

Title: Everyone Can Use Ramps, So Don't Forget These "Steps": Disability Accessibility at COVID-19 Vaccination Sites

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Abstract

The COVID-19 pandemic affected everyone around the globe, but for some the impact was drastic and even more life-threatening. People with disabilities historically struggle with health inequities and inaccessible health care, but many of these disparities are now magnified due to the pandemic. Most of the safeguards put in place by health care systems to manage the pandemic were implemented without any input or consideration from individuals with disabilities. With the arrival of COVID vaccines, health care systems and vaccine administrators have the opportunity to ensure a more inclusive and accessible vaccine rollout plan to prevent further marginalization of our largest minority group. We present our story and list simple steps to ensure that the “shots in arms” get into everyone, not just the most “able bodied.”

Keywords: disability accessibility; covid-19 sites; health inequality; disability health; wheelchair ramps; inaccessible healthcare

Abbreviations: Americans with Disabilities Act (ADA)

The year 2020 will be remembered as a time where civil rights and health care took center stage. As the COVID-19 pandemic found its way into every corner of the world, health care was faced with the realization that *existing* disparities would result in yet another disproportionate distribution of black and brown lives lost. At the same time, the United States would “celebrate” the 30th Anniversary of the Americans with Disabilities Act (ADA); that, with the addition of the ADA Amendments Act of 2008, mandates that health care systems provide accessible care for people living with disabilities. Over 20% of individuals report a disability (1), with many struggling with substantial health inequities and poor health care access (2). Despite the high prevalence of disabilities and the law of the land, many health care systems still fail to meet the minimum standard of providing accessible and appropriate care for millions of people with disabilities.

The COVID-19 pandemic has exacerbated the already problematic inaccessibility of health care (3). Recent articles on hearing loss and communication disabilities highlight some of the issues these people face in our health care systems, including difficulty communicating effectively with others due to wearing non-clear masks that impede one’s ability to read lips, disruption with in-person interpreters, and loss of caregivers at patient rooms (3-5). Moreover, these communication barriers have also impacted the accessibility of the care patients with hearing loss receive. One of the authors of this article, who has a profound hearing loss, anticipated the difficulty he might encounter, and brought FDA approved clear masks for staff to use when he was getting the vaccine. After offering them the masks (see Figure 1 “The Communicator™ Facemask”), the staff administering the vaccine felt uncomfortable using them, and preferred to resort to note writing or to taking off their masks – something that should not be done, especially in the presence of effective alternatives (6).

[Insert Figure 1 here]

The lack of accessibility also applies to other types of disabilities. Another author, who is a wheelchair user, was trying to leave via the same route he had used to enter and was stopped because he was going against the flow of traffic that had been planned by the vaccine organizers. He was then re-directed to the exit pictured in Figure 2 – at the top of a flight of stairs. This is likely a problem for other persons with mobility disabilities at other venues.

[Insert Figure 2 here]

There is already concern about vaccine availability, and where people with disabilities will fall in terms of prioritization (7). In addition, they now face long lines without places to sit, inadequate signage (impacting those with poor vision), inaccessible exits, and a lack of spoken and/or sign language interpreters. Thus, people with disabilities experience additional barriers after they arrive at the vaccine administration site. If our healthcare systems struggle to provide appropriate accessibility at COVID testing and vaccination sites for their own frontline workers with disabilities, how can we expect broader access to these critical resources for the entire disability community?

The authors of this piece are all faculty of MDisability, a collaborative program at Michigan Medicine focused on improving the inclusion of people with disabilities in healthcare research, education, practice, and community engagement. After all three encountered barriers when receiving their first COVID vaccine, rather than merely criticizing their organization because of their experiences, they leveraged their combined expertise to collaborate with leaders and staff involved with the COVID vaccine roll out plan to provide guidelines to greatly improve the accessibility of the vaccine sites. A single pager document was provided to each site and its

impact was immediately felt (8). For a more detailed guidelines, please see *COVID-19 Vaccination- Accessibility Guidelines for PWD* at [link redacted for authors' anonymity]. We are publishing these guidelines in hopes that others health care systems and vaccine distribution centers can begin to implement similar steps to strive for equitable access to COVID testing and vaccination sites for everyone.

So, what can you do? We suggest several steps to ensure a more inclusive and accessible vaccine roll out plan.

