

Accessibility and the COVID-19 Vaccine Experience for People with Disabilities

September 13, 2021

COVID-19's Devastating Impact: Exploring the Intersectionality of Race and Disability

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Developmental Disabilities

What do we know about the impact of the COVID-19 pandemic on persons with disabilities?

Not enough!
Data are still emerging.

Goode, T. D. & Christopher, J.
Disparities in IDD Supports and Services: Lived Experience During the Early Phase of the COVID-19 Pandemic in the District of Columbia (2021).

<https://publications.ici.um.edu/impact/34-1/disparities-in-idd-supports-and-services>.

A review of selected and recently published literature indicates disproportionate COVID-19 morbidity and mortality among persons with disabilities due to underlying health conditions.

Persons with disabilities experienced delayed and poorer quality of health and mental health care, discrimination and biases by health care professionals and institutions, increased isolation, job loss, and disruption in supports and services.

This literature cites extensive deficits in the nation's current data collection systems, including the failure to examine COVID-19 related data by disability, race, ethnicity, and languages spoken in states, territories, and tribal nations.

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Disability and COVID-19

People with intellectual disabilities are more likely to contract COVID-19,

- More likely to require hospitalization, and
- More likely to die from COVID-19.

Gleason, J., Ross, W., Fossi, A., Blonsky, H., Tobias, J. & Stephens, M. (2021, March 5). The Devastating Impact of Covid-19 on Individuals with Intellectual Disabilities in the United States. NEJM Catalyst Innovations in Care Delivery. <https://catalyst.nejm.org/doi/full/10.1056/CAT.21.0051>.

A Local Example – District of Columbia

- Population - 689,545
 - 54,556 positive tests (8%)
 - 1,159 deaths (2% of positives)
- People supported by DDA – approx. 2400
 - 432 positive tests (17.94%)
 - 61 deaths (14.15% of positives)
 - 37 confirmed/presumed COVID as cause of death (8.58% of positives)

Sources: [census.gov/quickfacts/dc](https://www.census.gov/quickfacts/dc), retrieved 9/1/2021; dds.dc.gov/node/1519506, retrieved 9/1/2021; coronavirus.dc.gov, retrieved 9/1/2021

Disproportionate Impact

A variety of factors contribute to the disproportionate impact on people with ID

- Congregate living situations with staff working on rotating shifts
- High rates of pre-existing health conditions
- Poor access to culturally and linguistically competent and accessible health care
- Lack of public health guidance and planning tailored for the intended population

See generally Ervin, D., Why the Impact of COVID-19 on People with IDD is So Devastating, EP Magazine, August 2021;

<https://www.epmagazine.com/blog/why-the-impact-of-covid-19-on-people-with-idd-is-so-devastating>

Other Impacts of COVID-19

- Other impacts on the Disability Community
 - Disabled Lives Devalued
 - “Only people who are old or have pre-existing conditions are dying from COVID”
 - Healthcare Rationing
 - Hospital No Visitor Policies
 - Masks
 - Mental health needs exacerbated
 - Outdoor restaurant space
 - Remote learning – special education services including therapies

Intersectionality



- Kimberlé Crenshaw, a lawyer and civil rights advocate, introduced us to the term ***intersectionality***. She wrote about how a person who because of their membership in multiple social groups may experience discrimination, oppression, and marginalization. Her work focused on Black women.
- Since her original work was published in 1991, the term intersectionality is used in many ways, by many people including disability organizations.
- Sometimes those who use the term intersectionality confuse it with multiple cultural identities. They leave out the important elements of discrimination, marginalization, and oppression.
- Many people with disabilities experience intersectionality.

Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, Vol. 43, No. 6 ([Jul.](#) 1991), pp. 1241-1299.

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INTERSECTIONALITY THROUGH THE LENS OF ANDY ARIAS

“From childhood through adult life, I experience stereotyping, marginalization, and discrimination because of my LGBTQ-ness, my Hispanic-ness, and my disability.”



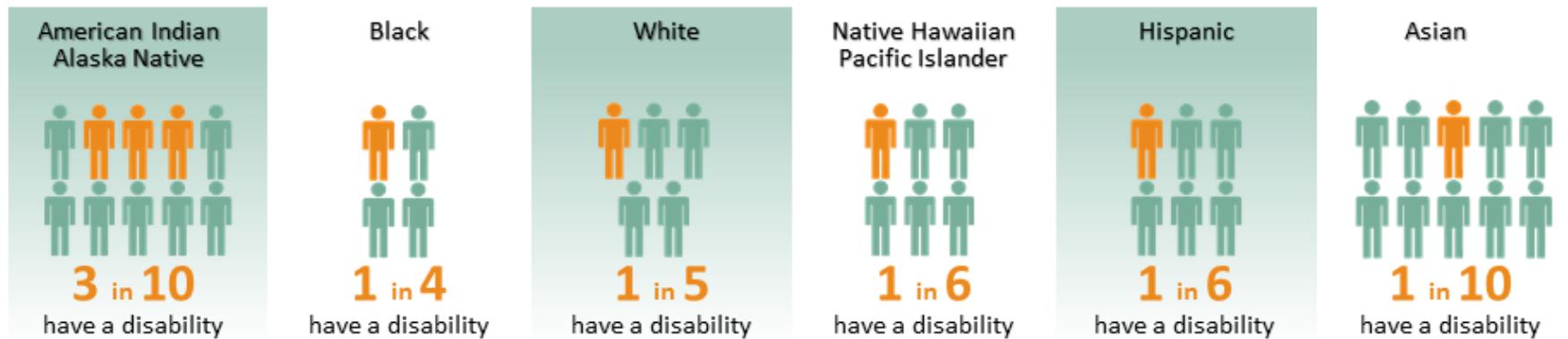
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Disability Prevalence

