thank you everyone for joining, we'll be starting shortly shortly..
>> Thanks, Anna. Hello and welcome to prioritization, promiseing practices for educateing others about the importance of disability prioritizing and state vaccination plans. My name is Cassandra Thompson. This webinar series is brought to you by the association of university centers on doesn't or Auce and the national association of county and city health officials. We We would like to thank everyone for joining us today. Because of the number of apartments your audio will be muteed throughout the call, however you can submit questions at any point via the Q&A box in your webinar console. We have cart captioning available and if you would like to access it please click the CC button.
There is also an American sign language interpreter in this session. You can click view on the top right corner to adjust your speaker viewing preferences. To help set the stage for understanding the origin of these webinars our colleagues held listening sessions for a variety of jurisdictions across the U.S. to find out the challenges and consecutively solutions each were reaching with the digits population. Also partnering -- to amplify what they learned from those sessions and hosted is it jurisdictions to talk with you about what their practices have been to you may be able the apply theseed ideas to your state. So we can start hearing about successes. We will be hearing from Andy Imparato from the disability rights California, Raivo Murnieks from the Ohio department of developmental disabilityies, Laura Sorn also from the Ohio department of disabilityies. Jacqueline sharp from the Tennessee council on developmental dentals and Mya Lewis from the North Carolina department of health and Human Services. So with that I will turn it over to Andyings.
>> Great. Thank you Cassandra. Can you hear me okay.
>> Yes.
>> Great. So hi, welcome, everyone, I'm honored to be part of this webinar. I've My name is Andy Imparato and I'm the disability director at doesn't rights California which is a federally funded protection advocacy agency for people with disabilityies in California. I'm also a member of California California's community vaccine advisory committee and President Biden's COVID-19 health equity task force. But I'll be primarily talking about California today. So when I think about promiseing practices and prioritizing people with disabilityies for vaccinations the story of California has been kind of uneven but moveing in a good direction, so one positive thing before the holidays the state decideed to create a community vaccine advisory committee as a way to get regular input from stakeholders, December to help them make hard decisions around vaccine prioritization and to help reach different populations populations who might be hesitant to take the vaccine, so it was kind of both purposes and I would live lift that up as a promiseing practice in part a because they have very diverse group of folks vidsing them including four of us who are primarily comeing from the disability community, not only disability rights California but our state council on developmental disabilityiest California foundation for independent liveing centers were all represented on our advisory committee. And the state started out like a lot of states saying that they wanted high Rick risk people to be a priority for the vaccines after the did they did some other priority populations first including folks who were liveing in nursing homes and front line health care workers.

 Downloaded on: 12 Apr 2021 1:04 PM

Then in late January the state decideed the prioritization system was too difficult to administer so they wanted a simpler system and they were planning to do everybody over 65 as the next priority category and to wait until everybody over 65 had been offered the vaccine before reach they reached high risk part-time under 65 and we were very concerned about that and we expressed the concern to the state in part with the help of our secretary of health and human services and the governor. The state changeed their position and announceed in the middle of February that they were going to prioritize high risk people with disabilityies starting on March 15.

The then the real issue was how do I define a high risk person with disabilityies under 65 and we advocateed successfully with the state to include both big categoryies of people that we know are high risk by virtue of the category that they are in and a catch yawl category of anybody who cowl make an individual showing that they were high risk, so the big categoryies that the state of California decideed to include and this was announceed just before we started moveing to the high risk populations on March 15, included everybody who gets services from a home and community baseed waive program under Medicaid in California, we call one of those big programs programs our in-home supportsive services program, and also everybody with an intellectual or developmental disability who's over 16 and who receives services from a regional center which is how our service delivery system is set up in California.

