**ADA NATIONAL NETWORK SPECIAL SESSION**
**HAS THE COVID-19 VACCINE EFFORT WORKED FOR PEOPLE WITH DISABILITIES**
**TUESDAY, NOVEMBER 9, 2021**

>> Welcome to today's ADA national network Covid-19 special session. I'm Lewis Krause, your moderator for this series. This is brought to you by the pacific ADA center. Federally funded to provide training, technical assistance and other information as needed on the Americans With Disabilities Act. You can reach your regional ADA center by dialing 1-800-949-4232. Realtime captioning is provided for this webinar. The caption screen can be accessed by choosing the CC icon in the meeting control tool bar at the bottom of your screen. To toggle that meeting control tool bar on permanently, you can press the alt key and press it again if requested. We also have ASL interpreters at the top of the screen in video.

As always in our sessions, only the speakers will have audio. If you prefer to listen by phone, you can dial the following numbers. 1-669-900-9128. Or 1-646-558-8656. And use the webinar I.D.484-5731-3035.

I want to remind everybody that the webinar is being recorded and will be able to be accessed on the ADA presentations.org website and the archive section next week.

Pacific ADA center hosts two webinar series. Today's special session is a combination of both series, the topic relates to both areas. The healthcare and the ADA webinar series is intended to share issues and promising practices in healthcare accessibility with people with disabilities. The series covers physical accessibility, effective communication and reasonable modification of policy issues under the Americans With Disabilities Act of 1990, the ADA. These monthly webinars occur on the fourth Thursday of the month at 2:30 eastern time, 1:30 central, 12:30 mountain, and 11:30:00 a.m. pacific time.

The emergency management and preparedness webinar series shares issues and promising practices in emergency management for people with disabilities and others with access and functional needs. The series topics cover emergency preparedness and disaster response, recovery, and mitigation. As well as accessibility and reasonable accommodation issues under the rehabilitation act of 1973, the ADA, and other relevant laws.

These monthly webinars occur on the second Thursday of the month at 2:30

eastern, 1:30 central, 12:30 mountain and 11:30:00 a.m. pacific time. Upcoming sessions are available at ADA presentations.org under the schedule tab. And follow to the appropriate section for either healthcare or emergency management.

By being here you are on the list to receive notices for future webinars for those series and those notices go out two weeks before the next webinar and open that webinar to registration.

You can follow along on the webinar platform with the slides if you are not using the webinar platform you can download a copy of today's PowerPoint presentation at the emergency preparedness schedule page of ADA presentations.org.

At the conclusion of today's presentation, there will be an opportunity for everyone to ask questions. You may submit your questions using the chat area within the webinar platform and the speakers and I will address them at the end of the session. Feel free to submit them as they come to your mind during the presentation.

To submit your questions, you type in the chat area text box or if you are using key strokes, press alt and the keys H and enter that text in the chat area. If you are listening by phone and not logged into the webinar, you may ask your questions by e-mailing them to ADAtech@ADApacific.org.

If you experience any technical difficulties during the webinar, you can send a private chat message to the host by typing in your chat window. Again, to type it in that text box, you hit enter or if you are using key strokes, use the key strokes of alt and letter H to access the chat box. You can also e-mail us any technical difficulties at ADAtech@ADApacific.org or you can call us at 510-285-5600.

Today's ADA national network special session is titled has the Covid-19 vaccine effort worked for people with disabilities? In this presentation, CDC survey data will be reviewed that shows people with disabilities will report more difficulty getting a Covid-19 vaccine compared to adults without a disability. Despite disparities related to Covid-19 vaccine access, adults with disability are less likely to report vaccine hesitancy compared to adults without a disability. In addition, we will hear real life cases in situations that emphasize that disparity. Finally, resources will be reviewed for vaccine access for people with disabilities. Today's speakers are Dr. Blythe Ryerson, acting director, CDC division of human development and disability. Inclusion programs, surveillance, and research to improve the health and development of children and adults with or at risk for disabilities. During the Covid-19 pandemic, Blythe has stayed committed to continuing to build on the foundation's work to improve health equity for people with disabilities during public health emergencies.

J.J. Rico is the chief executive officer at the Arizona center of disability law. The advocacy agency providing free legal services to people with disabilities in Arizona. J.J. has dedicated his 20-year legal career representing people with disabilities, specifically focusing on the employment and access provisions of the Americans With Disabilities Act.

So Blythe and J.J., I will now turn it over to you.

>> Presenter: All right, can you hear me all right, Lewis?

>> Absolutely.

>> Presenter: Thank you so much. Good afternoon everyone. I really appreciate the opportunity to present and join in this discussion. As Lewis mentioned, my great many is Blythe Ryerson. My pronouns are she, her, hers. Since I am not on camera today, I don't need to give you a physical description. I do thank our ASL interpreter and captioner for their efforts today.

Next slide please.

Since launching an agency wide response to the Covid-19 pandemic on January 21st, 2020, CDC has deployed over 9800 personnel to our emergency operation center, all the while maintaining our day-to-day public health programs. As Lewis mentioned, in the division of human development and disability, our mission is to lead inclusive programs to optimize the health and development of children and adults with or at risk for disabilities. So as you can imagine, the only center with exclusive expertise on health of people with disabilities at CDC, we have been intimately involved in trying to assure health equity for people with disabilities throughout the pandemic.

