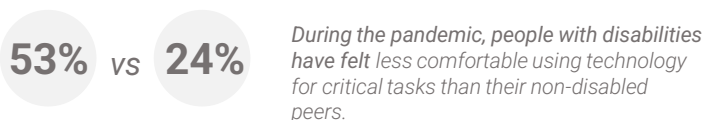**HEALTHCARE**

People with disabilities are misunderstood by healthcare workers, causing reduced quality of care. Opportunities to receive care during the pandemic have also been limited.
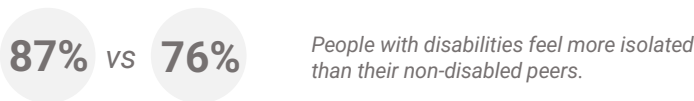
46% *Of Easterseals program participants have been unable to access services during COVID-19.*

PEOPLE OF COLOR WITH DISABILITIES

Hardships are compounded for people with disabilities who are also people of color.

Black Americans have felt a collective loss of safety, belonging, and wellbeing during the pandemic.

EDUCATION

Children with disabilities are missing developmental milestones during the pandemic.

93% *vs* **54%** *Children with disabilities have been more likely to miss milestones during COVID-19 than their non-disabled peers.*

NEIGHBORHOOD + BUILT ENVIRONMENT

People with disabilities are less comfortable than others using certain technologies and are acutely impacted by the digital divide, with less access to the Internet and devices overall.

53% *vs* **24%** *During the pandemic, people with disabilities have felt less comfortable using technology for critical tasks than their non-disabled peers.*

HOLISTIC CARE

Individual needs are interconnected but are treated in isolation in traditional service streams.

The pandemic has witnessed a sudden degradation of many social determinants of health, leading to a swift rise in multifaceted community needs. The need for seamless care has become acute.

ECONOMIC STABILITY

The pandemic's longevity has increased financial insecurity for people with disabilities; this as the job market is evolving, requiring new skills and tech savviness.

18% *vs* **62%** *People with disabilities are less likely to be employed than their non-disabled peers (labor force rates-of-employment).*

SOCIAL + COMMUNITY

Isolation has been the main cause of stress during COVID-19 and has limited individuals from engaging in stress relieving activities, such as meeting up with friends.
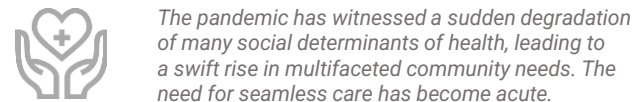
87% *vs* **76%** *People with disabilities feel more isolated than their non-disabled peers.*

"Life gave me a bunch of lemons and I can't find my water or sugar to make the lemonade."

Parent of child who uses Easterseals services, Georgia

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Acknowledgements

About Easterseals

Easterseals is a trusted national expert and advocate in delivering positive impact in the health and wellbeing of people with disabilities and others in the greater community throughout the lifespan, regardless of age or ability.

- Easterseals serves children and adults with disabilities, including veterans, seniors, families, caregivers, and others in the community.

- Easterseals provides people with disabilities and others in the community with outcomes-based services focused on empowering them to realize their full potential to live, learn, work, and play through a holistic approach focused on education, employment, and healthcare.

- With 67 Affiliates, located in 48 states, the Easterseals Network delivers impact to 350,000 participants through specialized services that address the specific needs of the individuals, families, and communities they serve.

Help assure that people who need Easterseals get the services and supports they need in their communities. Visit easterseals.com to learn more.