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WHAT WAS THE COMMUNITY SUPPORT OFFERED TO PEOPLE WITH DISABILITIES DURING THE COVID-19 PANDEMIC IN BRAZIL? A PILOT STUDY AS PART OF A GLOBAL SURVEY

Beatriz Helena Brugnaro
Department of Physical Therapy, Child Development Analysis Laboratory (LADI), Federal University of São Carlos (UFSCar). São Carlos, SP, Brazil

Fabiana Nascimento Vieira
Department of Physical Therapy, Child Development Analysis Laboratory (LADI), Federal University of São Carlos (UFSCar). São Carlos, SP, Brazil

Olaf Kraus de Camargo
McMaster University, CanChild. Hamilton, ON, Canada

Nelci Adriana Cicuto Ferreira Rocha
Department of Physical Therapy, Child Development Analysis Laboratory (LADI), Federal University of São Carlos (UFSCar). São Carlos, SP, Brazil

Abstract: *Background*: The COVID 19 pandemic has imposed challenges on the world, requiring strict biosecurity measures. Thus, community supports are of great importance for coping with the pandemic for people with disabilities. We aimed to identify and analyze community supports for people with disabilities during the pandemic in Brazil. *Methods*: Participants with disabilities or related to people with disabilities, including professionals of health care, answered an electronic form about the community supports offered during the pandemic, using categorical data. *Results*: Participated 105 individuals. It was found that the majority reported that people with disabilities did not have available accessible screening for COVID-19, nor had facilities accessible for quarantine or updates about the pandemic. Further on, did not have home care from personal support workers, home care nurses or caregivers, provision of personal protective equipment, nor online medical care, online educational support, personal technical equipment or delivery services available. *Conclusions*: The COVID-19 pandemic further exacerbated the dire situation to access health and community services in Brazil. The findings highlight and give more visibility to the great demand that this population still has in Brazil and enables targeted and effective social actions for the population with disabilities during and after pandemic period, enabling better health and social care for them, not only for Brazil, but also for other developing countries.
Keywords: Health care; Disabilities; Community Support; Politics; Social services; Pandemic.

INTRODUCTION

The COVID-19 pandemic, caused by coronavirus, spread rapidly around the world and several changes on everyday activities were necessary (Klein and Busis, 2020; Nussbaumer-Streit et al., 2020). Especially in the beginning of the pandemic, without specific treatments and vaccines, non-pharmacologic measures to mitigate the spread of the virus, such as the use of personal protective equipment, masks, gloves, as well as physical distancing (Campos et al., 2020; Garcia and Duarte, 2020; Lippi et al., 2020; Meleo-Erwin et al., 2021; Nussbaumer-Streit et al., 2020). However, although these were necessary measures considering the severity of the pandemic, the distancing brought other important implications, for example the interruption of therapies and the availability of face-to-face medical care only in emergencies cases (Campos et al., 2020; Willan et al., 2020). Therefore, these changes caused an overload in the health system and health demands, needing for specific training, hiring of new professionals and creating new adaptation of procedures and tools (Hart et al., 2020; Willan et al., 2020, Zhu et al., 2020). In addition, changes in the area of education, such as the interruption of face-to-face classes in schools, colleges and courses were also necessary, with the implementation of new methods and technologies of remote education (Benício et al, 2021; Meleo-Erwin et al., 2021; Rajmil et al., 2021; Vieira and Silva, 2020).

In this scenario, people with disabilities needed specific care, considering their vulnerability. According to the last demographic census of the Brazilian Institute of Geography and Statistics (2010), there were more than 45 million people in Brazil (23.9% of the country's total population) who declared intellectual disability or some degree of difficulty in at least one of the skills investigated (seeing, listening, walking or climbing steps) (see: https://www.ibge.gov.br/estatisticas/sociais/populacao/9662-censo-demografico-2010.html). This group faces barriers daily such as architectural accessibility, information, communication,

among others (Batistão et al., 2015; Siqueira et al., 2009; Tomaz et al., 2016), and this has worsened during the pandemic (Chakraborty, 2021; Reichenberger et al., 2020). In addition, people with disabilities are more likely to have comorbidities and often have difficulty communicating the symptoms of the disease, resulting in delays in the diagnosis of the COVID-19 virus and facilitating the virus's spread (Chakraborty, 2021; Dhiman et al., 2020).

In addition to the social distancing, there is a need for greater social/community support, to handle with this moment. Social supports are resources that people perceive as available in formal relationships or support from groups by non-professionals (Gottlieb and Bergen, 2010). This includes any material information offered from the same social circle which result in positive effects on the emotional state or behavior of individuals bilaterally (Nascimento et al., 2020). In times of great stress, such as in the COVID-19 pandemic, social support can contribute to maintain people's health, performing a mediating function (Chakraborty, 2021). In this context, social support can be considered a domain of environmental factors, as defined in the International Classification of Functioning and Health (ICF), and can be a barrier or facilitator of the functioning of individuals (WHO, 2001).

Knowing the importance that community support has in social inclusion, quality of life and health of people with disabilities (Nascimento et al., 2020), it is necessary to identify the community supports offered to people with disabilities population during the pandemic, in order to identify not only aspects of the current situation, but also structural needs that existed before the pandemic and that can possibly continue after it. Considering the magnitude of the group of people with disabilities in Brazil, a global research coordinated by Canadian researchers from McMaster University and facilitated by the International Association of Social Pediatrics (ISSOP) (see: https://www.canchild.ca/en/research-in-practice/current-studies/covid-19-supports-for-people-with-disabilities-and-caregivers) was applied in this country. This global research aimed to map in several countries besides Canada, what social supports were offered to people with during the COVID-19 pandemic. Therefore, the aims of this study were to identify the social supports offered to people with disabilities specifically in Brazil during the COVID-19 pandemic and to identify differences in this support considering the identification of the respondent (people with disabilities, proxy, therapist, researcher), age group, country region and their area of residence (urban, suburban or rural). We expect that the community support offered will show inefficient, considering the previously known scarcity of government and structural supports in Brazil (Batistão et al., 2015; Nascimento et al., 2020; Siqueira et al., 2009; Tomaz et al., 2016). The results will allow to predict how the Brazilian population with disabilities is facing accessibility and information difficulties during the experience of the pandemic, presenting important aspects that should be explored in more detail in this country.