Disability Prevalence Varies


Adults with Disabilities: Ethnicity and Race
 When it comes to the health of people with disabilities, it's important to know the health differences among racial and ethnic groups

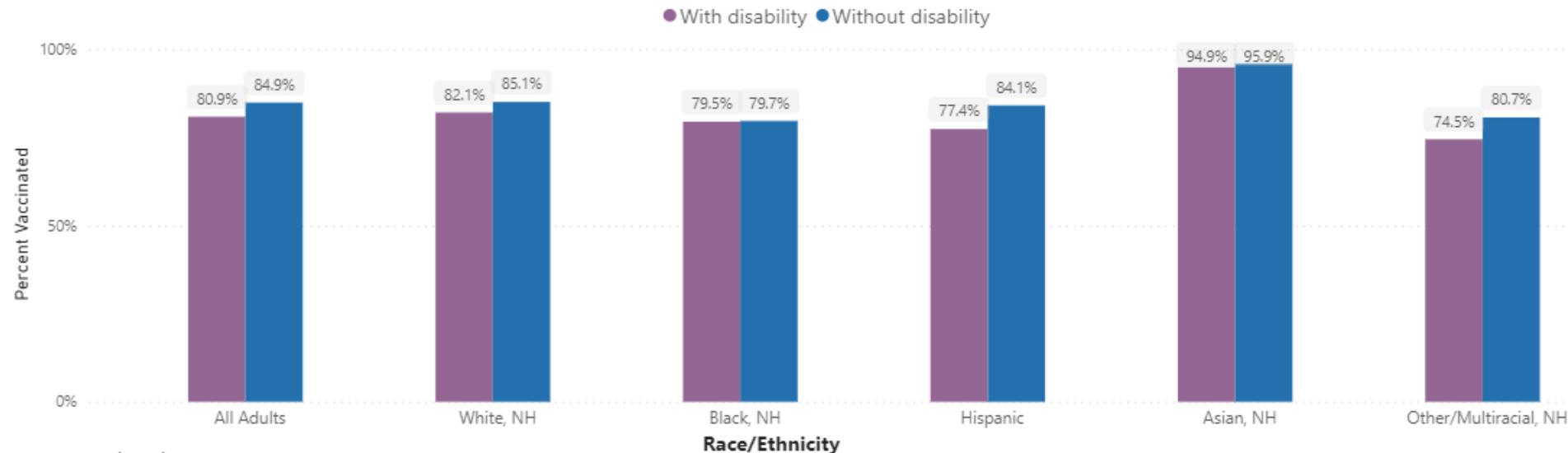
Approximate number of adults with a disability by ethnicity and race



Source: <https://www.cdc.gov/ncbddd/disabilityandhealth/materials/infographic-disabilities-ethnicity-race.html>

Adults without Disabilities Have Higher Vaccination Rates

FIGURE 2. Reported Receipt of 1 or More Doses of COVID-19 Vaccine* among Adults Age ≥ 18 Years By Disability Status and Race/Ethnicity, Household Pulse Survey[^], Conducted July 21 - August 16, 2021^{^^}, United States**



<https://covid.cdc.gov/covid-data-tracker/#vaccinations-disability-status>

Accessible and culturally and linguistically competent messaging is essential to reach persons with disabilities and their families within the states, territories and tribal nations in which they live.

- At-risk population
- Communications challenges, including lack of access to technology
- Increased challenges accessing vaccine
 - Difficulty making appointments
 - Lack of access to transportation
 - Inaccessible vaccine sites
- Historical distrust of health care system
- Too often a lack of culturally and linguistically competent messaging

Accessible, Culturally and Linguistically Competent Messaging & Messengers

Accessible, culturally and linguistically competent messaging is essential to reach persons with disabilities and their families (across all racial, ethnic, and cultural groups) in the states, territories and tribal nations in which they live. Who delivers the message is equally important as the message itself.



Challenges:

Accessible, Culturally and Linguistically Competent Messaging & Messengers

Historical and present day experiences of discrimination, marginalization, ableism, racism

Lack of trust of health care systems & providers

Misinformation

Literacy, health & mental health literacy

Lack of knowledge & access to technology

Inconsistent adherence by health care providers to accessibility mandates & practices

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Accessible, Culturally and Linguistically Competent Messaging & Messengers

Engage persons with disabilities to identify hesitations & concerns

Partner with persons with intersectional identities (race, ethnicity, disability, LGBTQ) to create culturally and linguistically appropriate public health messages

Determine who are credible voices to deliver messages

Identify the preferred modes of delivering messages (social media, face-to-face, individual phone calls, video, print, ethnic media, advocacy, faith-based, community-based organizations)

Collect data and assess the effectiveness of messages and messengers

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Providing accessible COVID-19 Information in Plain Language

Max Barrows & Hassan Ko

Reaching People with Intellectual and Developmental Disabilities (IDD)



First make sure you are providing the information people need. Then focus on writing it in plain language.

Actively involve people with IDD in your project at all levels.

Have a focus group of people with IDD review information before it goes out.

We are constantly surprised by some of the barriers people are facing. The only way you know what people are facing is to ask them.

