# COVID-19 Outcomes for People Receiving Disability Support Services (DSS)

**09 February 2023**

## The content of this paper covers topics including death and mortality. In recognition of the significance of this topic, we have included the below karakia:

Kia piki te ora May your health and well being ascend

Kia piki te kaha May your strength increase

Kia piki te wairua May your spirituality enhance

Haumi e, hui e, taiki e Join, gather, unite.

## Whaikaha sought to improve our understanding of the impacts of COVID-19 on people receiving DSS (43,000 disabled people)

Whaikaha analysis of COVID-19 outcomes focused on the exploration of patterns and risk for DSS clients. DSS clients are more likely to have support needs that require close contact from support workers or family carers, reducing the ability to physically distance as a COVID-19 protective measure and thereby increasing risk.

We wanted to understand the COVID-19 outcomes for both groups of DSS clients who receive residential or non-residential support[[1]](#footnote-2)

Residential support provider organisations vary in size from a single residence with fewer than five people to large homes and groups of small homes or flats to organisations that coordinate multiple residences across the country. Larger facilities can also operate several specialist services, particularly supporting people with significant physical and medical needs

DSS clients receiving residential support (approximately 15 – 20 percent of all DSS recipients) are more likely to have particularly complex needs or co-morbidities, which may make them more susceptible to COVID-19 than DSS clients who receive non-residential support.

### Table: COVID-19 outcomes for 43,000 DSS clients compared to the rest of the New Zealand population over the period of 01 January 2022 – 16 November 2022

|  |  |  |  |
| --- | --- | --- | --- |
|  | COVID-19 Positive | **Admitted to hospital**[[2]](#footnote-3) **with COVID-19** | **Died of or with COVID-19** |
| All DSS Clients (approx. 43,000) | 9% less likely(13,879 people) | 4.2 times more likely(409 people) | 13 times more likely(27 people) |
| Non-residential support | 16% less likely (10,818 people) | 3.5 times more likely(281 people) | 7 times more likely(11 people) |
| Residential support | 19% more likely(3,061 people) | 8 times more likely(128 people) | 47 times more likely(16 people) |

### Key Findings

Within the overall DSS client population, outcomes significantly differ for those receiving residential support, compared to non-residential support. DSS clients who received residential support clearly showed a higher level of support need than those receiving non-residential support and the rest of the New Zealand population.

Overall, **DSS clients** (compared to the rest of the New Zealand population) were around:

* + 9% less likely to be COVID-19 positive[[3]](#footnote-4) (13,789 people)
	+ 4.2 times more likely to be admitted to hospital for COVID-19 (402 people), and
	+ 13 times more likely to die of or with COVID-19 (27 people)

Overall, **DSS clients receiving non-residential support** (compared to the rest of the New Zealand population) were:

* 16% less likely to be COVID-19 positive
* 3.5 times more likely to be admitted to hospital with COVID-19, and
* 7 times more likely to die of or with COVID-19.

Overall, **DSS clients receiving residential support** showed the highest level of support need compared to the overall New Zealand population, being:

* 19% more likely to be COVID-19 positive
* 8 times more likely to be admitted to hospital with COVID-19, and
* 47 times more likely to die of or with COVID-19.

When we disaggregated the data by ethnicity, there were no significant differences between other ethnic groups. Due to the small sample size, this data cannot be reported publicly due to the risk that individuals may be identifiable.

## Analysis undertaken by Whaikaha shows that COVID-19 outcomes for DSS clients can differ significantly for those clients who receive residential support

It is of concern that DSS clients receiving residential support are 47 times more likely to die with, or of COVID-19.

While DSS clients receiving residential support are also 19 times more likely to be reported as a COVID-19 case, this may reflect a greater willingness to report a positive test, rather than greater spread of COVID-19.

International evidence shows that institutions, residential homes, and Aged Residential Care facilities[[4]](#footnote-5) are areas of COVID-19 spread [REP-22-11-1160 refers].

In line with international evidence, it is likely that in an Aotearoa New Zealand context, DSS clients who receive residential support would be at greater risk of poor COVID-19 outcomes.

