

Study: Supporting Individuals with Intellectual and Developmental Disability During the First 100 Days of the COVID-19 Outbreak in the USA

BrightSpring Health Services conducted a study examining the impacts of COVID-19 on people with intellectual and developmental disabilities during the first 100 days of the pandemic, which was recently published in the *Journal of Intellectual Disability Research*.

This study was led by Senior VP of Medical Affairs, Dr. William (Bill) Mills along with leaders from BrightSpring's medical, clinical, compliance, risk management, human resources, legal, communications, and operations teams. The highlights are below for ease of access along with [a link](#) directly to the publication, for reference.

Abstract

Background

It is unknown how the novel Coronavirus SARS-CoV-2, the cause of the current acute respiratory illness COVID-19 pandemic that has infected millions of people, affects people with intellectual and developmental disability (IDD). The aim of this study is to describe how individuals with IDD have been affected in the first 100 days of the COVID-19 pandemic.

Methods

Shortly after the first COVID-19 case was reported in the USA, our organization, which provides continuous support for over 11 000 individuals with IDD, assembled an outbreak committee composed of senior leaders from across the health care organization. The committee led the development and deployment of a comprehensive COVID-19 prevention and suppression strategy, utilizing current evidence-based practice, while surveilling the global and local situation daily. We implemented enhanced infection control procedures across 2400 homes, which were communicated to our employees using multi-faceted channels including an electronic resource library, mobile and web applications, paper postings in locations, live webinars and direct mail. Using custom-built software applications enabling us to track patient, client and employee cases and exposures, we leveraged current public health recommendations to identify cases and to suppress transmission, which included the use of personal protective equipment. A COVID-19 case was defined as a positive nucleic acid test for SARS-CoV-2 RNA.

Results

In the 100-day period between 20 January 2020 and 30 April 2020, we provided continuous support for 11 540 individuals with IDD. Sixty-four per cent of the individuals were in residential, community settings, and 36% were in intermediate care facilities. The average age of the cohort was 46 ± 12 years, and 60% were male. One hundred twenty-two individuals with IDD were placed in quarantine for exhibiting symptoms and signs of acute infection such as fever or cough. Sixty-six individuals tested positive for SARS-CoV-2, and their average age was 50. The positive individuals

were located in 30 different homes (1.3% of total) across 14 states. Fifteen homes have had single cases, and 15 have had more than one case. Fifteen COVID-19-positive individuals were hospitalized. As of 30 April, seven of the individuals hospitalized have been discharged back to home and are recovering. Five remain hospitalized, with three improving and two remaining in intensive care and on mechanical ventilation. There have been three deaths. We found that among COVID-19-positive individuals with IDD, a higher number of chronic medical conditions and male sex were characteristics associated with a greater likelihood of hospitalization.

Conclusions

In the first 100 days of the COVID-19 outbreak in the USA, we observed that people with IDD living in congregate care settings can benefit from a coordinated approach to infection control, case identification and cohorting, as evidenced by the low relative case rate reported. Male individuals with higher numbers of chronic medical conditions were more likely to be hospitalized, while most younger, less chronically ill individuals recovered spontaneously at home.