



Vaccine Access for People with Disabilities

Tool for Local Public Health Authorities

Background

Many people with disabilities in Oregon are eligible to receive COVID-19 vaccine as part of Phase 1a. In addition to people with disabilities, their paid and unpaid caregivers and support professionals are eligible to receive vaccine in this phase as well. People disabilities who live in their own, family, foster, or group home plus their support professionals are in Phase 1a. Some of these eligible individuals are experiencing barriers to accessing vaccine.

People with disabilities include individuals with intellectual and developmental disabilities, individuals with physical disabilities, and those with other disabilities as well. They may receive services or support through Oregon Department of Human Services programs, local government programs and/or from other public or private agencies. The observations and recommendations in this document are based on community feedback and are not exhaustive.

Barriers & Possible Actions to Address

Barrier	Action
Individuals with disabilities and their caregivers do not know they are eligible to receive vaccine as part of Phase 1a	<ul style="list-style-type: none">• Local public health authority (LPHA) reaches out to local disability service organizations, independent living organizations, and disability networks to share messages about eligibility.• All stakeholders (CDDPS and brokerages, for example) should be contacted to ensure all eligible individuals are included.• LPHA uses social media, television, newspapers and other local media and groups to get messages into the community.

Barrier	Action
<p>Some individuals with disabilities who are eligible to receive vaccine do not receive services through a state-funded system; their physicians may not have information on where they can get vaccinated</p>	<ul style="list-style-type: none"> • Health systems ensure all staff have information about vaccine availability in their system, and know where to direct eligible patients for scheduling. • LPHAs ensure that plans take into account those who are outside state service systems and provide support for them to make vaccine appointments.
<p>Eligible individuals are being turned away from vaccine clinics</p>	<ul style="list-style-type: none"> • LPHAs, providers and health systems ensure that all staff understand current eligibility for people with disabilities
<p>Some eligible individuals with disabilities are unable to go to a clinic to receive vaccine due to medical or behavioral support needs</p>	<ul style="list-style-type: none"> • LPHAs, providers and health systems work with local disability stakeholders to identify and locate these individuals. • LPHAs work with these individuals and their service providers to ensure they can receive vaccines in their own homes.
<p>Some eligible individuals with disabilities are unable to go to a clinic to receive vaccine because they do not have transportation to get there</p>	<ul style="list-style-type: none"> • LPHAs work with OHA and non-emergency medical transportation providers to develop vaccination and transportation plans for these individuals.
<p>Eligible individuals are having trouble finding where to get vaccinated</p>	<ul style="list-style-type: none"> • LPHAs reach out to local disability stakeholders to ensure they know where vaccinations are happening (such as hospitals) and they receive advance notice of scheduled, larger-scale vaccine clinics. This notification should occur far enough in advance of the opening of electronic sign-up modules so that stakeholders have a chance to contact eligible individuals and make them aware of the upcoming opportunity to schedule an appointment before all the slots are filled.

Barrier	Action
<p>Existing mechanisms to sign up for a vaccine appointment are confusing, require high levels of technology skills or literacy, or are inaccessible for people with disabilities</p>	<ul style="list-style-type: none"> • LPHAs and health systems work with local disability stakeholders to hear feedback about their appointment systems and find accessible solutions, such as case managers or other staff reaching out to individuals with disabilities to help schedule their vaccine appointments. • LPHAs and health systems review their online appointment request systems to ensure accessibility and clarity for eligible individuals. • LPHAs and health systems hold centrally-located vaccine clinics (accessible by public transit) in ADA-accessible buildings for eligible home care workers and people with disabilities. Ensure both appointment and drop-in availability (if practical) for these sites.
<p>Eligible individuals with disabilities and their paid or unpaid caregivers are being asked for proof of eligibility</p>	<ul style="list-style-type: none"> • LPHAs and health systems ensure that all staff understand that proof is not required; per OHA recommendation that self-attestation suffice.
<p>Some people with disabilities and their families do not speak English</p>	<ul style="list-style-type: none"> • LPHAs and health systems ensure that information and support are readily available in languages other than English • LPHAs and health systems work with CDDPs and brokerages to ensure there is no language barrier for the people they serve • Information that is needed might include vaccine appointment reservations in Spanish, clarification that undocumented people can get vaccines, clarification that receiving a vaccine will not be considered for Public Charge • LPHAs reach out to culturally specific community organizations to understand access needs and work together on solutions

Barrier	Action
Disability stakeholders may not have adequate staffing to provide outreach to make an appointment for every individual they serve	<ul style="list-style-type: none"> Disability stakeholders identify clients who need support making an appointment (e.g., those without reliable internet access or technological literacy, those who speak a language other than English)
Some vaccine clinics are not accessible to people with disabilities	<ul style="list-style-type: none"> Clinic organizer ensures there are options for people with difficulty wearing a mask or standing for long periods of time to self-identify and receive accommodations.

