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Changes to health, access to health services, and the ability to meet financial obligations among Indigenous people with long-term conditions or disabilities since the start of the COVID-19 pandemic

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Changes to health, access to health services, and the ability to meet financial obligations among Indigenous people with long-term conditions or disabilities since the start of the COVID-19 pandemic

by **Tara Hahmann**

Higher disability prevalence and levels of pre-existing conditions among Indigenous people (Hahmann et al., 2019; Statistics Canada, 2020) could increase the vulnerability of Indigenous people to the health and socioeconomic impacts of the COVID-19 pandemic (Government of Canada, 2020a).

Long-term conditions and more frequent interactions with care providers and similar supports can increase the risk of COVID-19 infection and severe illness (Government of Canada, 2020a). In addition, social isolation may have negative impacts on physical, social, mental and emotional well-being (Arriagada et al., 2020). Likewise, the loss of, or changes to, community services and supports, therapies, and income can adversely impact the health of Indigenous people with disabilities or long-term conditions, and inhibit positive gains (Government of Canada, 2020a).

This paper provides an overview of the impacts of the COVID-19 pandemic on the health, service access, and ability to meet basic needs of Indigenous people with disabilities or long-term conditions who participated in a crowdsourcing initiative (see Data Source section for more information).¹

From June 23 to July 6, 2020 over 13,000 participants who reported having a long-term condition, difficulty or self-identified as a person with a disability aged 15 and older completed the online questionnaire “Impacts of COVID-19 on Canadians: Living with Long Term Conditions and Disabilities” of which approximately 600 were First Nations people, Métis or Inuit. While data are from the summer of 2020, they highlight structural challenges and vulnerabilities among Indigenous people with disabilities or long-term conditions that continue to be relevant in the current COVID-19 context. This paper builds on a recent paper that used the same data to detail impacts of health and access to health services among Canadians with long-term conditions or disabilities (Yang et al., 2020).

Readers should note that crowdsourced data are not based on sampling principles, and as such, these findings cannot be applied to the overall Indigenous population. However, they provide important insight into the impacts of the COVID-19 pandemic among Indigenous participants with disabilities or long-term conditions.

1. This study reports on two measures of health, self-reported overall health and mental health. It presents findings for participants who identified as First Nations, Métis or Inuit, including single and multiple identities. Given the relatively small number of participants, it was not possible to report findings separately for First Nations people, Métis or Inuit or by geographic region. However, the geographic scope of this crowdsourcing initiative spans all provinces and territories.



More Indigenous than non-Indigenous participants with disabilities or long-term conditions reported worsened health since the start of the COVID-19 pandemic

Overall health refers to physical, mental and social well-being (Yang et al., 2020). Indigenous people with disabilities and chronic conditions face intersecting health and socioeconomic challenges that reflect societal inequalities (Government of Canada, 2020a). These inequalities play a role in higher rates of disability among Indigenous peoples in the pre-COVID-19 context (Hahmann et al., 2019).

According to crowdsourced data, the overall health of Indigenous participants with long-term conditions or disabilities worsened during the pandemic. Over half (57%) of Indigenous participants with disabilities or long-term conditions reported that their overall health was 'much worse' or 'somewhat worse' since before the pandemic (Table 1). Similarly, 64% reported that their mental health was 'much worse' or 'somewhat worse'.

These proportions were generally higher among Indigenous participants compared with non-Indigenous participants, across all age groups. Health may have been impacted by diminished access to health services, worsening pre-existing health care barriers experienced by Indigenous people (Horrill et al., 2018). Measures aimed to curb the spread of COVID-19 have caused social isolation and may have had a greater impact on the health of Indigenous people with disabilities, especially when considering the digital divide experienced by Indigenous populations (McMahon, 2014). Barriers to internet access or digital resources can have an impact on the ability for Indigenous people with disabilities or long-term conditions to connect with loved ones and online supports and services.