MATERIALS AND METHODS

SETTINGS AND STUDY DESIGN

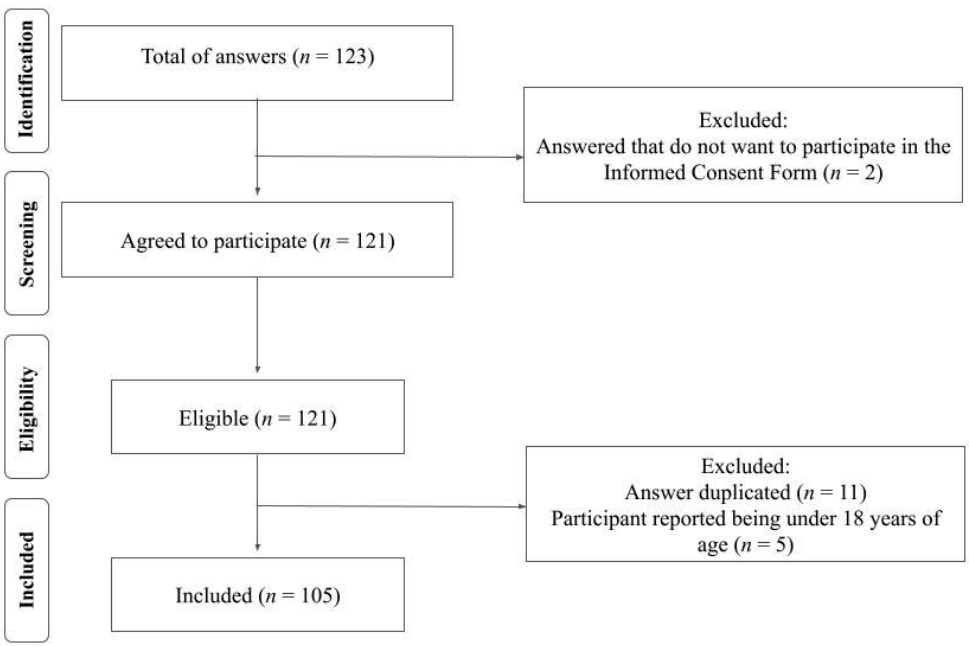
This study was an exploratory and observational cross-sectional, with a convenience sample. The study protocol was approved by the local Research Ethics Committee (number: 34904720.3.0000.5504). Authorization was obtained by the coordinator of global research and his group of researchers from Canada, to collect the data referring to the Brazilian population, and to publish the

Brazilian data. The invitations to participate in the research with the survey link were spread by the researchers via electronic link, social networks and through general websites for lay audiences, to obtain the widest variety of participants in the sample in national territory. Data were collected between August and November 2020. The study followed the recommendations of the Checklist for Reporting Results of Internet E-Surveys (CHERRIES) statement guideline (Eysenbach, 2004).

PARTICIPANTS

We surveyed Brazilians over 18 years of age. The inclusion criteria were people with any kind of disabilities themselves (physical, mental or intellectual) or in any way related with people with disabilities of any age (for example: relatives, professionals, researchers). Exclusion criteria were not applied since the search was conducted anonymously, with a self-declaration of the age of the participants (over 18 years old).

The Flowchart (Figure 1) demonstrate the recruitment. The form had a total of 123 responses and 18 data sets were excluded from the analysis. Thus, the final sample consisted of 105 participants, with the recruitment rate (number participants with valid answers included in the analysis/number of participants in total) at 85.3%. It was not possible to calculate the viewing rate of the survey link, as well as the completion rate, because the online platform only kept record of the people who filled out the questionnaire and sent to the researches by clicking on *send answers*.



Legend: *n* = number of participants

Figure 1. Flowchart of participants

Of the total participants, 43.81% were father/mother/caregiver of people with disabilities. They were between 35 and 54 years old (60.95%) and female (86.67%). The people with disabilities represented were between 0 and 12 years old (49.42%) and were male (55.24%). From the total number, 68.57% were from the Southeast and 91.43% lived in the urban area (Table 2).

Sociodemographic Data	General
Identification while responding to person with disability	*n (Frequency %)*
People with disability themselves	14 (13.3)
Parent/Caregiver of people with disabilities	46 (43.8)
Clinician	19 (18.1)
Researcher Administrator	7 (6.7)
Other*	19 (18.1)
Age range of the people with disabilities whose questions were related	
0 - 6 years	32 (30.5)
7 - 12 years	20 (19.0)
13 - 18 years	11 (10.5)
19 - 24 years	6 (5.7)
25 - 65 years	28 (26.7)
65 years and older	8 (7.6)
The gender of the people with disabilities	
Female	58 (55.2)
Male	35 (33.3)
Non-binary	12 (11.4)
Participants' age range	
18 - 24 years	11 (10.5)
25 - 34 years	22 (21.0)
35 - 44 years	43 (41.0)
45 - 54 years	21 (20.0)
55 - 64 years	7 (6.7)
65 years and older	1 (1.0)
Participants' gender	
Female	14 (13.3)
Male	91 (86.7)
Non-binary	0 (0.0)
Living area	
Urban	96 (91.4)
Suburban	3 (2.9)
Rural	6 (5.7)
Region of residence	
North	0 (0.0)
South	22 (21.0)
Southeast	72 (68.6)
Midwest	1 (1.0)
North East	10 (9.5)

Legend: *n* = number of participants; * = pedagogue, pedagogy student, physical educator, psychologist, brother, wife.

Table 2. Sociodemographic Data (n = 105)

PROCEDURES

An open online survey questionnaire was applied on the Google Forms® platform, standardized, following the same questions stipulated by the global search coordinator in Canada. Before completing the questionnaire, participants electronically signed the Informed Consent Form in the same survey link.

The questionnaire had a fixed format of order and number of questions, because the questions were independent and followed the sequence determined by the coordinator. All of the items were required to answer, except questions about additional comments, which were optional. The exactly original questionnaire was translated into Brazilian Portuguese by two Brazilians researchers who are fluent in English and have experience in disability and translations of educational materials into Brazilian Portuguese. There was no need for transcultural adaptation, since the questions are related to general community support no related to cultural aspects. The Canadian coordinator solved doubts during the translation about the original questions. The final version of the questions can be found in Appendix A - Sociodemographic data and Appendix B - Community Support Offered data. The questionnaire consisted of 45 questions, some with varied response options, according to the question and others with the options "yes", "no" and "I do not know". There were additional comment field for free text in all questions.

The mean time to respond to the form was 10 minutes, ranging from 5 to 15 minutes, depending on whether the volunteer chose to provide additional comments or not. It was not possible to edit responses after they were sent. Responses were automatically tabulated in Excel spreadsheets® and stored in the University's secure domain Google Drive® and restricted to the researchers. After the period of data collection ended, the form's link was closed, so, no more answers were possible to receive. All data were sent to the global search coordinator and is under password protection. No cookies or Internet Protocol (IP) verification were used.

The questions were represented in the categories and subcategories (2nd and 3rd level of classification), with the respective codes, referring to the Environmental Factors (e) of the ICF (Table 1).

Community Support - Chapter E - Environmental Factors	Subcategory - 2nd level of classification	Subcategory - 3nd level of classification
Accessible COVID-19 screening options for people with disabilities	(e5) Services, systems and policies	(e580) Health-related services, systems and policies
Quarantine facilities	(e5) Services, systems and policies	(e580) Health-related services, systems and policies
Accessible quarantine facilities for people with disabilities	(e5) Services, systems and policies	(e580) Health-related services, systems and policies
Accessible updates about COVID-19	(e5) Services, systems and policies	(e560) Media-related services, systems and policies
Updates frequency	(e5) Services, systems and policies	(e560) Media-related services, systems and policies
Permission personal support worker or nurses to continue providing care for people with disabilities in their home	(e5) Services, systems and policies	(e580) Health-related services, systems and policies
Personal Protective Equipment for personal support workers and Home Care Nurses?	(e5) Services, systems and policies	(e575) Services, systems and policies related to social support in general

Online special education supports for children with disabilities	(e5) Services, systems and policies	(e585) Services, systems and policies related to education and vocational training
Personal technical equipment people with disabilities to access online resources/education	(e1) Products and technology	(e130) Products and technologies for education
Online medical care for people with disabilities	(e5) Services, systems and policies	(e580) Health-related services, systems and policies
Please indicate the technologies used for virtual care	(e5) Services, systems and policies	(e560) Media-related services, systems and policies
Delivery services for people with disabilities	(e5) Services, systems and policies	(e575) Services, systems and policies related to social support in general

Legend: ICF = International Classification of Functioning, Disability and Health.

