- [Melissa] Hello, there's a slide on the screen that says, “Legal Obligations to People with Disabilities During the Vaccination Process for Missouri Public Health Departments.”

Next please.

We wanna welcome you all and tell you a little bit about us, next.

I'm Melissa Marshall. I'm an older disabled white woman with shoulder-length silver hair that I'm wearing up today. I'm wearing a black jacket with the print shirt and I use she, her pronouns. I'm the Director of Operations for The Partnership for Inclusive Disaster Strategies. Later I'll be joined by Regina Dyton, an equity consultant with The Partnership.

Project ALIVE, Accessible Life Saving Integrated Vaccine Equity is a short term from February '22 to October '22 project, which is a focused effort to remove barriers to COVID-19 vaccinations for people with disabilities living in rural areas of Mississippi, Montana, and Arkansas. The goal of the project is to help those wanting vaccines and needing support to access vaccines.

Next please.

Now we see the Project ALIVE logo. ALIVE stands for Accessible Life Saving Integrated Vaccine Equity. The word ALIVE features a bandaid folded in the shape of the V, which represents the letter V. Below the typography are five symbols against blue squares, the wheelchair icon, an icon of a person with a white cane, and ear with the dotted line with a line through it with hearing assistance, two hands forming the ASL sign for interpretation, a silhouette of a person's head. Below are symbols with the text - Below the symbols, excuse me, is the text, Accessible Life Saving Integrated Vaccine Equity. Below that are live logo text in English and Spanish, “brought to by / traido por” with the logos of the following organizations, Associations for Programs for Independent Living, APRIL; The Partnership for Inclusive Disaster Strategies; Rural Advocates for Independent Living, RAIL; Heartland Independent Living Center; Midland Empire Resources for Independent Living, MERIL.

Project ALIVE is led by the Association of Programs for Rural Independent Living, or APRIL as partners with the Centers for Independent Living in Missouri, Midland Empire Resources for Independent Living, MERIL, Heartland Independent Living, HILC, and Rural Advocates for Independent Living, RAIL.

Next slide please.

Population Focus of Project ALIVE. The people that ALIVE focuses on are people with disabilities who live in rural areas of Missouri, who desire a COVID-19 vaccine and who experience barriers to access the vaccine. People also are focused on, or who are hesitant, but are still open to getting vaccinated. And another focus of the project is to strengthen the relationships between the Centers for Independent Living or CILs and Public Health Departments.

Next please.

Our objectives for this training, what we'd like you to leave here today with is having an understanding by the end of this module of some of the legal obligations and limitations on those obligations of public health to disabled people throughout the vaccination process, how vaccine sites can utilize a checklist to assess their compliance with these obligations and some resources to support compliance.

Next please.

Our disclaimer that the material presented does not constitute legal or clinical advice and is for informational purposes only. If you're seeking legal or clinical advice, please contact a qualified attorney or clinician.

Next.

This training is an overview. We are giving you a thumbnail sketch of the law of the legal obligations, we sat down and decided what was most important for you to hear about, but understand there's lots we've not included. I have done and could do a five-day training on this, so you're being spared of this, so we brought out some of the highlights, so know that there are things that are left out and that's why we have resource for you at the end.

Next please.

So what's the goal for the vaccination process? Obviously, it's getting vaccines to everyone with a disability who wants them in ways that are accessible and minimize trauma. So that's your goal, you wanna get vaccines to everybody with a disability who wants one in ways that don't traumatize them and in ways that are accessible to them.

Next please.

What's not a goal? The thing we don't wanna see happen is having a vaccine seeker leave a vaccination site because they're afraid, intimidated, confused, or overwhelmed. We also really don't want authorities being called unnecessarily resulting in a vaccine seeker ending up in an institution or ending up in jail, so keep in mind what the goal is and what the goal isn't. Thanks so much.

Next slide please.

Now we're gonna talk about some of the legal obligations that vaccine providers have, that health departments have to people with disabilities in getting the vaccine.

Next.

Vaccination process must be accessible to people with disabilities, and notice, I'm not just saying the vaccine needs to be accessible for people with disabilities, we tend to think of, someone gets shot, that's the vaccine, that's what needs to be accessible. While that's true, the vaccination process is more than that. The vaccination process includes, making an appointment online by phone or in person, checking in for the vaccine, waiting in line for the vaccine if there's a line, receiving the vaccine, and then of course waiting after the vaccine, so the whole process needs to be accessible, not just the part where you get the shot, though, the part where you get the shot, where you get the injection needs to be accessible as well.

Next.

So some disability civil rights laws that apply to vaccination sites are the Americans with Disabilities Act, and I'm reading the title of this slide on screen to make it accessible. Everything that is on screen, I will read out loud, and so it's the Americans with Disabilities Act, ADA 42 US code, section 12102 et seq, because there's a lawyer that lives inside of me that needs to write all that stuff out. Next is the Rehabilitation Act or the Rehab Act, and that's 29 U.S.C section 701 et seq.

So those are the two laws we're gonna be looking at today and some of the civil rights laws, there's more, like I said, this is the basic thumbnail sketch. At a certain point you're gonna think this is a lot and it is a lot but know that there is more.

Next please.

So we talk about disabled people and we will talk about disabled people throughout this presentation. But first we thought we should all come to agreement as to what we mean by a disabled person. Under the ADA and also under the Rehab Act - they have the same definition - a person with a disability is someone with a physical or mental impairment that substantially limits one or more major life activities. We got a slide in what major life activities are coming up, so hold on to that thought. Two, people with a record of having such an impairment, three, peoples regarded as having such an impairment.

So that's the definition of disability, but you might say, what is major life activity?

Next slide please.

Under the ADA, Amendments Act, we passed an Amendments Act to the ADA, Major life activities were spelled out because courts weren't getting what was meant. So major life activities include caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working and major bodily functions. Now I read that whole list through for people with visual disabilities or for people who can't see the screen, I read the entire list, that's why I didn't just refer to the slide.