Table 1
Changes in self-rated overall health and mental health since before the pandemic, by age group and gender, for Indigenous and non-Indigenous participants with long-term conditions or disabilities, June 23 to July 6, 2020

	Indigenous		Non-Indigenous	
	Percentage reporting somewhat or much worse overall health	Percentage reporting somewhat or much worse mental health	Percentage reporting somewhat or much worse overall health	Percentage reporting somewhat or much worse mental health
All ages	57	64	47	56
15-24	57	65	54	70
25-64	58	64	50	60
65+	51	58	39	42
All ages – Women participants	58	66	50	59
All ages – Men participants	55	60	44	54

Source: Impacts of COVID-19 on Canadians - Living with Long-term Conditions and Disabilities.

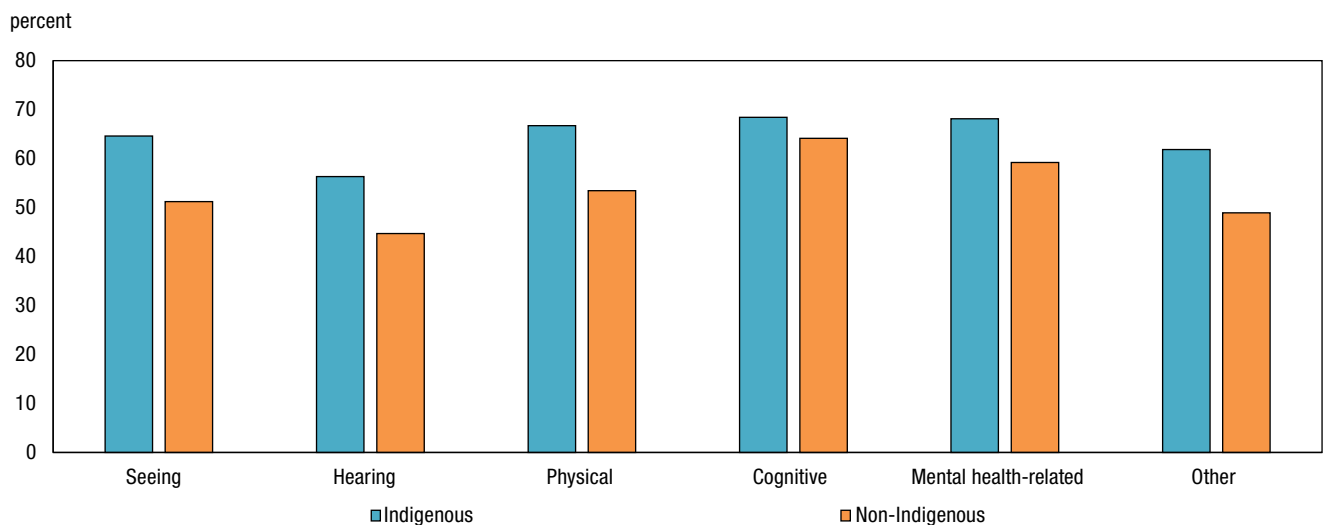
Indigenous participants with a disability or long-term condition reported worsened health across all disability types

More than half of Indigenous participants with a disability or long-term condition reported worsened health across disability types, including seeing, hearing, physical, cognitive, mental health-related or other health challenges or long-term conditions that are expected to last for six months or more. A major global event such as the pandemic can cause great uncertainty, service disruption, and social isolation which may have a greater health impact on those with specific disability types.



Worsened overall health was highest among Indigenous participants with a cognitive (68%), mental health-related (68%), physical (67%) and a seeing disability (65%) (Chart 1). Moreover, more Indigenous participants with seeing (74%), cognitive (73%) and mental health-related (73%) disabilities reported worsened mental health (Chart 2). Research indicates that those with particular disabilities, where a greater need for in-person care or therapeutic support within their environments is required, may be more adversely impacted by COVID-19 restrictions. Although alternate forms of some services and supports have been provided, prolonged service interruptions without comparable alternatives have left gaps for many, especially among those with specific disability types (Constantino et al., 2020).