And then the state also announceed that people could self-attest that they were in a high Rick category because of their underlying disability and they would not have to submit medical proof of that. The people doing the vaccinations could take self-attestation as enough proof that somebody is in a rye risk high risk category. That last position that the state took but baseed on our collective view from the disability community that self-attestation was better than requireing medical evidence. We were very concerned if Why did require medical evidence it would create equity problems and just getting to a doctor and take taking the risk associateed with going to a doctor during a pandemic. And the interestingly the California medical association completely agreeed with us. They did not want doctors to be in a position of having to provide this medical evidence during the pandemic, so there was a confluence of the disability rights position and the position of physicians in California. So again, promiseing practices, we feel good about where the state ended up. We would have likeed to have gotten there before March 15 but we were glad to get there on March 15, and now the state is in the process of trying to work to get the vaccine to people can with disabilityies where they are, so the region Nam centers are partnering with a number of different partners to go vaccines to people with intellectual and developmental disabilityies in a targeted way. We're also trying to make sure the generic ways of getting vaccines are accessible including accessibleility of the websites.

One of the challenges we're having with our statewide website is it times out as people are filling in their information and for some folks with disabilityies they need more time to fill in the information; so that's something that we have alerted the state to and are trying to work with them on.

The state has been partnering with independent liveing center centers and there's a lot of other outreach that's hang in rural area asks other part of the state.

So it's very much of a work in progress. Our governor has announceed that starting on April 1,

 Downloaded on: 12 Apr 2021 1:04 PM

everybody over 50 is eligible, so I'm actually -- I'm 55 and I'm personally get getting my figures first vaccine today this afternoon, and then starting on April 15 everybody who's over 16 will be eligible for the vaccine, so like a lot of states we're move moving quickly to broad eligibleility and then we're doing targeted out teach and trying to make sure that our vaccination sites are fully accessible. So I'm looking forward to the Q&A and I will stop there. Thank you.
>> Thank you so much, Andy. I really appreciate your exempt exempts. Now we will have Raivo Murnieks from the Ohio department of developmental disabilityies.
>> Good afternoon. Or good morning. or wherever you are across the United States. My name is Raivo Murnieks, I'm a achieve it's chief strategy officer with the Ohio department of developmental disabilityies and I'm honored to share Ohio Ohio's journey and experience with our vaccine strategy. Appreciate Andy's comments and especially with the outreach efforts that are really critical as we address in Ohio, ill I'll be speaking about the intellectual developmental disability population. The meetings I would like to focus on is really that Ohio's I think success in helping address vaccine roll rollout to this population is really that we're state superviseed county administered state. We have our executive director reports directly to the governor so having that direct line really helped us -- we data planning, focus and coordination was critical at the outset at a time when we didn't even know when the vaccine would be available. Fortunately it came in December. We were already planning in November hearing from advocacy groups, shareing tangible data and information. Obviously "New York Times" did some very in-depth articles about the high risk nature of people with intellectual developmental disabilityies and useing that information shareing it with Ohio's vaccine preparedness office early in November helped us get into the priority of phase ona for congregate for individuals resideing in congress congregate settle settings as well as their staff. And in the in the case slideively share with you in more detail what we describe as congregate settings, data shareing also occurred, they were integral. We recognizeed from the getgo that their relationships with local health departments was crucial in helping us execute the administration of vaccine with many of these individuals with mobileity issues, we knew that that was going to be a factor, and the governor's priority, governor Mike dewine's priority is really about saveing lives lives, reduceing hospitalizations hospitalizations hospitalizations and balanceing that with equity. So getting into the phase ona where we prioritize, we identifyied 17,500 individuals resideing in the thousand state licenseed settings and 3800 non-licenseed settings. We have 425 intermediate care facilityies and 600 plus waive homes. And the licenseed waiver homes usually even though the majority are four plus, there are several license waiver homes if they are part of a larger network that may only have two or three peopleed areing people resideing in. Two or three participateed in the federal pharmacy program sew that was actually addressed thereto practical partnership that they had in our state, CVS and Walgreens and absolutely pharmacy. Our advantage was through our licenseed settings we had the intimate knowledge at the state level of who resides in which facility and were ablate to the share that information with our county boards, developmental disabilityies so an execution needed to occur in administering. We knew who the settings were and who the contacts were at those settleings so that these health departments could go out there and coordinate clinics for those that had the -- did not