But major bodily functions is a really important one, that includes things like cell division and it includes things like functions of the endocrine system and those kinds of things. So that means that people, and we knew this before just spelled out more clearly, people with HIV are covered under the ADA, people with cancer are covered under the ADA. So that major bodily functions is really, really critical. People with diabetes are included under the ADA. So lots of people, people with asthma if it's substantially and limits major life activity are included under the ADA. Anything, any of the things I just talked about that substantially limits major life activity, make one, somebody with a disability under the ADA or under the Rehab Act.

Next please.

So again, under the ADA Amendments of 2008, the major bodily functions I'm gonna go back into again, are functions of the immune system, like I said, normal cell growth and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions. So all the things I alluded to before, this expands on it a little bit more.

Next please.

Now the ADA, we're getting fancy here, the ADA has five sections. The lawyers call them titles, I don't know why, but there's five sections of the ADA. They are employment, title one; title two is state and local government entities; title three is places of public accommodation; title four is telecommunications; title five is miscellaneous.

Today we're gonna discuss obligations under titles two and title three. We're not getting into employment at all, we're not getting into telecommunications, which just establishes a national relay system. While it's important is in what we're talking about and we're not getting into miscellaneous.

Next please.

So who has obligations under the ADA as it applies to you folks? What has this got to do with you, and your life and vaccines? Under title one and two, but we're not talking about title one, but state, county, governments, municipalities, cities, towns, if you have a government run water system, those kinds of things, there are obligations under titles one and two of the ADA, titles two of the ADA functionally for what we're talking about. And under title one and three, and again, we're not talking about employment under title three of the ADA, certain private providers have obligations. So that could be a pharmacy, a vaccine site, many of the places people, pretty much all the places people go to get vaccines.

Next please.

Now I've been talking about the ADA but I mentioned the Rehabilitation Act. What is the Rehabilitation Act? Who does it apply to and how does it make a difference in your life? Any recipient or subrecipient of federal funds has obligations under the Rehabilitation Act or the Rehab Act. The good news is these obligations are virtually identical to obligations under Title two of the ADA. So you don't have to learn a whole new set of laws, so that's kind of the good part of this. So they're virtually the same. So just know that.

If you get federal funds, if you get federal funds through someone else - so one entity gets federal funds, they give it to your entity - you still have obligations under the Rehab Act, that's what you mean by subrecipient of federal funds.

Next please.

Important thing to understand is the government entity retains obligations under the ADA and the Rehab Act. So the government can't say they can't contract away the Rehab Act or ADA obligations.

They might say, “Why would anybody try to do that?” Someone brought that up to me recently. “Is this real? Is this a thing?” What that means is sometimes someone will say, “Well we have a contract with the pharmacy to do the vaccine, so we don't have any legal obligations to make it accessible.” You do as the government entity, if you're the health department making that contract to provide accommodations to make it accessible.

You always have a deeper level of obligation than a doctor's office or pharmacy as the government entity. And you can't say, we don't have that obligation anymore because the contract is with someone else. You might wanna build under that contract money to meet those obligations that I'd recommend that, but you still retain that obligation. Hope that makes sense to you.

Next please.

So obligations under title two in the Rehab Act. What do you gotta do? We're talking about you have obligations.

What do I mean by obligations? Things you gotta do. The obligations include, providing equally effective communication, not discriminating in general operations, and providing program and facility accessibility. And we're gonna take a look at what all of those things mean next.

Next slide please.

And as I alluded to before, vaccine sites have obligations during online registration, phone registration, registration at the site, vaccine area, in vaccine areas, and in vaccination waiting areas, just keep that in mind and remember that. Sometimes people forget about all the programs they offer and all the parts of the programs they offer and that all of those have to be accessible.

Next please.

So let's look at some types of vaccination sites and these change and have changed throughout the course of the pandemic. So some of the types of vaccination sites, and I know you're all aware of these, but I just wanna make sure they're in the forefront of your mind as you're thinking about access, are pharmacies, doctors’ offices, hospitals, mobile sites, popup sites, drive through sites, those were used a lot in the beginning of the pandemic and aren't used as often now, but that's always fluid and changing. Mass vaccination sites, same story. They aren't as big now that we're doing boosters, but that we might return to that in the future. But those are type of vaccination site and at home vaccinations.

Next please.

So during the vaccination process, sites must provide equally effective communication to people with what we call communication disabilities. What does that mean? 'Cause remember I said you have an obligation to provide equally effective communication to people with disabilities. Communication disabilities are hearing disabilities, visual disabilities, and speech disabilities.

Next please.

And again, equally effective communication is communication that is as effective to people with communication disabilities as people without communication disabilities.

Next.

Now, auxiliary aids and services is a fancy phrase for what we call accommodation. Auxiliary aids and services might be required to provide equally effective communication to people with communication disabilities. We refer to them colloquially as accommodations 'cause auxiliary is a hard word to say.

Next please.

For some people.

So let's look at some of the accommodations you might give to people with speech and hearing disabilities. So auxiliary aids and services or accommodations could include sign language interpreters. Everyone knows what an American Sign Language interpreter is probably. A tactile interpreter, we might not be as familiar with. That's someone who interprets by someone following their hand or touching their hand or having what's used, what's called elongated or bigger sign, and that's for people that are DeafBlind. An oral interpreter is for someone who's deaf that reads lips, that does not sign an oral interpreter, mouths the words in a very specific clear way, that's another kind of interpreter. Communication Access Real-Time Transcription or CART. And under limited circumstances, written notes.

Now written notes are easy, but when you're working with someone whose native language is American Sign Language, or their first language, I should say, is American Sign Language, they might not necessarily be fluent in English. So if the note is, where's the bathroom? Where's the restroom, that's fine. If someone comes in and says, I wanna know if a vaccine is safe, I wanna know what the side effects of the vaccine are, this person may not be fluent in English so you really want an interpreter there for that. So something simple like where's the restroom, whereas the waiting area, even, how long do I wait? Those kinds of things you can do a note by if the person's comfortable doing that, but otherwise you're gonna need an interpreter, or something's not written here called, Video Relay Interpreting or VRI. And that's using a sign language interpreter that's remote through a device.

