



**CCGHR CCRSM**  
Canadian Coalition for Global Health Research  
Coalition canadienne pour la recherche en santé mondiale

# 2021 – CASE STUDY

## The impact of COVID-19 pandemic on the well-being of Canadians with disabilities

### PREPARED BY

Monica Bustos  
Karen Chan  
Femke Hoekstra

Elisabeth Huang  
Katrina Streef

### SUPPORTED BY

Vesela Ivanovna

# CASE STUDY NAME



## WHAT IS THE KTA PROBLEM?

The COVID-19 pandemic has had negative consequences on the overall well-being of Canadians (1, 2). Infection control strategies, such as physical distancing and lockdown regulations, have led to reduced physical activity and poorer mental health (1). During the COVID-19 pandemic, an estimated 38.2% of survey respondents in Canada have reported a deterioration in their mental health (3). Respondents were most likely to identify emotions related to anxiety and worry (46.0%), stress (37.5%), and loneliness (30.5%). In addition, financial instability, food insecurity, and social isolation induced by COVID-19 have contributed to poorer mental health and wellbeing (3).

More than the general population, persons with disabilities face even greater barriers to well-being and physical activity. Populations who have increased vulnerabilities due to existing disability are more likely than their counterparts to indicate mental health challenges during COVID-19 (3). A decline in mobility and physical activity during the onset of the COVID-19 pandemic among persons with physical disabilities and chronic diseases have also been noted in the literature (4). As such, the knowledge-to-action gap exists in supporting the exacerbated needs of persons living with disabilities in the context of COVID-19.

## WHO DOES IT AFFECT?

In 2017, an estimated 6.2 million Canadians had one or more disabilities (5). Public health recommendations in the context of a pandemic like COVID-19 assume populations are homogenous. Prior to the outbreak, persons with disabilities have been able to live independently with regular access to adaptive services and supportive communities. Public health restrictions, such as the quarantine requirements and the closure of recreational facilities, have constrained access to resources for persons living with disabilities.

The [COVID-19 Disability Survey](#) is a nationwide ongoing project to collect information about experiences, needs, and concerns of Canadians with disabilities during the COVID-19 pandemic. Between June 2020 – December 2020, a total of 713 respondents completed the survey. The findings showed that 82% of respondents indicated that their mental health was negatively impacted by COVID-19. Moreover, 80% of the respondents experienced greater social isolation compared to the general population average. In addition, over 50% of respondents reported that they have become less physically active and that their diet has worsened since the start of the pandemic (6).

# DESCRIBE THE “K”



## WHAT DO WE KNOW ABOUT IT?

Published research since the start of the pandemic in 2020 has rarely addressed the physical activity and mobility needs of persons with disabilities (4, 7). Previous reviews have noted that persons with physical disabilities or chronic diseases across the world have experienced a decrease in physical activity, well-being, social support, and professional assistance due to lockdown restrictions and the closure of facilities (4, 7). Furthermore, other reviews focusing on general population found that participating in physical activities during the pandemic was associated with less anxiety and depression (8)

In Canada, initiatives have been launched to respond to the challenges experienced by persons with disabilities in the context of COVID-19. An example is the Get in Motion program, a phone-in coaching service for all Canadians living with a physical disability (9). This evidence-based physical activity counselling intervention was initially established in June 2008 by the Spinal Cord Injury Canada and evaluated through previous randomized controlled trials (10). In the context of the COVID-19 pandemic, Get in Motion has allowed persons living with physical disabilities to connect with a volunteer coach through phone or online conferencing to work on at-home physical activities together.

## WHAT DO WE THINK WE DON'T KNOW?

The purpose of this project was to research how Canadian organizations are working to address physical and mental health needs among persons with disabilities during the COVID-19 pandemic. We did not know what programs existed or how effective these programs were at adapting to restrictions put in place by COVID-19.

### What did we do?

Focusing on initiatives that aimed to address the needs of persons living with disabilities during the COVID-19 pandemic, the objective of our case study was to understand how well these services were able to support this population. More specifically, we looked at the reach, perceived outcomes, and relevance of these services in ensuring that persons living with disabilities are able to maintain healthy lifestyles and wellbeing.

In order to gain a better understanding of how the needs of persons living with disabilities are being supported during the COVID-19 pandemic, we met with and interviewed program coordinators and health coaches of the Get in Motion program. During the interviews, Get in Motion staff members were able to provide their perspective on the strengths and gaps of the program, and provided recommendations for future initiatives.



# PROMISING PRACTICES



## What did we find?

### *Strengths of the program*

Overall, program coordinators and health coaches found that a great strength of the program was the promotion of social connection and the formation of social networks, especially during the COVID-19 pandemic. Beyond promoting healthy physical activity, program coordinators indicated that -

*“Social connection, some participants are keen to make physical activity goals but experiencing benefit from the social connection”*

Regularly connecting with a health coach allowed participants to maintain physical activity goals, have a positive outlook, and have a sense of accountability and ownership of their health and wellbeing. Additionally, having a virtual coaching program was an effective mechanism for sharing resources. For example, the health coach we interviewed indicated that, to support their client’s interest in dancing, they sent them links to dancing videos that they could follow during their own time.

To reach clients, Get in Motion partnered with Special Olympics Canada to offer services to both persons experiencing mobility and cognitive disabilities. The program aimed to target people from 18 to 65 years of age, with a total of 112 participants composed of half Special Olympic athletes and half adults with mobility impairments.

