



***“A Deeper Dive”***  
***Examining the impact of COVID-19 on adults with  
physical disabilities from marginalized communities***

Lisa Reber, Jodi Kreschner, Gina DeShong, Jaime Junior & Michelle Meade

April 22, 2021



# Promoting Health Aging for People with Long -Term Physical Disabilities

- Qualitative study, including focus groups and interviews
- Aim of **larger** study:
  - to identify the environmental factors that hinder or facilitate healthy aging among adults with long-term physical disabilities in marginalized communities
- Aim of **today's** study:
  - to understand the impact of the coronavirus disease 2019 (COVID-19) pandemic on environmental factors that hinder or facilitate healthy aging among adults with long-term physical disabilities in marginalized communities.



# Team Members

- Community Liaisons
  - Flint: Gina DeShong
  - Detroit: Jaime Junior
- Research Areas Specialist Associate
  - Jodi Kreschmer
- Postdoctoral Research Fellow
  - Lisa Reber
- Principle Investigator
  - Michelle Meade



# Why Detroit and Flint

| Characteristic  | Detroit  | Flint    |
|---|----------|----------|
| Population estimate (2016)                                | 672,795  | 97,386   |
| Percent African American                                  | 80%      | 60%      |
| Median Household Income                                   | \$26,249 | \$25,650 |
| Percent Living in Poverty                                 | 39%      | 41.9%    |
| With a disability, under age 65 years, percent, 2012-2016 | 16.3%    | 18%      |



# Eligibility

- Adults with a long-term moderate to severe physical disability for at least 5 years
  - Impacts mobility, dexterity, or stamina
- Live in Flint or Metro Detroit
- Additional selection criteria included:
  - Live in low-income households
  - Racially and ethnically marginalized groups





# Key Informants

- defined as influential stakeholders, individuals with important insights or information about the topic of study or target communities



# Why Detroit and Flint

| City           | African American / Black | White      | Other race or ethnicity |
|----------------|--------------------------|------------|-------------------------|
| <b>Flint</b>   | <b>54%</b>               | <b>37%</b> | <b>9%</b>               |
| #              |                          |            |                         |
| Actual         |                          |            |                         |
| <b>Detroit</b> | <b>79%</b>               | <b>10%</b> | <b>11%</b>              |
| #              |                          |            |                         |
| Actual         |                          |            |                         |



# Racial Demographics of Sample

| City           | African American / Black | White      | Other race or ethnicity |
|----------------|--------------------------|------------|-------------------------|
| <b>Flint</b>   | <b>54%</b>               | <b>37%</b> | <b>9%</b>               |
| #              | 2                        | 3          | 1                       |
| Actual         |                          |            |                         |
| <b>Detroit</b> | <b>79%</b>               | <b>10%</b> | <b>11%</b>              |
| #              | 8                        | 1          | 1                       |
| Actual         |                          |            |                         |





# Racial Demographics of Sample

| City           | African American / Black | White      | Other race or ethnicity |
|----------------|--------------------------|------------|-------------------------|
| <b>Flint</b>   | <b>54%</b>               | <b>37%</b> | <b>9%</b>               |
| #              | 2                        | 3          | 1                       |
| Actual         | 33%                      | 17%        | 17%                     |
| <b>Detroit</b> | <b>79%</b>               | <b>10%</b> | <b>11%</b>              |
| #              | 8                        | 1          | 1                       |
| Actual         | 80%                      | 10%        | 10%                     |