Next please.

Now, effective communication for people with visual disabilities. Some of the auxiliary aids and services or accommodations that you could use to create effective communication for people with visual disabilities is having a reader. If you've get a short couple paragraph, one page, one sided document, it's fine to read that to some of the visual disability. When something's five pages and really complex, then you probably don't wanna read it. But if some someone can follow it easily by you reading it, that's fine. If not, that's not fine. Ask the person what they want, ask the person what they need, that's an important rule, ask the person. Large print, the good news is we can all create things in large print if they're on our screens by making them to 18 points, I'd say 20 points or larger. And you wanna make sure that any material that you put out is screen reader compatible, that all your electronic materials are screen reader compatible because just because they make a document on my computer and someone has a screen readers, which reads things to people with visual disabilities, doesn't mean they can read it. It has to be accessible, it has to be compatible, it has to be done in a certain way. So if I make something on my computer, I need to find out if it's accessible or how to best make it accessible, and I need to speak with someone who knows, who understands on my team in this case, and my team who knows what they're talking about, unlike me, who can tell me how to make accessible, make it accessible for me or say yes, everything's okay. And lastly, for people with visual disabilities though, these are just a few examples, there's many more, is Braille.

Now Braille isn't something that's often used by people with visual disabilities now, but it's used by a number of people when material is long and complex. So if you have a complex explanation about vaccine side effects or something like that, you might wanna have copies available in Braille. I'm not saying you have to get 40 copies or 40,000 copies. What you have to do is know how to be able to get a copy within a reasonable amount of time. So you have to know, maybe you have a copy waiting but it gets updated and change, so it's hard to keep that. You know where a Brailler is, you know who's available, you know that they can do it within a reasonable amount of time, you know that they can do it fairly quickly so they can get it out to that person fairly quickly. So you're not required to Braille stockpiled ahead, but you're required to be able to get it within a reasonable amount of time.

Next please.

And the third category are people that require equally effective communication, are people with speech disability.

So some auxiliary aids and services for accommodations for people with speech disabilities could include, communication boards. Person with a disability will typically, if they use a communication board, have letters or frequently used phrases on a board that they'll point to. Sometimes they'll have a speech synthesizer that they will use, so it's just like listening to a speech synthesizer, reading what they're pointing to in their board. Take a deep breath, don't get intimidated. Written notes. Maybe the person can write a note to you, maybe you can give 'em a paper and pen. Sometimes people with speech disabilities have disabilities like cerebral palsy, or they've had a stroke and they can't write, so that may or may not work. Allowing additional time for appointments and that's allowing time to understand the number one rules, never pretend to understand when you don't, never go, “uh-huh.” Particularly when you're talking about someone's medical care and health, never do that. If you don't understand them, maybe you get someone who does, maybe they have someone with them and you ask that person's permission to have that person assist. Always keeping an eye contact with the person with a disability. But allowing some additional time, taking a few deep breaths, that's how you can provide equally effective communication for people with speech disabilities.

Next please.

Primary consideration. What it says in the slide is, primary consideration should be given to the specific type of auxiliary aid or services that is requested. The entity may choose accommodations other than what is requested if the auxiliary aid or service provides effective communication.

So what does all of this mean? Okay, someone says to you, “I want a certain level, I want an interpreter to be there in person.” You have to think about that first. If there aren't interpreters available and you look and you've scheduled interpreters for another time and they can't come on that day, you might say to someone, “Can you consider via VRI, video relay interpreter?” And if that's an equally function, they say, “Well, I prefer an interpreter, VRI does the same thing for me.” Then you can give them VRI. If they say, “No, there's something wrong with VRI for me, my experiences, people don't communicate the local terms and I don't understand people over VRI, or it's harder for me to see people doing VRI” then you need to give them a live interpreter. But you gotta look at what they want first, and what we say sometimes in the biz, if the job is getting from point A to point B, you can give them a Ford, you don't have to give 'em the Lamborghini unless they need the bells and whistles of the Lamborghini. So think about what they want first, okay.

Next please.

Let's talk about plain language. Plain language is communication that can be understood by an intended audience and meets the purpose of the communicator. It's kind of ironic for me and for a lawyer to talk about plain language, but I use plain language when I can, really I do, trust me. And I can write in plain language sometimes. Plain language always makes things more accessible, even to people that are fluent readers of the English language, it's just simpler and easier to understand, it provides access. Understand it's not required under equally effective communication provisions, it's not required at the ADA. So it's not required as an equally effective communication provision It's a really, really, really good practice.

Next please.

Now, we talked about effective communication, how your first set of obligations is to provide people with communication disabilities, speech, visual and hearing disabilities equally effective communications. Your second set of obligations is to not discriminate in general operations. Now, I don't think anyone gets up in the morning and rubs their hands together and says, I'm gonna discriminate against people with disabilities in my policies today and how I operate, it happens unintentionally. And because it happens unintentionally, we got to be very vigilant about it.

So we're gonna talk about some of the general non-discrimination obligations. First obligation, it includes the obligation to adopt a complying policy to allow service animals in all areas that members of the public are allowed. So you should adopt a policy and comply with the policy that allows service animals in all areas board where members of the public are allowed.

Next please.

What's a service animal, you might be wondering. We get lots of questions on this, so I encourage you to look it up and we have resources about it. Service animals are dogs or miniature horses that are trained to assist a person with a disability, they are trained to perform specific tasks to assist a person with a disability. Service animals, again, are dogs and miniature horses. Notice I didn't say any other animal there. Service animals also must be housebroken and under the owner's control. They don't have to have papers with them, they don't have to have a license, they don't have to have a tag, they just have to be an animal, that is a dog or a miniature horse that is trained to perform specific tasks to assist a person with a disability and be housebroken under the owner's control.