Our small division has been involved in nearly all as spec of the response, from understanding disease spread and burden to mitigation efforts including Covid-19 vaccination.

Today I'm focusing on recent data coming out from two different survey that is both highlight the unfortunate disparities in Covid-19 vaccine access by disability status.

Next slide.

So first I'm going to briefly review what we know about the burden of Covid-19 in people with disabilities. Next slide.

Depending on a variety of factors, including questions asked for the sampling frame of the survey, CDC estimates that the prevalence of self-reported functional limitations in the year 2019 ranged from 9.5% in the national health interview survey to 26.7% nationwide in the behavioral risk factor surveillance system. People with disabilities are more likely than those without a disability to have chronic health conditions, coronary heart disease, diabetes, obesity and hypertension.

Of course, they face barriers to accessing healthcare. Next slide.

These and other health and social inequities have placed people with disabilities at increased risk for Covid-19 related illness and death.

For example, while much attention was given to the heightened risk for residents of traditional nursing home facilities early in the response, many people with disabilities required direct support or care, decreasing their ability to maintain safe distances away from potentially infected or unvaccinated individuals and people with certain cognitive or communication disabilities may have been unable to receive or understand appropriate preventative messages, especially early in the response.

Next slide.

So this slide shows results from a study that I was not involved this but it gives some good background that it is a bar graph showing odds ratios on the Y axis and on the X axis are a number of different risk factors for Covid-19 diagnosis.

Now, I do want to say up front part, unfortunately, as is frequently the case, information about health risks for people with disabilities is often not collected. This study is a cross-sectional study at 500 healthcare organizations from January 2019 through November 2020.

It was one of the first studies to come out documenting disparities in Covid-19 infection and outcomes for certain people with disabilities. So after adjusting for other risk factors including age and co-morbidities, people with an intellectual disability had 2.6 higher odds of Covid-19 diagnosis than those without an intellectual disability. This was the highest odds ratio observed of all the characteristics and underlying medical conditions analyzed.

People with neurological disorders had 1.2 higher odds of Covid-19 diagnosis.

Next slide.

So this is a similar graph. Looks very similar, odds ratios on the Y axis and the conditions or characteristics on the X axis and it is showing the risk of Covid-19 hospital admissions. And it shows that people with neurological disorders had a 3.4 higher odds of hospitalization than those without. And people with an intellectual disability had 2.7 higher odds of hospitalization.

Next slide.

And then this is probably the most stark result from the study. Again, the same type of figure it shows risks of mortality due to Covid-19 and it shows that people with an intellectual disability had almost 6 times higher odds of death from Covid-19 than those without an intellectual disability. Only older age was more strongly associated with the risk of death in this analysis.

Next slide, please.

So taking a step back for a moment, we need to acknowledge that people with disabilities are a heterogeneous group. How they perceive and interact in the world, or where they live or work may impact their risk for Covid-19 and severe outcomes.

This is a framework I like to use that using the social and development models. The upper portion is meant to illustrate the different disorders and injuries that can create throughout the life-span, regardless if they are associated with underlying medical condition or special healthcare need, these diagnoses or identities can and will impact people differently and may result in limitations within different domains.

For example, two different people with an Autism Spectrum Disorder diagnosis, the same underlying condition, may experience very different limitations within different domains. Social, communication, learning, or thinking.

Whereas a person who is deaf may or may not consider themselves as even

having a disability since many can communicate using American Sign Language simply considered their native language.

Next slide.

In any case, there's a dearth of public health data, measure disability status can be quite difficult. The Affordable Care Act includes several provisions aimed at standardizing, collecting, analyzing and reporting of health disparities for people with disabilities. Explicitly requires that the secretary of the Department of Health and Human Services establish data collection standards for disability status.

The law requires that, once established, these data standards be used to the extent possible in all public surveys. The HHS standard consists of six questions listed on this slide. Focus on the domains of vision, hearing, remembering and thinking, movement or mobility, self-care, and independent living.

We will come back to this measure of disability when we begin to delve into the data in a moment.

Next slide.

It is here that I want to mention collecting any disability data during the Covid-19 pandemic has been very challenging. Some of the earliest days of the emergency response, we learned that the case reports being sent from state and territorial health departments were largely missing disability status. In fact, less than 7% of them had disability status information filled out at all. So to reduce the burden on our public health colleagues on the front lines, it was ultimately decided to remove this field altogether from the case report form so we weren't getting usable data.

Similarly, the administrative data system that typically track vaccination rates turned the immunization information systems do not collect disability status. Therefore, we have had to rely on special surveys to track Covid-19 vaccination status for people with disabilities. So today I'm going to review results from two separate surveys.

The national immunization survey, NIS, and household pulse survey. I will start with the NIS.

All of the immunization survey results that I will provide today come from a recent morbidity and mortality weekly report or MMWR, that was published on October 1st.

Next slide.

The national immunization survey is a group of telephone interview surveys conducted by our colleagues in the national center for immunization and respiratory diseases here at CDC. This is meant to monitor coverage of all childhood and adult immunizations. They use random digit dialing of cell phones, stratified by locality, to sample the noninstitutionalized children and adults depending on the vaccine they are monitoring.

