

Communication: Promising practices for reducing COVID-19 vaccine hesitancy and disseminating accessible messages

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Speakers

- **Mya W. Lewis**, I/DD & TBI Section Chief Division of Mental Health, Developmental Disabilities and, Substance Abuse Service, North Carolina Department of Health and Human Services
- **Julie Foster Hagan**, Assistant Secretary, Office for Citizens with Developmental Disabilities, Louisiana Department of Health
- **Valerie Huhn**, Deputy Director, Missouri Department of Mental Health; Director, Division of Developmental Disabilities
- **Kerri Tesreau**, Assistant Director, Missouri Department of Mental Health; Director, Division of Developmental Disabilities
- **Becky Reitzes**, Co-Lead and Program Manager for King County's COVID-19 Speakers' Bureau, Public Health - Seattle & King County
- **Alice Frame**, Pronouns: she, her, hers (What's this?) Program Coordinator, Disability Health Program, Michigan Department of Health and Human Services
- **Jolene Sharp (she/her/hers)** | Chief Public Information Officer, Tennessee Council on Developmental Disabilities

Moderator

- **Sara Lyons**, Program Analyst, Health and Disability, NACCHO



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Louisiana Perspective

DSP Access to Vaccination

- All residents and staff in Long Term Care Facilities, including Intermediate Care Facilities for Individuals with Intellectual / Developmental Disabilities were in Tier 1A of LA Vaccination Plan
- All Home and Community Based participants and staff providing in-home services were in Tier 1B, Phase 1 of LA Vaccination Plan
 - 18,838 Direct Support Workers in Home and Community Based Services in LA across Aging, Adult Onset, and I/DD populations

Survey to Provider Agencies

- Following data collected bi-weekly from Direct Support Provider Agencies
 - Arrangement to provide vaccine to staff
 - Of these, is participant included
 - # of Direct Support Workers at Agency
 - # of Direct Support Workers Vaccinated
 - # of Direct Support Workers Willing to be Vaccinated
- Additional survey request to provide information about how agencies are encouraging staff to be vaccinated

Successful Strategies

- Holding Town Hall Meetings that are population specific and accessible
- Hosting speakers and panels geared to target audiences that are accessible
- Offering staff incentives for completing vaccination
 - Raffle for paid day off
- Writing personal letters to staff
- Communicating when directors receive vaccination
 - Recorded receipt of vaccination to share with staff

COMMUNICATION:

Promising practices for reducing COVID-19 vaccine hesitancy & disseminating accessible messages

Addressing vaccine hesitancy among direct care service providers



Missouri Department of Mental Health

Kerri Tesreau

Assistant Director

Valerie Huhn

Deputy Director

DMH FACILITIES

12 Facilities with 15 locations


- 8 Facilities are for individuals with Developmental Disabilities
 - Attempted to sign up with federal vaccination program
- 7 Behavioral Health Hospitals
 - Behavioral Health Hospitals became registered vaccinators

- Approximately 84% of all residents are fully vaccinated
- Approximately 51% of DMH staff are vaccinated

WHAT WE DID

DMH FACILITIES

- Myth buster's Presentation (Dr. Thomas video)
- Multiple Town Halls
- Brought Clinics on-site
- Became a vaccinator
- Utilized Ambassadors
- Keep Messaging and combating misinformation
- Offer the vaccine more than once (ongoing access is critical)
- Educate guardians and keep asking

- 
- 36.8% of DD clients have initiated vaccine
 - 25% are fully vaccinated
 - Only 7.9% of 16-17 year olds
 - 39% of those 18 and up

DMH COMMUNITY PROVIDERS

Shared information on how to sign up with federal vaccine program

Shared information about Priority Phases and state vaccination events

Shared vaccine facts and myth buster presentation

Encouraged providers/individuals to sign up with providers and Local Public Health Agencies

Worked with Missouri Pharmacy Association to match providers with approved vaccinators

Exploring how we can connect vaccination teams with underserved populations



QUESTIONS?

THANK YOU



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Accessible Communication in Michigan's COVID Response

Alice Frame

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Accessible electronic documents




- Designing communication materials in a way that maximizes accessibility for all persons using them
- Checking documents for compliance to ensure that they can be processed accurately by screen reading software and other assistive technology.

- The Michigan Department of Civil Rights provides ASL video versions of video updates from the state's chief medical executive.
- They also provide ASL video versions of written materials (FAQ documents, vaccine information, etc).
- All are kept on a YouTube channel
- All of the Governor's press conferences have an ASL interpreter, and those press conferences are video recorded and available in the YouTube channel.

COVID-19 ASL Videos

A decorative graphic in the bottom right corner consisting of several overlapping, semi-transparent curved bands in shades of light green and light blue, resembling a stylized rainbow.