Table 1. Community Support Items according to Chapter E - ICF Environmental Factors

DATA ANALYSIS

Categorical descriptive data were calculated in raw values and in percentage of occurrence. We analyzed data across the *Identification of the respondent*, *Age range*, *Region of residence* and *Area of residence*. We grouped the results and discussion based on the topics of *Community support for screenings, accessible quarantine facilities and updates on the pandemic*; *Community support through personal support workers and home care nurses or caregivers and provision of personal protective equipment; Community support for adapted and online special education supports, provision of personal technical equipment and online medical care; Community support for availability of specific deliveries for people with disabilities*. The data was analyzed using Excel®.

RESULTS

Tables 3 and 4 show the results found, considering the *Identification of the respondent* and *Age range* (Table 3) and *Region of residence* and *Area of residence* (Table 4). We will show the results based on the topics described above.

	Identification of the respondent						Age range					
Community Support	General (*n = 105*)	People with disabilities (*n = 14*)	Parent/ Caregiver (*n = 46*)	Clinician (*n = 19*)	Researcher Administrator (*n = 7*)	Other (*n = 19*)	18 - 24 years (*n = 11*)	25 - 34 years (*n = 22*)	35 - 44 years (*n = 43*)	45 - 54 years (*n = 21*)	55 - 64 years (*n = 7*)	>65 years (*n = 1*)
Accessible COVID-19 screening options for people with disabilities												
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	25 (23.8)	2 (14.3)	11 (23.9)	6 (31.6)	2 (28.6)	4 (21.1)	1 (9.1)	9 (40.9)	8 (18.6)	7 (33.3)	0 (0.0)	0 (0.0)
No	43 (41.0)	6 (42.9)	17 (37.0)	7 (36.8)	4 (57.1)	9 (474)	5 (45.5)	7 (31.8)	18 (41.9)	10 (47.6)	3 (42.9)	0 (0.0)
I do not know	37 (35.2)	6 (42.9)	18 (39.1)	6 (31.6)	1 (14.3)	6 (31.6)	5 (45.5)	6 (27.3)	17 (39.5)	4 (19.0)	4 (57.1)	1 (100.0)
Do you believe this would be important for people with disabilities?												
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	105 (100.0)	14 (100.0)	46 (100.0)	19 (100.0)	7 (100.0)	19 (100.0)	11 (100.0)	22 (100.0)	43 (100.0)	21 (100.0)	7 (100.0)	1 (100.0)
No	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Quarantine facilities												

	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	28 (26.7)	4 (28.6)	10 (21.7))	7 (36.8)	1 (14.3)	6 (31.6)	2 (18.2)	5 (22.7)	9 (20.9)	10 (47.6)	1 (14.3)	1 (100.0)
No	45 (42.9)	7 (50.0)	18 (39.1))	6 (31.6)	5 (71.4)	9 (47.9)	6 (54.5)	9 (40.9)	22 (51.2)	4 (19.0)	4 (57.1)	0 (0.0)
I do not know	32 (30.5)	3 (21.4)	18 (39.1))	6 (31.6)	1 (14.3)	4 (21.1)	3 (27.3)	8 (36.4)	12 (27.9)	7 (33.3)	2 (28.6)	0 (0.0)
Do you believe this would be important for people with disabilities?												
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	102 (97.1)	14 (100.0)	44 (95.7))	19 (100.0)	7 (100.0)	18 (94.7)	11 (100.0)	22 (100.0)	41 (95.3)	21 (100.0)	6 (85.7)	1 (100.0)
No	3 (2.8)	0 (0.0)	2 (4.3)	0 (0.0)	0 (0.0)	1 (5.3)	0 (0.0)	0 (0.0)	2 (4.7)	0 (0.0)	1 (14.3)	0 (0.0)
Accessible quarantine facilities for people with disabilities												
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	24 (22.9)	5 (35.7)	14 (30.4)	2 (10.5)	1 (14.3)	2 (10.5)	2 (18.2)	6 (27.3)	8 (18.6)	7 (33.3)	1 (14.3)	0 (0.0)
No	38 (36.2)	2 (14.3)	14 (30.4)	8 (42.1)	4 (57.1)	10 (52.6)	5 (45.5)	9 (40.9)	15 (34.9)	5 (23.8)	4 (57.1)	0 (0.0)
I do not know	43 (41.0)	7 (50.0)	18 (39.1)	9 (47.4)	2 (28.6)	7 (36.8)	4 (36.4)	7 (31.8)	20 (46.5)	9 (42.9)	2 (28.6)	1 (100.0)
Do you believe this would be important for people with disabilities?												
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	105 (100.0)	14 (100.0)	46 (100.0)	19 (100.0)	7 (100.0)	19 (100.0)	11 (100.0)	22 (100.0)	43 (100.0)	21 (100.0)	7 (100.0)	1 (100.0)
No	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Accessible updates about COVID-19												
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	31 (29.5)	2 (14.3)	16 (34.8)	6 (31.6)	2 (28.6)	5 (26.3)	3 (27.3)	6 (27.3)	13 (30.2)	8 (38.1)	1 (14.3)	0 (0.0)
No	59 (56.2)	11 (78.6)	22 (47.8)	12 (63.2)	5 (71.4)	9 (47.4)	7 (63.6)	14 (63.6)	23 (53.5)	9 (42.9)	5 (71.4)	1 (100.0)
I do not know	15 (14.3)	1 (7.1)	8 (17.4)	1 (5.3)	0 (0.0)	5 (26.3)	1 (9.1)	2 (9.1)	7 (16.3)	4 (19.0)	1 (14.3)	0 (0.0)
Do you believe this would be important for people with disabilities?												
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	105 (100.0)	14 (100.0)	46 (100.0)	19 (100.0)	7 (100.0)	19 (100.0)	11 (100.0)	22 (100.0)	43 (100.0)	21 (100.0)	7 (100.0)	1 (100.0)
No	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Updates frequency												
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
They do not exist	59 (56.2)	11 (78.6)	22 (47.8)	12 (63.2)	5 (71.4)	9 (47.4)	7 (63.6)	14 (63.6)	23 (53.5)	9 (42.9)	5 (71.4)	1 (100.0)
Less than once per week	2 (1.9)	0 (0.0)	1 (2.2)	1 (5.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (2.3)	1 (4.8)	0 (0.0)	0 (0.0)
Once per week	3 (2.9)	0 (0.0)	2 (4.3)	0 (0.0)	1 (14.3)	0 (0.0)	1 (9.1)	1 (4.5)	1 (2.3)	0 (0.0)	0 (0.0)	0 (0.0)
More than once per week	7 (6.7)	0 (0.0)	3 (6.5)	1 (5.3)	0 (0.0)	3 (15.8)	0 (0.0)	2 (9.1)	2 (4.7)	2 (9.5)	1 (14.3)	0 (0.0)
Daily	16 (15.2)	2 (14.3)	8 (17.4)	3 (15.8)	1 (14.3)	2 (10.5)	1 (9.1)	2 (9.1)	8 (18.6)	5 (23.8)	0 (0.0)	0 (0.0)
Several times per day	1 (1.0)	0 (0.0)	0 (0.0)	1 (5.3)	0 (0.0)	0 (0.0)	1 (9.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
I do not know	17 (16.2)	1 (7.1)	10 (21.7)	1 (5.3)	0 (0.0)	5 (26.3)	1 (9.1)	3 (13.6)	8 (18.6)	4 (19.0)	1 (14.3)	0 (0.0)
Do you believe this would be important for people with disabilities?												
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	104 (99.1)	14 (100.0)	45 (97.8)	19 (100.0)	7 (100.0)	19 (100.0)	11 (100.0)	22 (100.0)	42 (97.7)	21 (100.0)	7 (100.0)	1 (100.0)