In April of this past year, our this current year, rather, an adult Covid module was added to monitor the Covid-19 vaccine specifically.

Next slide.

When disability status got removed from the Covid-19 case report forms that I mentioned earlier, our division became very engaged in data collection efforts across the agency to try and improve the information coming in specifically about people with disabilities. As we began these discussions with our colleagues across the agency, it became clear very quickly that the HHS six-question standard was not going to be feasible during an emergency response, such as this. So we had to very quickly -- I think we were given a week or two to convene experts across the agency in other areas of federal government to come up with a single question. We were given one question to come up with.

So we decided to develop and pilot a compressed form of the HHS six-question set in the immunization survey adult Covid module. So I will read what that question is.

It says, do you have serious difficulty seeing, hearing, walking, remembering, making decisions, or communicating?

Next slide please.

As soon as we had a largest module come in, we analyzed the data. Responses were weighted to represent the noninstitutionalized U.S. population and calibrated to state level vaccine data. Because older age is associated with more disability and higher vaccination rates, we adjusted our analysis by age.

Next slide, please.

Overall, 9.4% of respondents reported having a disability which, if you will remember, is very similar to the prevalence noted in the 2019 national health interview survey but substantially lower than our nationwide estimates from the behavioral respect surveillance system.

Nonetheless, adults with a disability in the survey were less likely to report receiving at least one dose of the Covid-19 vaccine yet more likely to report they would get vaccinated.

Next slide please.

So here is a graph with age-adjusted prevalence ratios comparing people with disabilities to those without and different answers to questions on the X axis that I will go over in a moment.

But among unvaccinated adults, those with a disability were more likely than those without to report they were very or moderately concerned about getting Covid-19. They also were more likely to think the vaccine is very or somewhat important for protection. Reported many or almost all friends and family members as vaccinated.

And had a healthcare provider recommend the vaccine.

Next slide, please.

I don't show it here but overall, adults with a disability were more likely than those without to report it is somewhat or very difficult to get a vaccine. This observation was more pronounced among the unvaccinated, which is what is shown in this figure.

So what I'm showing is that among unvaccinated adults, those with a disability

were more likely than those without to report having the following difficulties associated with getting the vaccine. About two teams more reported getting -- having trouble getting an appointment online or getting to a vaccination site.

And vaccination sites were also reported to not being open at very convenient times. They also didn't know where to get the vaccine as frequently as those without a disability.

I'm going to wait to talk about the implications of the data until I show you results from both surveys. Next slide please.

There's not a publication yet but it is the data are available on CDC Covid data tracker online. They are updated every two weeks. What I am about to show you is probably out dated but you can get the most recent data in the Covid tracker. Next slide please.

The household pulse survey is started as a way to measure how the pandemic was socially and economically impacting U.S. households. Adults are sampled from the census master address file, adults are contacted by phone or e-mail and invited to complete a 20-minute online questionnaire. By the third wave of this survey in April this year, we were successfully getting disability questions added. Although we were still limited in the number of questions we were allowed to include, we were able to add a few more than the national immunization survey. We actually got four of the six HHS domains added. Specifically those were seeing, hearing, remembering or concentrating and the mobility or movement question.

Next slide please. Like the NIS, sampling and appropriate survey weighting is done to attempt to represent a national sample of noninstitutionalized U.S. population. Though it is important to note the data ought to show from the pulse survey and what is available on the Covid tracker are not age adjusted. We decided to present crude results.

There could be a little compounding by age. I will point out where that is likely in a moment.

Next slide please.

Here I'm showing a bar graph of vaccination rates by disability status as reported in September. It is shown overall and by age group. And we observe that people with a disability are less likely to report receiving at least one vaccine, Covid-19 vaccine, as compared to those without a disability. This holds regardless of age group.

Next slide, please.

And here you will see that the pattern holds regardless of disability type. We are showing bar graphs by disability status for seeing, hearing, mobile, and cognition and people with disabilities have lower vaccination rates in all areas.

Next slide, please.

The pulse survey also asks about vaccination intent and here we see that at least when we are looking at the unage adjusted proportions, people with disabilities may be

more hesitant to get the vaccine than those without a disability. These are not adjusted for age and there is not huge differences between disability status.

Next slide, please.

Lastly, before we begin the discussion, I do want to point out that these data have some very important limitations. First, self-reported vaccination coverage is consistently higher in these surveys than in the administrative data sources. Specifically, the pulse survey is about 7.7 percentage points higher than the proportions you would see when looking at the immunization information systems.

This could be due to a variety of reasons, including what's called social desirability bias. These surveys also have relatively low response rates or there could be limitations to how the sampling is done that impact generalized ability.

However, it is important to note that there's still a strong correlation between these various data sources and so despite the stated limitations, self-reported survey data are still very useful when we are looking at relative differences between groups.

Then finally I want to point out that the question we fielded on the national immunization survey is new and unvalidated and the questions included on the pulse survey do not capture all the domains required in the HHS standard. So neither measure is complete.

They could be very complete assessment of disability status or we might be masking important observations in certain disability subgroups.

Next slide, please.