 Downloaded on: 12 Apr 2021 1:04 PM

have mobileity issue. For the non-license settings that was more channel challenging but our strategy of addressing early in December, shareing our match lists, we started with that. All 88, we had pretty much 85 out of 88 responded in a week's time verifying the lists, we did not include familyies in that phase ona ona, but for people in two plus settings we did. And ultimately we know at the state level the challenge for us having decentralized data we did not have the advantage of of knowing the apartment buildings that some people may reside in but that's where the local partnerships came in.
And really the coordination between our provideers and county boards really was integral in makeing this happen. Vaccine was allocateed for both staff. We estimateed at a three to one ratio, so then what wound up happening once we provideed the numbers to the vaccine preparedness office their allocations with your allocations were baseed on the inform we provideed them and the lists were shareed concurrently with both the local health departments and the county boards of developmental disabilityies to make this execution, and I would say it went very smoothly.
I think there may have been only one hick yum it'sup where one part of thought they were part of the program and there was a delay in getting them the vaccine because of that Samsung.
Other than that this is probably in public service, my 25 plus years, this is probably one of the most rewarding experiences I've had in helping people in this time of pandemic. I'm going to -- obviously going first had its advantages. But also hesitancy hesitancy is something that has to be considered as well so I'm going to turn it over to my colleague our medical director Dr. Laura Sorg.
>> Good morning, or good afternoon everyone and thank you very much Raivo for kicking off those slides. So as Raivo mentioned my name is Dr. Laura Sorg and I have the privilege of serveing Ohio as the medical director for the Ohio department of developmental disabilityies. I'm also a practiceing family physician for the past 14 years and a proud autism mom. So my role as medical director is one of health but also advocacy and that's where I think all of your important roles probably really shineed -- excuse me shone throughout all of this. So And ireful want to highlight the important roles of those throughout Ohio and how they truly serveedded a advocates during this time. We did a lot of planning, which was again Raivo's forte ands ands his group. He did a lot of outreach and as Raivo mentioned our director Jeff Davis has a cabinet level position with the governor's office with governor dewine, and so I think that level of outreach was just remarkable during this time. He feels able to highlight different journal articlesser, excuse me, from again, throughout the world. Things published in the "New York Times" to make sure that the governor was aware and able to advocate for those with developmental disability disabilities. We then also as Raivo said addressed vaccine hesitancy and I'm sure that was probably evident across the U.S. in many of your own states. We have people that were exciteed, surpriseed to be at the front of the line with their developmental disability, but they were also a little hesitant, and so we tryied to address that in a variety of ways. We looked at education and outreach and we want totted make sure to target specific audiences and also make sure that we were able to again, advocate for them in the way that they needed to be advocateed for. So we looked at things from an audio-visual standpoint from messageing, also looked at, again, other ways through a communication with county boards, with individuals in natural supports. So we started to do some target audiences with a variety of three webinars as well as other messageing and looked at individual

 Downloaded on: 12 Apr 2021 1:04 PM

individuals, again those congregate care settings of two or more which is a pretty unique definition, family and natural supports, direct service professionals and we also looked at our county boards and other stakeholders. And so what had I E-emergeed early in the pandemic as all of us are going to Zoom like we're doing today was weekly coordination meetings meetings, and these weekly coordination meetings which were the same time every Wednesday allowed very smooth transition and smooth communication between all of these different groups. So we had county boards who obviously with their SS SSAs again were on the ground, knew who was going on, we had representatives from self-advocacy groups like the ARC also looking at opera and also some of the groups representing intermediate care facilityies. So we tried to look at everything and sit at the same table if you will virtually so we can talk through different problems, issues that came up. So we were able to engage those stakeholder groups representing the partyies listed positive and it it allowed again that ease of use, ongoinginging discussion, troubleshooting the processes processes,, ability to refine plans and clarify concerns concerns. So two concerns popped out to me and those were we had a lot of questions of what happens if someone is more of a home home bound individual? If they can't make it to a county board office or a city department of health.
And so trying to identify what do we do no in those scenarios to get to the people where their at and get to the individual to make sure we have equitable vaccine distribution. We also found a little bit of a crunch with addressing our 16 to 18-year-old population. There were a number of countyies or cityies that maybe had Pfizer or Moderna so if one had Moderna they may not be able to vaccinate than a 17-year-old. So we were able then along with governor dewine and director day of the to advocate and have those individuals receive the vaccine at our different children's hospitals throughout the state. So again, those types of things were brought to the table, allowed people in different stakeholder groups to advocate and then it really enhanceed ongoinging communication efforts P one of the things that with recognizeed is it's wonderful to be able to have all these seats seats at the table, to have voices at the table and to be able to use that momentum through the pandemic but afterwards in order to enhance the lifeves of those with disabilityies. So thank you so much for having us today and I look forward to the questions.
>> Thank you so much for shareing, Ohio.
Next we are got hear from Kristin a Ren Ahrens.
>> Thank you so much for having me. I have a couple of slides to hair as well. And the story for us in terms of prioritizeing people with disabilityies and caregivers in our vaccine distribution efforts is a story of Dade data,, data, data data. You heard reference to the "New York Times", the data they had collected which showed the extraordinary vulnerability for people with intellectual duodenum tall disabilityies to contracting COVID can to death from COVID. So we had started when the pandemic began, we looked t a way to collect data that gave Is as close to realtime information for the people enrolled in home and community baseed services and for intermediate care services in Pennsylvania. And part of the need for that was really so that we had situational awareness so that we could intervene and support provideers wherever the outbreak were happening. So we looked at the systems we already had in place for quick data exchange with provideers. So we added into our

