

COVID-19 MORTALITY RATES

for Persons with Intellectual and Developmental Disabilities

The COVID-19 pandemic has disproportionately impacted people with intellectual and developmental disabilities (IDD) across the United States. The purpose of this study was to gauge the impact of the pandemic on people with IDD at two points in time.

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METHODOLOGY OF SURVEY DATA AND FINDINGS:

The study compared rates of COVID-19 infection and fatality from COVID-19 once infected for people with IDD and the general public for eight states at two separate points in time during the pandemic (May 2020 and January 2021, plus or minus four days).

The states were: California, Colorado, Indiana, Maryland, New Jersey, New York, Pennsylvania, Virginia

These states provided COVID-19 mortality and infection data for an earlier study involving people with IDD as well¹. The data was provided by the state authorities through IDD provider associations within each state. The combined population of these eight states was 107,722,117, or roughly 33% of the estimated population of the United States as of July 2019. These data from the eight states include 614,330 adults who have IDD and receive IDD Medicaid services.

Infection Rate

As of May 31, 2020, 0.8% of the general public had been diagnosed with a COVID-19 infection. At this same time, 0.9% of the individuals with IDD had received positive diagnoses. With the spread of the COVID-19 virus and the passage of eight months, the percentage of the population that had been infected had grown substantially. Approximately 7.57% of the general public and 5.62% of the individuals with IDD had been infected with the COVID-19 virus. Figure 1 presents the infection rates at the two points in time. The infection rate for individuals with IDD was lower than the general population, at .74 times the infection rate.

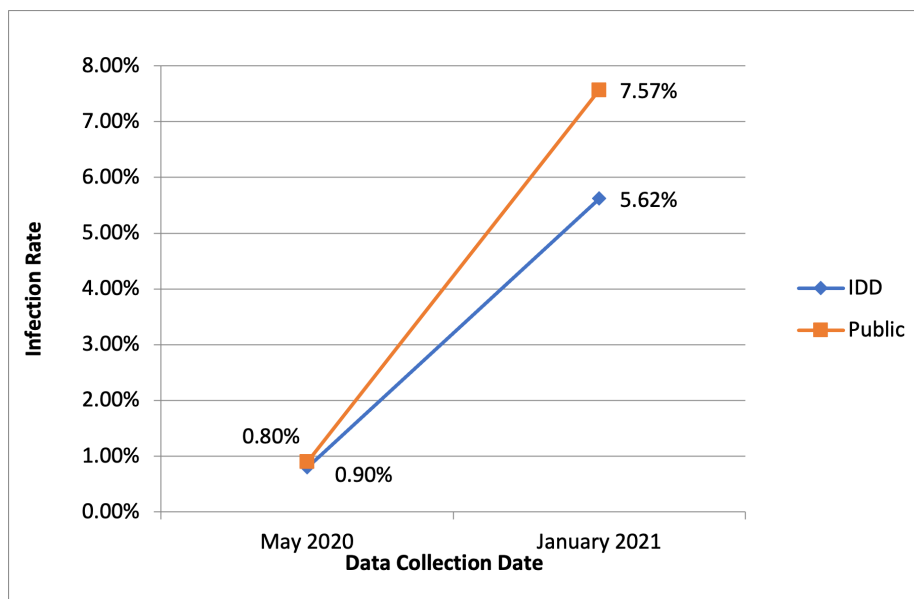


Figure 1
COVID-19 Infection Rates at Two Points in Time.

Fatality Rate

The recent data from January 2021 are encouraging in that the fatality rates for both those with IDD and members of the general public have fallen. Once infected, the probability of death from COVID-19 infection was less than 2% (1.94%) for members of the general public and under 5% (4.41%) for individuals with IDD. While the fatality rate has declined for both people with IDD (64%) and the general public (71%), the disproportionate impact on people with IDD has remained. Both members of the general public and people with IDD are now less likely to die once infected, but people with IDD are still at least twice as likely (2.29) to die from the infection as are members of the general public. The mortality rate decline and the growing disparity are represented in Figure 2.

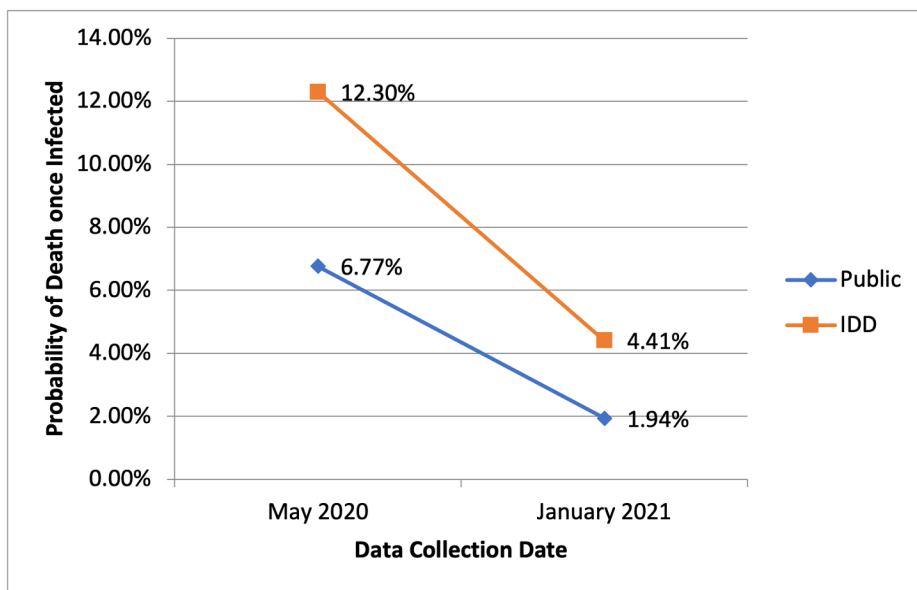


Figure 2

Probability of Death Once Infected at Two Points in Time.

CONCLUSION

Although the fatality rate for both people with IDD and members of the general public declined dramatically over the first eight months of the pandemic, people with IDD appear to have retained an increased probability of COVID-19 death when compared with members of the general public. The impact of the high rate of comorbidity among people with IDD have been suggested as a possible contributory factor, but further analysis is required to ascertain contributory factors and caution should be exercised in offering speculative explanations². The study also found that individuals with IDD were slightly less likely to become infected by the COVID-19 virus, particularly at the second time point. The modest difference is perhaps attributable to the closing of many day programs, the general limitation on community-based activities. While subject to empirical verification, it may be that the IDD provider community, despite the regular rotation of staff into homes, was better able to implement COVID-19 mitigation strategies, such as masking and social separation than were members of the general public.

RECOMMENDATIONS

In order to be truly responsive to the needs of the IDD population, the observations in this study suggest that next research steps should focus on the identification of major driving factors of susceptibility to COVID-19 infection and death.

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