



# **Achieving Health Equity for People with Disabilities During the Pandemic and Beyond**

Merrill Friedman, Sr. Director, Disability Policy Engagement

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# Why the disproportionate impact?

- Disability and chronic health conditions
- Reliance on support for care and services
- Accessible communications and information
- May not be able to delay medical care/other appointments
- Greater proportion of lower-wage earners; may not be able to afford conveniences (e.g. delivery, tech set up for WFH, etc.)

(CDC, 2021) (Shakespeare, 2021)

# COVID-19 Exposed Pre-existing Disparities

- Information not being available in accessible formats
  - Braille, captioning, screen-reader friendly, etc.
  - Other barriers to communication (e.g. Challenges with comprehension, difficulty with info. processing, speech impediment)
- Access to technology and internet
- Social/community resources and supports
- Congregate living
- Physical access barriers in healthcare settings
  - Stairs, tight/narrow spaces, inaccessible tests/assessments, lack of adaptable equipment (e.g. exam tables, scales).
- Attitudinal barriers from providers
  - Implicit and explicit biases/misconceptions about people with disabilities and their lives.

# The Digital Divide: Telehealth

- Not a “one-size fits all” solution to accessibility issues
- Positive for physical accessibility—no need for physical travel
- Lack of access to tech/broadband
- Difficulty using the technology
- For example:

*“For those who are blind or visually impaired, telehealth tools **may not be compatible with certain programs** such as screen readers; for those with cognitive delays, the tools may be **difficult to navigate**; for those who are deaf or hard of hearing, accessing information through American Sign Language (ASL) interpreters and/or captioning **may be unavailable** if not arranged in advance” (Mass. General Hospital, 2020).*

# Addressing Disparities

- Intentionality in engaging people with disabilities in public health planning
  - Including emergency/disaster preparedness planning

*“The inclusion of people with disabilities in the COVID-19 response should be remembered throughout all post-recovery **stages by assessing their needs and ensuring that they are consulted and can participate in policy development, programme design, and implementation.**”*

*A better future has to grow from learning the lessons, **listening to the life experiences of people with disabilities**, and making meaningful investments that improve the wellbeing and socioeconomic conditions of people with disabilities.”*  
(Shakespeare, 2021).

# Vaccine Information Collaborative for People with Disabilities and Older Adults

- Accessing vaccines can also be more difficult for people with disabilities.
- Transportation to and from sites
- Accessibility of sites and information
  - Ensure accessible parking, adequate signage, trained volunteers
  - Cleared pathways, opened or automatic doors
  - Access to elevators, mobility aids, and quiet spaces
  - Accommodations for masking, support persons, and service animals
  - Information available in braille, large print, and be screen-reader friendly. Also have sign language interpreters
  - Flexible and group appointment scheduling