COVID-19's Impact on People with Disabilities

A report on how deeply the pandemic has affected the populations Easterseals serves 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

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easterseals
all abilities. limitless possibilities.

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THE CHALLENGE

To understand both the current and long-term impacts of COVID-19 on the Easterseals Network and its communities.

Research Input

We used a mixed methods approach to research, which included the following activities:

557

Easterseals communities survey respondents

410

Easterseals affiliates survey respondents

18

Stakeholders interviewed

22

Easterseals community qualitative study participants

2

Co-creation workshops

37

Co-creation workshop attendees

"

The fear was a big indicator of the unknown... I really felt just a weight on my shoulders had intensified."

"

Parent of child who uses
Easterseals services, Georgia

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

Historically, these individuals 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.
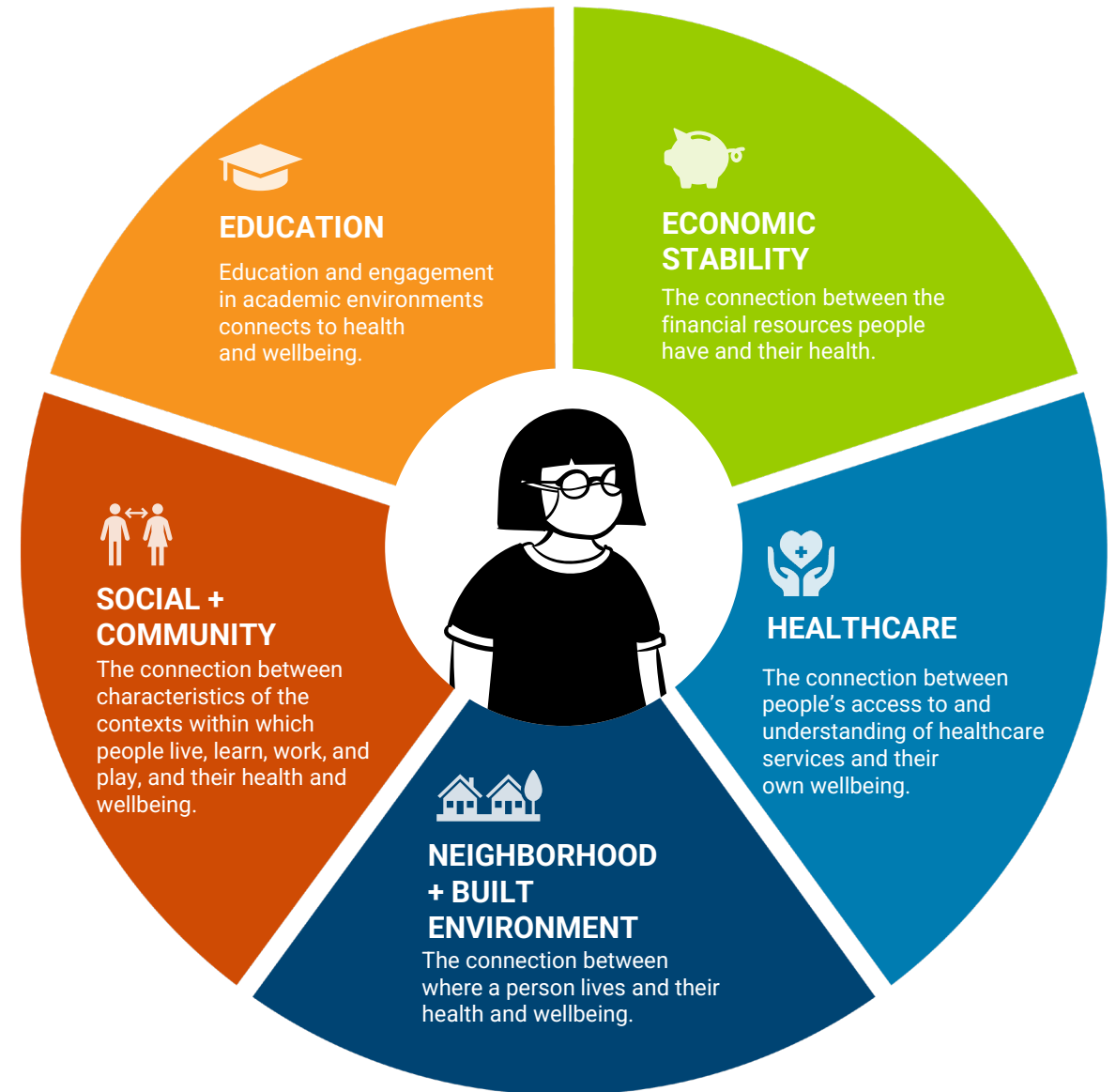
Thus, the hardships this group has faced during COVID-19 are not new; they're just worse.