| Role                     | Diagnosis / Disability | Race / Ethnicity     | Gender | Age | Duration | City    |
|--------------------------|------------------------|----------------------|--------|-----|----------|---------|
| Participant              | Hip dysplasia          | White                | Female | 60s | 29%      | Detroit |
| Participant              | SCI: Tetraplegia       | White                | Male   | 40s | 17%      | Flint   |
| Participant              | Lower Limb Amputation  | White                | Male   | 60s | 11%      | Flint   |
| Participant              | Cerebral Palsy         | Middle East. / White | Female | 20s | 1%       | Detroit |
| Participant              | Rheumatoid Arthritis   | Black / African Am.  | Female | 40s | 7%       | Detroit |
| Participant              | SCI: Paraplegia        | Black / African Am.  | Male   | 30s | 9%       | Detroit |
| Participant              | Neuropathy             | Black / African Am.  | Male   | 50s | 1%       | Detroit |
| Participant              | Spina Bifida           | Black / African Am.  | Male   | 70s | 12%      | Detroit |
| Participant              | Lower Limb Amputation  | Black / African Am.  | Male   | 40s | 10%      | Detroit |
| Participant              | SCI: Paraplegia        | Black / African Am.  | Male   | 60s | 17%      | Detroit |
| Participant              | Cerebral Palsy         | Black / African Am.  | Male   | 20s | 18%      | Detroit |
| Participant              | Diabetes               | Black / African Am.  | Male   | 40s | 25%      | Flint   |
| <b>Informant / Part.</b> | Cerebral Palsy         | White                | Female | 30s | 18%      | Flint   |
| <b>Informant / Part.</b> | Spina Bifida           | Native Am. / White   | Male   | 40s | 12%      | Flint   |
| <b>Informant / Part.</b> | SCI: Paraplegia        | Black / African Am.  | Female | 60s | 33%      | Detroit |
| <b>Informant</b>         | N/A                    | Black / African Am.  | Female | 50s | 76%**    | Flint   |

# Interview Protocol

- Social supports
- Community supports
- Built environment
- Attitudinal environment
- Health
- Healthcare access
- Equipment & assistive technology
- **COVID-19**



# COVID - 19 Related Findings

## Themes:

- Invisibility
- Isolation
- Health & Healthcare
- Personal home care assistance
- Resources

## Overarching factors:


- Risk (and need)
- Accommodations



# The Dilemma

“If you have to stay in the house because you're susceptible to what's going on out in the public, then what do you do?!” (Erica)





Having  
needs met  
during a  
pandemic




# Risk & Need: Choosing between

Not having  
need(s) met



Engaging in  
risk to have  
needs met





“They go out, maybe once a week, and do the grocery shopping. And so, it stresses them out that they have to get on this public transportation.”  
(Shawnta)

"Because, you know, you got the president talking about he wants to reopen, like, yesterday, so that causes some anxiety, and especially in people like me that's more at risk." (Carnise)





# Minimizing Risk

- No choice
- Not to “rock-the-boat”
- Normalize the situation





# Minimizing Risk

“They’re just saying, ‘I value what this person can give me, more than I value the consequences.’” (Laura)



# Theme: Isolation

“[The pandemic is] further isolating people. So, for people that felt isolated before, this is ... almost like a deeper dive into isolation.” (Laura)

“I used to go therapy, like, four days a week, but of course, I can't do that ... I don't really – really talk to nobody.” (Ramon)



