

# In California, COVID death rate higher for people with IDD living in congregate settings

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A new study published recently in ScienceDirect by researchers from Syracuse University and SUNY Upstate Medical University shows that California residents who receive services for intellectual and

development disabilities (IDD) have lower COVID-19 case rates but a higher case-fatality rate than the general population.

And where these residents live is important: The lower case rate is being driven by those with IDD who live in their own home or a [family home](#), while those living in congregate settings are more likely to be diagnosed with, and die from, the virus.

The study, "COVID-19 Outcomes among People with Intellectual and Developmental Disability in California: The importance of Type of Resident and Skilled Nursing Care Needs," was published Dec. 5 by ScienceDirect's *Disability and Health Journal*.

Utilizing publicly available California data on COVID-19 outcomes for people receiving IDD services (early May through Oct. 2, 2020), the researchers determined outcomes based on seven types of residence—differentiated by the number of residents and level of skilled nursing care provided—and compared these results to the larger California published outcomes.

Most of California's residents are under new stay-at-home orders as the country's most populous state continues breaking its [coronavirus](#) records and hospital capacity drops to critically low levels in the southern half of the state. The researchers say the new study shows that people with IDD, especially those living in congregate settings, are at an increased risk during this perilous time and need to be prioritized when COVID-19 vaccines are allocated.

"Among people with IDD who are living in their own home or a family home, the case rate is lower than the state overall, and their case-fatality rate is only slightly higher than that of the state," said researcher Scott Landes, an associate professor of Sociology at Syracuse University's Maxwell School of Citizenship and Public Affairs and a research

affiliate for the Lerner Center for Public Health Promotion. "People with IDD living in congregate settings, as expected, are not faring as well.

"For those people with IDD living in congregate settings, the degree to which the case rate is higher is related to the number of people in the type of residence—settings with more residents have higher case rates—while the case-fatality rate is substantially higher for those living in settings that provide skilled nursing care, likely indicating a higher prevalence of pre-existing conditions," Landes said.

The study was conducted by Landes; Dr. Margaret Turk, Distinguished Service Professor of Physical Medicine and Rehabilitation at SUNY Upstate Medical Center in Syracuse, N.Y.; and Ashlyn Wong, a graduating senior in the Department of Sociology at Syracuse University's Maxwell School of Citizenship and Public Affairs.

The researchers found that COVID-19 outcomes for Californians receiving IDD services varied significantly by type of [resident](#) and skilled nursing care needs; there were higher rates of diagnosis in settings with a larger number of residents, and higher case-fatality and mortality rates in settings that provided 24-hour skilled nursing care.

"Diagnosis with COVID-19 among Californians receiving IDD services appears to be related to number of individuals within the residence, while adverse COVID-19 outcomes were associated with level of skilled nursing care," Landes said. "When data is available, future research should examine whether these relationships persist even when controlling for age and pre-existing conditions."

**More information:** Scott D. Landes et al. COVID-19 Outcomes among People with Intellectual and Developmental Disability in California: The Importance of Type of Residence and Skilled Nursing

Care Needs, *Disability and Health Journal* (2020). [DOI: 10.1016/j.dhjo.2020.101051](https://doi.org/10.1016/j.dhjo.2020.101051)

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