 Downloaded on: 12 Apr 2021 1:04 PM

incident management system a way to collect information on COVID infections for individuals built into another system that we have that provideers were already reporting in and very familiar with A quick way for provideers to report staff COVID infections. What came of this is not only did we have data to be -- have that situational awareness to be doing interventions and manageing outbreaks throughout our community system, it also provideed us when it came time for policy makeing P when it came tyke time to make decisions about Pennsylvania's vaccine allocation we had very good data that showed that people that were receiveing support in our community, our licenseed community homes in Pennsylvania, that primarily means homes that are one to four persons so they're quite small but between our community homes and our intermediate care facilityies that we had very high rates of COVID contraction and very high mortality rates some this -- we were able to provide this to our department of health and through the use of that data showing the vulnerability of our whole population to COVID, we were able to get unpaid care givers, a so all direct support professionals regardless of the setting they worked in into one A. We got all participants in our program that receiveed services in a congregate settleing including those small on conjugate settings in one A, everyone else that receiveed services through our system, again given the data we cowl show the level of contraction and the risk for people, we were able to get everyone that was known to our system into the priority for one B. So I think for us the kind of takeaway in addition to having really good foundation for that prioritization within our plan was that we next steps as we are thing about through an after action review for this pandemic, how do we have this -- these data collection system built in a way that we can start immediately -- we missed three, four weeks at the beginning of the pandemic so not bad but I think we can anticipate this will not be the only public health emergency that we need to respond so, so we are in the process of building the reporting system that will be able to collect that data immediately that we'll be able to quick quickly change that data collection system so that we always have that data for that situational response support immediately situation at hand but also to looking went we do have policy makeing decisions decisions when we need input, again, the data was absolutely invaluable. And you can go ahead to the next slide here. The other piece that we were asked to highlight from Pennsylvania was how we educateed people about about -- essentially what was in the vaccine plan, and I'm guessing Pennsylvania's plan was like most states we all worked from a template from the federal government that covered a lot of areas relateed to vaccine AI occasion and distribution, and when we looked at how the vaccine prioritize sayings group fell out it's pretty complicateed. Within a phase you have multiple groups within a phase and then you have really discrete levels of specificity within different industryies because we all knew that the availability of vaccine in that early part of the pandemic was so limited. So really a complicateed plan probably like most states so one of the areas that got lost in all of that initially was that unpaid caregivers were in there. They were clearly in phase one A with all our direct support professionals so how do we get that word to vaccine provide providers provide providers, how do we make sure that unpaid caregivers are aware of that and how do you document that. Initially our vaccine [indiscernible] were looking for an employee past or relationship with Boyer or -- so the commonwealth developed a letter essentially from our secretary explaining for vaccine provideers that unpaid caregivers fell into prioritization group