No	1 (0.9)	0 (0.0)	1 (2.2)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (2.3)	0 (0.0)	0 (0.0)	0 (0.0)
Permission personal support worker or nurses to continue providing care for people with disabilities in their home												
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	42 (40.0)	3 (21.4)	13 (28.3)	14 (73.7)	5 (71.4)	7 (36.8)	4 (36.4)	12 (54.5)	16 (37.2)	6 (28.6)	3 (42.9)	1 (100.0)
No	33 (31.4)	4 (28.6)	21 (45.7)	4 (21.1)	1 (14.3)	3 (15.8)	4 (36.4)	6 (27.3)	14 (32.6)	6 (28.6)	3 (42.9)	0 (0.0)
I do not know	30 (28.6)	7 (50.0)	12 (26.1)	1 (5.3)	1 (14.3)	9 (47.4)	3 (27.3)	4 (18.2)	13 (30.2)	9 (42.9)	1 (14.3)	0 (0.0)
Do you believe this would be important for people with disabilities?												
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	104 (99.1)	14 (100.0)	46 (100.0)	18 (94.7)	7 (100.0)	19 (100.0)	11 (100.0)	22 (100.0)	43 (100.0)	21 (100.0)	6 (85.7)	1 (100.0)
No	1 (0.9)	0 (0.0)	0 (0.0)	1 (5.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (14.3)	0 (0.0)
Personal protective equipment for personal support workers and Home Care Nurses												
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	30 (28.6)	2 (14.3)	11 (23.9)	3 (15.8)	3 (42.9)	11 (57.9)	2 (18.2)	7 (31.8)	11 (25.6)	9 (42.9)	1 (14.3)	0 (0.0)
No	33 (31.4)	6 (42.9)	14 (30.4)	10 (52.6)	2 (28.6)	1 (5.3)	4 (36.4)	7 (31.8)	16 (37.2)	4 (19.0)	2 (28.6)	0 (0.0)
I do not know	42 (40.0)	6 (42.9)	21 (45.7)	6 (31.6)	2 (28.6)	7 (36.8)	5 (45.5)	8 (36.4)	16 (37.2)	8 (38.1)	4 (57.1)	1 (100.0)
Do you believe this would be important for people with disabilities?												
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	105 (100.0)	14 (100.0)	46 (100.0)	19 (100.0)	7 (100.0)	19 (100.0)	11 (100.0)	22 (100.0)	43 (100.0)	21 (100.0)	7 (100.0)	1 (100.0)
No	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Online special education supports for children with disabilities												
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	43 (41.0)	3 (21.4)	22 (47.8)	6 (31.6)	3 (42.9)	9 (47.4)	4 (36.4)	12 (54.5)	14 (32.6)	11 (52.4)	2 (28.6)	0 (0.0)
No	38 (36.2)	5 (35.7)	17 (37.0)	11 (57.9)	1 (14.3)	4 (21.1)	5 (45.5)	8 (36.4)	18 (41.9)	5 (23.8)	2 (28.6)	0 (0.0)
I do not know	24 (22.9)	6 (42.9)	7 (15.2)	2 (10.5)	3 (42.9)	6 (31.6)	2 (18.2)	2 (9.1)	11 (25.6)	5 (23.8)	3 (42.9)	1 (100.0)
Do you believe this would be important for people with disabilities?												
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	105 (100.0)	14 (100.0)	46 (100.0)	19 (100.0)	7 (100.0)	19 (100.0)	11 (100.0)	22 (100.0)	43 (100.0)	21 (100.0)	7 (100.0)	1 (100.0)
No	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Personal technical equipment people with disabilities to access online resources/education												
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	5 (4.8)	2 (14.3)	2 (4.3)	1 (5.3)	0 (0.0)	0 (0.0)	1 (9.1)	2 (9.1)	0 (0.0)	2 (9.5)	0 (0.0)	0 (0.0)
No	72 (68.6)	8 (57.1)	32 (69.6)	14 (73.7)	6 (85.7)	12 (63.2)	9 (81.8)	16 (72.7)	26 (60.5)	15 (71.4)	5 (71.4)	1 (100.0)
I do not know	28 (26.7)	4 (28.6)	12 (26.1)	4 (21.1)	1 (14.3)	7 (36.8)	1 (9.1)	4 (18.2)	17 (39.5)	4 (19.0)	2 (28.6)	0 (0.0)
Do you believe this would be important for people with disabilities?												
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	104 (99.1)	14 (100.0)	46 (100.0)	19 (100.0)	6 (85.7)	19 (100.0)	11 (100.0)	21 (95.5)	43 (100.0)	21 (100.0)	7 (100.0)	1 (100.0)
No	1 (0.9)	0 (0.0)	0 (0.0)	0 (0.0)	1 (14.3)	0 (0.0)	0 (0.0)	1 (4.5)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Online medical care for people with disabilities												

	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	21 (20.0)	2 (14.3)	6 (13.0)	6 (31.6)	4 (57.1)	3 (15.8)	3 (27.3)	5 (22.7)	5 (11.6)	7 (33.3)	1 (14.3)	0 (0.0)
No	52 (49.5)	9 (64.3)	25 (54.3)	8 (42.1)	2 (28.6)	8 (42.1)	6 (54.5)	10 (45.5)	25 (58.1)	6 (28.6)	4 (57.1)	1 (100.0)
I do not know	32 (30.5)	3 (21.4)	15 (32.6)	5 (26.3)	1 (14.3)	8 (42.1)	2 (18.2)	7 (31.8)	13 (30.2)	8 (38.1)	2 (28.6)	0 (0.0)
Do you believe this would be important for people with disabilities?												
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	105 (100.0)	14 (100.0)	46 (100.0)	19 (100.0)	7 (100.0)	19 (100.0)	11 (100.0)	22 (100.0)	43 (100.0)	21 (100.0)	7 (100.0)	1 (100.0)
No	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Delivery services for people with disabilities												
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	23 (21.9)	1 (7.1)	10 (21.7)	6 (31.6)	2 (28.6)	4 (21.1)	4 (36.4)	5 (22.7)	8 (18.6)	5 (23.8)	1 (14.3)	0 (0.0)
No	51 (48.6)	10 (71.4)	22 (47.8)	10 (52.6)	2 (28.6)	7 (36.8)	6 (54.5)	11 (50.0)	22 (51.2)	7 (33.3)	4 (57.1)	1 (100.0)
I do not know	31 (29.5)	3 (21.4)	14 (30.4)	3 (15.8)	3 (42.9)	8 (42.1)	1 (9.1)	6 (27.3)	13 (30.2)	9 (42.9)	2 (28.6)	0 (0.0)
Do you believe this would be important for people with disabilities?												
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	104 (99.1)	13 (92.8)	46 (100.0)	19 (100.0)	7 (100.0)	19 (100.0)	10 (90.9)	22 (100.0)	43 (100.0)	21 (100.0)	7 (100.0)	1 (100.0)
No	1 (0.9)	1 (7.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (9.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)

Legend: *n* = Number of participants.