## Further analysis would be needed to fully explain the outcomes in this data

While our analysis does not include evidence of causation, potential reasons for the COVID-19 outcomes experienced by DSS clients include:

***Case Rates***

Some disabled people and their whānau have decided that to effectively self-isolate from the wider community to reduce their exposure to COVID-19

DSS clients who live in group homes or residential care facilities have a heightened risk of getting COVID-19 through a close-contact cluster

Physical distancing in group home environments and residential facilities can be difficult to maintain

Providers delivering residential support may take a more prudent approach to COVID-19 testing and reporting, increasing the likelihood of a case being reported

People receiving non-residential services may test positive for COVID-19 but may not always report their positive status, for example, due to accessibility barriers.

***Hospitalisations and Mortality***

The analysis undertaken by Whaikaha shows that DSS clients are more likely to be hospitalised with COVID-19, or to die with or of COVID-19

Overstretched health systems may indirectly discriminate against disabled people by prioritising life-saving treatments by calculating who would benefit most[[5]](#footnote-6). This data suggests DSS clients with COVID-19 have continued to have access to COVID-19 health services and resources and may have been prioritised for hospital support.

***Limitations of data analysis and future research opportunities***

There will be other disabled people who are at similar risk to DSS clients, who do not receive DSS. This analysis is limited to those who receive DSS, as there is not reliable data and evidence available to quantify the full number of disabled people who are at risk of poorer COVID-19 outcomes.

Since the beginning of the COVID-19 pandemic, Whaikaha and the Office for Disability Issues[[6]](#footnote-7) have worked under the assumption that disabled people, and in particular, DSS clients are at greater risk of poor outcomes if they contract COVID-19.

This assumption was based on existing data which shows that disabled people are doing much poorer than non-disabled people when it comes to unmet needs for primary health care, ED visits and having poor self-rated health.

Although the analysis undertaken by Whaikaha generally aligns with the findings in the ‘COVID-19 Disability Data’ report [REP-22-11-1160 refers], there are some variations e.g., the overall mortality rate for DSS clients differs, likely due to the small sample size, and differences in the overall number of DSS clients who died with or of COVID-19[[7]](#footnote-8).

We also note that Manatū Hauora used an aged-standardised approach, which was not used by Whaikaha.

The analysis undertaken by Whaikaha does not account for variables such as:

* DSS clients’ pre-existing health conditions and comorbidities
* interactions with the health system, and the effect on reported cases, and
* hospital admissions for the purposes of observation, monitoring, or routine procedures.

This data analysis focuses on COVID-19 outcomes for approximately 43,000 disabled people. Further analysis opportunities include:

* the impact of co-morbidity factors and/or age on DSS clients’ COVID-19 mortality and hospitalisations
* availability and access to primary health care services for DSS clients, and
* COVID-19 outcomes for the wider disability population living in New Zealand ie DSS clients, and those not receiving DSS, disaggregated by ethnicity and age.
1. All other DSS supports, not included under ‘residential support’. [↑](#footnote-ref-2)
2. To be included as a COVID-19 hospitalisation, COVID-19 must have been a contributing reason for their hospital stay. A hospitalisation must also have been for a period of at least three hours to be counted. [↑](#footnote-ref-3)
3. ‘COVID-19 positive’ refers to self-reported positive cases, or cases reported after routine testing. There is no way to count cases where no report was made. [↑](#footnote-ref-4)
4. Brass A, Shoubridge AP, Crotty M, Morawska L, Bell SC, Qiao M, Woodman RJ, Whitehead C, Inacio MC, Miller C, Corlis M, Larby N, Elms L, Sims SK, Taylor SL, Flynn E, Papanicolas LE, Rogers GB. Prevention of SARS-CoV-2 (COVID-19) transmission in residential aged care using ultraviolet light (PETRA): a two-arm crossover randomised controlled trial protocol. BMC Infect Dis. 2021 Sep 17;21(1):967. doi: 10.1186/s12879-021-06659-7. PMID: 34535091; PMCID: PMC8446719. [↑](#footnote-ref-5)
5. Independent Monitoring Mechanism ‘Making Disability Rights Real in a Pandemic’ (2021). [↑](#footnote-ref-6)
6. Pre-1 July 2022. [↑](#footnote-ref-7)
7. Manatū Hauora’s analysis shows 28 DSS under 70 clients died with or of COVID-19, however Whaikaha has determined one of these clients was older than 70. For this reason, Whaikah has reported 27 DSS clients died with or of COVID-19. [↑](#footnote-ref-8)