 Downloaded on: 12 Apr 2021 1:04 PM

one A and thatcare give thatcare caregivers could go to our department of Human Services website and produce that as documentation that they are an unpaid caregiver and fell into one A. So I think that's been helpful in trying to make sure that unpaid caregivers are getting to the front of the line. What I would say where we are now, Pennsylvania's at -- we're getting to very close to half of our adult population is vaccinateed. And what we are finding that will is that we have for our population, our objective is that everyone that is knowntous has access to the vaccine. We're getting to a broader place of access, we will have as of next week, we will be opening up into phase two so basically all adults in Pennsylvania will have access to the vaccine, so do we how do we make sure that people who have those additional barriers to getting vaccine have that availability. And so we're going to be working through our support coordinators to make sure that they have whatever support they need to get to -- if they haven't been able to go to a closeed clinic clinic, that we can get people to a vaccine provideer in that you are area, but it really does take that personal touch to get over the he has hesitancy torques get hesitancy to get a vaccine.
>> Thank you so much, the Kristin for your comments and for your leadership. Now we will have a Jolene Sharp from the Tennessee council on developmental disabilityies.
>> Hi. Good afternoon, everyone. I'm really glad to be here with you today. So I'm going to talk about this from a different role. The Tennessee council on developmental I object adult it's disabilityies we are a system change organization within state government so we're not delivering direct services which means our perspective on this is a little different than the agencyies actually responsible for the distribution O vaccine. So as we were entering into the vaccine distribution plan, we took a hard look at what our best role was going to be. So I'm going to talk about how we were able to assist but I'm going to give a little background. Tennessee was the first state to prioritize people can disabilityies were vaccine group one A1. And there were a few reasons that we were able to do that. One of the key factorses was and I think this has been mentioned previously previously, we have a cabinet level developmental disability disabilities agency in TB, so Tennessee's department of intellectual disabilityies was in the room it would table where decisions were being made about vaccine prioritize sayings and we were able to speak at that table about the need for prioritizeing people with IDD so we were in there in that discussion helping to make those decisions and that obviously makes a huge difference, that representation at that I believe table.
so Tennessee made the decision of people with intellectual and developmental disabilityies to that group one A1 on December 27. So as you can imagine it wasn't hard for people to miss that information. It was published on page page 15 of a 52 page state distribution plan and it deft was not written in plain language, there were some math symbols that causeed some confusion about the age bracket that this supply applyied to and within three days the council was starting to hear from our council members and our network of partners that there was a lot of confusion about this. And in addition to the community itself having confusion, we were hearing -- we were begin dog hear storys of people can intellectual and developmental disabilityies who were now eligible who were being turned away because that information just hadn't jet yet penetrateed down to where those vaccines were being delivered. So the council decideed to pitch inment we knew that our department of health and

 Downloaded on: 12 Apr 2021 1:04 PM

DIDD folks were so busy with the logistics that we offered to step in and we developed a two page front and back document that was just a real quick memo that pulled the information out about eligibleility for people with ID and put it in very plain language, and we then shareed that with Asians and they approveed it and we were able to use the department of health and DIDIDD logos to give it that full weight and credibleility and they actually helped distribute that toe people in services services services but also to the local health department which was really important to make sure folks delivering the vaccines knew about the changes to the eligibleility criteria.
so this memo was something familyies could print outing and take with them but it was also being contributeed to the department of health channel s channel s. So that immediately helped to clear up some of the confusion about who was eligible. Because the council is kind of in this bridge role where we can hem help connect folks in the field who are liveing these daily experiences with the bigger cabinet level agencyies western able to stay in touch with our network of folks and that gave us a window into where were the gaps, where were the issues on the ground. Who still wasn't covered by the changes in eligibleility and really needed to be added. So over the course of January through March the distribution plan in Tennessee was updateed three more time. So in January direct support progress professionals were added and then in February caregivers of children who were categoryizeed as medically fragile was were add candidate that criteria was describeed in detail. It had to do with kids with significant the health risks. And so we again, distributeed a memo with the department of health and the DIDD logos on it for each of these changes and then in March the last update that have made and that was baseed on specific feedback that we at the council got from the field, American sign language interpreters were added in March as a priority group. And for each of those groups we helped develop a plain language memo that people could take with them to their appointments and that was also sent to those local health departments and vaccine distributors. So we used a few other strategyies because the other issue that we were seeing was that when the focus was the through KIDD communicateing with people about eligibleility it was on the reaching people who were actually receiveing sate services and we know that the national statistics suggest that really only about 20 percent of people with disabilityies are get getting services so another question that was coming up was ho do you make sure you're getting clear information to that other 80 percent of people so that they know they're eligible, and you know can go and get vaccinateed also. So we worked really hard to use social media tools. We develop developed very short graphic Q&As that could be easyily share shareable, just bite sizeed information about who was eligible, answering some questions about where to go and we useed social media to distribute that and that helps folks the share them to a broader network beyond those who may already be correct connected to services and of course our state partners helped continue get that word out through the department of health platforms so we really worked that way to get informers out to the broader community. And we will be continuing to work now as our state has broaded it out to all adults we'll be working very hard along with I know many of you in every other state on overcomeing that vaccine hesitancy with clear plain language communication, makeing it a priority to talk to people can intellectual and development developmental disabilityies and reach that broader community beyond those who are already connected through