Unique Outreach Issues

- Find concrete ways to emphasize how the Delta variant is more dangerous. For example, unvaccinated people are 10 times more likely to be hospitalized
- Always include a number to call to get assistance. The accessibility of getting a vaccine has improved but systems still emphasize using the web.
- People with IDD are still not getting all of their services, so they may not have help reading and understanding information



Unique Outreach Issues

- Address how people who want a vaccine, can get a vaccine when their families and/or guardians say “no.”
- Flip the Switch! Vaccine misinformation spreading on social media is often easy to understand. Together we can share the truth based on science and beat this pandemic.





January & February 2021

Vermont Health Department Provided Vaccination Clinics Geared For New American Households

- If a family member is 75 or older, the whole household was able to get vaccinated.
- The goal was to make sure translators were available to give information
- The goal was also to meet the needs of the community. New Americans were experiencing a 3 to 4 times higher rate of getting COVID-19.

Creating accessible materials for the Blind & Visually Impaired

Shirley Carrillo

Alternative Text (Alt text) provides meaningful descriptions to any image.



Helpful Tips

- Write a short description that explains the purpose and why its important.
- Should be use when including an image in communication and social media.
- Summarize graphs and charts
- Include a descriptive label for any audio or video clip.
- Check for Readability.

Digital Accessibility in the Age of COVID-19 | AAPD

Example: Alternative Text



Image Description:

An illustrated young woman with medium brown skin, short dark brown hair and bangs is sitting on a white stool against a green background, and she is wearing a red sweater, pink cropped pants, and black slippers.

Color Contrast

- Images with high contrast are easier to see with light colors on black or darkened background or black on a light or white background.

Good Contrast	Good Contrast	Good Contrast
Bad Contrast	Bad Contrast	Bad Contrast

COLOR CONTRAST GUIDANCE

THIS WORKS, THIS DOESN'T

HIGHER_PRIESTESS



Audio Description

- An additional audio track that describes and gives context of essential visual information in media for individuals who are blind and visually impaired.

Accessible Formats

- Braille
 - Digital eBraille ready for files to download and read by Braille Displays.
 - Embossed Braille or raised Braille printed.
- Large-print
 - Recommended fonts: Arial, Calibri, Sans Serif, Tahoma
 - Use Bold or Semi-bold and avoid stylized typefaces
 - Do not use italicized or underline.
 - Recommended point size: 14-16

Arial Bold

**The quick brown fox
jumps over the lazy
dog and runs away.**

Tahoma Regular

The quick brown fox
jumps over the lazy
dog and runs away.

Promoting Community Vaccinations through Partnerships with Disability Organizations to Achieve Accessibility Objectives

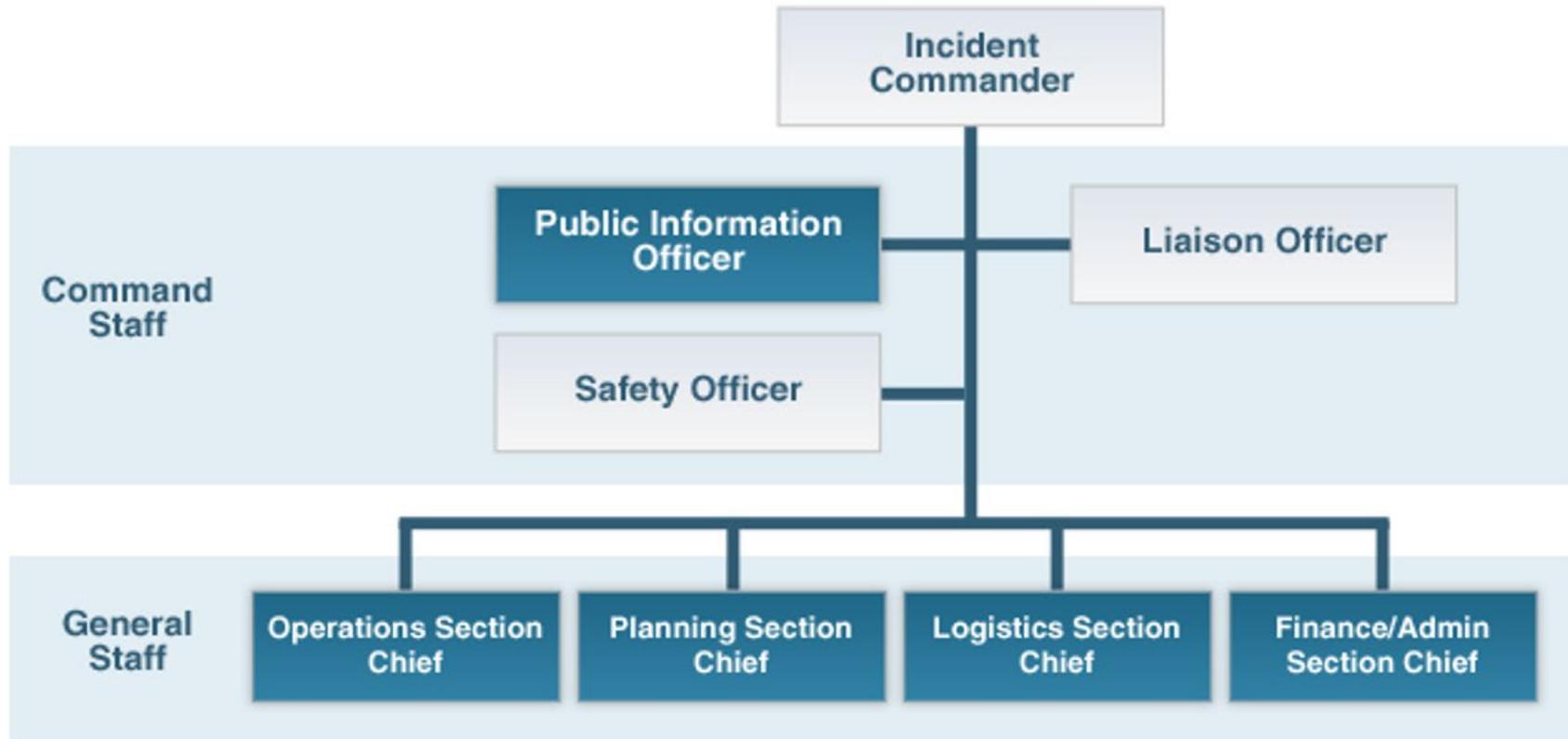
Presentation by: Meg Traci, PhD¹; Nick Holloway, BS²; Travis Hoffman, BSW³; Joel Peden, BA⁴; Ian Thigpen, MEM, CPHA⁵; Brett Lloyd, BSED, MEP, CHEC, CPM⁶; Chris Clasby, MSW³

