ASTHOBrief

Exploring critical issues in state and territorial public health.

Expanding Vaccination Site Accessibility

Insights From the Field

Throughout the COVID-19 pandemic, equity for people living with disabilities has remained a priority for public health departments, as this population continues to experience inequitable access to essential services and equipment. Now that a COVID-19 vaccine is available, vaccine equity is critical—especially for people living with disabilities who may be at greater risk of developing severe illness.

Accessibility refers to the creation of an environment where people with a range of disabilities have equal access to services or information. Accessibility at state and territory operated vaccination sites is protected under the Americans with Disabilities Act. Those coordinating the COVID-19 vaccination effort must consider several accessibility factors, including transportation, registration website readability, barriers to entry, sensory triggers, onsite bathrooms, and interpretation needs.

ASTHO and CDC are assisting jurisdictions with building capacity to plan for and respond to the needs of people with disabilities during the pandemic and beyond. As part of this program, ASTHO provided a full-time equivalent to 14 jurisdictions, who served as disability and preparedness specialists and supported inclusivity of people living with disabilities. This brief showcases the unique experiences of three of these specialists, representing the wide range of approaches public health officials can take as they spearhead vaccine site accessibility initiatives in their jurisdictions.

Success Stories and Strategies

Alabama: Felecia Barrow and the Alabama Department of Public Health, in partnership with the Alabama National Guard Operations and Planning Team, led efforts to assess vaccination site accessibility by creating checklists and trainings to improve accessibility and support workarounds. The partnership led to meaningful change, including the addition of accessible portable toilets, sign language interpretation, communication cards for participants who were deaf or hard of hearing, and a lane designated for people with specialized needs at drive-through sites. The collaboration facilitated a shared understanding of basic needs and the value of accessibility among the National Guard at the sites.

Delaware: Debra Young led accessibility efforts at drive-through and walk-up vaccination sites run by the state. Young collected data at early vaccination sites and leveraged it to develop plans, trainings, and communication materials for people living with disabilities. Young approached accessibility from an end-to-end perspective by singling out areas for improvement around communication, registration, and logistics.

Rhode Island: Carmen Boucher and the Rhode Island Department of Health, in partnership with the Rhode Island National Guard, worked with communities to identify potential vaccination sites. The team worked with a subsidized housing facility to establish accessible sites, leveraging close connections with residents to identify and address specific needs. Rhode Island also held a vaccination and testing clinic for people who are deaf or hard of hearing. The team partnered with FEMA and community organizations to optimize limited American Sign Language resources, while Boucher partnered with other jurisdictions to develop COVID-19 vaccination resources in Braille.



Accessibility Considerations

Disability and preparedness specialists recommend considering the following step when establishing an accessible vaccination site:

• Listen to, know, and partner with the community. No one knows what communities need better than the communities themselves. Reach out to local leaders, organizations, and the public to ask about their needs and available resources. Be patient with the community to build trust and gather feedback.

The "Field of Dreams" model does not always work; if you build it, they may not come. Convenience, proximity, and trust are critical factors to getting people to come to vaccine sites.

- **Provide disability training to vaccination site staff.** Vaccination site staff may have limited experience working with people living with disabilities. Offer learning opportunities and trainings to educate staff on how to accommodate people living with disabilities.
- Plan for all scenarios at each stage in the vaccination process. Consider every variable, including how an individual might learn about the vaccination event, register, and arrive at the site. Examine how the variables may change depending on different needs. Evaluate the vaccine site for continuity of services between areas.
- Use workarounds to get the job done. Not all sites will have the funds or resources for major changes. Understand existing services and compare those services with areas of need to pinpoint gaps. Then, build out additional services based on those gaps, develop contingency plans, and provide flexible accessibility options.

Resources

Consider the following resources when planning to improve vaccination site accessibility:

- ASTHO, the National Association of County and City Health Officials, and the Association of University Centers on Disabilities Vaccination Webinar Series:
 - o Navigation
 - o Consideration
 - o **Communication**
 - o <u>Prioritization</u>
- The American Association on Health and Disability:
 Creating an Accessible Vaccine Experience for People With Disabilities and Older Adults
- The Administration for Community Living:
 Strategies for Helping Older Adults and People with Disabilities Access COVID-19 Vaccines
- The Administration for Community Living:
 Ensuring Vaccine Access for Individuals With I/Dd & Direct Support Professionals
- The Partnership for Inclusive Disaster Strategies:
 Getting It Wrong: An Indictment with a Blueprint for Getting It Right
- Temple University:
 Tools for Emergency Preparedness Planners