 Downloaded on: 12 Apr 2021 1:04 PM

services. And I think that's it for me and I'll pass the baton back.
>> Thank you so much, Jolene for shareing your insights.
Last but not at least we'll have Mya Lewis from the North Carolina department of health and Human Services.
>> Thank you. Again, my name is Mya Lewis and I'm with the North Carolina division of mental health deputy developmental addicts and substance abuse services. And I'm going to speak mainly to how North Carolina educateed and shareed our vaccine prioritization so that individuals and familyies were air ware of when it was their opportunity to as you can see on my screen, their opportunity to take their shot. So from the beginning again, North Carolina we had some very intentional and ongoinging consistent stakeholder engagement with our community around the elements of a vaccine distribution. And for the public what we did, we have with a we call, again, find your spot and take advantage take your shot which is a website that we have that is in English and also in Spanish that provides information on the vaccine prioritize sayings as well as access to information about where a person can go to receive their vaccine, it's actually an interactive tool sew individuals are able to go answer some questions about the prior -- that's useed to let them know where they fall in that prior priority. So because in North Carolina we have the opportunity to engage with our stakeholders through phone calls, provideer convenience, individual and family convenience, we use those opportunityies throughout the whole entire pandemic thus far to provide updates to familyies, to provide updates on what was happening, where we were in the vaccine process and where we are as a whole relateed to the pandemic.
Anything to in addition to that we have very vocal stakeholders so they pointed out some things when we weren't clear on where individuals with disabilityies fell within that prioritization, if it said that someone what had medical needs needs needs were eligible we had folks who raiseed their hand and said does that also mean. So we clarifyied along the way things relateed to prioritize sayings and expressly note that this included individuals with disabilityies as part of the feedback that we heard from our stakeholders. In addition to the website recognizeing that not everyone may have access to the website we also have a COVID vaccine help center or call center where individuals can make a phone call, talk to a person and get their questions answered about again, is it my opportunity to take my shot. And sod that so that has been also very useful for those who may not have access to the internet. Also want to point out some of the things where with those provideer conveneings and having engagement with our local community provideers, associations Texas councils, faith communityies I cannot express the importance of having those relationships and working with those partners to make sure that accurate communication has been shareed with the community. So it was those faith communityies, those provide provider organizations, those other community partners that helped to make sure that individuals and familyies and just the community in general, not just disability groups and disability partners but just the community in general were aware of where we were in the vaccination distribution process to make sure people knew where to go can how to access the vaccine when it was their opportunity. We've taken the opportunity to have weekly meetings with our partners who are vaccine provideers to make sure we are still focused and ensure there's equitable distribution

of the vaccine with the historically marginal marginalized populations and that includes disability groups and inclusive of working with leadership to again make sure that we are community indicateing communicateing as besting we can through our website, through tweets and posts because we're in an age with millennials and even my mom, following tweets and getting information that way. So we do that as well. And we assess, we don't just say we've done it, we assess to make sure that the audience that we're trying to reach and makeing sure the word is getting out there is actually getting out to the audience that we're wanting to make sure has this information. So we seas, we regroup and we'll continue to do so. So I think when I think about best practices and how in North Carolina we have done our best to make sure people are aware of their opportunity because they have a spot to take their shot cannot stress enough the state and community partnerships to help support getting that information out to the masses. So thank you again for the opportunity and I am available for questions.