- Obtain input from people with disabilities. Have them review plans and do a walk-through vaccine sites to identify potential barriers and their solutions.
- Vocalize support for inclusion efforts.
- Leaders should prioritize vaccine efforts to be available to everyone, not simply due to the mandates in the Americans with Disabilities Act.
- Be receptive to feedback from patients. Establish protocols to list patient concerns and how to address them both at a system as well as a site level.
- Be proactive, not reactive. When scheduling vaccine appointments, ask patients if there are accommodations that may be needed. It is easier to arrange accommodations in advance.
- Communicate vaccine roll out plans to the members of the disability community. Make sure that the information is accessible (e.g., captioned videos, large print).

We realize that each site is unique. Therefore, it will require a collaborative effort with individuals with disabilities and community stakeholders to ensure that the “shots in arms” get into everyone, not just the most “able bodied.”

Being inclusive and accessible is the law. There is a lot to be learned from the disability community about this, and by being intentional about creating access for this community, we will find that the solutions implemented will increase access for all communities. It is sometimes helpful to think of physical access to buildings, because everyone can use ramps – whether you are a wheelchair user, pushing a stroller, or delivering a large package using a dolly – but not everyone can use the stairs. We recognize that there is still quite a way to go before achieving universal design, where accommodations, modifications and renovations are no longer necessary because access for all is the goal and not an afterthought. For now, let's come together as a global community to fight this pandemic by striving to improve health outcomes for our most vulnerable. By doing so, we will emerge with the understanding that we are, in fact, better together.

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Figure 1. The Communicator™ Facemask (Photo credit: <https://safenclear.com/>)

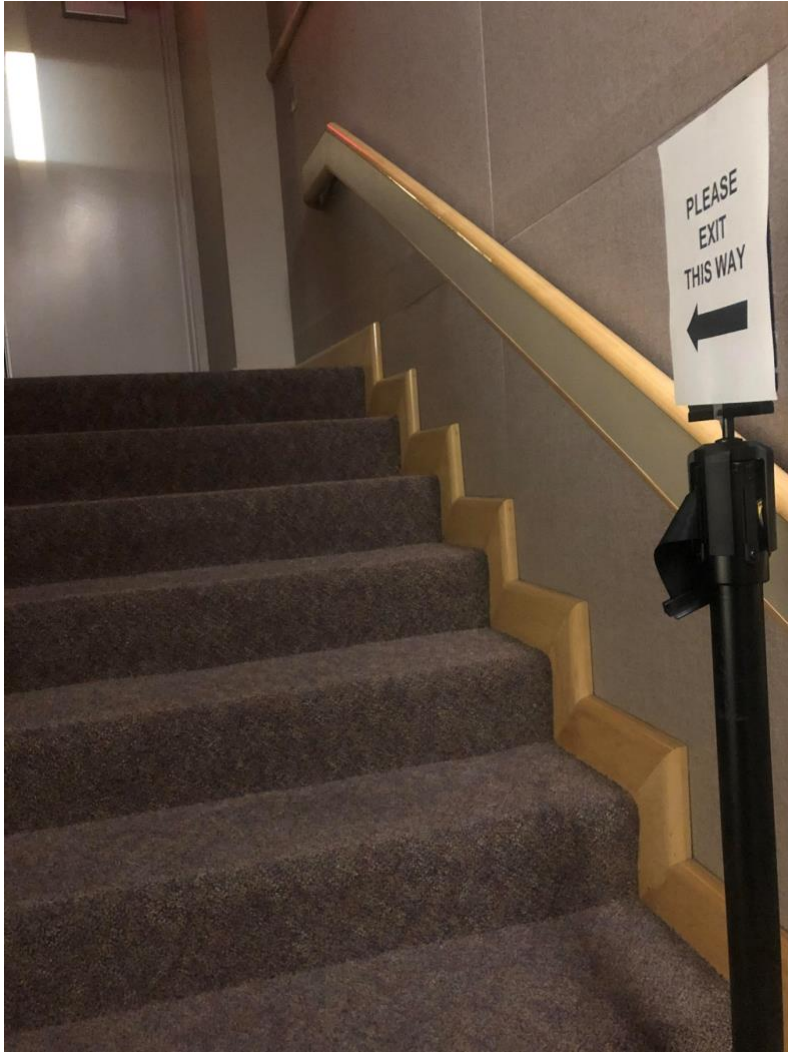


Figure 2 (photo credit [redacted] MD MS)