Chart 1
Proportion of Indigenous and non-Indigenous participants with long-term conditions or disabilities reporting somewhat or much worse self-rated overall health since before the pandemic, by type of difficulty, June 23 to July 6, 2020



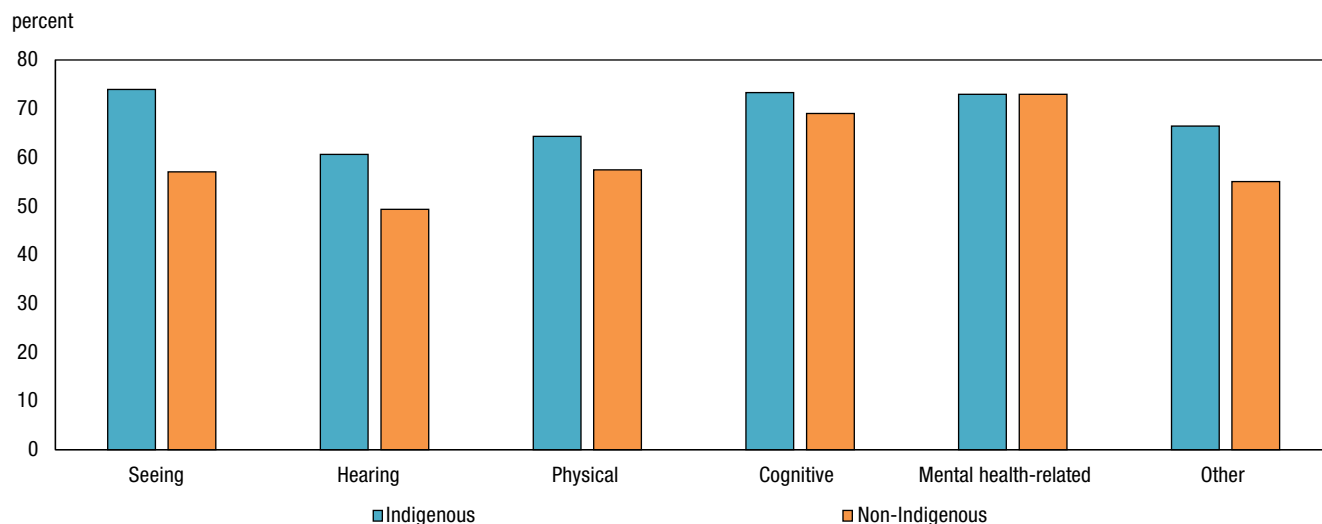
Note: Categories are not mutually exclusive.

Source: Impacts of COVID-19 on Canadians - Living with Long-term Conditions and Disabilities.



Chart 2

Proportion of Indigenous and non-Indigenous participants with long-term conditions or disabilities reporting somewhat or much worse self-rated mental health since before the pandemic, by type of difficulty, June 23 to July 6, 2020



Note: Categories are not mutually exclusive.

Source: Impacts of COVID-19 on Canadians - Living with Long-term Conditions and Disabilities.

