

INEQUALITY IN A GLOBAL CRISIS: PEOPLE WITH DISABILITIES



Nonprofit organizations, which depend on philanthropic support from the community to carry out their critical missions, will continue to be affected by the short- and long-term impacts of COVID-19. The constituencies they assist will be impacted differently based on race, class, gender, disability and a multitude of other descriptors.

The implications of COVID-19 cannot be generically applied to all constituencies. Some constituencies are suffering at a far higher rate than others and philanthropists are looking for more than a “one-size fits all” solution.

While recognizing that disability-based discrimination existed long before the coronavirus pandemic, this document provides an overview of how its effects are compounded by the current crisis and what solutions are being suggested.

KEY STATISTICS



61 million Americans (26%) live with a disability

6.7 million public school students live with a disability

1 in 5 adults in the U.S. experiences mental illness

Disabilities can impact mobility, cognition, the ability to live independently, vision, hearing, or the ability to care for oneself.

KEY TAKEAWAYS FROM EXISTING DATA

Over a quarter of the U.S. population lives with one form of disability or another. Individuals with disabilities face tremendous challenges in this time of crisis. Healthcare professionals, responders, and philanthropists can help in the following ways:

- **Address the shortage of life-saving medical equipment:** While not inherently at a greater risk of contracting COVID-19, individuals with disabilities are concerned they would be denied life-saving medical procedures should they contract COVID-19 due to a shortage of equipment in institutions. In these cases, individuals with disabilities may be denied treatment due to implicit bias among medical professionals and state emergency protocols that prioritize individuals considered otherwise “fit and healthy”.
- **Prevent the disruption of essential services:** Individuals with disabilities and their families often rely on in-home and community support services to live comfortably day to day. In addition, students need adapted educational plans and adults need steady employment and accessible workplaces. With stay-at-home orders and a shortage of personal protective equipment, individuals with disabilities are concerned that these essential support services will be disrupted during the crisis, severely impacting their health, safety, dignity, and independence.
- **Guarantee the accessibility of information:** Individuals with disabilities should be kept informed of all developments related to COVID-19. A lack of accessible information limits the reach of critical information. Communications should be live-captioned and have a sign language interpreter. Websites need to be accessible for those who utilize accessibility devices, and language should be plain and simple to maximize understanding.
- **Increase the availability of mental health resources:** Experts have warned that extended periods of confinement, high rates of unemployment, and stressful work on the frontlines of the crisis are creating a mental health crisis that our country is unequipped to address. The Didi Hirsch Suicide Hotline in Los Angeles fielded 1,800 calls in March, versus 20 in February. It is important that mental health organizations have enough support to expand their operations in the weeks and months ahead.

Note: Research shows that there are different preferences regarding appropriate terminology, but generally, it is appropriate to use “people first” language, such as “people who are visually impaired” or “an individual who uses a wheelchair.”

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COMMIT TO STOPPING STIGMA AND BUILDING COMMUNITY RESILIENCY BY:



1. Sharing the need for social and financial support for marginalized groups.



2. Maintaining privacy and confidentiality of those seeking healthcare.



3. Quickly communicating the risk or lack of risk associated with products, people, and places.



4. Raising awareness about COVID-19 without increasing fear.



5. Sharing accurate and accessible information about how the virus spreads.



6. Speaking out against negative behaviors and the exclusion of marginalized groups.



7. Being cautious about the images that are shared to avoid reinforcing stereotypes.



8. Engaging with marginalized groups in person and through social media.



9. Thanking healthcare workers, responders, and those providing essential services.



10. Nonprofit leaders: having discussions with your board about the relationship between justice/equity and your mission.

RESOURCES

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| <ul style="list-style-type: none">• The Atlantic• The Council of State Governments• The Wall Street Journal• The Boston Globe• The Los Angeles Times | <ul style="list-style-type: none">• Rand Corporation• Human Rights Watch• John Hopkins University• The Wall Street Journal• National Alliance on Mental Illness (NAMI) | <ul style="list-style-type: none">• Center for Disease Control (CDC)• RespectAbility |
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