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 faced 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 connects to health and wellbeing.

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

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.

SOCIAL + COMMUNITY
The connection between characteristics of the contexts within which people live, learn, work, and play, 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 with disabilities of color.

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 impact 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 3 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 as a 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 nonelderly 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 disablement 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.

Questions

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

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%	64%	81%
Children with significant disabilities	Children with disabilities	Children without disabilities
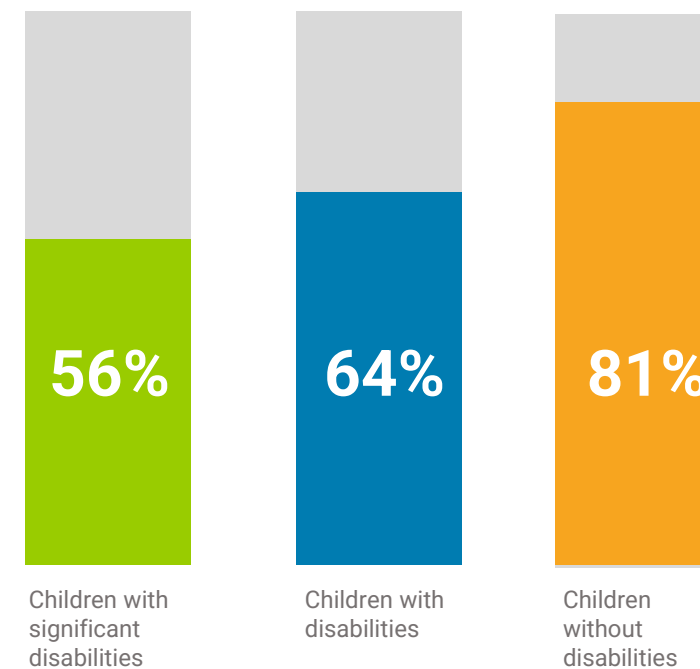
Source: Easterseals Community survey by Accenture

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

13

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 observations 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.
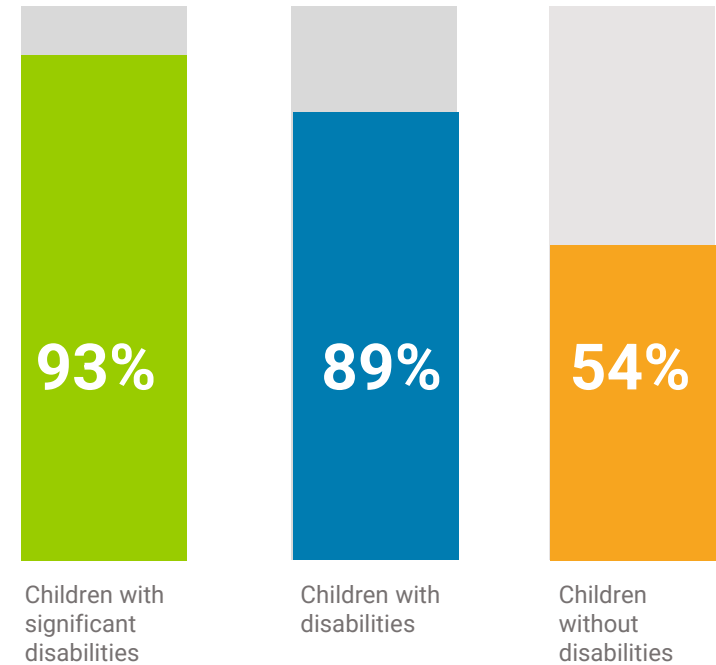
Children with disabilities are missing developmental milestones during the pandemic.

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 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 deployed in full 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 affects will be for children who have missed critical developmental milestones during the pandemic.

Percent of children not hitting milestones during COVID-19

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

Source: Easterseals Community survey by Accenture

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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

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
2019 3.5%	7.3%
2020 7.9%	12.6%
Difference ↑ 4.4%	↑ 5.3%

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

As the job market evolves, requiring 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 physical 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 labor 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 in order to stay 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 labor market will further expand.

Questions

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

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 this community of people. And specialized care is often too costly.

- **Lack of understanding** leads to uninformed assumptions about the needs of people with disabilities and 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 US medical students receive no clinical training for treating people with intellectual and developmental disabilties.[17]

56% of US medical student self-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 down or 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 where possible.

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

And 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.