So finally, what are some of the implications from these data? Next slide.

>> First, summarize the findings. Compared to adults without a disability, those with a disability had lower Covid-19 vaccine coverage. Less hesitant to get vaccinated and more likely to think the vaccine is important for protection.

These observations lead us to believe that there's a real potential for increasing vaccination coverage for this large diverse group of adults who are also particularly vulnerable to Covid-19.

Next slide, please.

The no so good news is adults with disabilities anticipate or expect more barriers to vaccination. Specifically, they report difficulty getting appointments online. Not knowing where to get vaccinated. Getting to vaccination sites and reporting that the vaccination sites are not open at convenient times.

As such, it is critical that we, as the public health providers, reduce barriers to scheduling and make vaccination sites more accessible. This is a no-brainer for anyone with limited experiences or for those working in the disability and health field. These national data provide documented evidence of these disparities.

Next slide, please.

I think one more slide, please. Are we -- I'm not seeing the slide advance.

Lewis, are you there?

>> Yes.

>> Presenter: Do you want me to keep going?

>> I'm stuck.

[Recording stopped]

>> Presenter: Want me to hang in tight for a minute?

>> Yes.

[Recording in progress]

>> Presenter: There we go. Great. Shall I continue? Lewis? Do you want me to continue?

>> Yes.

>> Presenter: All right. Great. So here's some relatively easy, tangible steps we can take to remove at least some of the barriers identified. First, we can translate Covid-19 health and vaccination messages into accessible formats, American Sign Language, Braille, easy to read. We can make vaccination registration and scheduling websites more accessible. In fact, a recent exploratory analysis of official state and territorial registration websites found substantial variability and sub optimal compliance with even the most basic accessibility recommendations.

Fortunately, there's information widely available for developers to make web content and scheduling systems more accessible.

For people not able to access electronic information or make appointments online, we can provide call lines and live vaccination scheduling assistance.

And, of course, for people unable to easily leave their homes, we can provide options for in-home vaccination services or provide access to accessibility transportation.

Next slide.

Our division has made some headway in many of these areas. We have developed a large suite of accessible Covid-19 materials. We have developed dozens of resources for people with intellectual and developmental disabilities including videos, social stories, interactive material and posters.

We have been doing our best at translating CDC Covid-19 messages into Braille and ASL with over 54 messages now available in Braille and 40 in ASL through a partnership with the Georgia Tech center for inclusive design and innovation.

We have developed and delivered multiple listening sessions and webinars with state and territorial health departments and other partners working in this space to provide strategies for vaccinating people with disabilities more effectively.

And we have provided over $100 million to the administration on community living to create a national call center for linking people with disabilities to vaccination services and providing grants to local aging and disability networks.

As you can tell, I'm very proud of the work our division, agency and partners have done over the past two years to address some of the health inequities for people with

disabilities during the pandemic.

However, as the vaccination data I presented points out, there is still much work to do.

Next slide.

Even with the current efforts, we are still seeing disparities for people with disabilities and the risk for Covid-19 and its severe outcomes. We also continue to see vaccination rates for people with disabilities lagging due to important and frankly avoidable barriers.

Fortunately, one positive that has come out of the pandemic, I do think we are beginning to see a reckoning within public health and more and more acknowledgment of this being a critical area of health equity work. I'm beginning to see more attention paid to issues aren't disability status measurements and inclusion, and preparedness and response work.

I hope this momentum will continue so disparities for people with disabilities can be better mitigated in the future.

Next slide.

So, of course, I need to thank many, many people across CDC and our partners. These are just a few from my division, from the national center for immunization and respiratory diseases, and the national center for health statistics. Of course, there are countless other people who have lived on and off the CDC emergency response for the past two years.

So huge thanks to everyone who has worked. And with that, I think I have one last thank you slide. And I will turn it over to Lewis or J.J.

>> Hi Blythe, this is Lewis. Thank you for a wonderful presentation. I apologize for the technical difficulties. We were having trouble being able to speak to you. That's when you were asking, we weren't there.

All right. So we will move now to J.J. and before we do that. If you sent a chat message earlier in the question, earlier in the Blythe's talk, please resend that if you can remember your question. Because we kind of -- ended up losing all of our chat messages.

So, all right, J.J., on to you.

>> Presenter: All right. Thank you, good morning, good afternoon to everyone. Appreciate everyone for being here today. I want to thank Dr. Ryerson for her presentation. I think it is very informative and I appreciate the conclusion that much work still needs to be done, more research, health equity for people and the disability community specifically. Thank you so much for the work that you have done in the investment in this issue. I really appreciate Lewis making this an event both for the healthcare ADA group and emergency preparedness group because I think both audiences need to have this discussion, be engaged and also work on solutions. We are still living in a pandemic and our goals are still to get as many people vaccinated as

possible.

So as the first slide says, my name is J.J. Rico. I am the CEO for the Arizona center for disability law. We are the designated protection advocacy agency in Arizona. There is an office like ours in every state and territory. After listening to me, gosh, I wish there was someone like that in our state. I'm telling you there is. You can visit our national disability rights network website and find the state agency or territory agency for you to contact and reach out to and hopefully partner with.