Table 3. Community Support Data: general, under the identification of the respondent and the participant's age range.

		Region of residence					Area of residence		
Community Support	*General (n= 105)*	North *(n= 0)*	North East *(n= 10)*	Midwest *(n = 1)*	South *(n= 22)*	Southeast *(n= 72)*	Urban *(n= 96)*	Suburban *(n= 3)*	Rural *(n= 6)*
Accessible COVID-19 screening options for people with disabilities									
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	25 (23.8)	0 (0.0)	2 (20.0)	0 (0.0)	8 (36.4)	15 (20.8)	23 (24.0)	1 (33.3)	1 (16.7)
No	43 (41.0)	0 (0.0)	4 (40.0)	0 (0.0)	9 (40.9)	30 (41.7)	39 (40.6)	1 (33.3)	3 (50.0)
I do not know	37 (35.2)	0 (0.0)	4 (40.0)	1 (100.0)	5 (22.7)	27 (37.5)	34 (35.4)	1 (33.3)	2 (33.3)
Do you believe this would be important for people with disabilities?									
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	105 (100.0)	0 (0.0)	10 (100.0)	1 (100.0)	22 (100.0)	72 (100.0)	96 (100.0)	3 (100.0)	6 (100.0)
No	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Quarantine facilities									
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	28 (26.7)	0 (0.0)	4 (40.0)	0 (0.0)	3 (13.6)	21 (29.2)	26 (27.1)	2 (66.7)	0 (0.0)
No	45 (42.9)	0 (0.0)	5 (50.0)	1 (100.0)	11 (50.0)	28 (38.9)	40 (41.7)	0 (0.0)	5 (83.3)
I do not know	32 (30.5)	0 (0.0)	1 (10.0)	0 (0.0)	8 (36.4)	23 (31.9)	30 (31.3)	1 (33.3)	1 (16.7)
Do you believe this would be important for people with disabilities?									

	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	102 (97.1)	0 (0.0)	9 (90.0)	1 (100.0)	22 (100.0)	70 (97.2)	94 (97.9)	3 (100.0)	5 (83.3)
No	3 (2.8)	0 (0.0)	1 (10.0)	0 (0.0)	0 (0.0)	2 (2.8)	2 (2.1)	0 (0.0)	1 (16.7)
Accessible quarantine facilities for people with disabilities									
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	24 (22.9)	0 (0.0)	3 (30.0)	1 (100.0)	9 (40.9)	11 (15.3)	21 (21.9)	2 (66.7)	1 (16.7)
No	38 (36.2)	0 (0.0)	5 (50.0)	0 (0.0)	7 (31.8)	26 (36.1)	35 (36.5)	0 (0.0)	3 (50.0)
I do not know	43 (41.0)	0 (0.0)	2 (20.0)	0 (0.0)	6 (27.3)	35 (48.6)	40 (41.7)	1 (33.3)	2 (33.3)
Do you believe this would be important for people with disabilities?									
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	105 (100.0)	0 (0.0)	10 (100.0)	1 (100.0)	22 (100.0)	72 (100.0)	96 (100.0)	3 (100.0)	6 (100.0)
No	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Accessible updates about COVID-19									
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	31 (29.5)	0 (0.0)	2 (20.0)	1 (100.0)	9 (40.9)	19 (26.4)	28 (29.2)	1 (33.3)	2 (33.3)
No	59 (56.2)	0 (0.0)	7 (70.0)	0 (0.0)	11 (50.0)	41 (56.9)	53 (55.2)	2 (66.7)	4 (66.7)
I do not know	15 (14.3)	0 (0.0)	1 (10.0)	0 (0.0)	2 (9.1)	12 (16.7)	15 (15.6)	0 (0.0)	0 (0.0)
Do you believe this would be important for people with disabilities?									
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	105 (100.0)	0 (0.0)	10 (100.0)	1 (100.0)	22 (100.0)	72 (100.0)	96 (100.0)	3 (100.0)	6 (100.0)
No	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Updates frequency									
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
They do not exist	59 (56.2)	0 (0.0)	7 (70.0)	0 (0.0)	12 (54.5)	41 (56.9)	37 (51.4)	2 (66.7)	4 (66.7)
Less than once per week	2 (1.9)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.4)	2 (2.8)	0 (0.0)	0 (0.0)
Once per week	3 (2.9)	0 (0.0)	0 (0.0)	0 (0.0)	2 (9.1)	1 (1.4)	3 (4.2)	0 (0.0)	0 (0.0)
More than once per week	7 (6.7)	0 (0.0)	0 (0.0)	0 (0.0)	2 (9.1)	5 (6.9)	5 (6.9)	0 (0.0)	0 (0.0)
Daily	16 (15.2)	0 (0.0)	2 (20.0)	1 (100.0)	2 (9.1)	11 (15.3)	9 (12.5)	0 (0.0)	2 (33.3)
Several times per day	1 (1.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (4.5)	0 (0.0)	0 (0.0)	1 (33.3)	0 (0.0)
I do not know	17 (16.2)	0 (0.0)	1 (10.0)	0 (0.0)	3 (13.6)	13 (18.1)	15 (20.8)	0 (0.0)	0 (0.0)
Do you believe this would be important for people with disabilities?									
Yes	104 (99.1)	0 (0.0)	10 (100.0)	1 (100.0)	22 (100.0)	71 (98.6)	95 (99.0)	3 (100.0)	6 (100.0)
No	1 (0.9)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.4)	1 (1.0)	0 (0.0)	0 (0.0)
Permission personal support worker or nurses to continue providing care for people with disabilities in their home									
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	42 (40.0)	0 (0.0)	6 (60.0)	0 (0.0)	6 (27.3)	30 (41.7)	39 (40.6)	1 (33.3)	2 (33.3)
No	33 (31.4)	0 (0.0)	4 (40.0)	1 (100.0)	8 (36.4)	20 (27.8)	31 (32.3)	0 (0.0)	2 (33.3)
I do not know	30 (28.6)	0 (0.0)	0 (0.0)	0 (0.0)	8 (36.4)	22 (30.6)	26 (27.1)	2 (66.7)	2 (33.3)