Other Communication Accessibility Efforts

- Vaccination site toolkit that includes tips for accessible communication in the registration process and onsite
- ASL interpretation and translation services available at mass vaccination site

DD Councils: A Two-Way Bridge

- First state to prioritize people with I/DD as 1a1
- But...
 - Change made on December 27
 - On page 15 of a 52-page distribution plan
 - Not in plain language (Example: used the < symbol to indicate “over age 18”, which caused confusion)
- By 12/30, we were hearing from Council members that people with I/DD were being turned away from local health departments.

DD Councils: A Two-Way Bridge

- Council on Developmental Disabilities was positioned to be a key connection between “the field” and bigger agencies.
- Council members and Partners in Policymaking® graduates gave us an ear to the ground.
- Allowed state to quickly identify and fix issues and keep expanding access.

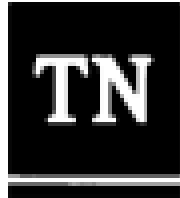
DD Councils: A Two-Way Bridge

- In response to feedback, Tennessee's distribution plan changed three more times from January-March, adding:
 - Direct support professionals working with adults who have I/DD
 - Caregivers of children who are “medically fragile” (defined on page 19 of [TN's plan](#) – much narrower than I/DD definition)
 - Adding sign language interpreters, based on feedback the Council got from the field

DD Councils: A Two-Way Bridge

- The Council on Developmental Disabilities proactively drafted an explanation document, pulling out the eligibility criteria for people with I/DD and restating it in plain language.

DD Councils: A Two-Way Bridge



Notice of Update to Vaccination Distribution Plan

January 12, 2021

As of 12/30/20, Tennessee's vaccine distribution plan¹ includes people with intellectual and developmental disabilities in Phase 1a1 who are residents of group homes and other individuals who are:

- 18 years and older and
- Cannot live independently due to a serious chronic medical condition or intellectual or developmental disability



This means Tennesseans who meet the criteria above are eligible for Phase 1a1. With questions or concerns, contact: (615) 852-1194.

DD Councils: A Two-Way Bridge

- Branded the documents with the logos of the Dept. of Health and DD agencies, *then* asked for approval and a joint plan to distribute the documents widely to two audiences:
 - Local health department officials
 - People with I/DD and their families
- Decided, after much internal debate, to include the definition of I/DD, after it became clear that local officials were not familiar.

DD Councils: A Two-Way Bridge

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Tennessee Code Annotated Title 33 Definitions:

"Developmental disability" in a person over five (5) years of age means a condition that:

- (i) is attributable to a mental or physical impairment or combination of mental and physical impairments;
- (ii) Manifested before twenty-two (22) years of age;
- (iii) Likely to continue indefinitely;
- (iv) Results in substantial functional limitations in three (3) or more of the following major life activities:
 - (a) Self-care;
 - (b) Receptive and expressive language;
 - (c) Learning;
 - (d) Mobility;
 - (e) Self-direction;
 - (f) Capacity for independent living; or
 - (g) Economic self-sufficiency; and
- (v) Reflects the person's need for a combination and sequence of special interdisciplinary or generic services, supports, or other assistance that is likely to continue indefinitely and need to be individually planned and coordinated.

"Intellectual disability" means, for the purposes of the general functions of the department as set forth in § 4-3-2701(b), substantial limitations in functioning:

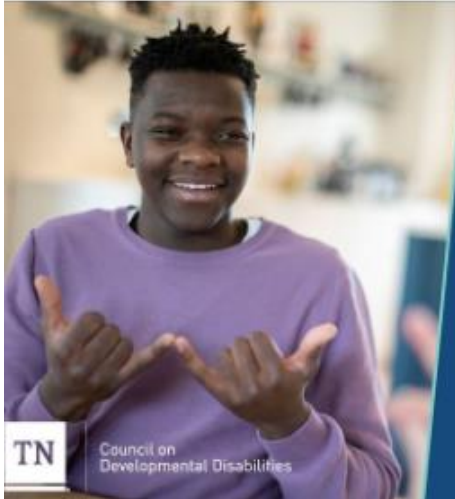
- (i) As shown by significantly sub-average intellectual functioning that exists concurrently with related limitations in two (2) or more of the following adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work; and
- (ii) That are manifested before eighteen (18) years of age.

- Link to download: <https://www.tn.gov/cdd/training-and-news/covid-resources-disability.html>

Other strategies to get the word out:

- Posted short Q&As with graphics on social media to highlight vaccine changes and facts
- Made info simple and bit-size, easily shareable to reach broader audience
- Asked state agencies and trusted local advocates to help share info *and* keep us informed about issues


DD Councils: A Two-Way Bridge



Vaccine Distribution Update

Sign-Language Interpreters in health care settings specified in phase 1a2


TN Council on Developmental Disabilities



TN Council on Developmental Disabilities

COVID-19 Vaccine Q & A

Do I get priority for the COVID-19 vaccine if I'm a caregiver?



TN Council on Developmental Disabilities

COVID-19 Vaccine Q & A

How can I make sure my health department knows that I am eligible for the vaccine?