Next please.

I know that's fairly simple, but I guess people make it more complicated than it is.

Now, let's look at another non-discrimination in general operations, surcharges. A surcharge is an extra charge for an accommodation to the disabled person and it's prohibited.

So what's that mean? You can't charge somebody with a disability for their auxiliary aid or service, their accommodation.

Next please.

Some examples of prohibited surcharges at a vaccination site are charging fees for an interpreter, providing material and Braille or building a ramp. You can't say, oh yeah, yeah, we'll provide an interpreter, that's easy. Get the bill at the end of the month. Or we're gonna charge you $40 to get the material in Braille. So you can't do that. Probably not going to do that, but that happens sometimes, and I never make up examples.

I've been doing ADA training since the ADA has been passed and I never make up examples, and those things happen sometimes. So you might not do it but somebody else might.

Next please.

Okay, non-discrimination in general operations, eligibility criteria. Eligibility criteria for program participation cannot screen out people with disabilities. Well, of course I can't screen out people with disabilities. Again, this is usually an unconscious thing, it's not intended.

Next please.

So I'm gonna give an example of a prohibited eligibility criteria. One example includes requiring someone to have a driver's license as ID to get their vaccine. Now, obviously this would impact everyone who doesn't drive, but it would disproportionately impact people with disabilities who don't drive because of their disability. So saying someone wants to have a driver's license to get the vaccine doesn't quite make sense, is an eligibility criteria that doesn't make sense and it screens out people with disabilities.

Next please.

Non-discrimination in general operations, we're looking at reasonable modifications. Entities with obligations must make reasonable modifications, policies and practices and procedures when it doesn't fundamentally alter the nature of their program. Now, I'm gonna explain what that means, I'm not just gonna leave you hanging on those words. I hope you trust me not do that by now.

Let's include some examples here. You have a policy that everyone fills out their own application at the site, their own registration form at the site. It's not a written policy, it's just how you do things. An example of modifying that policy is someone can't write because of their disability. So you sit, you help that individually, assist them filling out their form. Now that's something human beings are gonna do because they're courteous and, but that's a legally required thing, just that example. Another example is notifying someone wearing a noise canceling headphones due to their disability when they're waiting in line that is time for them to advance in the process. Couple examples of how you modify a policy practice or procedure to include somebody with a disability, those kinds of simple things. Let's say you require someone to physically sign their name. Allowing someone to make an X, allowing someone to use a stamp if they don't write because of their disability, is an example of reasonable modification of policy, practice or procedure.

Next please.

Another example is allowing someone with a behavioral health disability or an intellectual disability to have a support person with them. If it's a situation where only one person is allowed there typically, and someone has anxiety issues and allowing that person have someone with them.

Now modifications, let me say that there's limitations on your obligations, modifications are not required when they cause a fundamental alteration to the nature of your program. Having one person in with someone with a disability probably isn't a fundamental alteration to the nature of the program. If they wanted a support group of 50 people, that might be a fundamental alteration to the nature of your program.

Or another example is, say you're doing a vaccine at a mass site, say it's a large auditorium, or there's concerts, it's just this really, really large venue that seats thousands and thousands of people, and there's not thousands of people there that day but there's maybe a couple hundred people there that day, and someone comes up to you and approaches you and says, “I'd love to have a vaccine but I'm over stimulated or I have anxiety, or whatever my disability is, I can't be in crowds, what I would like you to do is empty that auditorium so I can even have my vaccine,” that's gonna fundamentally alter the nature of your program. So what you don't get to say is - You don't have to say, “oh I have to do that” 'cause that fundamentally alters the nature of your program. From there you can't say, “Oh you can't get a vaccine 'cause we don't have to do that.” What your job to say is, “No, we can't do that, but let's figure out a way where you can get a vaccine. Is there a smaller venue you can go to that's next door or nearby?” Maybe if it's a nice day and the weather is amenable and the person's amenable you could do it outside. Or a quiet area in the building, or another site or someplace else. Or maybe you're a good candidate to get a vaccination at home. You don't get to say, “Oh, I'm not gonna deal with you.” What you have to then is brainstorm and work out how the person can get the vaccine and go back to what I originally said about what are our goals, getting people vaccines who want them vaccines.

Next.

So, we talked about providing people with disabilities equal effective communication. We just talked about making sure you don't have discriminatory practices in your general operations. Now we're gonna talk about program and facility accessibility. All programs must be accessible to and usable by people with disabilities when viewed in their entirety.

What does that mean? We'll go on the next slide and we'll figure that out.

Program facility and accessibility is an architectural standard. So if your building is new, and by new I mean constructed before 1990 under the ADA, not every building or every area of every building must be accessible. So you get a building that was built in the '70s, or the '60s or before that. Not every building has to be accessible, every part of it, every program or service has to be made accessible. So not all vaccine sites must be physically accessible.

So let's say, there's a pharmacy building and it hasn't been renovated since the 1970s and there's one or two steps getting in. It doesn't have to be accessible, however, there must be accessible vaccine sites within a reasonable geographic proximity, open the same hours or longer, providing the exact same services. And by reasonable geographic proximity, I mean really close. If you have a situation with the two competing pharmacies across the street from each other, fill in your own brand of the competing pharmacies, and one has a couple step entrance and the other one doesn't, they don't both have to be accessible. If the accessible one's on the other side of town or several blocks away or off some bus route, then they both have to be accessible.

Next please.

So what does it mean for a vaccine site to be structurally physically accessible? You need to look at, again, not just the vaccination area, the entrances and the exits, the registration area, the vaccination area, the waiting area, and the restroom facilities if they're offered. And people say to me all the time, “Well, it’s a new building; it’s accessible. It's required to be accessible. It might be required to be accessible. Being required to be accessible and being accessible are two different things, and if you're gonna do some survey work, you're gonna learn that really, really, really quickly. People say, “Well the ADA's 32 years old, Melissa, it passed a long time ago, everything's accessible now.” And then I teach them how to do architectural accessibility services and they go, “Oh, nevermind.” Or they go out with me and my scooter - I'm a scooter user - and they go, “Oh, the world's so inaccessible.” It's kind of like, yeah, I kind of am aware of that and I've been noticing that for a while. So just don't presume any places accessible, unfortunately.