>> Thank you so much, Mya. I really appreciateed your comments on createing partnerships with diverse communityies. And thank you so much to all the speakers. Now we'll go to the Q&A. The first question is, if COVID has been a national emergency, why do you states have different plans? Why can't all states have the same kind of plans? And I think this is for all of the speakers, if anyone has any insight so into that.
>> This is Andy, I'm happy to go first. You know, from my perspective sitting in Sacramento, California, it would have been nice to have had stronger leadership from the CDC and the federal government early in the vaccine deployment or really before we started deploying vaccines where the CDC cowl help cold could help the states understand what was out there. The CDC came one a list of conditions that where they considered they had scientific evidence were high risk or bad consequences if they got COVID.
The CDC said that they never intended that list to be useed for vaccine prioritization but many states did use it for vaccine prioritization and it was an underinclusive list.
So I think it would have helped to have stronger leadership from the CDC. We knew the vaccines were comeing for months and I I don't understand why we didn't get stronger leadership from the federal government which I think California and other states would have appreciateed.
>> Appreciate that Andy.
Do any other panelists have anything else to say about that before we move on? All right. The next question I think is for Laura and Raivo. Can you explain how local health departments were involveed in working with the county boards boards to vaccinate? Did they play a role in setting up clinics, et cetera.
>> Go ahead, Dr. Sorg, we're gigging because we're trying the read each other's body language, I think it's an excellent question. With a we did is with though Wednesday stakeholder meetings we were able then to work with the Ohio county board association when we discussed that with, again, the DD world of bolder board associations. It's confuseing because we also have county boards of health and city boards of health so often those terms would get interchangeed: we did rely on or working with the department overhaste at the state level as well as the interworkings with the OACB so that Ohio

 Downloaded on: 12 Apr 2021 1:04 PM

association of county boards when we talk about individuals with DD or ID. And their individual relationships. Often times times we found that the strength of these relationships in the months and years even prior, first of all in the months prior to to the vaccine during the pandemic and in years past really made a big difference and so it's hard for us to imagine anything prior to a year ago because it feels like we've been living in the time of COVID forever but back if in 2008, 2009, there was the H1N1 flu pandemic but there were AI effort also efforts at that time in order for vaccines to be districted. So we often times use the strength of those preexisting relationships and if there were any kind of sticking pointings points we were able to on the state level kind of negotiate or figure out those sticking points with our county and regional teams.

>> Area, can I tell you that several of the county boards had preexisting relationshipping and actually sat on their local health planninging. And even leading up to the vaccine distribution, many of them were involveed in the emergency planning when PPE was the thing that have critical in spring of last year. So many of them had pre-existing relationship relationships to local health departments, went into the homes of individuals when called upon, they had the address addresses, so I think and then where relationships didn't exist they were kind of fostered and forgeed.

>> Thank you so much for those comments. The next question is for all of the panelists. What strategyies have been utilizeed for getting vaccines to those that are truly home bound and liveing in non-life-threatening injuriesed living arrangements?

>> So I was going to take that one as a physician if that's okay, at least for Ohio. So in Ohio again, utilizeing those already existing relationships or fostered relationships that happened again, kind of organically through the the COVID pandemic, often types county and city boards of health actually reached out to county boards of DD and said who is truly home bound. And they also reached out to individual physicians that were community baseed physicians and would call them and say who do you know that is truly home bound, do you know their address, their best contact information. So that was one way and there was also a lot of grassroots advocacy amongst individuals and families saying hey we need help, maybe whether that is a physical, part of a disability or if that was an intellectual disability that made it different to get out to go to a pharmacy or wait if in line at a county board, they were able to foster those and truly reach people in their own homes. Some of the different area areas throughout the state even have mobile units where they actually took what looks like an RV can went door-to-door so prettying pretty unique and interesting can deft helpful during the pandemic.

