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## Editorial

# COVID-19 and social determinants of health among people with disabilities

The short and long-term consequences of COVID-19 among people with disabilities in the United States is in need of a comprehensive assessment. *Disability and Health Journal* (DHJO) has published a substantial number of articles demonstrating both direct and lasting impacts of the pandemic. Although the vast majority of articles (> 80%) are original research, retrospective, secondary analysis of convenience data were commonly employed in these studies. Only a small fraction of these articles used large, population-based data, further preventing an accurate assessment of the pandemic effect on disabled populations. Additionally, recent interest in social determinants of health has demonstrated that disabled people may have been more heavily affected by the pandemic, since they typically already are marginalized by environmental and social conditions.

Social determinants of health, defined as “conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes<sup>1</sup>” include the key areas of health care access and quality, economic stability, education access and quality, social and community context, and neighborhood/environment. These determinants, such as inaccessible environments, economic hardship, housing insecurity, increase the risk of COVID-19 transmission among people with disabilities and heighten their adverse COVID-19 outcomes, further widening the socioeconomic and health inequalities faced by people with disabilities.

In this issue of DHJO, four articles examine the social and health impacts of the pandemic on people with disabilities in the United States. These papers expand the base of evidence on the effect of the pandemic, and also highlight the role of social determinants of health for people with disabilities. Lund & Ayers<sup>2</sup> utilized a chronological approach to examine the different ways disabled people have been affected throughout the course of the pandemic. They conceptualized four distinct but overlapping “waves” of discrimination and systemic ableism against people with disabilities. From the initial lockdown to the rollout of the vaccines, Lund and Ayers documented the lack of prioritization of disabled peoples’ lives despite the differences in physiological, environmental, and social determinants of health among subgroups of disabled people.

An additional two articles further explore social determinants of health and COVID-19 outcomes. Using data from the National Well-being Survey, Pendergrast et al.<sup>3</sup> examine the health, social, and financial consequences of the pandemic among working-age adults with and without activities of daily living (ADL) support needs. In addition to finding higher rates of COVID-19 infection and COVID-related hospitalizations, they documented the detrimental effects

of the pandemic on social and familial relationships in adults with ADL difficulty compared to those without ADL needs. Friedman<sup>4</sup> focused on the financial hardships faced by people with disabilities during the pandemic. During the Delta and Omicron variant periods of the pandemic, more than half of respondents with disabilities of the 2021–22 Household Pulse Survey reported difficulty paying usual household expenses. Disabled people were almost three times more likely to experience financial hardship during this time compared to non-disabled peers. They were also more likely to use credit cards or money from their savings, sell their assets and possessions, or use government assistance resources for their spending needs.

The final article reports the stark disparities in COVID-19 mortality risk among people with intellectual and developmental disabilities (IDD) in the US. Using 2020 US National Vital Statistics System (NVSS) Mortality Multiple Cause data, Landes, Finan, and Turk<sup>5</sup> examined the leading causes of death for people with and without IDD. Not surprisingly, COVID-19 was the leading cause of death for people with intellectual disability, cerebral palsy and Down syndrome in 2020, compared to the 3rd leading cause of death for those without IDD. The authors highlighted differences in comorbidities, however noted that risks outside of medical conditions must also be considered in assessing severe outcomes. Future studies need to examine the upstream factors including social determinants of health that contribute to these disparities in COVID-19 mortality rates.

The limited but mounting evidence, including findings from publications in this issue of DHJO, point to the continued disproportionate impact of the pandemic on different populations of people with disabilities. The COVID-19 pandemic has not only disproportionately impacted the health of people with disabilities but also has had an unequal impact on their economic and social wellbeing. Addressing these social determinants of health among people with disabilities is imperative to improving their health outcomes and reducing health disparities, during and after the pandemic.

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