# Risk & Need: Choosing between

Not having  
need(s) met



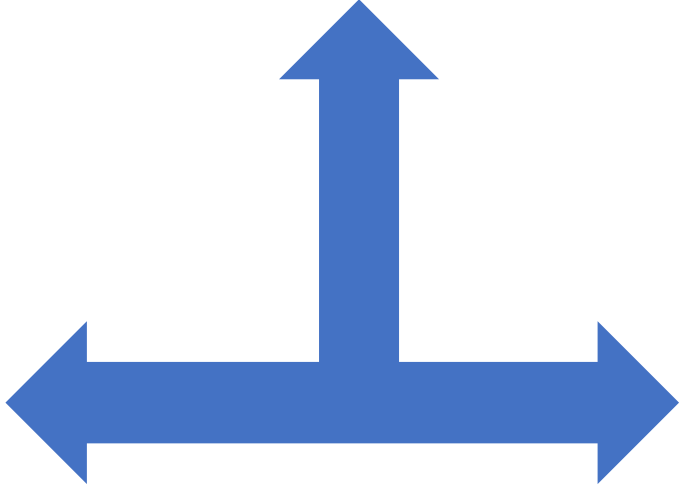
Engaging in  
risk to have  
needs met





Provision of accommodations

Not having need(s) met



Engaging in risk to have needs met

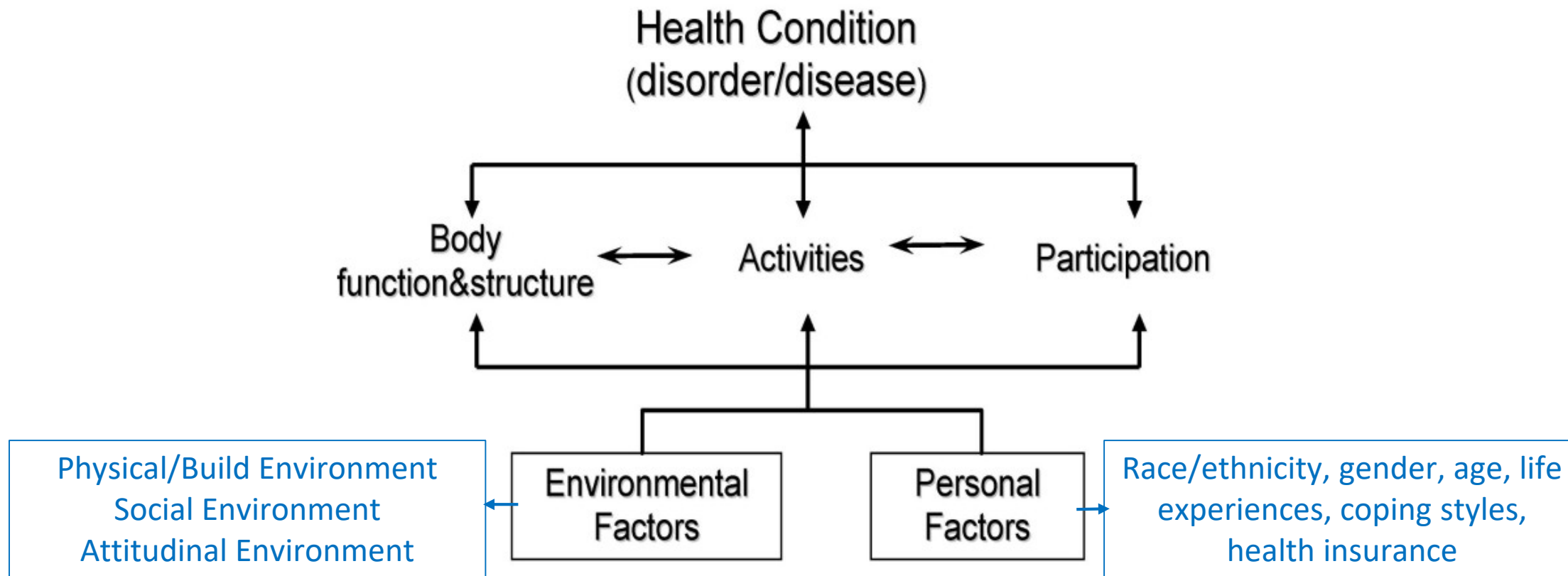




# Natural Supports



# ICF – International Classification of Functioning, Disability, and Health



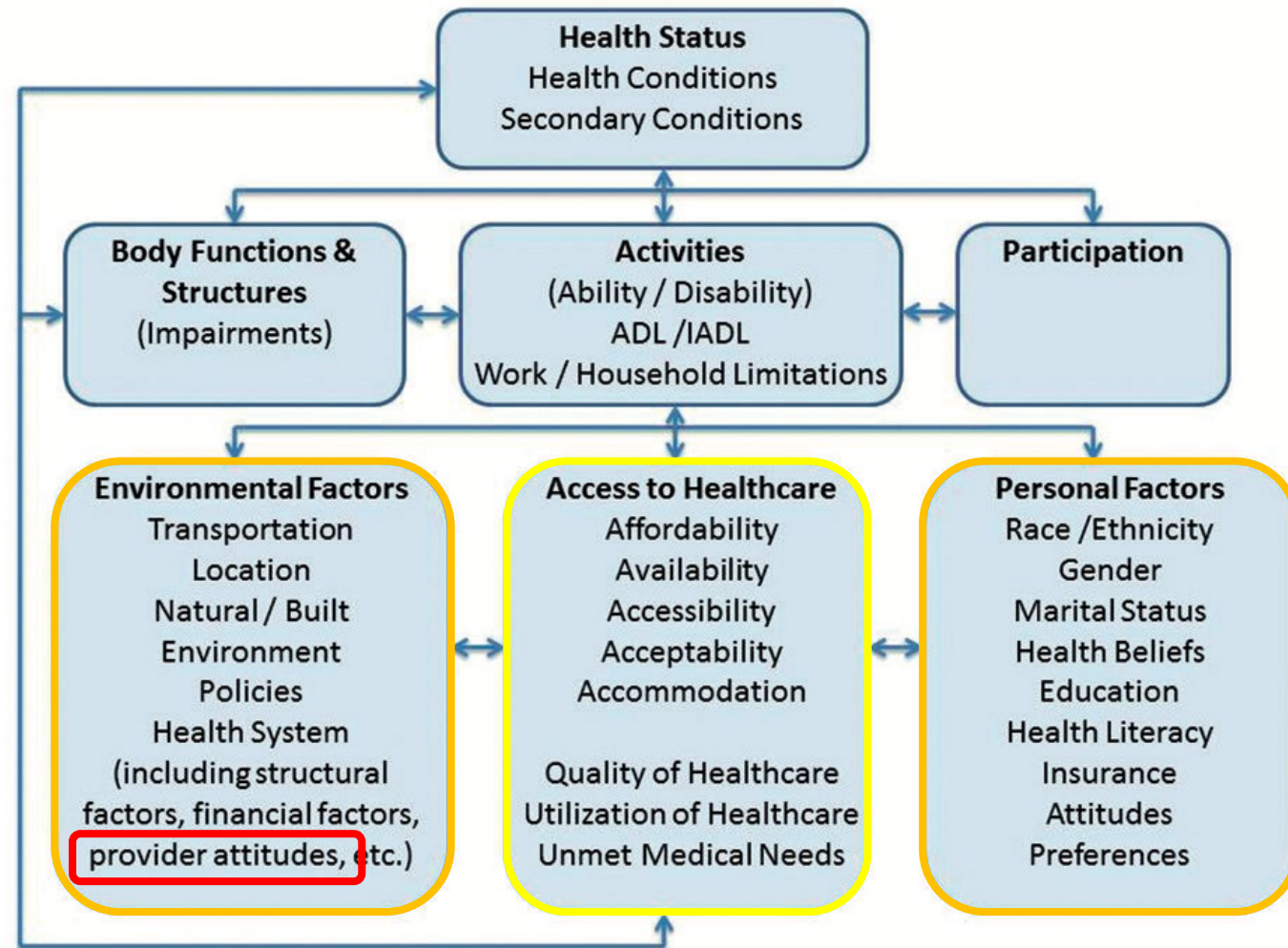


| Environmental Factors                         | Personal Factors              |
|---|-------------------------------|
| <b>Steve</b>                                  |                               |
| Support from local non-profit                 | 24-hour care                  |
| Groomed to be disability rights advocate      | Limited education, low-income |
| Society values whiteness                      | White                         |
| Extensive social networks and connections     | Knowledge and skills acquired |
| Raised in supportive environment              |                               |
| <b>Grady</b>                                  |                               |
| Not connected to any disability organizations | 24-hour care                  |
| Socially isolated                             | Limited education, low-income |
| Lacked social networks and connections        | African American              |
| Not raised in supportive environment          |                               |





# Model of Healthcare Disparities & Disability



# Theme: Concern about Healthcare

- . Rationed care & Access to care