Source: Easterseals Community survey by Accenture

Neighborhood + Built Environment

"

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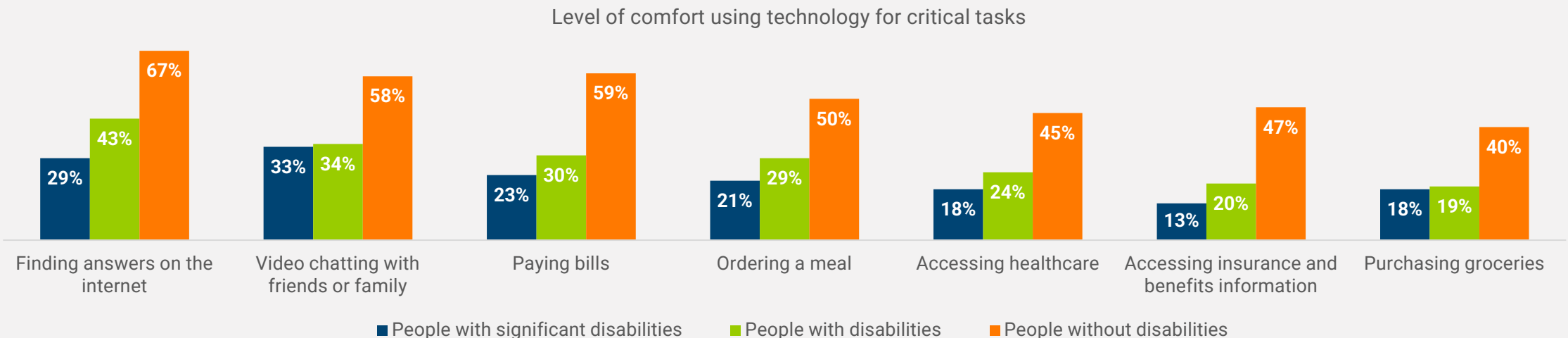
"

Easterseals Affiliate Leader, Texas

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 disabilities	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 disabilities   ■ People with disabilities   ■ People without disabilities

Source: Easterseals Community survey by Accenture

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People with disabilities are acutely impacted by the digital divide, with less access to 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%**

Own a desktop or laptop computer — 67% / 84% / 17%

Internet users — 54% / 81% / 27%

Home access to broadband — 41% / 69% / 28%

Social + Community

"

Depression is starting to take a toll on me because I want to get out 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

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 those without.

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.

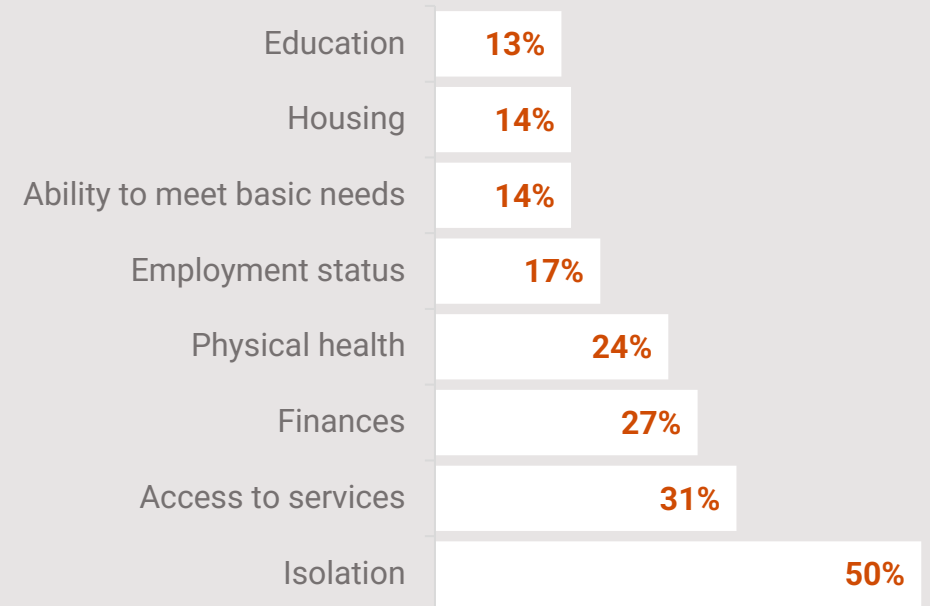Source: Easterseals Community survey by Accenture