Next please.

Now, I've talked about the legal obligations that you have and again, there's a couple of limitations on them. If something is an undue burden, that usually means undue financial burden, it's beyond your obligations. Now understand that for title two entities that you ding, ding, ding, ding, is public health, state and local government entities, your level of obligation is very, very high. So they're not just gonna look at your department's obligations, they're gonna look at your department's budget, they'll look bigger than that, they'll look at the state budget. So it's a high standard. And fundamental alteration, if it fundamentally alters the nature of the goods or services that you're providing. And I talked about that earlier. So know that the obligations

aren't unlimited, there are some limits on your obligations.

And I always feel when I teach people about disability rights law, I wanna teach them what their obligations are or when I'm teaching people disabilities, what their rights are. But I also wanna teach people what their obligations are not.

Next please.

Now, we're getting to the vaccination site checklist. This should be a vaccination site checklist that accompanies this document and you are welcome to look at it and if you wanna take time to print it out, you can put me on pause and do that, or have it on another screen, or do whatever you wanna do with it, and have it so you can look at it or just listen.

Next please.

So here's a checklist overview because checks isn't what you think of in a typical checklist, it's not just a checklist, it contains several sections and they can be used independently of each other. And it should be completed entirely to assess accessibility of vaccination sites. It doesn't have to be completed by the same person, people can do different sections, but the whole thing should be done. And it should be used for all vaccination sites including walk-in, drive through, pop in and mobile units. And it addresses obligations and considerations for at home vaccinations, don't have to tell people they have to make their houses accessible, but it talks about how to provide vaccinations to people in inaccessible environments in ways that are accessible to them, and that's in the checklist.

So again, this is an overview, we're gonna be giving you some highlights of the checklist, so just keep in mind that it's an overview. And don't forget to go through it and take some time with it.

Next.

So section one of the checklist talks about vaccination registration and appointment checklist for nonstructural elements.

What does that mean? That means a non-structural elements, things that aren't the physical building. So its registering for things like, the vaccine over your computer. So what it does is it provides instructions for people with disabilities for registering for the vaccine online or by phone, so people with disabilities know how to do that. Is also a tool to assess if you are providing equally effective communication 'cause it's gonna be asking you things like, is your vaccine site compliant with 508? Which is part of the requirements for what makes something screen reader compatible, section 508 of the Rehab Act and they use WCAG standards, which is a recommended standard.

And it's also gonna ask and look at the vaccine size capacity to provide access to people with disabilities that aren't structural in nature. So the capacity to provide access for things that aren't structural, like sign language interpreters. So there's two things that provide instructions to people with disabilities for registering, and it's a great tool to assess how accessible you are, which is awesome.

Next please.

So I'm gonna show you a couple of examples from the checklist, on the screen it says section two examples from the checklist. And if you go to page seven, there's check in and it asks, is there policy allowing companions to accompany people with disabilities who need onsite assistance? And you can check yes or you can check no.

Next please.

Next in section two, example from a checklist, again on page seven it says, are sign language available onsite to interpret for individuals who are Deaf, hard of hearing or DeafBlind during the registration, vaccination process and while waiting after the vaccine is administered? And you may check yes or no.

Next please.

And the next slide again is section two, examples from the checklist. And on page seven looks at check-in. And it says which dates and times are sign language interpreters available? And is the availability of sign language interpreters posted on the virtual registration site? And you can check yes or no and you can fill in the date. Now this does a couple things, it notifies you one, that you need to have interpreters available at certain times and dates and you should publicize that, and also let you know that you don't need to have, and you can't afford to have probably an interpreter there all of the hours the site is open and that's not a requirement. It's required that you have them there a certain percentage of the time, reasonable percentage of the time available as requested by people from the Deaf Community, you've gotta have them be available so it's asking if you're doing that and posting when interpreters are going to be there. So it does that for you.

Next please.

Next section two, examples from the checklist, the page eight is the check-in. Are peer support specialists available on-site or virtually to assist individuals with psychiatric disabilities or other disabilities who might need support while waiting at the vaccination site? That's not a legal requirement, that's something you do to make the vaccine process easier for people with disabilities to get the vaccine. And that's a check, yes or no?

Next please.

Again, section two, examples from the checklist, page nine of the check-in. Is there policy allowing service animals to accompany people with disabilities? You can check yes or no. As important as having the policy, are vaccine staff provided training on service animal policy, yes or no? There's never a policy saying service animals aren't allowed. Very, very, very rarely. What it is, is that doesn't get communicated to people who are doing their best. We're not saying people are bad if they don't allow service animal, and it's be saying they haven't been educated, so they just need to be informed that policy needs to be adopted and they need to be informed of that policy.

Next please.

Section two examples from a checklist, page nine, check in. Are there circumstances where somebody would be allowed to move to the line because of their disability? Check yes or no? Probably there should be circumstances if someone didn't bring a chair and the standing's really hard for them. Someone's very, very anxious and waiting is very hard for them, so there should be some kind of policy about it. And you can check yes or no there.

Next please.

Section two, examples from the checklist, page nine. Please describe the circumstances, what kind of disability would you do that for? And the important, important thing like service animals, have staff been instructed on this practice? And you can check yes or no.

Next please.

Now, we're moving to section three, which is a structural checklist for drive through and walk in vaccination sites. And this is one I think of when I think of an accessibility structural checklist. This looks at the physical parts. And what it is, is a tool to assess adherence to structural elements, physical structural elements of vaccine sites with Americans with Disabilities Act Accessibility Guidelines or ADAAG as they're known. And you can see a ADAAG on ada.gov and it's long and it's complex and it's my idea of fun to read through it, but I'm different.