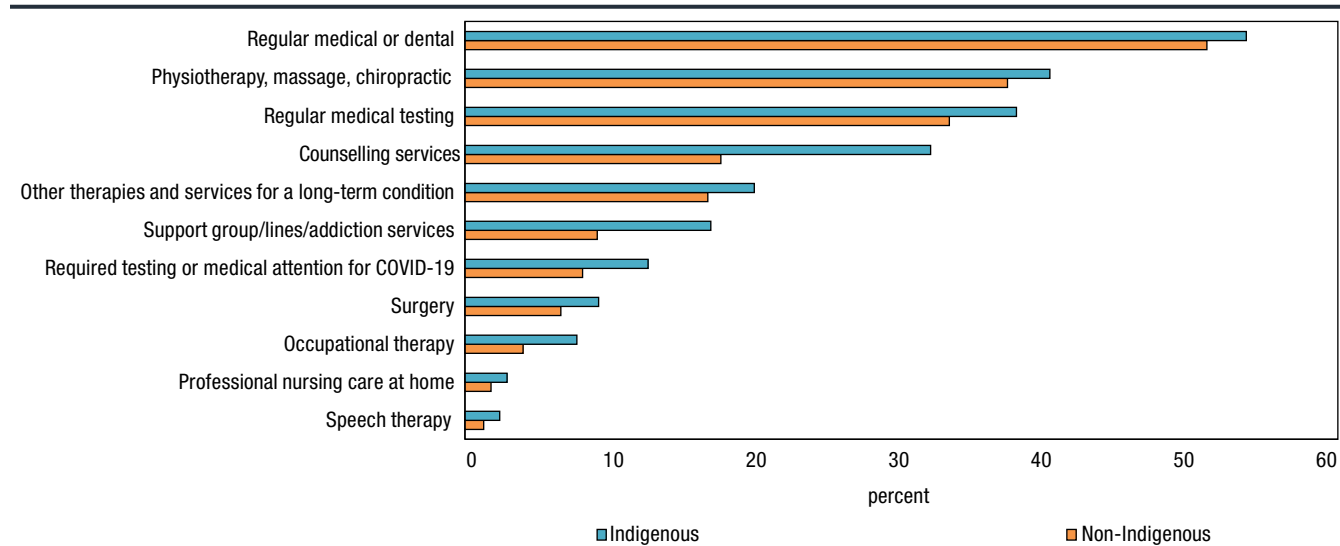
Regular medical or dental, physiotherapy, medical testing unrelated to COVID-19 and counselling services are the top four health-related services interrupted by the pandemic

The COVID-19 pandemic disrupted services and supports with reductions and closures compounding existing health care access barriers experienced by Indigenous people (Horrill et al., 2018). Given the reliance on such services among this population, delays and restrictions may worsen the severity of disabilities or long-term conditions.

Indigenous and non-Indigenous participants with disabilities or long-term conditions reported similar service disruptions although, generally, Indigenous participants were more likely to report them. The four services disruptions that Indigenous participants with disabilities or long-term conditions were most likely to report were: medical or dental (54%), physiotherapy, massage, and chiropractic (40%), medical testing unrelated to COVID-19 (38%), and counselling (32%). Thirteen percent of Indigenous participants reported disruptions to required COVID-19 testing or medical attention (Chart 3).



Chart 3
Proportion of Indigenous and non-Indigenous participants with long-term conditions or disabilities reporting health service disruptions, June 23 to July 6, 2020



Source: Impacts of COVID-19 on Canadians - Living with Long-term Conditions and Disabilities.

Food, personal protective equipment and transportation were the top three expenses Indigenous participants reported moderate or major impacts to since the start of the pandemic

The ability to meet basic needs, including food, shelter and medical, is an indicator of poverty and a social determinant of health (Government of Canada, 2020b). Existing research shows poverty rates are higher among those with disabilities (Morris et al., 2017) and among Indigenous people, who are also more likely to experience food insecurity and difficulty meeting basic needs (Arriagada et al., 2020).

Challenges experienced by those with disabilities or long-term conditions are likely worsened in the COVID-19 context where economic shocks may have created financial strain. Additionally, service and supply chain disruptions may have been felt more strongly by those with disabilities or long-term conditions.

