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