>> So this is Mya but just to add to that question. So in North Carolina, we actually engageed with those home health agencyies, those agencyies that we know would engage with individuals who may be homebound, so we engageed with over 220 different provideers to help identify those individuals who are actually home bound, so our veterans administration organizations, aging community, home health. You name I want it was a provideer that we engageed with to identify those individuals S then from that information that we learn learned we worked and partnered with them to get vaccine to them in their home which was the most ideal way to do that.

And for those that did no, it work we provideed partnerships with transportation to support them getting to vaccine event events that may have been happening in their community. Thank you.

 Downloaded on: 12 Apr 2021 1:04 PM

>> Thank you so much, Mya and Laura.
>> For for Pennsylvania we are still working on the solution for that. Part of that is we're still in the final process of identifying all of those individuals throughout the department of human services and then I think the approach that we're looking at is to look at mapping all of those individuals regardless of program that they're involveed in, whether it's through services because they're aging or because they have an intellectual disability, winter a large rural state and we have large urban areas but we AI have really large rural areas so there are obviously challenges that come with both of they will. And we have some solution solutions, we have a county department of health that is use using their emergency management to go out and do home visit visits for individuals who cannot leave to go to a clinic, but for the remainder to have the is state we are working to get solution solutions solutionses oh. Thank you so much. Are there any specific or unique considerations regarding vaccine for duly eligible individuals with disability? And this is for all the panelists.
>> can I ask a clarifying question? Dually eligible, mean meaning Medicare and Medicaid?
>> I think so.
>> If Pennsylvania we have a community health choices run through our department that does have a program for people who are dually eligible. They -- we had asked, it's a manageed care program and we asked the manage care organizations to go through and identify all the of their highest risk individuals and then we worked with a pharmacy partner, established clinics, closeed point of clinics and then worked to get people to that including supporting them with transportation, et cetera, so that's one way we have tryied to get to that podges. The sec way is now all of those manageed care organizations and our manageed care organizations that serve our physical disabilityies and aging population are now pair withed with vaccine provideers to make sure that the entirety to have that population has access to vaccine.
>> Thank you so much, Kristin, I don't know Laura if you were going to give an answer to this one as well.
>> Hi.
What I was going to say is again, it was just that clarify clarifying question of dually eligible, if it was Medicaid Medicare. From a dually eligible if that person intended to be dually eligible baseed on the presence of ID,dd plus and other qualifying condition regarding health that is something that I no several states that are on the panel today had done and in Ohio that was something that was done very clearly in January where individuals that were dually eligible from a developmental disability standpoint with a high risk condition such as epilepsy, they were the placeed at the front of the line because of the double risk of two high risk conditions.
>> Thank you so much, Laura, I appreciate that.Ing looks like we have time for one more question. Did agencyies have to ask each home bound person before giveing them their name and address to the public health departments? This is for anyone who answered on the home bound question.
>> So again, I'm not sure what others were doing. For our personal use in the state if departments of health contacted local DD, again, boards or contacted physicians, that board physician or other representative in turn asked first if that makes sense prior to giveing out the information.

 Downloaded on: 12 Apr 2021 1:04 PM

So it was asked to make sure that it was okay to release that info prior to democratic.
>> And because it has a public health emergency, emergency and our departments of health serveed the role of the vaccine, we were able to share information on that level as well. .
>> Can't hear you.
>> Thank you, and thank you very much Laura and Raivo. As we close out we do have a couple of announcements.
We are exciteed to report that the White House and the department of health and Human Services announceed that CDC and S oh,CL will partner together to issue $98 million in the grants to every state and territory to provide critical services to overcome barrier that are preventing people can disabilityies and older adults from receiveing vaccines. Part of these funds will also support a national hotline to assist people can disabilityies and older adults in remming for a vaccine and to recollect them with local addicts and aging agency that be provide service askss and supports necessary to access them. For more information about's Covid-19 work wit their disability tool kit that includes vaccines for people can with disabilityies and how vaccine sites can forecast on accessible solutioning solutions solutions. Thank you so much again for attend attending this webinar

 Downloaded on: 12 Apr 2021 1:04 PM