Let me jump into my first slide. Generally saying that I am going to make a lot of the same suggestions that Dr. Ryerson did as well and ways to make vaccine sites more accessible.

I will share a little bit about what Arizona has done, but also just generally the Americans With Disabilities Act requirements. A lot of -- all of it applies across state lines. If you are wondering, does this apply in my state, it most definitely does.

So the two titles of the ADA that we are going to focus on or that apply to the situations we are going to describe are title II of the ADA, state and local governments, and title III, applies to places of public accommodation. If your state is hosting private-run vaccine sites or you have your Walgreens or CVS, that would be title III. State run sites like in Arizona, we had big stadium sites, football stadium or University of Arizona, that would be title II of the ADA.

We will be talking about reasonable accommodation requirements under the ADA.

If you have questions, I think I saw a question in the chat regarding accommodations or modifications and other areas, we can briefly address that as well. I know we will leave plenty of time at the end of my presentation for questions and answers. So please fill up the chat. I'm sure both Dr. Ryerson and myself will be able to address as many as possible.

Next slide.

All right, so the think I want to emphasize and that we have seen in Arizona is that when we were advertising for vaccines, the information was being delivered through websites. And websites are not always accessible for various reasons.

I saw a comment in the chat that not everyone has access to a computer or to the Internet. That is hundred percent true.

We also have diverse communities that have limited access to strong Internet signals to access information.

We in Arizona, when the state website first went up, it had no live person or way to request recent accommodations. That has been updated. We are happy about that. I don't know if that is something ya'll have seen in your states. I know I tested it myself for me when I was trying to access when I could get vaccinated or where I could get vaccinated, and there was not a live person to answer those phone calls. The person I talked to was not able to answer my questions and I did not have

accommodation needs. It was a barrier where they wanted to make sure there was reasonable accommodations going to be provided or how a particular site was set up so they could achieve their goal of receiving their vaccine.

So I will give you an example. As I shared, Arizona rolled out one of the huge football stadium or big group vaccination sites. You saw the administration come out and celebrate that as a great way to get folks vaccinated. Unfortunately, it wasn't the best way for people with various disabilities. Specifically people who did not have the ability to drive in, it was a drive-up site. Those who relied on paratransit transportation did not allow for a drop-off and pick-up. And if you had to wait in line for long periods of time, oftentimes there were not places to sit or opportunities to keep your place in line so you could still get your vaccine.

Just a few challenges in some of those large sites.

The additional items that we heard was the large sites did not always provide effective communication. Specifically American Sign Language or basic communication cards. Our Arizona commission for the deaf and hard of hearing made communication cards, but that was not always being implemented. We participated in conversations and it was known about, the communication cards were known, but they were not being used.

So I would say tip one for the day is to make sure that if you do have reasonable accommodations, know what they are, and educate those answering the phone calls or establishing the website so that they can put those up front and center. Very important that your front-facing information, whether that be a website, whether that be a person answering your phone call, know about reasonable accommodations or know if someone is asking for assistance or help, how you can get back to them.

I know not all scenarios can be answered immediately. But the number one issue that we hear, regardless if it is access to vaccine or some other form of access issue, is that the front line person or the front line website says we don't provide that.

So my second tip of the day is to say, if you don't have an answer, rather than say we don't do that, the best tip would be to say, I'm not sure. I will get back to you. So, again, sounds really basic. But I think sometimes those who answer the phones may get concerned, I have to give an answer. As a lawyer, I can tell you when I first started practicing answer, I feel I had to give my clients an immediate answer. But I have learned over time is, if I don't know the answer, I better go back, research it and come back with the researched information.

That would apply in this situation as well.

One of the other tips is group scheduling helps people with disabilities who utilize a care giver. Not all people with disabilities have care givers.

I will give you an example. Our Independent Living Center in Phoenix, ability 360, hosted a vaccine event. They allowed for group vaccine scheduling. So it really became, not only a care giver and person with disability event, it became a family event.

So you had grandparents and parents and children. At that time, it was 12 and up, able to get their vaccines.

It really benefited many people so they could get vaccines at one time.

The other positive of that event that we have not seen at all events is a live person answering the phone to address accommodation requests. Still the best way that someone can ensure that they are going to show up at a vaccine site and get the accommodation, is a live person gathering that information and then ensuring that person will receive the accommodation they need to get their vaccine.

So again, last tip on this page is, again, an appointment process that allows for the ability to request for reasonable accommodation.

Some of you might be screaming at me, J.J., that is so simple, I couldn't do you put that out there? I can tell you, just within the last couple months, we have worked with some vaccine equity organizations that didn't know that was all that was needed and they have started adding it. I want to applaud their effort for doing that. Again, it is a simple step but it means so much for the disability community to see that language on an announcement regardless if it is vaccine, training that they know that they are going to be accommodated and the site is accessible.

Let's move to the next slide and talk about accessible sites.

So the site accessibility, a lot of folks assume that every site that hosts a vaccine event is immediately accessible. We don't want to make that assumption. As the new 5 to 11 vaccine is being rolled out, I have heard in conversations that they are going to use in Arizona a lot of schools. Now, there's an assumption because there's children with disabilities that go to a school that it is immediately accessible. That does not always mean accessibility.