# Theme: Concern about Healthcare

“I would hope that I would be – would get the fair treatment, but I wouldn’t – I – I don’t know if I would or not. You know, so, with the – the underlying issues that [I] have already, I believe I would be prioritized, because I have one – those underlying conditions.” Tavell



# Theme: Concern about Healthcare

- Rationed care & Access to care
- Access to one's personal care assistant(s)



# Theme: Concern about Healthcare

When a person – if they're paralyzed, and they're – they're – they're recovering, there's not time to have people sitting in your room, you know, waiting on you ... A person like me, I need 24-hour care. It's about survival, really.” (Steve)





STATE OF MICHIGAN  
OFFICE OF THE GOVERNOR  
LANSING

GRETCHEN WHITMER  
GOVERNOR

GARLIN GILCHRIST II  
LT. GOVERNOR

## EXECUTIVE ORDER

No. 2020-64

### **Affirming anti-discrimination policies and requiring certain health care providers to develop equitable access to care protocols**

The novel coronavirus (COVID-19) is a respiratory disease that can result in serious illness or death. It is caused by a new strain of coronavirus not previously identified in humans and easily spread from person to person. There is currently no approved vaccine or antiviral treatment for this disease.

On March 10, 2020, the Department of Health and Human Services identified the first two presumptive positive cases of COVID-19 in Michigan. On that same day, I issued Executive

# “A Deeper Dive”

- Not having needs met vs. engaging in risk to have them met
- Personal and environmental factors
- Lack of accommodations
  - Special treatment or a right?

*... makes the invisible visible.*



*Thank you*

