COVID-19 IMPLICATIONS FOR DISABILITY ASSISTANCE CLIENTS

COVID-19 may pose an increased risk of hospitalization and mortality to persons with disabilities who are receiving disability income assistance.

It is too early to get a full picture of the risks presented to these vulnerable groups by COVID-19. However, past experiences with flu/pneumonia among persons with disabilities can inform our expectations and approach for the coming months.

BC Income Assistance (IA) consists of two financial support types: disability assistance (DA) and temporary assistance (TA). To study individuals with disabilities’ experience of flu/pneumonia, we analyzed government administrative records linking income assistance data to hospitalization and mortality records in BC. We compared the relative risk (RR) of hospitalization and mortality between DA/TA users to those who do not receive IA, across four age-ranges. A RR of 2 represents a 100% increased risk of hospitalization or mortality.

Income Assistance recipients in BC face higher risks of hospitalization and mortality from flu/pneumonia than other individuals. This increase is more pronounced in younger people.

The figure presents the relative risk of hospitalization from flu/pneumonia comparing DA/TA users to those not on IA, from 2002 to 2016. DA users aged 18 to 35 experienced a 1624% increased risk (17.24 RR) compared to those of the same age that did not use IA. The risk increase was also very high from age 36 to 50 (1438% increase). Although increased risk is lower for older individuals (a 694% increase for ages 51-65; a 109% increase for age 66-80) the difference remains remarkably large. Although somewhat smaller (e.g., a 419% increase for ages 18 to 35) a similar pattern was seen for TA users.

Not represented in the graph, our mortality analysis showed a similar trend. We found TA and DA users experience a higher relative risk of flu/pneumonia death than those not using IA. The highest relative risk of death was among DA users age 36 to 50 (32 RR). The lowest risk for DA was those 66 to 80 years old (2.6 RR). An important note is fewer deaths occurred in younger groups.

Individuals that are reliant on IA have low income. Both DA and TA clients exhibited increased hospitalization and mortality, indicating income poses flu/pneumonia risk, a finding also found in a recent US study. The increased risk may also be due to other health conditions seen in some people with disabilities.

The CDC’s 2009 H1N1 Pandemic debrief of risks to persons with disabilities support our findings, concluding both physical and cognitive disabilities affect the ability to implement prevention measures such as handwashing, avoiding contact with people who are sick, limited mobility, or self-monitoring their illness. The fact that persons in receipt of disability benefits are so differently impacted by pandemics suggest the need for responses, such as those described by the World Health Organization, that are specific to that population.

Recipients of DA are not inclusive of the entire population of persons with disabilities; however, DA offers a strong platform to implement COVID-19 policies that, at the very least, are appropriate for many at-risk persons with disabilities.

While COVID-19 complication risks are often discussed as greater for the elderly, these results serve as a cautionary tale that some younger groups, particularly persons with disabilities, may also be at risk.

**Data Sources:**

Error bars indicate relative risk 95% confidence intervals, all are statistically significant.