Do you believe this would be important for people with disabilities?									
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	104 (99.1)	0 (0.0)	10 (100.0)	1 (100.0)	22 (100.0)	71 (98.6)	95 (99.0)	3 (100.0)	6 (100.0)
No	1 (0.9)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.4)	1 (1.0)	0 (0.0)	0 (0.0)
Personal protective equipment for personal support workers and Home Care Nurses									
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	30 (28.6)	0 (0.0)	2 (20.0)	0 (0.0)	9 (40.9)	19 (26.4)	24 (25.0)	1 (33.3)	5 (83.3)
No	33 (31.4)	0 (0.0)	6 (60.0)	1 (100.0)	3 (13.6)	23 (31.9)	31 (32.3)	1 (33.3)	2 (16.7)
I do not know	42 (40.0)	0 (0.0)	2 (20.0)	0 (0.0)	10 (45.5)	30 (41.7)	41 (42.7)	1 (33.3)	0 (0.0)
Do you believe this would be important for people with disabilities?									
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	105 (100.0)	0 (0.0)	10 (100.0)	1 (100.0)	22 (100.0)	72 (100.0)	96 (100.0)	3 (100.0)	6 (100.0)
No	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Online special education supports for children with disabilities									
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	43 (41.0)	0 (0.0)	2 (20.0)	1 (100.0)	10 (45.5)	30 (41.7)	39 (40.6)	1 (33.3)	3 (50.0)
No	38 (36.2)	0 (0.0)	6 (60.0)	0 (0.0)	9 (40.9)	23 (31.9)	34 (35.4)	2 (66.7)	2 (33.3)
I do not know	24 (22.9)	0 (0.0)	2 (20.0)	0 (0.0)	3 (13.6)	19 (26.4)	23 (24.0)	0 (0.0)	1 (16.7)
Do you believe this would be important for people with disabilities?									
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	105 (100.0)	0 (0.0)	10 (100.0)	1 (100.0)	22 (100.0)	72 (100.0)	96 (100.0)	3 (100.0)	6 (100.0)
No	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Personal technical equipment to access online resources/education									
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	5 (4.8)	0 (0.0)	0 (0.0)	0 (0.0)	1 (4.5)	4 (5.6)	4 (4.2)	1 (33.3)	0 (0.0)
No	72 (68.6)	0 (0.0)	9 (90.0)	1 (100.0)	15 (68.2)	47 (65.3)	64 (66.7)	2 (66.7)	6 (100.0)
I do not know	28 (26.7)	0 (0.0)	1 (10.0)	0 (0.0)	6 (27.3)	21 (29.2)	28 (29.2)	0 (0.0)	0 (0.0)
Do you believe this would be important for people with disabilities?									
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	104 (99.1)	0 (0.0)	10 (100.0)	1 (100.0)	22 (100.0)	71 (98.6)	95 (99.0)	3 (100.0)	6 (100.0)
No	1 (0.9)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.4)	1 (1.0)	0 (0.0)	0 (0.0)
Online medical care for people with disabilities									
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	21 (20.0)	0 (0.0)	5 (50.00)	0 (0.0)	4 (18.2)	12 (16.7)	20 (20.8)	1 (33.3)	0 (0.0)
No	52 (49.5)	0 (0.0)	4 (40.0)	1 (100.0)	11 (50.0)	36 (50.0)	45 (46.9)	2 (66.7)	5 (83.3)
I do not know	32 (30.5)	0 (0.0)	1 (10.0)	0 (0.0)	7 (31.8)	24 (33.3)	31 (32.3)	0 (0.0)	1 (16.7)
Do you believe this would be important for people with disabilities?									
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)

Yes	105 (100.0)	0 (0.0)	10 (100.0)	1 (100.0)	22 (100.0)	72 (100.0)	96 (100.0)	3 (100.0)	6 (100.0)
No	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Delivery services for people with disabilities									
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	23 (21.9)	0 (0.0)	2 (20.0)	0 (0.0)	5 (22.7)	16 (22.2)	22 (22.9)	1 (33.3)	0 (0.0)
No	51 (48.6)	0 (0.0)	5 (50.0)	1 (100.0)	10 (45.5)	35 (48.6)	46 (47.9)	1 (33.3)	4 (66.7)
I do not know	31 (29.5)	0 (0.0)	3 (30.0)	0 (0.0)	7 (31.8)	21 (29.2)	28 (29.2)	1 (33.3)	2 (33.3)
Do you believe this would be important for people with disabilities?									
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Yes	104 (99.1)	0 (0.0)	10 (100.0)	1 (100.0)	22 (100.0)	71 (98.6)	95 (99.0)	3 (100.0)	6 (100.0)
No	1 (0.9)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.4)	1 (1.0)	0 (0.0)	0 (0.0)

Table 4. Community Support Data according to the participant's geographic location.

Legend: *n* = Number of participants.

COMMUNITY SUPPORT FOR SCREENINGS, ACCESSIBLE QUARANTINE FACILITIES AND UPDATES ON THE PANDEMIC

Screening: the total participants indicated that only 23.81% of people with disabilities received this service, and 100% of them consider this important for people with disabilities. Considering the respondent's identification, 42.9% people with disabilities, 39.1% of the father/mother/caregiver, 36.8% of the therapists and 57.1% of the researchers did not know about COVID-19 screening accessible to people with disabilities. The existence of accessible screening is perceived by 40.9% in the 25-34 age group, but 41.7% in the southeast and 40.9% in the south, 40.6% of participants from urban areas and 50% from rural areas do not receive this support.

Quarantine: only 22.86% of the total participants had facilities accessible for quarantine, and 100% consider this important for people with disabilities.

Updated information: of the total participants, 56.19% answered that people with disabilities did not receive updates on the pandemic, while the frequency of updates, when available, was daily to only 15.2%. All participants considered this important for people with disabilities. From the respondent's identification, 78.6% of the people with disabilities, 47.8% of the father/mother/caregiver, 63.2% of the therapists and 71.4% of the researchers reported not having received accessible updates for people with disabilities. For the regions of the country, such updates are not available for most of the northeast (70%), south (50%) and southeast (56.9%).

COMMUNITY SUPPORT THROUGH PERSONAL SUPPORT WORKERS AND HOME CARE NURSES OR CAREGIVERS AND PROVISION OF PERSONAL PROTECTIVE EQUIPMENT

Of the total participants, 40% reported that people with disabilities having received home care, and 99.1% of the participants considered this important for people with disabilities. Most therapists and researchers stated that personal support workers and home care nurses were allowed to continue home care, but 45.7% of the father/mother/caregiver reported that they did not receive this service.

It was found that 60% of the participants from the Northeast, 27.3% from the South, 41.7% from the Southeast and 40.6% from the urban area considered that professionals were allowed home care.

Of the total participants, 31.4% reported that there was no provision of personal protective equipment by government entities to perform home care for people with disabilities, and all considered this important for people with disabilities. For the respondent's identification, 52.6% of the therapists reported not having received personal protective equipment.

COMMUNITY SUPPORT FOR ADAPTED AND ONLINE SPECIAL EDUCATION SUPPORTS, PROVISION OF PERSONAL TECHNICAL EQUIPMENT AND ONLINE MEDICAL CARE

Adapted and online educational support: Of the total number of participants, 41% answered that there was adapted and online educational support for people with disabilities, and all considered this important. 47.8% of the father/mother/caregiver indicated that people with disabilities having received online educational support service, but according to therapists (57.9%) this service is not available for people with disabilities. In addition, the absence of online educational support to people with disabilities is perceived by 54.5% of participants within the age group of 25-34 years.