Next please.

And I'm different than many people. Now, we're gonna give you some hints for section three. So section three hints, the person doing the access survey, first of all, it should be people, they can use a screen template or they can do it on paper, but I recommend having one person recording, one person doing measurements, and if you have the luxury, have a third person, or third person doing photographs is just perfect. But you don't always have that luxury.

You need a RIDGID tape measure, you all know what that is. You can purchase for about 50 bucks, I wanna say at one of the big box hardware stores or any of the big box stores and electronic measuring device, which tells you something is eight inches or nine inches away and you don't have to measure it, that is also awesome if you can put that in your budget. A two-foot level, which can help tell you measure slope, and a spring gauge or door pressure assessment device to ascertain door pressure, door pressure weight. Not the weight of the door but the door pressure weight.

Next please.

Our next hint, this is on page 10, is start on the outside and work your way in. Sometimes you get the team together and you wanna start where the team is, and you're gonna notice a restroom here, and I noticed something there, you wanna all go to the outside and start from the outside and work your way in. You wanna start with parking, there's a number of things and dimensions you wanna measure about parking. Pavement, walkways, you wanna measure and see

there's barriers there. And the checklist has all the information on that. You wanna look at dropoff areas, if there are dropoff areas. You wanna look at exterior ramps in various places in the building, if there are exterior ramps. And you wanna look at the entrances.

Next please.

And our next set of hints is we have a comment space provided in each section to describe conditions that need attention or correction, or add details to or that cannot be adequately addressed. Or in the questionnaire recorded comments ensure that - sorry about that - in the questionnaire recorded comments ensure that faulty memory, the bane of an accurate access assessment doesn't produce inaccurate evaluation results. Use the comments section. The biggest piece of feedback, positive feedback we've gotten from the checklist when people use it for structures is, “We love the comment section because it gives people space to talk about it.” Because sometimes it's a simple check, yes, check no, sometimes you think, oh it's an inch off and I'm not sure if that's a big deal and you wanna write that down, you wanna describe it.

There are people talented out there, more talented than me that can draw things really quickly and they never cease to amaze me. I can photograph things, and now that we can all photograph things with the phone, that's good if you have any questions that you wanna ask. And you wanna make sure you use the comments section because it gives you lots of space to go, “I don't know about this, I don't quite understand this, is this one of the key measurements, or is that not big a deal, that it's not compliant to the exact inch?”

Next.

And my favorite hint is on pages 11 and 12 of the checklist is a glossary in section three. It will be really, really helpful in conducting access surveys. And I'm not necessarily a fan of glossaries, I don't go to the glossary first, I'm not like that, but I would tell you to go to the glossary first. And the reason I tell you to go to the glossary first is it's kind of a teaching tool. So this things that are defined in the glossary that tell you how to do things and teach you things in the actual glossary itself, so it's a glossary and a teaching tool. So please, please, please look at the glossary, that's really, really important.

Just a little wonky, getting excited about glossaries here.

And now we are going to do some scenarios and what's gonna happen is, I'm gonna read the scenario and then Regina Dyton, who's gonna be joining us in just a minute and describing

herself in just a minute, will be working on the scenarios too. She's gonna be coming to me asking me some questions.

So Regina, would you like to-

Next slide please.

Regina, would you like to introduce yourself?

- [Regina] Yes, hello everyone. I'm Regina Dyton. I'm an equity consultant with The Partnership. I am an African American woman, round and proud with dreadlocks that are piled on top of my head today and I wear some rather large glasses.

- [Melissa] Thank you so much Regina.

So I'm gonna read this scenario and we're going to- I'm gonna read the scenario for access for all of you and then Regina's going to call me with this problem and maybe I'll help her solve it.

So the first scenario says, you get a call from the vaccination site, you being public health, get a call from a vaccination site asking what to do when a person is rushing out of vaccination site, covering their ears saying, “I can't stand this.” So Regina do you wanna call me about that?

- [Regina] Yes. Melissa, oh my goodness, I'm at the vaccination site and this person is rushing out of the site, covering their ears and saying, “I can't stand this, I can't stand this.” What should I do?

- [Melissa] Okay, sounds like you're a little anxious yourself, so the first thing I tell you to take a couple deep breaths, it's okay, you gotta relax a little bit. I would try to let the person know - maybe you let them run out because it's too much for them.

But if they slow down or they give you any indication they want a vaccine, maybe you can look for them and say, hey. You don't wanna call them out and say, “Hey, you!” or anything loud, but just a soft voice say, “Can I help you? We have some other alternatives, there's some other things we could do. Would you like to get the vaccine?” If they slow down and don't choose to go running out, and if they wanna run out, certainly they get to do that.

But “Hey, would you like to get the vaccine maybe in your car, maybe you're more comfortable getting it outside? Or we have this quiet room over here.”

I get not being able to understand the noise and you wanna relate to that person and connect to that person as a human being, and maybe they choose to get a vaccine and maybe today's not the day for them to get the vaccine.

And you could also let them know that they have an option to get the vaccine at home. Does that help Regina?

- [Regina] That that does help, thank you so much. I hadn't thought of that. I had started to panic. Yeah, thanks, thanks a lot.

- [Melissa] You wanna model calm for people. So thank you so much.

- [Regina] I'll do that right now.

- [Melissa] Good luck, Regina. Good luck with that.

- [Regina] Sure.

- [Melissa] Next please.

Okay, and the next scenario is, you get a call from a vaccination site asking what to do when a wheelchair user is at a vaccine site that's not structurally accessible.

- [Regina] Melissa?

- [Melissa] Hey Regina.

- [Regina] I'm sorry that I'm bothering, I just called you yesterday, but-

- [Melissa] It's okay. it's okay. Please call me in.

- [Regina] Today, I'm looking outside, right?

- [Melissa] Mm-hmm.

