ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES
THE LEADERSHIP, EDUCATION, ADVOCACY & RESEARCH NETWORK

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November 23, 2020

Advisory Committee on Immunization Practices
Centers for Disease Control and Prevention
1600 Clifton Rd.
Atlanta, GA 30329-4027

Re: CDC-2020-0117

Committee Members of the Advisory Committee on Immunization Practices,

The Association of University Centers on Disabilities (AUCD) writes to express our strong recommendation to include individuals with disabilities and the array of direct support professionals – paid and unpaid – who serve them within the priority populations for allocating initial supplies of COVID-19 vaccine. AUCD supports and promotes a national network of university-based interdisciplinary programs. AUCD's mission is to advance policies and practices that improve the health, education, and social and economic well-being of all people with developmental and other disabilities, their families, and their communities by supporting our members in research, education, health, and service activities that achieve our vision.
We are grateful to the Committee and its partners for their commitment to pursuing COVID-19 vaccine allocation principles that promote justice, mitigate health inequities, and promote transparency. To further this pursuit, we urge the Committee to adopt the following two priorities:

1. **Include individuals with disabilities[1] in Phase 1 allocation of COVID-19 vaccine.**

Individuals with disabilities should be considered among priority populations due to myriad medical and social determinants that have resulted in a disproportionate negative impact from COVID-19. Many people with disabilities are at a higher risk of infection, severe illness, and even death because of underlying medical conditions. According to the CDC, adults with disabilities are three times more likely than adults without disabilities to have chronic conditions – such as heart disease, stroke, diabetes, underlying neurologic conditions or cancer – that increase the risk of severe illness from COVID-19. Additionally, a recent analysis of private health insurance claims data by the Johns Hopkins University School of Medicine found that individuals with intellectual and/or developmental disabilities are three times as likely to die if they contract COVID-19 as people without such disabilities[2]. Limited mobility, understanding of health guidelines, and/or ability to communicate symptoms are additional risk factors for individuals with disabilities of all ages.

Additionally, the need for care and support services impact the ability of many individuals with disabilities to mitigate the spread of COVID-19 through preventative measures such as social distancing. Individuals with disabilities of all ages rely upon the physical proximity of caregivers and direct service professionals (DSPs) to “bridge gaps in intellectual and communication abilities and to make day-to-day life fulfilling, predictable, and manageable.”[3] It is also important to recognize that individuals with disabilities live-in and receive daily care in a variety of settings, including home- and

community-based settings (e.g. alone or with family members in a house or apartment) and congregate care settings (e.g. long-term care facilities, group homes, nursing homes). Congregate care settings in particular have experienced well-documented, high rates of COVID-19 infection and mortality.[4]

AUCD is concerned that current federal guidance does not reflect these realities for individuals with disabilities in proposed COVID-19 vaccine allocation plans. For example, the Framework for Equitable Allocations of COVID-19 Vaccine published by the National Academies on Sciences, Engineering, and Medicine lists the following two populations for Phase 1b allocation: "people of all ages with comorbid and underlying conditions that put them at *significantly* higher risk; older adults living in congregate or overcrowded settings" (pp. 9-12).[5] The former criteria currently leaves out individuals with intellectual and/or developmental disabilities; the latter leaves out individuals with disabilities who reside in congregate care settings. Including individuals with disabilities within a first phase of allocation and distribution is critical not only to achieving greater health equity, but also to save lives.

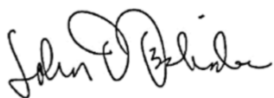
2. Include caregivers and direct support professionals in Phase 1 allocation of COVID-19 vaccine.

Individuals with disabilities rely on a wide array of both paid and unpaid direct support professionals (DSPs) for support. DSPs provide a wide variety of home and community-based, health-related services that support individuals with disabilities, including for personal care, activities of daily living, access to health services, and more. The work of DSPs is crucial to the physical health, livelihoods, and quality of life for thousands of individuals with disabilities.

The often close and intimate nature of this work places both individuals with disabilities *and* DSPs at higher risk for spreading and contracting the novel coronavirus. It is critical to both of these populations that DSPs be classified as essential healthcare workers and included in Phase 1 of COVID-19 vaccine allocation plans. COVID-19 guidance from the CDC states that, "DSPs are considered to be in the same general risk category as health care personnel."[5] However, DSPs have hereto been left out of emergency funding for pay, training, and personal protective equipment granted to other healthcare workers. The result is an increasingly unstable workforce, as evidenced by results of a survey of over 9,000 DSPs conducted in early May showing that 42% of respondent knew someone in the DSP workforce who left their job due to the pandemic.[6] Adequately protecting this workforce population is necessary to ensuring the overall health of individuals with disabilities and their communities.

AUCD urges the Advisory Committee on Immunization Practices to recommend that individuals with disabilities and the direct support professionals who serve them be included within priority populations for allocating initial supplies of COVID-19 vaccine. It is both an ethical imperative to reduce harm and health inequities for this vulnerable population, and a practical measure to mitigate the spread of the novel coronavirus.

Sincerely,



John Tschida, Executive Director
Association of University Centers on Disabilities

1. We define “disability” for an individual using the definition provided in The Americans with Disabilities Act of 1990 (ADA): “a) a physical or mental impairment that substantially limits one or more major life activities of such individual; b) a record of such an impairment; or c) being regarded as having such an impairment.” (P.L.101-336).
2. https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/Risk%20Factors%20for%20COVID-19%20Mortality%20among%20Privately%20Insured%20Patients%20-%20A%20Claims%20Data%20Analysis%20-%20A%20FAIR%20Health%20White%20Paper.pdf
3. https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.2020.20060780
4. https://www.kff.org/coronavirus-covid-19/issue-brief/key-questions-about-the-impact-of-coronavirus-on-long-term-care-facilities-over-time
5. https://www.cdc.gov/coronavirus/2019-ncov/hcp/direct-service-providers.html
6. https://ici-s.umn.edu/files/iJphkG6fcN/dsp-covid-survey-results