Supply of personal technical equipment: Of the total participants, 68.6% answered that people with disabilities did not receive personal technical equipment to take online classes, and 99.1% considered this important. According to the respondent's identification, 57.1% of people with disabilities, 69.6% of father/mother/caregiver and 85.7% of therapists.

Online medical care: of the total participants, 49.52% did not receive online medical care. Everyone considered this important for people with disabilities. By the respondent's identification, 64.3% of the people with disabilities did not receive online medical care. In all age groups, over 50% also reported not having this service available for people with disabilities. Online medical care does not exist according to 50% of participants from the south and southeast and 83.3% from the rural area.

COMMUNITY SUPPORT FOR AVAILABILITY OF SPECIFIC DELIVERIES FOR PEOPLE WITH DISABILITIES

For 48.6% of all participants, a specific delivery service was not available for people with disabilities, and 99.1% considered this important. With regards to respondent's identification, this service is not known by 71.4% of people with disabilities, father/mother/caregiver (47.8%) and therapists (52.6%). Regarding age groups, most participants of all age groups, except the 45-54 years old, answered that this service does not exist. Considering the geographical location, 50% of respondents were not aware of the service in the northeast, 100% in the midwest, 45.5% in the south and 48.6% in the southeast with an overall distribution of 47.9% from urban and 66.7% from rural areas.

DISCUSSION

This study aimed to identify the community supports offered to people with disabilities during the COVID-19 pandemic in Brazil, as part of a global survey initiated in Canada. The results reflect a structural and organizational gap in the country's health-related services, systems and policies. In addition, the significant lack of information about the few available services to this population was identified in the sample as another access

barrier for the population with disabilities.

COMMUNITY SUPPORT FOR SCREENINGS, ACCESSIBLE QUARANTINE FACILITIES AND UPDATES ON THE PANDEMIC UPGRADES

A small portion of the respondents (23.8%) reported about accessible screening services for COVID-19, such as environments with ramps, elevators, interpreter of Brazilian Sign Language (LIBRAS) (sign-visual language), and simplified language. In addition, half of the participating people with disabilities declared that they had no accessible screening and quarantine facilities. The participants of the research considered accessible screening, especially at the time of pandemic, to be of paramount importance. These results reflect the architectural, information and communication barriers that the Brazilian population with disabilities that participated in the survey faces in health and education services.

This greater difficulty may result in lower demand for health services for COVID-19 screening and, therefore, worsening of health conditions during the pandemic (Chakraborty, 2021; Reichenberger et al., 2020; Zhu et al., 2020).

The Brazilian Statute of persons with disabilities, through the Brazilian Law for the Inclusion of Persons with Disabilities (Brazil, 2015), guarantees access to health, education, social assistance, accessibility, and others. However, the results highlight that there are still major access barriers which have become even more evident during the pandemic period. These results reflect an urgent need to implement services, systems and policies related to the disclose and accessibility to people with disabilities in Brazil.

Although the majority of the participants in this study were parents or caregivers (n = 46), the response of frequency of receiving accessible screening for people with disabilities by this group was lower when compared to the perception of therapists and other participants together. We interpret this as an indication that the population of interest has not been receiving adequate information, either because of the failure to communicate where they live, by the specific professionals who are in contact with them, or by the lack of dissemination of health services. It emphasizes the importance of professionals informing their patients about the availability of accessible health services.

Regarding to the location of the respondents spread all over the regions of Brazil, although most were from the southeast (n = 72), the highest frequency of screening accessibility occurred in the south, followed by the southeast and finally the northeast. However, it is emphasized that the uptake of the research varied among the regions of the country which resulted in some limitation of the data collected, especially in the northern region that had no representatives and the midwestern region, with only one participant. This difference may have occurred due to insufficient dissemination of research in this region, or due to infrastructural barriers, such as internet access and electronic devices. While this is a limitation of this study, also indicates the difficulty to reach this population. If we consider that the ones who responded are probably a sample that has a good connection to the internet and is able to find information and supports when needed, the results suggest that the reality for the majority of people with disabilities is significantly worse that what the results indicate.

Of the total participants in the sample, only 29.5% reported that they had information about the pandemic in an accessible way (e.g., LIBRAS or simplified language for people with intellectual disabilities). All participants

answered that it was important. Despite the increase in implementing communication accessibility in Brazil, such as having LIBRAS interpreters, subtitles, or simplified language (Araújo and Alves, 2017; Paleg et al., 2018), this is still very restricted to official events, or very specific communication channels. For the most part, this accessibility is not yet found. This need is even more relevant considering the scenario of social distancing imposed by the pandemic and people with disabilities becoming more dependent on communication networks as a source of information and leisure.

COMMUNITY SUPPORT FOR PERSONAL SUPPORT WORKERS AND HOME CARE NURSES OR CAREGIVERS AND PROVISION OF PERSONAL PROTECTIVE EQUIPMENT

During the pandemic and social distancing, therapeutic care is essential to maintain the functioning of these individuals, as well as to minimize losses of motor and sensory capacities (Reedman et al, 2019) and restriction of social participation (Marçal and Rabelo, 2021), as well as to prevent clinical worsening, such as cardiorespiratory and metabolic decompensation (Lippi et al, 2020; Schulz et al., 2020). It is important that therapeutic care is maintained by providing personal protective equipment to personal support workers and home care nurses, so that they are more encouraged not only to maintain care, but also to appreciate the extremely necessary biosafety measures. This was consistent with the responses of the participants in the sample, who consider this type of community support important.

COMMUNITY SUPPORT FOR ADAPTED AND ONLINE EDUCATIONAL SUPPORT, PROVISION OF PERSONAL TECHNICAL EQUIPMENT AND ONLINE MEDICAL CARE

In the context of the pandemic, maintaining education through online support and adapted technology enable the continuation of learning, but the challenge of new teaching tools and information and communication technologies can be a barrier to education in Brazil, due to the turbulent transition of teaching dynamics and the lack of access of the population in a situation of social vulnerability in the country (Benício et al, 2021; Vieira and Silva, 2020). Again, the participants in this study considered this support important, as it favors school learning, especially at such a delicate time of pandemic and physical distancing.

In the beginning of the pandemic, tele-health services gained importance (Jetty et al., 2021; Schulz et al., 2020; Willan et al., 2020; Zhu et al., 2020). However, of the total number of participants, only 1/5 reported having an online health service, almost half stated that they did not have it and just under 1/3 stated that they did not know whether or not this service was available. These low numbers were reported from all areas of housing, either urban, suburban or rural, showing that it is a universal need.

Not receiving this type of support can compromise motor, cognitive and sensory abilities (Reedman et al, 2019) and restrict the social participation of the individual (Marçal and Rabelo, 2021). Thus, the existence of online medical care is important, because it allows the evaluation of health status and continuity of treatments, without compromising the progress of medical routines and without exposing the person to physical contact and possible coronavirus infection (Jetty et al.,

2021; Zhu et al., 2020).