We have a voting grant where schools are used an as voting sites, we have identified that oftentimes schools, school parking lots are not adequate -- do not provide adequate accessible parking, especially in the location in where the vaccine is going to be administered.

So let's say it is in the gymnasium. If the gymnasium is being used, you want to make sure your park something in an accessible path to the gymnasium. You will see accessible parking at the front of the school, closer to the office, so you want to make sure if there is not designated parking that is create some because we are advocating to make sure that you can even establish temporary parking. So a lot of sites might say, oh, well we can't do that. We can't restripe our parking lot. There are temporary ways to identify parking. I would reference the department of justice parking requirements so not only do you have accessible parking spots, but van accessible parking spots and block off the van accessible aisle. People think there is a small spot, I will squeeze in there. That is for van accessibility.

Also, if you are going to provide access to bathrooms or rest rooms at your vaccine event, make sure you have an accessible bathroom. If that is going to be

provided, we all need access to the bathroom. There are ways to provide accessible bathrooms even in a pop-up site. There are -- I don't know, again, the lingo across state lines, but there are port-a-Johns that do have accessible features that are accessible. Are they fully accessible, there may not be.

If you do not have a rest room, put that on there that there is not a rest room available.

So we talked about parking. Sensory items and sensory options. So that's for various disabilities.

So we will use an example of a person with autism. Sensory items could include or sensory options could include a location or space that is not overload. For example, a lot of these first events that were coming out, they were big events. The one I went to at the University of Arizona had music playing and fans and people celebrating, you are getting vaccinated.

That's good, right? That's generally good. But that could be overwhelming for an individual who cannot -- does not benefit from that celebration.

So do you offer a separate room? Can you dim the lights? There are a lot of options to remove some of the sensory items.

The other thing you can provide are items that allow for someone to squeeze ball, stress ball could help. It could be a good way to get information out about how to register for a vaccine.

You could have a logo or website. There is a dual purpose there as well.

Keeping wheelchairs or places to sit on hand, that is a result of a phone call or two that we received about individuals not being able to stay in line.

The lines for vaccine aren't what they used to be, but they are still existent and I do understand from the 5 to 11 group, there are going to be more group sites that may -- especially in the beginning, I anticipate longer lines. Obviously, you will have families coming to these events. More people waiting in line. So if there are options to sit or wheelchairs that could be provided, so someone could sit if they are not able to stand for long periods of time.

In-car vaccinations are another option. I don't know what every state has done. I have heard about this in many states. Arizona has done this. This benefits a lot of folks. Mine was in car. I didn't have to get out.

Second one I had to open my door. Other than that, I was able to get my vaccine. So for some who do have the ability to utilize a car, get in a car, this can benefit them as well so they don't have to get off, go into a site that may be inaccessible or may pose a barrier to get in the vaccine.

The last tip on this page is plain language signage. We talk a lot about effective communication, but I think we miss the plain language nature of information. When I talk about plain language, it is the ability to convey a message in a way that the majority of people can understand. When I say the majority of people, I would say that our

current -- the last information I received was that our reading level in our society as a whole is sixth grade.

We should learn how to write as clear of information as possible. Now, I know vaccine-specific information could be high level. But I'm talking about directions. I'm not going to the side effects issue.

Mainly directions, information on how to get to a vaccine site. How to get from the parking lot to the vaccine site. The disability community relies heavily on signage. When I have done this presentation for folks in Arizona, sometimes I worry they think I am asking them to create permanent metal signs that are going to cost thousands of dollars and take months to create.

I am talking about printing out large signs with arrows on them that say right/left that really just allow someone to navigate from this parking lot we are talking about to the vaccine site.

Or clear messaging on the door of what the process looks like with information on a phone number to call. Or with information on the website to register? So this also plain language applies to website information as well.

A lot of words on a small page can overwhelm someone, can also distract from the message. Again, dark background, light font, focusing, again, this allows access for many different people.

Not only just in the disability community, but beyond. A lot of these tips are universal accessible tips. This is not just Covid vaccine related. This also applies to healthcare access issues. So appreciate any thoughts or comments on the chat. We will get to those. Thank you.

Next page, please.

Let's talk a little bit about effective communication. Big issue because there's, I believe, a misunderstanding and maybe not for everyone in our virtual meeting today, but first address American Sign Language. American Sign Language is not English. They are two different languages and so sometimes people assume, oh, I will just write notes back and forth. Especially complex information like that, that would not be effective communication.

And so I think some basic exchange about communicating a vaccine appointment, whether or not someone is registered, that could be relayed through the communication card that I explained or that I shared earlier, or through some brief notes.

But for the medical appointment where the person is going in and needing to ask questions about the side effects, about the dosages, those type of items, effective communication through another method specifically American Sign Language interpretation might be needed. But it is always important to ask because I always remember one of the first cases that I dealt with years ago when I first started my career where a court provided American Sign Language interpreter to someone later deafened

in life who did not speak American Sign Language.

So although well-intentioned, it was an investment in something that did not effectively communicate to my client at that time. That client benefited from CART or transcription services. Always important to ask and always make sure you are providing effective communication.

