

Access to Healthcare for People with Disabilities in Public Health Emergencies

As early as March 2020, [public health experts](#) advocated that the public health response to the COVID-19 pandemic needed to consider the needs of people with disabilities. Because many people with disabilities have chronic health conditions, this group was at higher risk of negative health outcomes from COVID-19. People with disabilities also experience longstanding barriers to healthcare access, such as transportation challenges that are [likely to become much worse in a pandemic](#). As a result of these risk factors, COVID-19 was anticipated to have a disproportionately large impact on the health and healthcare of people with disabilities.

In January 2024, the [Association of University Centers on Disabilities](#), in partnership with ASTHO and CDC, issued a request for proposals for “timely analyses of existing data to answer targeted research or policy questions related to disability and health.” A team of disability researchers from [Washington State University](#) responded with a proposal for analyses that included the research question, “*What was COVID-19’s impact on healthcare access for people with disabilities?*”

Researchers from Washington State University leveraged the [National Survey on Health and Disability](#), a recurring survey that asks American adults (ages 18 and older) with disabilities¹ about their social determinants of health, experiences with the healthcare system, and other topics relevant to their health and well-being. The survey added questions related to COVID-19 and the pandemic to the 2021, 2022, and 2023 surveys. The team used the COVID-19 questions from these three rounds of data to measure the impact of COVID-19 on healthcare access for people with disabilities.

First Survey Wave (March 2020 – May 2021)

The COVID-19 pandemic contributed to healthcare access problems for the majority of people with disabilities. In 2021, 81% of respondents said that they had delayed or skipped needed healthcare since the pandemic began in March 2020, and 77% of respondents said that they had delayed or skipped care because of COVID-19 (in full or in part). COVID-19 was identified as a driver for 95% of the healthcare access problems reported by people with disabilities between March 2020 and May 2021.

COVID-19 caused access problems for people with disabilities across many types of healthcare services:

- 49% could not get primary care.
- 42% could not get specialist care.
- 29% could not get mental health services.
- 47% could not get dental services.
- 21% could not get prescription medication.

¹ Disability in the NSHD is defined broadly as anyone who responded “yes” to the question “Do you have a physical or mental condition, impairment, or disability that affects your daily activities OR that requires you to use special equipment or devices, such as a wheelchair, walker, TDD, or communication device?”

- 12% could not get durable medical equipment.
- 22% could not get physical and/or occupational therapy.

Many respondents experienced access barriers in more than one healthcare domain.

These COVID-19 related access problems had serious impacts on the well-being of people with disabilities. Half of respondents (52%) who experienced COVID-19 related access issues reported one or more health and function problems because of unmet need. The most commonly reported problem was increased pain (47%), followed by worse mental health (45%) and worse physical health (41%). Among people with disabilities who reported unmet healthcare needs due to COVID-19, 32% needed some kind of additional treatment to deal with the health effects of that unmet need such as having to take additional prescription medications (17%), needing a new surgery (5%), needing to visit the emergency department (11%), or being hospitalized (5%).

Later Waves (May – August 2022 and October 2023 – February 2024)

In the later surveys, COVID-19 related access problems did become less common. Only 15% of the respondents in 2022 said that they had experienced unmet healthcare need due to COVID-19 in the past year. However, barriers to healthcare access were still frequently encountered by people with disabilities: 63% of respondents reported unmet healthcare needs in 2022 and 65% in 2023. Other reasons than COVID-19 now drive most of these unmet needs, such as cost, transportation, inaccessible facilities, and provider shortages.

Implications

Many people with disabilities have more complex health needs and face more barriers to obtaining needed care than their non-disabled counterparts. As these analyses show, they are also highly susceptible to care disruptions caused by public health emergencies like the COVID-19 pandemic. Four of every five people with disabilities had to delay or skip needed healthcare during the first year of the pandemic, and many of these access problems were directly attributable to COVID-19. These widespread healthcare access problems had serious downstream implications for people with disabilities. Half of those who delayed or skipped care due to COVID-19 experienced negative health outcomes and a third had to seek additional healthcare.

It is not surprising that a high-risk population with existing access problems saw those problems get even worse during a global pandemic. However, these findings demonstrate that access problems experienced by people with disabilities have significant and measurable downstream consequences. Respondents were four times as likely to report being hospitalized due to COVID-19 related access problems than report being hospitalized due to COVID-19. From a public health perspective, planning efforts need to account for the serious health declines that can result when people with disabilities cannot obtain necessary healthcare. Additionally, healthcare systems need to account for the fact that unmet healthcare needs among people with disabilities can rapidly compound into even further healthcare needs. Ultimately, collaboration between public health and healthcare systems is crucial for effectively addressing healthcare access issues for people with disabilities and mitigating the direct and indirect long-term impacts of public health emergencies.