COVID-19 Vaccine Listening Session –Communities Living with Disabilities Executive Summary

February 2021

Summary

The Los Angeles County Department of Public Health (DPH) as part of its COVID-19 Vaccine Engagement Strategy is hosting a series of listening sessions. Current sessions focus on population groups identified for initial COVID-19 vaccine phased allocation. The sessions are intended to provide DPH with stakeholder perspectives on strategies and communications to increase vaccination confidence and acceptance for populations and sectors participants represent and serve.

The listening session with organizations serving communities living with disabilities was held on February 18, 2021 based on the following:

- The organizations that participated serve groups that are at risk for severe health outcomes due to COVID-19 based on underlying health conditions.
- The listening session provides a unique opportunity to meet with service provider agencies to share COVID-19 vaccine perspectives, information and resource needs.
- Issues impacting vaccine confidence and concerns vary across communities. Thus, a tailored communications approach for promoting vaccine confidence within this sector may be required.

A 90-minute listening session was held Thursday, February 18 2021, with 14 participants, representing local government offices, transportation agencies, and service provider agencies. A series of questions were presented for participant feedback.

Session participants:

- Representative, City of Los Angeles, Department on Disability (8)
- Representative, Southern California Resource Services for Independent Living (1)
- Representative, Lyft (1)
- Representative, Access Services (1)
- Representative, State of California Department of Rehabilitation (1)
- Representative, County Commission on Disabilities (1)
- Representative, Unknown (1)



COVID-19 Vaccine Listening Session –Communities Living with Disabilities Executive Summary

February 2021

Key Findings

- There is significant frustration within communities living with disabilities for being placed in a later phase of vaccine eligibility, despite per the CDC how they have been impacted by COVID-19.
- There is confusion regarding how the state's March 15 vaccine expansion will be implemented locally including what will be defined as a disability and who will be eligible to be vaccinated.
- A lack of clarity is creating challenges for community leaders to provide accurate information and address the concerns of their constituency
- Approximately 95% of the questions being fielded are about access to the vaccine.
 - There has been significantly less fear or hesitance of receiving the vaccine than previously anticipated.
 - o This includes people of color with historic concerns regarding vaccines.
- Because information about the vaccine changes quickly, there is a growing burnout effect from trying to stay updated or attempting to get a vaccination appointment.
- Communities need more detailed information about accessing the vaccine including:
 - Clarification on when individuals are eligible
 - Messaging with specific health conditions that individuals with disabilities have
 - o Messaging with specific guidance to mitigate any heightened vaccine side effects
 - For example:
 - Individuals with epilepsy are concerned with a side effect of fever, given that an elevation in temperature can cause an epileptic seizure.
 - Individuals with asthma are concerned that side effects related to the second dose include shortness of breath and how that might adversely affect those with asthma.
 - Individuals with liver disease and other liver related issues are concerned with having to take fever reducing medications as most of these medications are processed through the liver.
 - Information on the vaccine interactions with any medications
 - Do individuals taking daily medications need to speak with their doctor in advance of being vaccinated about possible adverse reactions to the vaccine?
 - Which medications should be avoided prior to receiving the vaccine?
 - More information regarding transportation safety at the vaccination sites
 - o More information on the accessibility of vaccination sites to individuals with disabilities
 - Information for parents as to whether their children need to get vaccinated in order to return to school
 - Information on the safety of individuals with disabilities to be around vaccinated individuals



COVID-19 Vaccine Listening Session –Communities Living with Disabilities Executive Summary

February 2021

Barriers to receiving the vaccine

Immigrants:

- A lack of messaging for immigrant communities describing the benefits of receiving the vaccine
- A lack of messaging that the vaccine is no cost to them
 - Fears that the personal information they provided making the appointment will be used to send a bill, despite being told the vaccine is free
- Limited transportation options
- Vaccination sites are not accessible (too far)
- Cannot risk asking for time off from inflexible employers
- o Have fears immigration status will become an issue at vaccination sites
- Concerns about public charge, and that receiving a vaccine will impact their path to citizenship in the United States
 - Some feel they need to weigh the risk of getting vaccinated versus the opportunity for citizenship.

People with disabilities:

- Concerns around pharmacy or smaller community vaccination sites not having sufficient medical care in the event of a significant adverse reaction
- o A need for mobile clinics or the option to be vaccinated in home
 - Individuals do not feel safe going out after being told to stay inside for so long.
- Concerns about the capacity/space to observe for adverse reactions at smaller sites such as pharmacies in urban areas
 - There are reports of people receiving the vaccine who are then asked to leave because there is no space to observe a large group of people.
 - Participants reported a positive experience at larger POD sites. However, it
 was noted that an individual must leave as soon as they are vaccinated at
 smaller grocery store pharmacies.
- Many sites administering the vaccine are not accessible to individuals with disabilities.
- Concerns about limited parking adjacent to walk up vaccination sites
- Not having the ability to drive is a significant barrier.
- Not being able to provide identification is a barrier.
- Limited access to appointments and lack of computer literacy are barriers to access.
- Lack of materials and points of access for the visually impaired
 - Need to include alternative text.



COVID-19 Vaccine Listening Session –Communities Living with Disabilities Executive Summary

February 2021

Strategies to Increase Community Vaccine Confidence and Acceptance

- Have adequate clinical staff on site to provide help in the event of an adverse reaction.
- Make appointment portals accessible to people with disabilities. Many people are familiar with using cell phones to access information. Encourage compatibility for using the phone.
- Have medical doctors (and others) provide more consistent information regarding eligibility for the March 15th vaccine eligibility expansion. For example, some doctors consider a respiratory issue a comorbidity issue, others do not, which leads to vaccine eligibility confusion.
- Trusted messengers include:
 - LA County
 - Individuals trust the information LA County is providing.
 - Interfaith communities
 - For religious individuals, experiencing their religious leaders contract COVID-19 spurred a mass interest in receiving the vaccine.
 - Service provider organizations such as Southern California Resource Services for Independent Living and Access Services (transportation)
 - Medical providers

Message and Image Recommendations

Due to time limitations, sample images and messages were not reviewed.

Contributor Acknowledgements

Many thanks to all the listening session participants for their time, insight and suggestions. Thank you to Monica Molina for facilitating the discussion. Thank you to Dr. Franklin Pratt for providing essential background information on the COVID-19 vaccine for this session. Thank you to Peter Soto and Hector Ochoa for participant suggestions and coordination and for hosting the session. Thank you to Jeoffrey Golladay and Angela Salazar for supporting the session. Big thanks to Aizita Magaña for all of her support with the facilitator guide and coordinating the session. Thank you to Stella Fogleman and Dr. Tracey Veal for her support with the process.