Next is have lots of tools in your toolbox. I'm giving you ideas, I guess you could call them tools and tips. Have as many available as possible. But make sure you know they are available, make sure those helping are know they are available. When we first saw the vaccine being rolled out, there were a lot of volunteers part of this process. It was difficult, I'm sure, to make sure that everyone had the same information. But as these -- the vaccines sites have grown smaller, more direct from the CVS, from the Walgreens and the doctor's offices, make sure that people know that you have a toolbox.

Then, second, that they know what tools are in there.

So related to effective communication, you will want to know how to access a sign language interpreter. So a lot of folks have been asking me, who do we contact? So in Arizona, we contact our Arizona commission for the deaf and hard of hearing. They are not only a great resource, but they are also in charge of licensing our sign language interpreters in Arizona.

So I don't know every state. But it would be a real quick Google to make sure that you have information on who to contact regarding securing a sign language interpreter or a transcriptionist, depending on the need -- the effective communication need.

I want to provide fact sheets on ingredients, side effects. I have seen a lot of good one-pagers out there. You don't have to reinvent the wheel. There seems to be a lot of information, as we heard from Dr. Ryerson, nice fact sheets, tip sheets, a lot of videos that are being used.

I know I'm supposed to work on a TikTok video. Try to diversify your messaging. Do not rely on automated captioning, although it is better it most definitely is not a substitute for real transcription.

We talked about communication cards and wearing clear masks, making sure if you do have someone who has the ability to read lips and Ben from someone wearing a clear mask, still have some of those on site.

Reading lips is not a substitute for sign language interpretation or other communication. But it may allow for someone to access some information when they are trying to communicate at a vaccine site or in person.

Just -- again, that is part of your toolbox.

Next slide, please.

So I am good on time here. And so I'm going to say here's some great resources. There's a checklist on site accessibility broadly, just sites generally. Web

accessibility, that has been a big issues as we have done these presentations in Arizona. Where do I find those guidelines? Here's guidelines. There was recent department of justice settlement for an inaccessible website for vaccine registration. Be mindful of that. That resolution may have good guidance in it.

The last is office of civil rights, in case someone does encounter a barrier, this is a great site and resource on the standards prohibiting disability discrimination. Another, great resource.

I think that is my last slide.

My contact information, if you have other questions, but also reach out to your disability rights organization in your state, there is so much good information out there. My closing comments would just be, we have a long way to go.

I think Dr. Ryerson's presentation really highlighted that people with disabilities want to get vaccinated. They want to know how, where, and make sure they are not facing barriers when trying to get vaccinated.

It takes a group effort. For all of you on there trying to reach the goal, I appreciate you. I think good partnerships. Now including, we can have good meaningful conversation. We have seen improvements and as we now roll out the 5 to 11 vaccine, I hope that continues so that population and any other community members to wish to be vaccinated can receive the vaccine in an accessible location. Thank you.

I think we have time for questions, correct, Lewis?

>> Yes, we do. All right, thank you so much, Blythe and J.J. Really appreciate your fantastic presentation.

All of you, this is a good time to submit your questions in the chat window. I wanted to supplement J.J.'s point about the resources and remind you that this webinar series, in fact, you should go back and look at the archive at ADA presentations. There have been both the emergency management and in the healthcare section, there have been presentations about Covid-19 and the vaccines. Setting up sites and other elements that you may find important, so those are really good resources for you. Civil rights and HHS discussing their resources.

A question about hesitancy, did you have any data about that.

Yes, thank you, that's a great question. I mentioned at the end, I'm seeing positive movements in collecting disability status and other data sources. One of those is exactly working with we have actually forged those relationships and been successful at god egg them to add all six HHS questions to their normal national immunization survey.

Also, in particular, older populations who were unable to leave their homes. Or another question I saw come up, unable to access online services at all. And so, you know, I will say 100 million -- for some of our federal partners might be a drop this the bucket, but for us, you know, I think that's -- near our entire budget for a normal year. Significant amount of money that we were putting out and very, very fortunate to have

that during the pandemic to go toward these area resources, to go towards the dial line that I mentioned.

The call-in number so that people who are unable to leave their homes can call and find out how they can get in-home vaccination services and that should be available and I think as J.J. mentioned, if you don't get the answer you want first try, keep asking. The dial line should be able to connect people who call in to the disability rights organizations in their state or whatever it might be so that they can get the answers they need to get the in-home vaccination or other services that they might need.

>> Great. The next question, have you seen any data on Covid's impact on autism or sensory issues or any data on Covid-19 vaccine hesitancy with those with autism or other IDD?

>> Yes, we have seen, the beginning of my slide deck has a little bit of data, pretty broad, on intellectual disability. But I know our colleague that Autism Speaks have a paper out that came out this spring that looks at a private claims insurance database, looking at the impact of Covid-19 and similar to what I showed in the beginning of the presentation, they noted that people with autism and intellectual disability were nine times more likely to be hospitalized and had longer lengths of stay and so there are some data on the risk of Covid-19 and out comes and I believe they are doing some analysis.

>> I'm go to ask Gabe to read the next question. I'm still having technical difficulties.

>> Where did you leave off?

>> Autism and sensory issues. Next one starts, do you see additional -- I can't see anymore.

>> Okay, one moment please.

I'm sorry, I'm trying to find where it is on the list here.

>> You can ask them any question and look while they are answering.