*“Nice that it is telephone-based initiative so the need for technology isn't there, if you have access to a telephone of any kind we can reach them and help them reach their physical activity goals.”*

### *Challenges of the program*

Interviews indicated that the program experienced difficulties with staffing because of the ongoing changes over the past year. While there was a large influx of volunteers in the beginning of the program, volunteer applications have since slowed down. In addition, there was a lack of structured monitoring and evaluation, resulting in a lack of knowledge around why some clients have since dropped out, and how training for volunteers could be improved. Moreover, while the program was able to address social isolation by bringing clients and coaches together, coordinators found it difficult to build a broader sense of community because clients and coaches arranged sessions on an individual basis.

Another gap identified in the program is its reach towards other vulnerable groups. For example, it was noted that there could be challenges with accessibility and reach among persons living with disabilities in Indigenous populations who do not have cellular or internet service to connect with a health coach remotely. In addition, providing relevant coaching and recommendations to clients in Indigenous populations were also potential challenges. For example, in rural areas, physical activity could involve going hiking and hunting, whereas going to the gym would be more relevant for urban contexts.

# PROMISING PRACTICES

## LESSONS LEARN AND SUGGESTIONS FOR IMPROVEMENT

The program coordinators and health coaches also provided insight into improvements that could be made on the implementation of the Get in Motion program.

### 1: Improve the accessibility and inclusivity of the program

Since the Get in Motion program is a virtual service, network and user accessibility should be considered. A possible way to improve the reach of the program is to ensure the service is accessible to different groups within the target population, including elderly, remote communities, and Indigenous populations. One of the coaches mentioned:

*“The reach can always be higher, especially for marginalized groups. For example, some Indigenous communities may not have internet or cell service. So automatically those groups aren’t able to participate in the Get in Motion program.”*

### 2: Provide additional training to health coaches

Additional training to health coaches focusing on exchange efficient strategies may help improve quality of support service as well support community building. Furthermore, the program may be improved by providing coaches additional training on how to work with specific marginalized groups, such as Indigenous and elderly communities. For example, a better understanding of the trauma held by Indigenous populations may help coaches to provide better and more relevant support to their clients.

### 3: Broaden the service by focusing on supporting a healthy lifestyle

The program may be improved by providing support on multiple lifestyle behaviours instead of physical activity only. The COVID-19 pandemic has also shown to have a negative impact on different types of lifestyle behaviours, including smoking, alcohol, nutrition intake and sleep. Broaden the service on supporting a healthy lifestyle may enhance clients’ overall health and wellbeing.

## SUMMARY

The findings of this project illustrate that the COVID-19 pandemic has a negative impact on the health and well-being of Canadians with disabilities. We provide examples of services to support people with disabilities during the pandemic and provide possible directions to further improve the support.

# REFERENCES



1. Lesser, I. A., & Nienhuis, C. P. (2020). The impact of COVID-19 on physical activity behavior and well-being of Canadians. *International journal of environmental research and public health*, 17(11), 3899.
2. Daly, Z., Slemon, A., Richardson, C. G., Salway, T., McAuliffe, C., Gadermann, A. M., ... & Jenkins, E. K. (2021). Associations between periods of COVID-19 quarantine and mental health in Canada. *Psychiatry research*, 295, 113631.
3. Jenkins, E. K., McAuliffe, C., Hirani, S., Richardson, C., Thomson, K. C., McGuinness, L., ... & Gadermann, A. (2021). A portrait of the early and differential mental health impacts of the COVID-19 pandemic in Canada: findings from the first wave of a nationally representative cross-sectional survey. *Preventive Medicine*, 145, 106333.
4. de Boer, D. R., Hoekstra, F., Huetink, K. I., Hoekstra, T., Krops, L. A., & Hettinga, F. J. (2021). Physical Activity, Sedentary Behavior and Well-Being of Adults with Physical Disabilities and/or Chronic Diseases during the First Wave of the COVID-19 Pandemic: A Rapid Review. *International Journal of Environmental Research and Public Health*, 18(12), 6342.
5. Statistics Canada, 2018. <https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2018002-eng.htm>
6. Martin Ginis, K., et al. (2021). *COVID-19 Disability Survey*. Abilities Centre and University of British Columbia. [https://abilitiescentre.org/Abilities/media/Documents/Covid-survey-report-Dec-18\\_1.pdf](https://abilitiescentre.org/Abilities/media/Documents/Covid-survey-report-Dec-18_1.pdf)
7. Lebrasseur, A., Fortin-Bédard, N., Lettre, J., Bussièrès, E. L., Best, K., Boucher, N., ... & Routhier, F. (2020). Impact of COVID-19 on people with physical disabilities: A rapid review. *Disability and health journal*, 101014.
8. Wolf, S., Seiffer, B., Zeibig, J. M., Welkerling, J., Brokmeier, L., Atrott, B., ... & Schuch, F. B. (2021). Is Physical activity associated with less depression and anxiety during the COVID-19 pandemic? A rapid systematic review. *Sports Medicine*, 1-13.
9. The University of British Columbia. (2020, May 7). *Researchers offer at-home physical activity support for people with disabilities*. The University of British Columbia - Faculty of Medicine. <https://www.med.ubc.ca/news/researchers-offer-at-home-physical-activity-support-for-people-with-disabilities/>
10. Arbour-Nicitopoulos, K. P., Tomasone, J. R., Latimer-Cheung, A. E., & Ginis, K. A. M. (2014). Get in motion: an evaluation of the reach and effectiveness of a physical activity telephone counseling service for Canadians living with spinal cord injury. *PM&R*, 6(12), 1088-1096.