



Community Living, COVID-19, and the ADA

An ADA Knowledge Translation Center Research Brief

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What is the ADA?

The Americans with Disabilities Act (ADA) is a civil rights law that was passed in 1990 to address discrimination based on disability. The ADA recognizes disability as a source of discrimination similar to race, color, religion, sex, or national origin as stated within the Civil Rights Act of 1964. As defined by the ADA, disability is a “physical or mental impairment that substantially limits one or more major life activities or one who has had this impairment or is regarded as having this impairment.” Individuals with disabilities are protected through the ADA in all areas of public life, as well as public and private spaces that are open to the public. These areas include employment, community living, healthcare, and education. The overarching goals of the ADA are to promote equality, participation in society, and economic sufficiency for all individuals with disabilities.

Background of Community Living, the ADA, and COVID-19

Community living and participation are key to the ADA’s broader social commitment to promote equal access in all facets of U.S. society. Aspects of successful community living, such as equal access to community goods, services, and housing are broadly covered under the ADA. The Supreme Court’s historical 1999 Olmstead decision found that unjustified segregation of people with disabilities is discrimination under the ADA.¹ This decision enforced the ADA’s integration mandate to administer services, programs, and activities in the most integrated setting appropriate, within mainstream society.² One way that community living is protected under the ADA is through equal access to housing structures, including the physical structures along with the process of applying for and obtaining housing. Other examples include equal access to public transportation and state and federal government programs such as social services. The COVID-19 pandemic has been affecting the United States since 2020, influencing daily life, including the way individuals with disabilities live and participate in their communities. During this public health emergency, the ADA National Network has made an effort to provide resources, information, and services to people with disabilities to help mitigate some of the impact of the pandemic. However, there are important gaps in terms of understanding how COVID-19 has impacted people with disabilities and the implementation of the ADA across different policy domains. The following brief is intended to provide an overview of research about the COVID-19 pandemic as related to community living in terms of ADA implementation.

Highlights of Findings

- People with disabilities experienced increased challenges in accessing a variety of public services and programs, including food access, transportation, personal care assistant services, and government funded programs (e.g., SNAP benefits, social security disability insurance).
- The pandemic increased the demand for improved access to web-based information for emergency response planning and increased the need for expanding accessible design standards.
- Community agencies that provided accessible web-based information and support helped increase access to community living during the pandemic.

Research About the ADA and Community Living During the COVID-19 Pandemic

COVID-19 has impacted the availability and delivery of public programs, services, and activities. Since the start of the pandemic, current research has identified barriers for people with disabilities to successfully live and participate in their communities when it comes to topics such as web accessibility, food acquisition, personal care, transportation, community programs, and emergency planning.

Web Accessibility

Web accessibility refers to the ability to access information and programs that businesses, state and local governments make available to the public online. The Web Content Accessibility Guidelines (WCAG) outline best practices for accessing online information.³ This includes but is not limited to adequate color contrast, alternative text options, video captions, options for keyboard navigation, and clear instructions. Web accessibility became an increased area of need for people with disabilities during the COVID-19 pandemic.

The U.S. government released guidelines and recommendations for responding to COVID-19, much of this information through digital media, including on websites, television, and social media platforms. For people with disabilities who commonly accessed in-person information and services through their Center for Independent Living (CIL), such services moved online, posing challenges with internet access, accessible formatting of information, and access to computers. Accessing pandemic response information and guidance from CILs was essential for people with disabilities to safely navigate the pandemic and remains critical to continue to successfully live in their communities. However, some CIL staff and administrators expressed that their consumers were unable to access pandemic emergency response information that was web-based or found on social media.⁴

Current research demonstrates how accessible online platforms helped people with disabilities communicate with family and friends, access community support, and participate in activities during the pandemic. For example, studies focused on how adequate web accessibility supported resilience during the pandemic through online support groups for mothers with disabilities,⁵ or connecting with family and friends to facilitate mental health and social support for a veteran with a spinal cord injury.⁶ Also, web access supported post-secondary students with disabilities to participate in their communities in new ways such as through online cooking classes, birthday celebrations, or workout sessions.⁷ COVID-19 stay-at-home orders and subsequent social isolation reinforced digital sources as a common way to absorb public information and interact with community members.