Checklist

- Identify and contact local disability stakeholders to discuss vaccine access
 - Community Developmental Disability Program ([directory](#))
 - Developmental disability support services brokerage ([directory](#))
 - Center for independent living ([directory](#))
 - Area agency on aging and local office of ODHS-Aging and People with Disabilities ([directory](#))
 - Other programs specific to your community
- Coordinate with local Coordinated Care Organization (CCO) to align disability outreach efforts
- Identify barriers specific to your community – what are individuals experiencing? How can the LPHA help troubleshoot these issues?
- Engage local healthcare providers, including CCOs, to ensure a unified message about vaccine eligibility and access
 - Are they using the most up to date information from OHA to determine who is getting appointments?
 - Do they need any communications or training support for their staff?
- Identify and implement local solutions to access barriers. Examples might include:
 - Work with local vaccine providers to reserve appointments for people with disabilities and their caregivers
 - Allow case managers to make vaccine appointments on behalf of their clients
 - Work with local disability stakeholders to plan a vaccination event just for people with disabilities; ask for help making it disability-friendly
 - Ensure all partners are aware of potential barriers and know how to work on removing barriers in the moment
 - Assign staff who are “disability aware” to vaccinate people with disabilities

- ❑ Ensure local vaccine clinics are ADA accessible. Refer to the attached document, “ADA Guidance for Vaccine Clinics.”
- ❑ Check in regularly with local disability stakeholders to identify issues and track progress in vaccinating eligible individuals and their caregivers

Resources

OHA – COVID Vaccine web page

<https://covidvaccine.oregon.gov/>

OHA – Vaccine distribution phases infographic

<https://sharesystems.dhsoha.state.or.us/DHSForms/Served/le3527A.pdf>

OHA – Phase 1A guidelines

<https://sharesystems.dhsoha.state.or.us/DHSForms/Served/le3527.pdf>

Vaccine Advisory Committee web page

<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINES/IMMUNIZATION/IMMUNIZATIONPARTNERSHIPS/Pages/COVID-19-Vaccine-Advisory-Committee.aspx>



Oregon

Kate Brown, Governor

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To CDDPs and Brokerages

Re: ADA Guidance for Vaccine Clinics

The below language was developed through a collaborative effort between Marion County Developmental Disabilities Services, Marion County Public Health, the Developmental Disabilities Council and Disability Rights Oregon, in response to issues that have come up regarding accommodations at vaccine clinic locations. The Office of Developmental Disabilities Services is sharing this information for CDDPs and Brokerages to discuss with your Local Public Health Authority (LPHA), as needed.

ODDS modified the language below to reflect “generic” guidance, if an LPHA decides to apply similar guidance, this language can be modified appropriately.

ADA Guidance for COVID-19 Vaccination Clinics

Federal and Oregon law requires that all public spaces, such as public health buildings, convention centers, fairgrounds, medical offices, pharmacies, and other businesses comply with the Americans with Disabilities Act (ADA) to protect people from discrimination based on their disabilities.

Vaccination clinics must comply with the Americans with Disabilities Act. Prior to operating a vaccination clinic authorized by LPHAs, the entity must have policies and procedures in place that includes how it will serve people with disabilities, including steps to communicate effectively with customers with disabilities, and a process for receiving and responding to ADA complaints.

What these ADA accommodations may look like, particularly for vaccination clinics, may be different from place-to-place. Accommodations should consider that many people who are trying to access vaccinations may have multiple disabilities. They may be Deaf or Hard of Hearing. They may experience blindness or low vision. They may use a wheelchair or other mobility devices. They may have low stamina or experience fatigue, mental health conditions or behavioral support needs that prevent them from standing in line for long periods of time.

Some examples of reasonable accommodation as it relates to vaccine sites include:

1. Choose a centrally located site that is physically accessible, and that people can reach by mass transit, if possible.
2. Have simple, plain-language written materials on hand for people to review who may have cognitive challenges.

3. Have some large print items available for people who have low vision.
4. Maintain pathways to and from the vaccine site with clear, level access for vaccine recipients who use wheelchairs and other mobility devices.
5. Have an "ADA/Special Needs" entrance to allow people to get in faster and avoid long lines.
6. Modify mask requirements for those individuals whose disabilities prevent them from wearing a face covering.
7. Have staff wear clear face coverings so that those individuals who read lips can effectively communicate with vaccine staff.
8. Be prepared to offer assistance to vaccine recipients who experience blindness or low vision who ask for someone to read forms to them.
9. Be prepared to offer language interpretation support such as American Sign Language or other languages.

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhsosha.state.or.us