>> Okay. There's a question here about informing on rural versus urban hesitancy.

>> There probably is some data -- I would suspect there are some data on that from the national immunization survey. Though I have not looked at it. So I can't speak to it. I can certainly -- I would say check the data, the Covid data tracker, there might be data out there on that. I certainly can. I just don't know it offhand.

>> Okay, I am seeing a higher number of homeless population, 70% of the homeless population. Is there a specific message for the homeless population?

>> I don't know, J.J., do you have any thoughts on that?

>> I mean, generally, I mean, I think with that particular population I think the counties need to identify kind of good pop-up locations that could come to that community and make it available. As opposed to assuming that the one size fits all registration process would apply.

So in my mind, I would think that a pop-up would be an ideal solution to at least making it available and I think you all can think about your particular communities where there might be larger populations of homeless where that pop-up site could be created and encouraging, again, not everyone may avail themselves of getting the vaccine. But, again, putting yourself in the community would be my -- what I would advocate for.

>> Okay. Next question. Your surveys are by phone. How do you gather data from those who cannot use phones?

>> I cannot answer that question. I can follow up. I'm not sure how the national immunization survey handles that.

>> Okay.

Next question. What work are all of you doing to fix the upstream issues. So instead of accommodating at sites that are inherently inaccessible, working to create a vaccine distribution system designed to be accessible from the get-go.

>> So this is J.J., I would say that we -- the center are trying to make partnerships with the state so what we have learned about, there are groups in our state that work on vaccines as a whole. It is not just the Covid-19 vaccine. So now that we have been introduced to them, we are trying to advocate for what I have just suggested. Not just for Covid vaccines, but for the whole vaccination process. We have suggested some of these tips to them so to make this system better well after Covid vaccine.

So that's our vision, to make sure that not -- we are not just doing it one time, not just trying to put out each little fire, but we are also trying to work on the systemic to make sure that vaccines of all kinds are accessible. So that's at least what we are doing in Arizona.

>> Okay, thank you. This is Lewis. I do want to answer some of the questions that people have been asking about slides, resources from J.J. The slides are available in the archive section of ADA presentations.org. As of tomorrow, they will be in the archive section.

All of those resources will be available to you.

All right, next question. I see great strides in disability preparedness and response to bring those at the table that often are marginalized. Do you see those positions continue to be funded as they may seem -- the need seems great as the gaps identified during Covid.

>> So I would say that through the American rescue plan and other Covid funding opportunities, we have been very successful at getting those monies to help address some of these issues.

You know, in terms of longevity of those funding streams, sustainability I think it is hard to say. We are giving lots of thought on how to make what resources we have been successful at getting, sustainable, whether that's employing training services to disability specialists in state health departments and leveraging some of the expansion of the public health workforce that this administration has been very interested in. We

will continue to think about this sustainability issues. But, you know, I don't know what's to come in terms of funding in the future.

>> So if I could jump in, Dr. Ryerson -- [audio gap] [Rejoining]

>> I'm going to close the questions and answers. We realize many of you may have questions for speakers. Apologize if I did not get a chance to ask the question. [Audio gap]

>> So sorry. Okay. Well, let's take -- given that, let's take a couple more questions. Are you aware of any programs, grants or otherwise, that can assist individuals or agencies in obtaining communication cards or other assistive devices?

>> So this is JJ, I posted our Arizona commission for deaf and hard of hearing's commune card, my understanding they created it internally. If you visit that website, it is also in Spanish. I'm assuming you could use something like that.

In terms of our assistive technology or needs, not understanding exactly what someone might need, but, you know, again, maybe that's something that Dr. Ryerson knows if there is money out there for things like that. But, again, I would just say from a legal perspective, both public entity and public accommodation needs to provide that. I understand your question is, is there additional monies out there to buy that. There may be. I'm not aware of that specifically, but just understand you do have an obligation if you are title II or title III public entity to provide the accommodations we spoke about today. I don't know every state and territory, but great place to state is your department of health services and then vaccine equity groups that are working, they may have some flexibility in how they use their funds. But I can't speak for them. But those would be a couple contacts I would make with those question.

>> I think those are great suggestions. J.J. had good thoughts. I'm not aware of anything specific.

Okay, many of the questions that are remaining are ADA related questions. Questions about whether you can wear a mask and oxygen devices. These questions can be brought up with your regional ADA center at 1-800-949-4232. You may also be able to contact JJ. He may be willing to do it if you are outside his region, we don't know.

The ADA centers provide you free advice on the Americans with Disabilities Act. We appreciate you being here. We are sorry if you didn't get a chance to ask your question. If your question is an ADA question, contact your ADA center. You will receive an e-mail with the online evaluation, please complete the evaluation for today's program. We value your input and demonstrate the importance of this series to the funder. We want to thank our speakers today for sharing their time and knowledge with us. It was a great presentation, very valuable. Reminder that today's session was recorded and that will be available for viewing next week at ADApresentations.org in the archive section. Emergency management. Watch your e-mail two weeks ahead for the announcement of the opening of registration for our next session.

Thank you, again, for attending today's session. Thank you, again, to Blythe and J.J. for being great presenters today and have a good rest of your day everyone.

Good-bye.

[Session concluded]