¹ Rural Institute for Inclusive Communities, University of Montana; ² Missoula County Office of Emergency Management; ³ Summit Independent Living; ⁴ Montana Association of Centers for Independent Living; ⁵ Montana DPHHS-Public Health and Emergency Preparedness; ⁶ Lewis and Clark Public Health

The foundation for this work is built through partnerships formalized in roles within emergency management, emergency operations center, disability organizations (e.g., Centers for Independent Living, University Centers of Excellence on Disability), and state, local, tribal and public health departments.

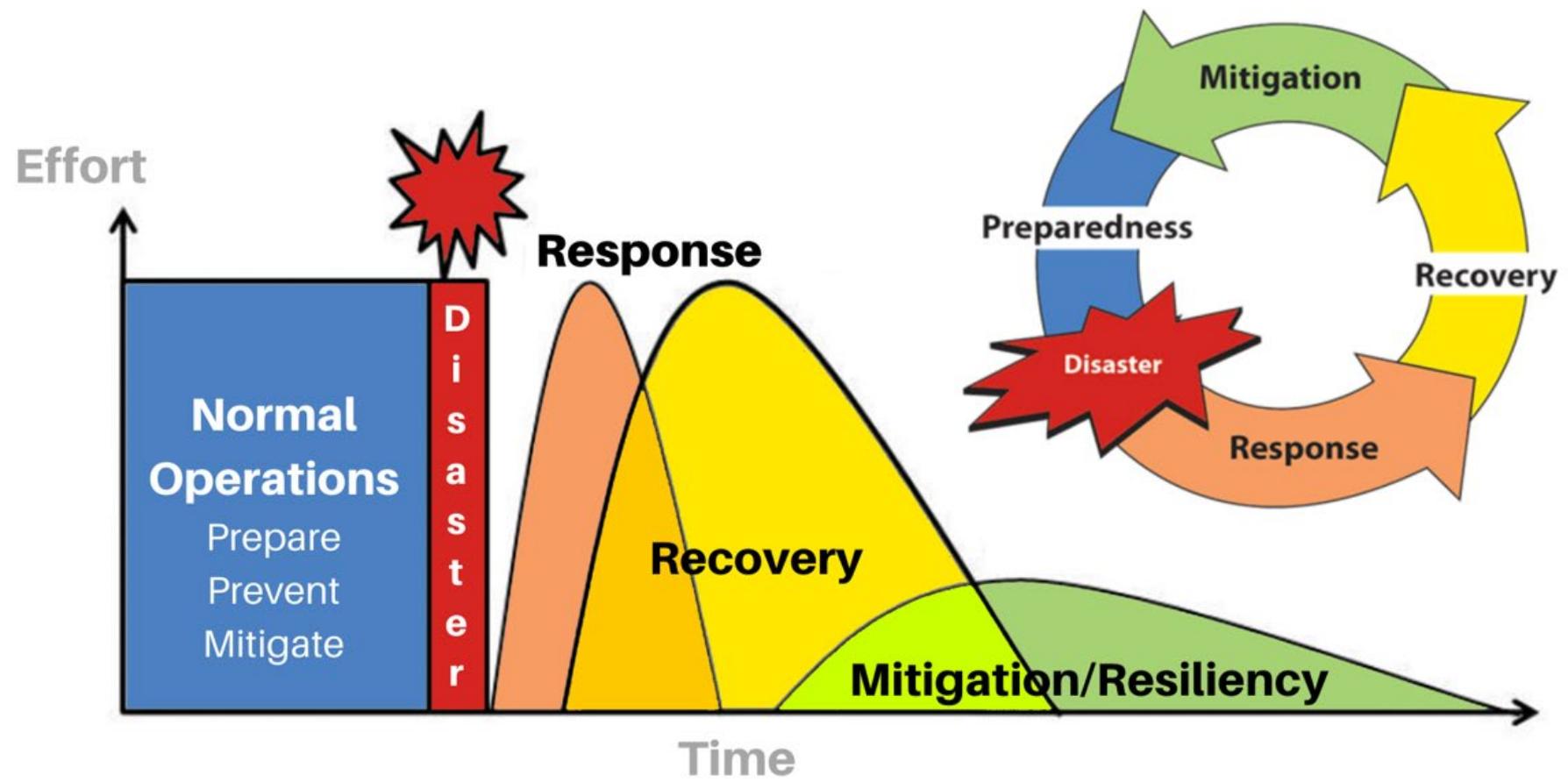
- Whole Community Approach and Strengthening Partnerships with Disability Organizations
 - Missoula Access and Functional Needs Workgroup, Subcommittee of LEPC
 - Two articles on Whole Community Approach in Missoula County
 - Lewis and Clark Public Health Inclusiveness Workgroup
 - Inclusiveness Workgroup Policy
 - [Success Story Video](#), developed by the National Association of Chronic Disease Directors on the L&C Public Health's Inclusiveness Committee