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.
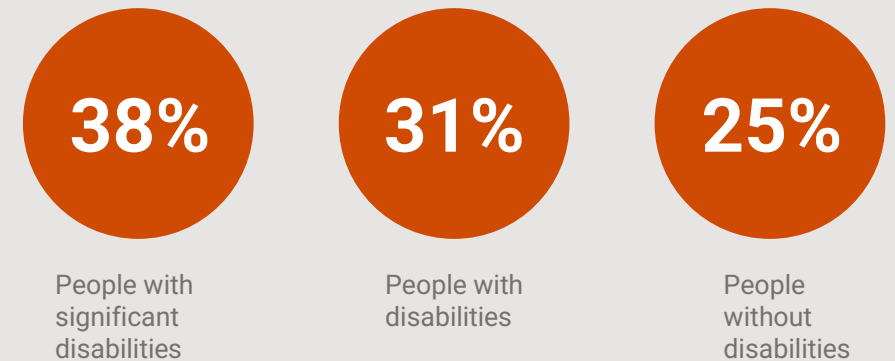
And in any case, while stress has increased for everyone, the Easterseals Community Survey found that the impacts of stress are greater for people with disabilities. As a result, mental health challenges for people with disabilities have also increased. Before COVID-19, 11% of American adults reported 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 disabilities

31%
People with disabilities

25%
People without disabilities

Source: Easterseals Community survey by Accenture

Holistic Care

"

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

"

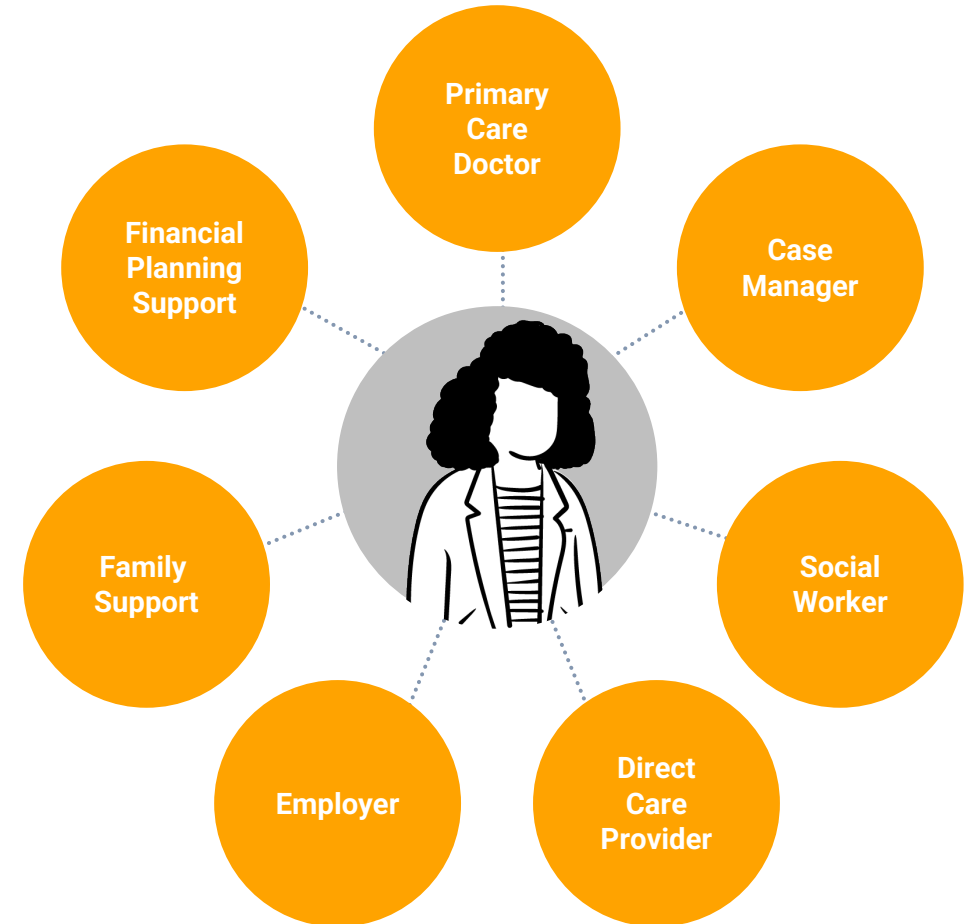*Parent of a child who receives Easterseals services, Texas*

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.

Questions

"

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

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

Easterseals has a 100-year legacy of providing support to people with disabilities.

We have advocated for and effected 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 large Network of Affiliates and experts across the nation.

With our combined expertise, we are prepared to create informed, long-lasting impact for 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 them effectively will require an ecosystem of funders and donors, policy makers, non-profits, government entities, corporate partners, and businesses.

CALL TO ACTION

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 affects 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 affects 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 workers to identify the unique mental health needs of people of color.

Community impact

- Create specialized approaches to improve employment opportunities and 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 the 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.

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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.

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

- Educate teachers on identifying 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 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 have 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 (LTSS) in both commercial and government entitlement health programs.

Education & awareness

- Educate healthcare workers on the concept of ableism and the perspective 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 LTSS.

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 skill 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 more 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?

ACTIONS TO TAKE

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 service coordination platform development.

Questions

Sources

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