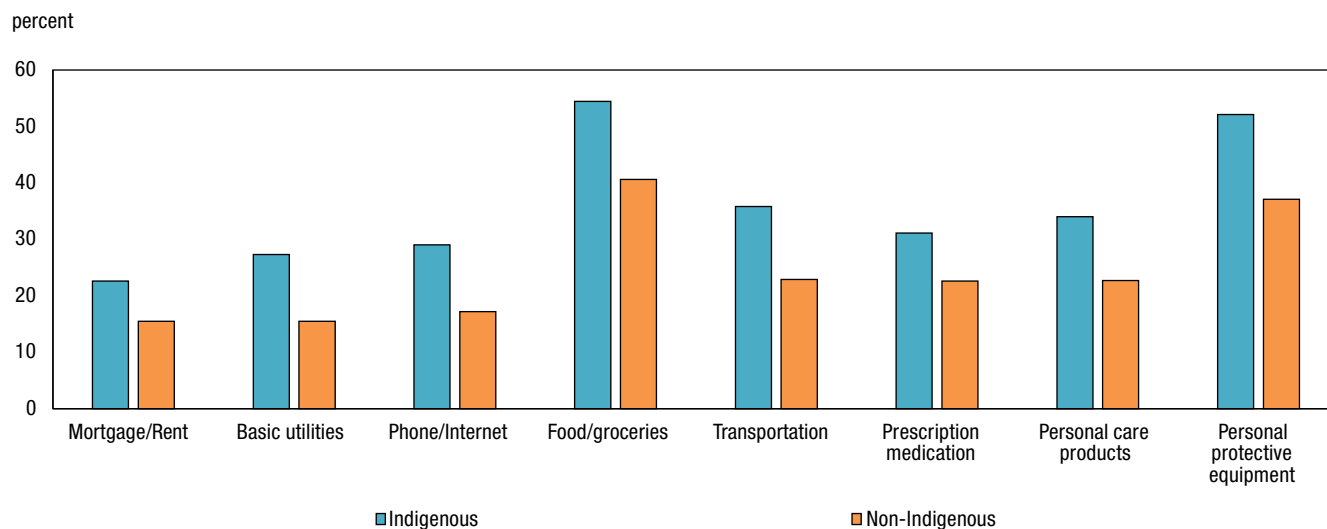
More Indigenous than non-Indigenous participants with disabilities or long-term conditions reported a 'moderate' or 'major' impact on their ability to meet essential needs since the pandemic started. Over half of Indigenous participants reported a 'moderate' or 'major' impact on their ability to meet their food and grocery needs (54%) and their Personal Protective Equipment (PPE) needs (52%), a critical factor in mitigating COVID-19 infection (Chart 4).

Approximately one-third of Indigenous participants indicated a 'moderate' or 'major' impact on their ability to meet their transportation (36%), personal care product (34%), and prescription medication (31%) needs. The inability to meet basic needs has a fundamental impact on well-being that can create adverse long-term impacts, especially among those with disabilities or chronic conditions.



Chart 4

Proportion of Indigenous and non-Indigenous participants with long-term conditions or disabilities reporting a major or moderate impact of the pandemic on the ability to meet essential needs, June 23 to July 6, 2020



Source: Impacts of COVID-19 on Canadians - Living with Long-term Conditions and Disabilities.

Data Source

The article uses data from the Impacts of COVID-19 on Canadians: Data Collection Series collected from June 23 to July 6, 2020 on “Living with Long-term Conditions and Disabilities”. It is important to note that statistical inferences about the Canadian population cannot be made from participants in crowdsourced questionnaires, as the respondents are self-selected. Respondents to traditional sample-based surveys, on the other hand, are probabilistically selected from the target population. Nevertheless, crowdsourcing is a timely way to collect granular data on a particular topic.

Further caution should be used when interpreting the results because of the collection mode and the population of interest. The survey was only available as an electronic questionnaire. The overall accessibility of the survey was reduced since it was not available in other formats—such as ASL or LSQ, Braille or audio versions—and it was not available to those without access to a computer or Internet. Proxy interviews were encouraged, to allow family members or caregivers to respond on behalf of a person with a long-term condition or disability.

In this article, methodological benchmark adjustments were made to account for age, sex, and provincial differences. However, these adjustments are for the general Canadian population and do not take into account the differences in age structure and geographic distribution of Indigenous peoples. Because of these data limitations and given the number of participants to the data collection initiative, it was not possible to report findings separately for First Nations people, Métis or Inuit or for diverse subpopulations (for example, those living on reserve or those living in Inuit Nunangat). As a result, intersectionality and the diverse realities and experiences of Indigenous peoples are not fully reflected in this study. Further research is needed to address this limitation.



To identify those with a long-term condition or disability, participants in this crowdsource were asked if they had difficulties from a list of six different areas and then if they identified as a person with a disability. Included in this analysis were respondents that reported a difficulty or self-identified as a person with a disability. This differs from the method used by Statistics Canada on the Canadian Survey on Disability, which administers the Disability Screening Questionnaire to identify persons with a disability and calculate the official rates of disability across Canada.

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