Incident Command Structure



- Central to these partnerships is a shared understanding of the importance of ADA
 - ADA Accessibility
 - Inclusion
 - ADA +
 - e.g., each mass care shelter could have a mobile wheelchair charging station (not in ADA code but supports disaster resilience)

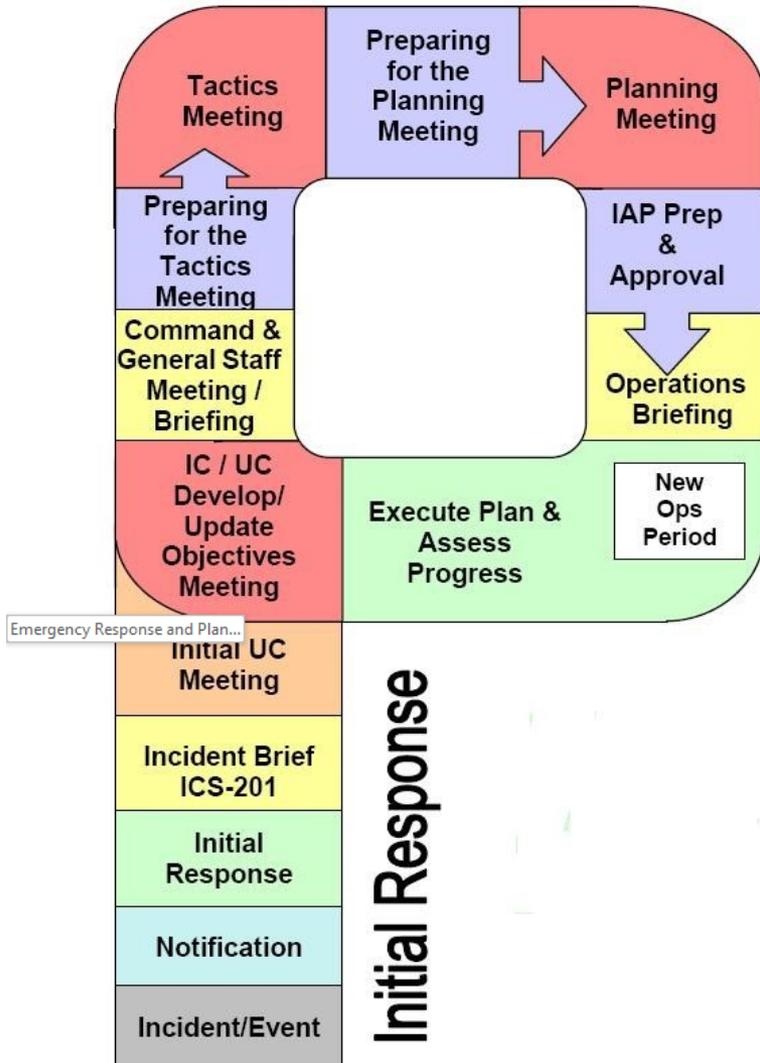
Emergency Response Cycle



Relevant Laws and Guidance for COVID-19 Vaccine Accessibility

- Americans with Disabilities Act (ADA)
- Section 504 of the Rehabilitation Act
- [U.S. HHS Cybersecurity and Infrastructure Security Agency \(CISA\) Support to COVID-19 Vaccine Roll Out](#)
- [CDC Guidance for Vaccinating Older Adults and People with Disabilities at Vaccination Sites](#)

Emergency Response and Planning



- CDC Guidance helped our workgroup in Missoula specify objectives for accessibility.
- We adopted the CDC, FEMA and other guidance into an action agenda that we reviewed weekly.
- Through our state workgroup, we shared information and resources with CILs and other local health jurisdictions.

Priorities for accessibility to vaccinations among people with disability

- Promote access for people with disability and their support workers to vaccinations
 - See MTCIL letter, December 28, 2021
- Targeted outreach to people with disabilities and their paid and unpaid caregivers
- Ongoing objectives to increase vaccinations among residents and workers in long term care facilities and congregate care settings
- Build accessible and inclusive vaccination services and outreach activities

- Information organized for review by staff supporting COVID-19 vaccinations in Missoula. Familiarize yourself with Missoula's plans and resources that follow these guidelines:
 - [CDC Guidance for Vaccinating Older Adults and People with Disabilities for Vaccination Sites](#)

Planning for Appointments

Name a point of contact within a vaccination clinic to address reasonable accommodation needs for older adults and people with disabilities.

Missoula requires that points of distribution provide point of contact (POC) information to address reasonable accommodation needs in all communications about vaccination availability.

Missoula County's POC information.

In accordance with the ADA, Missoula County will provide reasonable accommodation for individuals with disabilities. To request an accommodation, please call 406-258-INFO (4636).

"Making available a point of contact for any reasonable accommodation needs for people with disabilities• Ensuring vaccination locations are accessible to individuals with disabilities consistent with disability rights statutes such as the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973."