Food and Personal Care

The pandemic has reduced access or increased restrictions to common essential needs for people with disabilities, which includes reduced access to grocery stores due to inefficient or limited paratransit services, limited grocery delivery services,⁸ and limited support in stores such as through grocery shopper assistance programs.⁹ Further, due to the pandemic some people had difficulty ordering food with their Supplemental Nutrition Assistance Program (SNAP) benefits.⁴ More people with disabilities than the general population were receiving SNAP benefits, but people with disabilities still had lower food sufficiency and less confidence in

affording food. Some of the difficulties reported included accessing free food services, problems with transportation, long wait times, and reduced hours of agencies providing these services.¹⁰

Current research also highlights how the pandemic exacerbated the existing barriers present in personal care assistant services – necessary for some people with disabilities to have equal opportunity to live in the community. Siddiqui et al. (2021) reported a case study in which the pandemic was mentioned as the main barrier to obtaining more hours of caregiving from a caregiver agency.⁶ Schwartz et al. (2021) reported that 40 percent of changes in personal care assistant services were because someone new (primarily family members) was now providing that service due to the pandemic.¹¹ Further limits on availability for personal care assistances meant that some people were unable to complete daily tasks of living.¹²

Transportation

Reduced or unavailable transportation poses a barrier to community living for people with disabilities. Prior to the pandemic, research identified occasional difficulties accessing necessary community activities with public transportation, such as getting to health care appointments, socializing, or participating in recreational and spontaneous activities.¹³ The current research shows how this problem has been amplified throughout the pandemic. People with disabilities identified a decreased availability of public transportation yet they had higher reliance on it during the pandemic.¹⁴ They also experienced reduced availability of paratransit,¹² and an overall decrease in the variety of transportation modes available to them.¹⁵

Reduced Support From Community Organizations

The pandemic has also impacted access to a variety of public programs. Researchers found that some adults with intellectual and developmental disabilities in the U.S. were no longer receiving state developmental disability services and one-third reported difficulty accessing these services.¹⁶ Developmental disability services often support community participation through social, recreational, or vocational activities. Further, evidence shows that individuals with disabilities received less support from CILs during the pandemic to get assistance applying for programs like social services, social security disability insurance, Medicare, Supplemental Security Income, Medicaid, SNAP, or Section 8 housing.^{4,15} However, current evidence also shows that community supports such as social workers stepped in to help facilitate access to programs like Social Security Disability Insurance during the pandemic.⁶

Emergency Planning and Accessible Design

Equal opportunity for community living includes being able to safely navigate emergencies like pandemics or hurricane evacuation and sheltering. Through four workshops with emergency management, public health, and related experts, Whytlaw and colleagues (2021) found that the health, economic, and social impacts of COVID have added a layer of vulnerability for individuals with disabilities on top of vulnerability to hurricanes that existed pre-pandemic.¹⁷ Findings from the workshops reveal a need for shelter or emergency related spaces that allow for social distancing, better ventilated public sheltering, and pre-screening to fill special emergency planning registries which provide information on the durable medical equipment, personal assistance, and appropriate transportation that is needed for people with disabilities to safely navigate a hurricane emergency response.

Conclusion

People with disabilities face increased barriers to a variety of public services and programs, web-based information about COVID-19, transportation, and other community resources throughout the COVID-19 pandemic. The pandemic highlights existing issues that prevent full and equal participation of people with disabilities living in the community. Broader factors such as improved access to web-based information is essential for community living generally and becomes increasingly more critical during an emergency. Ongoing planning to support community agencies such as CILs to provide accessible web-based information and support can increase the access to community living.

Examples From the ADA National Network

Below are on-the-ground examples of how the ADA National Network is addressing COVID-related requests for information. For further information on how the regional ADA Centers can help, please contact the [ADA National Network here](#).

Example 1:

A county government in one state reopened to the public but was finding it difficult to make their programs and services accessible while following COVID-19 health guidelines, especially for people with vision or hearing disabilities. The regional ADA Center staff explained that to provide equal access, there may need to be reasonable modifications to policy, practice, or procedure. The regional ADA Center staff e-mailed a list of resources to the county government. Using the information and resources the regional ADA Center provided, the county worked with their ADA Coordinator and reviewed all materials to make sure all services were as accessible as possible. This included providing new options for virtual/remote access to programs and services, such as closed captions on videos and remote health services to everyone, including immunocompromised people, which they had never done before.

Example 2:

A parent contacted a regional ADA Center with questions about the rights of her adult son. He has physical and intellectual disabilities and can only breathe through his mouth, so he cannot wear a mask. He wanted to swim at the local YMCA, but they required all patrons to wear a mask. The parent spoke with the heads of the local and regional YMCAs, provided proof of her son's COVID-19 vaccination, and shared a copy of the city health policy on COVID-19 – which allowed exemptions to mask-wearing for some people with disabilities. The YMCA still would not change the mask requirement. When speaking with the parent, the regional ADA Center staff offered several accommodations the parent could suggest to the YMCA, discussed ADA enforcement procedures, and explained how to file a state civil rights complaint. The parent e-mailed the YMCA Director the information that the regional ADA Center staff provided. The city-wide YMCA Director amended their mask requirement policies, so the son did not have to wear a mask at the facility.

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