- [Regina] There's, okay- I got called here, I'm looking around making sure everything is all right, and there's somebody outside and they can't get in here because we're not wheelchair accessible. I feel horrible, but are we gonna get sued? What's gonna happen with the person? What can I do? I don't even know what to say to them.

- [Melissa] Okay, again, like I told you yesterday, relax a little bit, take a step back, don't worry about getting sued, that's not your problem, that's not your issue.

What you wanna do is go out and engage in a conversation with the person, explain to them the site is obviously not accessible. Now legally there should be a site right nearby that is accessible.

So if it-

- [Regina] Yes.

- [Melissa] Do you know about a site nearby?

- [Regina] Yeah, there is, there is, yeah. It's not even a block away, it is.

- [Melissa] Okay, it's right nearby?

- [Regina] Yes, and you just can go right in, the door is level with the floor, yeah.

- [Melissa] Will they have to have an appointment to get there or can they get right in?

- [Regina] I can call and find out. I think you can go right in, but I'll call and find out.

- [Melissa] And I would suggest you call the other site and explain the situation that the person had an appointment here so they should be a priority. And I'd go on and discuss this with the person and say, this is the situation where it is, show them exactly where it is. Maybe they wanna be walked down to where it is and maybe they're in a power chair and go by it every day and it's no problem.

But you might wanna show them where it is or tell them where it is, make sure they understand where it is. I think it's really important to do that and understand that the person might say to you if it's a nice day in the weather prevents it, can I have it outside? And if that's something they're open to and your staff is comfortable doing, you could also do that as well. That means they have to wait outside as well. If that's amenable to them, that's fine, if it's not, it's not something I would push, but it's something you could suggest.

- [Regina] I'm gonna offer both options.

- [Melissa] And I know.

- [Regina] Especially if he can take it outside.

- [Melissa] And I know you pretty well. So I'm just saying this 'cause I have to say this. You know the thing you don't wanna do?

- [Regina] What's that?

- [Melissa] Is offer to carry him up the stairs.

- [Regina] Oh yeah.

- [Melissa] That is not legal. The person could get injured, the person lifting him could get injured. It's a violation of someone's dignity, even if they say it's okay, they've often been put in scenarios. How would you feel like you have to diminish your dignity or not get a COVID vaccine?

- [Regina] Oh no, that's the first thing I was thinking, I didn't even know that it wasn't legal but I'm thinking I don't want people touching me.

- [Melissa] Exactly.

- [Regina] Yeah.

- [Melissa] Exactly.

Okay, I knew you weren't gonna do that, but I just wanted to bring it up just in case someone said to you, “Well, why don't you do this?” Just tell them I said no, that's not cool, okay?

- [Regina] Okay good. Well, I can let my staff know-

- [Melissa] Yes.

- [Regina] Under no circumstances to do that. I could see some of them thinking that it was okay.

- [Melissa] Please.

- [Regina] But that's good, I'll offer both options. We can bring the vaccine outside and I'll call ahead to the place that's down the street.

- [Melissa] Yes, and also if he came in a car, he might wanna get it in his car.

- [Regina] Yes, yes.

- [Melissa] I don't know if he came in a car or by public transportation, and his car's also another option. Yes, okay.

- [Regina] Sure, great. Thank you.

- [Melissa] Thank you.

- [Regina] I'm sure I'll be calling you again.

- [Melissa] Have a great day, Regina, bye-bye.

Next please.

So our next scenario is, you get an email from a Deaf person who is vaccinated last month saying- This will be the vaccine site.

So Regina gets a bill an email from a Deaf person who was vaccinated last month saying they got a bill from an ASL interpreter after getting the vaccine.

- [Regina] Hey Melissa.

- [Melissa] How’s it going?

- [Regina] This time it's not an emergency, there's not a person here-

- [Melissa] Okay.

- [Regina] in distress. But I really don't understand this. So I know that nobody is supposed to get billed for having an American Sign Language interpreter. But I just got an email from somebody who was vaccinated here last month and got a bill for the interpreter. Now, that's beyond my pay scale. I just know it wasn't supposed to happen, but I don't know what to do about it.

- [Melissa] Okay, first of all, email the person and copy me on it and say, “Please pay no attention to the bill; that was a mistake. We can never charge.”

And I'm gonna find out which department issued a bill for a sign language interpreter

to a Deaf individual because that is illegal under the ADA and the Rehab Act, so I'm gonna make sure that practice doesn't continue. I'm sure nobody did that on purpose knowing it was illegal, but I just wanna make sure that that doesn't happen anymore. And make sure you copy me on the email to the Deaf person just so I can have a record of that and please just let them know. And I'd really appreciate if you could do that.

- [Regina] Oh, I can do that so easily. Thank you, thank you so much.

- [Melissa] You're welcome.

Next slide please.

Scenario is, you get a call from a vaccination site asking what to do when a person without an apparent disability is upset because someone with a disability was perceived to cut in line.

- [Regina] Boy. Hey Melissa.

- [Melissa] Hey.

- [Regina] Well the last one was easy, you know about the bill, but this one isn't quite.

- [Melissa] Okay, okay.

- [Regina] So there's a guy in here, it's just not even his business but he is upset and carrying on because one of the people with a disability, we brought them up front because they needed to come up front to be served, that was to accommodate their disability, they couldn't wait in line, they're not able to stand for a long time and they were getting anxious. But this other person is upset, they're fussing about it, and they're kind of drawing attention of other people, making it look like this person did something wrong, like they cut in line.

- [Melissa] Okay, here's a couple suggestions, again, go back to the take a couple deep breaths yourself and relax yourself and approach him, and understand that first of all he's stressed. You don't know whether or not he has a disability that's impacting him. He might be scared about getting the vaccine, he might have kinds of phobias, he might have anxiety issues, there might be all kinds of things going on with him.