[CDC COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations](#)

Overview of Missoula Supports for Accessible Vaccinations

Ensure vaccination locations are accessible to people with disabilities consistent with disability rights statutes such as the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. For example, confirm that accessible parking spaces, ramps, and handrails are available at the vaccination clinic.

- Missoula mass vaccination clinics and other points of distribution (PODs) are accessible. Report identified barriers to Missoula County (406-258-INFO (4636)). Accommodations will be provided to work around barriers and steps will be taken to remove barriers at clinics and other PODs.
- Paratransit is available for door-to-door service for older adults and people with disabilities. [Click here for more information for transportation options.](#)
- As an accommodation, mass vaccination clinics may have staff trained and available to meet patients at their car or vehicle to provide vaccinations.

Remind staff that service animals must be allowed in the clinic and remain with their handlers.

- Missoula posted signs promoting the policy (Rocky Mountain ADA Center).

Plan for accommodations that might be needed for the person receiving vaccination, including:

- **Special hours for people who need extra assistance.** Missoula has special hours with low volumes of people at some clinics. Please reference the schedule of special hours at clinics and be ready to provide this information when scheduling appointments with people who need extra assistance. This schedule will be updated weekly.
- **Wait times and locations that reduce possible exposure to COVID-19.** Requests to reduce possible exposure to COVID-19 at vaccination clinics can be accommodated with individuals.

Plan for accommodations that might be needed for the person receiving vaccination, including:

- **Extra time before and after the appointment.** Please work with individuals to plan for the most efficient and safe way to receive, complete and turn in paperwork, e.g., health screening information paperwork, insurance cards, and vaccination cards.
 - When scheduling an appointment with individuals over the phone offer to email the paperwork, arrange for someone to pick up the packet ahead of time and as a last option, individuals can complete paperwork on-site.
 - Remind individuals to wear loose clothing to receive vaccination.
 - Missoula is developing options for individuals to email paperwork completed in electronic form or to print those completed electronic forms on-site (e.g., e-sign).
- **Ample space for those using assistive devices.** Missoula's mass vaccination clinics have accessible routes and space to support individuals using assistive devices.

Questions to support individuals to plan for a successful vaccination, Missoula call center and vaccination clinic staff could read the following to callers (*5% of on-line forms respondents requested an accommodation*).

- Do you need a reasonable accommodation or assistance to get vaccinated?
 - Yes, I do require accommodations during my appointment
 - No, I do not require any accommodations during my appointment
 - If yes, ask what accommodations?
-

This list gives examples of accommodation requests.

Call center and vaccination clinic staff may review this list with individuals to help plan a successful vaccination.

- Do you require a companion or supporter to accompany you?
- Do you require a service animal to accompany you?
- Do you require extra time for your appointment?
- Do you require trained clinic staff come to your car or vehicle to give your vaccination?
- Do you require assistance with reading or completing paperwork?
- Do you require a qualified sign language interpreter?
- Do you require an assistive listening device?

This list gives examples of accommodation requests (continued).

- Do you require materials in the following alternative format?
 - o Braille
 - o large print (which looks like this)
 - o audio
 - o electronic format
 - o another alternative format: _____
- Do you require access to a restroom?
- Do you require a place to sit if standing for long periods is required?
- Do you require the following accommodations not listed above:

- Is there anything else you would like us to know about the accommodations you are requesting?

Overview of Missoula Supports for Accessible Vaccinations

Outreach. Call centers also could reach out to older adults and people with disabilities through community organizations such as Missoula Aging Services, Summit Independent Living, Senior Centers, Medicaid approved providers of home and community-based services and home health services, gyms and fitness centers with healthy aging and adaptive fitness programs.

Giving Vaccines

Ensure that communications meet the necessary requirements of the Americans with Disabilities Act, the Rehabilitation Act, the Patient Protection and Affordable Care Act, the Plain Language Act, and other applicable disability rights laws for accessibility throughout the vaccination process.

The Montana Telecommunications Access Program (MTAP) promotes accessible communications statewide. Here is some information from MTAP to review for use in COVID-19 vaccination outreach and clinics.

Montana Relay offers a wide variety of calling options that make it easy for you to place and receive calls 24/7. Best of all—it's FREE* to use!

- [Traditional Relay Service](#) allows users who are deaf, hard of hearing, or have difficulty speaking to connect using a text telephone (TTY)
- [Captioned Telephone Service](#) enables hard-of-hearing users to read what their callers say as they listen
- [Other Relay Calling Solutions](#) to fit your needs, including Speech-to-Speech service, Spanish Relay, Remote Conference Captioning, and more

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MTAP's information on the COVID-19 Healthcare Card. For individuals who are deaf, hard of hearing, or have difficulty speaking, we urge you to download and print our FREE COVID-19 Healthcare Card, which has been designed to enable you to more easily communicate with medical professionals during this time.

<https://dphhs.mt.gov/Portals/85/detd/documents/MTAP/MontanaRelay.pdf>

Planning for After Vaccination.

- Monitor for allergic reactions for 15-30 minutes, per CDC guidance. Provide accommodations to patients so they can communicate with clinic staff about their health risks and about reactions.
- Provide accessible information about whom to call if the person has questions or concerns after vaccination. Have accessible materials on site that give more information about the vaccine, any potential side effects, and when the vaccinated person needs to return for a second dose, if needed.
 - Missoula provides information about whom allergic or adverse reactions and whom to call is available in print, on-line in accessible formats. Staff are available to read and answer questions as well. Missoula vaccination sites have Language Line available to provide ASL and other language interpretation of patient-staff interactions.
 - Coming soon-- ASL and captioned videos of speakers reading this information aloud.