COMMUNITY SUPPORT FOR AVAILABILITY OF SPECIFIC DELIVERIES FOR PEOPLE WITH DISABILITIES

A small portion of the participants claimed to have these services available and half stated that they did not, and all but one said that they consider this service important. With the pandemic and the necessary isolation measures, many purchases were made online and received through delivery services. Therefore, having such products delivered makes it possible for people with disabilities to be active and independent, exercising their rights and fulfilling their purchasing needs, as well as to receiving essential supplies, such as food, hygiene and cleaning products. However, the delivery service must be accessible to different disability conditions, with services trained in alternative communication, such as Brazilian Sign Language or simplified language.

LIMITATIONS AND STRENGTHS

We recognize the sample size as a limitation of our study, since it does not have the necessary amount to be considered a representative study of the general Brazilian population. However, considering the huge size of the country, the difficulty in accessing different regions remotely, as well as the situation of the pandemic, we believe that the results of this pilot study are useful and relevant for the Brazilian population. In addition, we highlight the scarcity of population studies with an emphasis on people with disabilities, and the lack of information about these data in the country. Therefore, just considering the limitations, we highlight that this study has the strength of being the first to study community support in Brazil during the pandemic, and we hope that it will encourage this topic to be further explored in the country.

CONCLUSIONS

Despite all the benefits known of community supports and their potential as a mediator of barriers or facilitators of functioning, little is offered to the population with disabilities living in Brazil. Moreover, when supports are available there is little knowledge about them, making it even more difficult to access and refer to them. We hope that the findings can contribute to public and governmental actions, associations, Non-Governmental Organizations and entities that address the accessibility of people with disabilities, family members, therapists and researchers. The findings highlight and give more visibility to the great demand that this population still has in Brazil and enables targeted and effective social actions for the population with disabilities during and after pandemic period, enabling better health and social care for them, not only for Brazil, but also for other developing countries. Thus, Brazil's results can be an example to other nations. The COVID-19 pandemic has revealed and highlighted existing gaps of support which can be addressed and the solutions will benefit all members of society -disabled or not, since an accessible environment is good for everyone in society.

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APPENDIX A - FORM AVAILABLE ONLINE - SOCIODEMOGRAPHIC DATA

Demographic Data Questions	Answer options
Would you like to participate in the survey?	I agree - Proceed to the survey I do not agree screen
Please indicate your perspective while responding to the survey in relation to a person with disability If other, which one?	Parent/Caregiver Person with Disability Clinician Researcher Administrator Other (open answer)
Please indicate the age range of the person with a disability you are caring for	0 - 6 years 7 - 12 years 13 - 18 years 19 - 24 years 25 - 65 years 65 years and older
Please indicate the gender of the person you are caring for:	Female Male I prefer not to say
Please indicate your age range	Under 18 years 18 - 24 years 25 - 34 years 35 - 44 years 45 - 54 years 55 - 64 years 65 years and older
What is your gender?	Female Male I prefer not to say
Do you live in an urban, suburban, or rural area?	Urban Suburban Rural
In which country do you live?	Brazil
What city do you live in?	Open answer
What state do you live in?	AC AL AP AM BA CE DF ES GO MA MT MS MG PA PB PR PE PI RJ RN RS RO RR SC SP SE TO

Abbreviation: AC, Acre; Al, Alagoas; AP, Amapá; AM, Amazonas; BA, Bahia; CE, Ceará; DF, Distrito Federal; ES, Espírito Santo; GO, Goiás; MA, Maranhão; MT, Mato Grosso; MS, Mato Grosso do Sul; MG, Minas Gerais; PA, Pará; PB, Paraíba; PR, Paraná; PE, Pernambuco; PI, Piauí; RJ, Rio de Janeiro; RN, Rio Grande do Norte; RS, Rio Grande do Sul; RO, Rondônia; RR, Roraima; SC, Santa Catarina; SP, São Paulo; SE, Sergipe; TO, Tocantins.

APPENDIX B - FORM AVAILABLE ONLINE - COMMUNITY SUPPORT OFFERED DATA

Community Assistance Data Questions	Answer options
Does your community provide accessible COVID-19 screening options for people with disabilities?	Yes No I do not know
Do you believe this would be important for people with disability?	Yes No
Would you like to comment something about this?	Free Text comment field
In case of a person with disability was exposed to COVID-19, does your community provide quarantine facilities?	Yes No I do not know
Do you believe this would be important for people with disability?	Yes No
Would you like to comment something about this?	Free Text comment field
Are these facilities accessible for people with disabilities?	Yes No I do not know
Do you believe this would be important for people with disability?	Yes No
Would you like to comment something about this?	Free Text comment field
Do you community provide accessible updates about COVID-19 (e.g. sign language, close caption, simple language)?	Yes No I do not know
Do you believe this would be important for people with disability?	Yes No
Would you like to comment something about this?	Free Text comment field
How frequent are these updates?	Several times per day Daily More than once per week Once per week Less than once per week
Do you believe this would be important for people with disability?	Yes No
Would you like to comment something about this?	Free Text comment field
Does your community allow a personal support worker or nurses to continue providing care for people with disabilities in their home?	Yes No I do not know
Do you believe this would be important for people with disability?	Yes No
Would you like to comment something about this?	Free Text comment field
Does your community provide personal protective equipment for personal support workers and home care nurses?	Yes No I do not know
Do you believe this would be important for people with disability?	Yes No
Would you like to comment something about this?	Free Text comment field
Does your community provide online special education supports for children with disabilities that need to self-isolate? (e.g. Educational Assistant, adapted curriculum)	Yes No I do not know
Do you believe this would be important for people with disability?	Yes No

Would you like to comment something about this?	Free Text comment field
Does your community provide personal technical equipment (tablet/computer) to people with disabilities to access online resources/education in case they don't have their own?	Yes No I do not know
Do you believe this would be important for people with disability?	Yes No
Would you like to comment something about this?	Free Text comment field
Does your community provide online medical care for people with disabilities?	Yes No I do do not n't know
Do you believe this would be important for people with disability?	Yes No
Would you like to comment something about this?	Free Text comment field
Please indicate the technologies used for virtual care:	Phone Text (e.g. WhatsApp, Email) Videoconsult (e.g. Zoom, Ontario Telehealth Network)
Does your community provide delivery services for people with disabilities (e.g. groceries, hygienic articles, beverages)?	Yes No I do not know
Do you believe this would be important for people with disability?	Yes No
Would you like to comment something about this?	Free Text comment field
Would you like to be contacted with the results of this survey?	Yes No
Thank you for agreeing to be contacted! Please enter your email in the field below:	Free Text comment field
If you want, we can schedule an interview to talk more about your experiences during the pandemic period. The interview will be by phone or video call, and will last approximately 1 hour. Would you like to participate in this other stage? It will help us to understand even more the situation in our country during the pandemic, in order to assist in the elaboration of possible changes. Feel free to participate or not!	Yes No
If yes, enter your email or full WhatsApp number so that we can get in touch with you. We emphasize that this information will be disconnected from your previous answers during data analysis, initially losing the anonymity of your answers, but the researchers ensure the confidentiality of the answers provided.	Free Text comment field