Additional Resource to Review.

CDC's Vaccinating Homebound Persons With COVID-19 Vaccine, available at:

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/homebound-persons.html>

- Providing information in a variety of accessible formats (e.g., American Sign Language, multiple languages, braille, large font, low literacy, materials with pictures or visual cues).

Department of Homeland Security's Statement on Equal Access to COVID-19 Vaccines and Vaccine Distribution Sites, available at: <https://www.dhs.gov/publication/dhs-statement-equal-access-covid-19-vaccines-and-vaccine-distribution-sites?topic=civil-rights-and-civil-liberties>

- Homelessness
 - Targeted delivery to Povarelo Center and the Emergency Winter Shelter, Temporary Safe Outdoor Space
 - Challenges– settings were de-intensified with reduced capacity, necessitating the other two settings

Targeted Outreach

- LTCF and Congregate Care Setting
 - Federal Pharmacy partnership to people with disabilities in LTCF
 - Local support to those partnerships from the University of Montana, local pharmacies and public health
 - Extended to groups homes supporting people with IDD (Missoula)
 - Extended to Senior and other affordable housing developments (Helena)
- Blue Cross Blue Shield Mobile Clinics Vans
- Federally Qualified Health Centers and Mobile and ‘Pop Up’ Clinics–
 - Partnership Health Center in Montana
- Tribal Health Clinics, Helena Indian Alliance Health Clinic, All Nations in Missoula
 - More locations can help with needed transportation
- University of Montana Curry Health Center Pharmacy and UM Mass Vaccination Clinic

Targeted Outreach

- Mass vaccination clinics with the drive through and drive up option
 - In Seeley Lake and Frenchtown drive through clinics
 - Drive up accommodation options, e.g., many requests
 - Supported by logistical support from the Vaccination Coordination Team (Type 3 All Hazards Incident Management Team)

- Home delivery
 - Outreach to people receiving homebound services through various community organization and provider agencies
 - Some individuals found supports to get vaccinations from mass clinic or other site
 - Direct vaccination deliver and support from local emergency responders
 - Emergency responder provided education during 15 minute reaction monitoring re: SMART911

- For After Action Reviews (AAR), we typically look at what the objectives were, see how they match up with the FEMA core capabilities and then assess how we did. Ultimately, the goal is to create an improvement plan (IP) that maps out actions needed, including who is responsible for what and when it should be completed by. We have templates for this, but for our purposes it may be better to just format it to our liking.

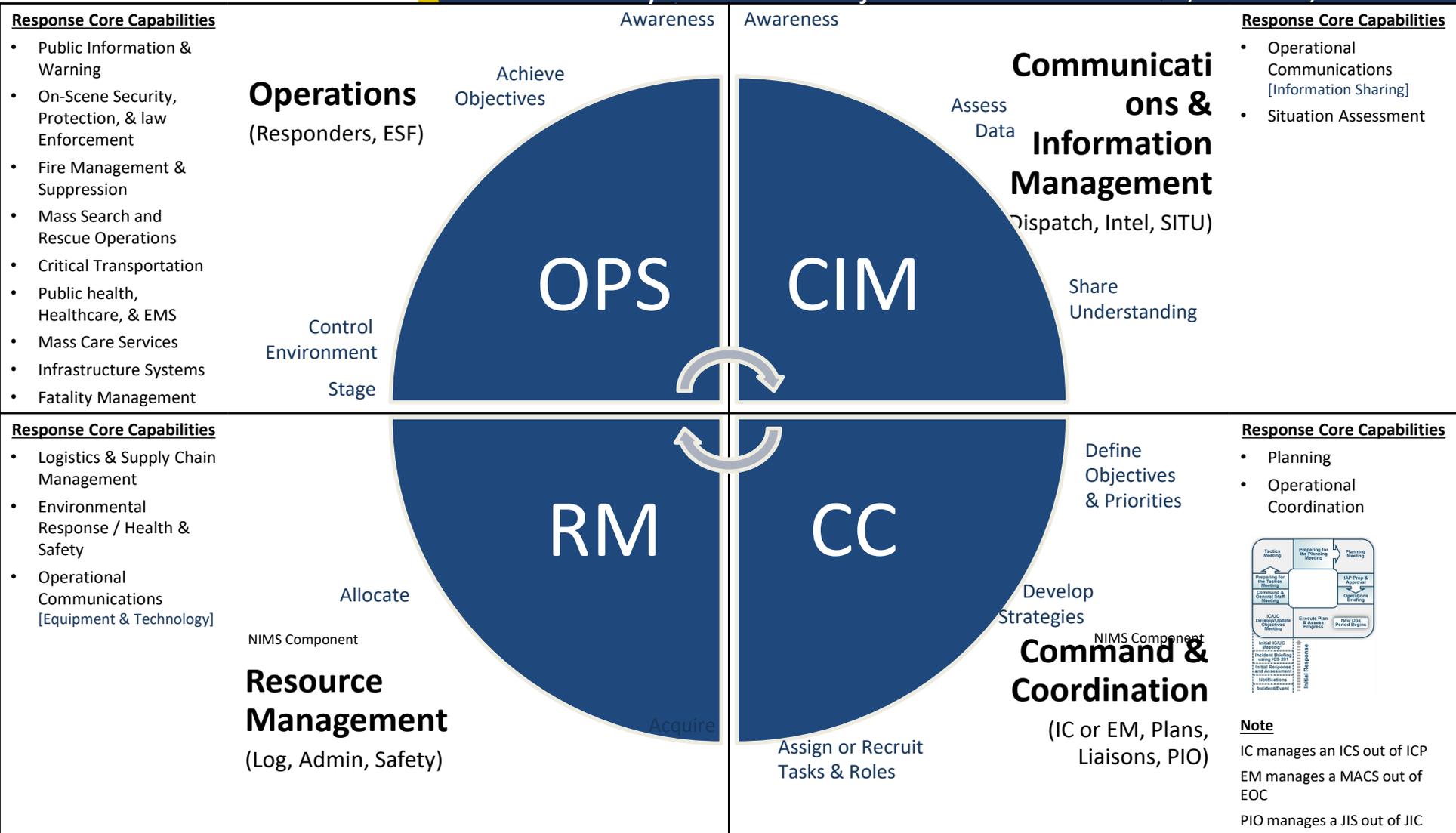
- After Action Report
 - Support After Action Report as part of Access and Functional Needs committee, as part of Local Emergency Planning committee
 - On-site Accessibility Booths and/or Disability Advisors
 - Set objectives for Relay certification across all state, local and tribal health jurisdictions
 - Explore how and when to increase supports from emergency responders and fire fighters
 - Note roles in the Vaccination Team given background and training and capacity to support inclusion of people with disability and accommodation requests

- Strengthen existing relationships supporting Whole Community Approach and AFN planning
- AFN group– meet annually with disability and other AFN partners
- Review and update Montana’s Shelter 2020 Program, e.g., role of congregate and non-congregate settings in mass care shelters
- Continue to promote Smart911 Outreach and Communication Strategies

- Improve Accessible Communication Core Capabilities
 - More staff training is needed on translation support programs such as Language Line
 - Continue to provide support to mobile clinics to afford access to remote American Sign Language interpreters and captioners.
 - use tablets
 - plan for high speed internet available
 - Some Deaf individuals use apps for real time captioning.
 - Explore whether these apps are or could be HIPPA compliant

- Transportation
 - Locating the mass vaccination clinic on a main bus route(s)
 - Staff to meet buses (wayfinding supports)
 - Senior centers and other that had buses– scheduled vaccinations in a block to coordinate transportation with vaccination.
 - Drive through– created walk/bike/moe up options
 - Helena– public transportation limited number of riders
 - Drive in site at fairgrounds, accommodated MILP van rider, had a back entrance so people could go in and out
 - Curb to curb is not how public transportation works currently but how could it be provided in the future based on emerging practices?
 - Helena Fairgrounds was not on a bus route but multiple strategies were developed and need review.

Thigpen, I. et al. (2021). The All-Hazard Whole Community Inclusion Project. Montana DPHHS, Helena,



Resources

Tips for Planning a Rapid Emergency COVID-19 (Coronavirus) Response for People with Disabilities, <http://www.jik.com/c19.html>

U.S. DHS CIS. Identifying Critical Infrastructure During COVID-19: Essential Critical Infrastructure Workers, <https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19>

Advisory Memorandum on Ensuring Essential Critical Infrastructure Workers' Ability to Work During the COVID-19 Response (December 16, 2020), available at: https://www.cisa.gov/sites/default/files/publications/ECIW_4.0_Guidance_on_Essential_Critical_Infrastructure_Workers_Final3_508_0.pdf

OCR Announces Notification of Enforcement Discretion for Use of Online or Web-Based Scheduling Applications for the Scheduling of COVID-19 Vaccination Appointments <https://www.hhs.gov/about/news/2021/01/19/ocr-announces-notification-enforcement-discretion-use-online-web-based-scheduling-applications-scheduling-covid-19-vaccination-appointments.html>

- Partnership for Inclusive Disaster Strategies

112 N. 8th Street, Suite 600

Philadelphia, PA 19107

www.disasterstrategies.org

Available to develop training and supports for accessibility of vaccination and testing sites with states and communities.

Contact information

For more information, contact:

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Email: Meg.traci@mso.umt.edu

Phone: 406-243-4956

How can we use the strategies talked about today to better engage people with disabilities as we all work to end COVID-19?

Questions?

Thank you!

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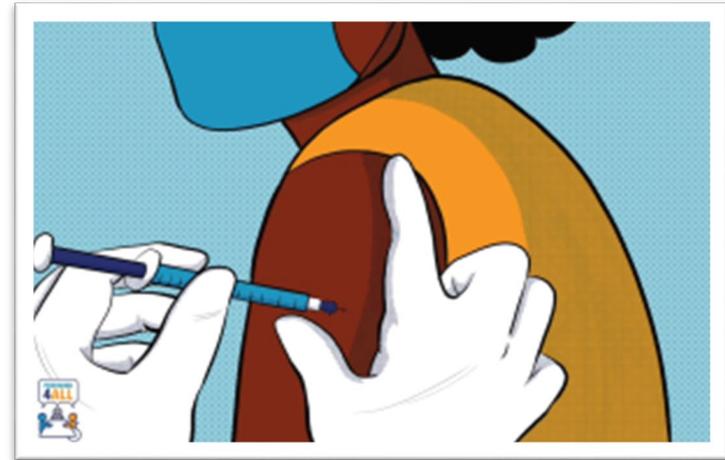
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For more information and resources on the COVID-19 vaccine and people with disabilities, visit:
www.nationalcenterdph.org/vaccineconfidence/