So you don't wanna blame him, but you wanna say to him just, and you wanna bring to him the calm you wanna see in the room. So you wanna say to him, “Sir, just we have a policy that some people who have hard times with doing things can go ahead. There's some people that ­–” You don't know everything about anyone. Don't say you don't know anything about everyone, but “There's some things you might not be aware of. And if you'd like a chair, we can get you a chair. Is there something you need that would make you feel comfortable?” What can we do to make you feel comfortable with getting in line and get it kind of deflected and off of the other person. And hopefully the other person has received their injection by now and is in the waiting area, and maybe they can wait in separate areas or something like that.

But you wanna focus on him. “You seem uncomfortable. What can we do to help make you comfortable?” Maybe he wants some water, maybe he wants a chair, maybe he wants somebody to vent to. Ask him, see him as a human being, not just as the bad disruptive person.

Because-

- [Regina] Oh my goodness, thank you. That's really helpful 'cause I was seeing him as a disruptive person that might get scary, but it's true if you kind of talk to people about what they need, that's a good thing. Yeah, yeah for all I know his back could be hurting, his knees could be hurting.

So yeah, all right, I'm gonna-

- [Melissa] He probably had a fight with this partner on the way there, you just don't know. You know?

(Melissa laughing)

- [Regina] So yeah, I'm gonna get back and let you know how that went.

- [Melissa] Please do.

- [Regina] Yeah.

- [Melissa] If you wanna bring me over on the phone, I'm glad. And if there's peer support specialist you have, you can access that are on site and pull up by the phone, they might be able to help you too. But I'm certainly willing to help you and just call me whenever you need anything.

- [Regina] All right. All right, thanks a lot. Okay, talk to you tomorrow.

- [Melissa] You're welcome.

(Regina and Melissa laughing)

Next slide please.

Scenario is you get a call from a vaccination seeker saying that they were told to leave their service miniature horse outside of the vaccine site. So in this situation, Regina's staff has told people that their miniature horse can't come in the vaccine site.

So I'm calling Regina 'cause the call came to me. So ring, ring Regina.

- [Regina] Oh, hey there. Hi Melissa.

- [Melissa] Hey, hey.

I got a call from - from your vaccination site saying someone's seeking a vaccine. So they were told to leave the miniature horse outside.

- [Regina] Oh my goodness, I don't know who did that. Obviously they didn't know or didn't understand that a miniature horse is a service animal.

- [Melissa] Right, right.

I know you knew that, and I know miniature horse are really uncommon, but they're legally recognized as service animals as long as they're performing a specific task to assist someone with a disability.

And it seems like, and as long as the horse is housebroken and the animal's housebroken and under the owner's control, it seems like they didn't even give them a chance to find that out. So can you take care of that situation for me?

- [Regina] I can take care of that right away.

- [Melissa] Thank you so much. See, I’m bringing the problem to you today.

- [Regina] I'll do some quick and then later on we'll do some more detailed training with the staff about a miniature horse is a service animal, yeah.

- [Melissa] Thank you so much, I'm glad to help you with that if you need help.

- [Regina] No problem.

- [Melissa] And we're gonna go to our last scenario.

Scenario is you get a call from a vaccination site asking what to do when a Deaf person who requests an interpreter ahead of time shows up at the site and there's no interpreter.

- [Regina] Hey Melissa.

- [Melissa] Hey Regina.

- [Regina] I'm calm, I've been breathing.

- [Melissa] Good, good, good, good.

- [Regina] I'm not in panic, but I feel so bad.

- [Melissa] Okay.

- [Regina] This woman requested an ASL interpreter when she registered and we did what we were supposed to do, but there's no interpreter here.

- [Melissa] Okay, stuff happens sometimes in life, don't blame yourself; you did the right thing, you got an interpreter. And make sure next time, if you used a private interpreter, maybe used someone else next time or you find out what happened, why they didn't notify you that they weren't gonna be there, or if they're using a service.

There's a couple of things you can do. First, ask the Deaf person what they want, that's always where you start. And I'm wondering if you use VRI, if the person's comfortable using video relay interpreting, if they can use that, that might be quicker and easier to do.

- [Regina] Yes.

- [Melissa] The other thing they might have to do is to reschedule, but it's possible, do you call the interpreting service if you set up for a service and say, “Our person isn't here. How quickly can you get someone over? I have someone waiting for a vaccine, which is something that can save lives and it's really important that they get. Can you get someone over?” And they might not be able to do that, but it's worth a try.

But again, you wanna ask the person what they want. You wanna ask-

- [Regina] How should I ask them because she can't hear me? How should I ask her?

- [Melissa] Try writing a note, that's the probably kind of thing she can do because then you can say, “The interpreter's not here.” See if you can get something up on VRI to do that basic interpretation.

- [Regina] Okay, yeah.

- [Melissa] Okay, and if not, maybe my office can get someone in VRI. And even if the VRI is to say, “we don't have an interpreter right now,” just to interpret something briefly. And you can ask her in writing, say, “are you okay – okay writing?” Or just leave it like that because her native language might not, her first language might not be American Sign Language. So just ask her what- Or ask 'em what their preference is.

And for this, you're gonna have to go with a note. Unfortunately, Deaf people experience there being no interpreter there, so they're gonna know what's up, and if you say no interpreter.

- [Regina] Okay.

- [Melissa] And if you say there's no interpreter and start calling the service and find out what happened, when they can get there, if they can get there, what's the convenient time for her to do it again? Or see what your circumstances are and pull up VRI if you can.

- [Regina] Okay.

- [Melissa] Okay, ask what's best what they want first.

- [Regina] Okay, thanks. That makes perfect sense. That's what I'd want somebody to do for me is ask me what I want.

- [Melissa] Exactly, that's always the rule, whenever somebody with the disability or not someone with a disability, Regina, just always know, ask the person what they want. I know you know that.

- [Regina] Thanks a lot. Have a good rest of the day.

- [Melissa] You too, Regina.

So thank you to Regina Dyton for helping with those scenarios. And I'm just gonna go over a few resources that we have.

And if we can go to the- Yes, one with the resources.

We're in a slide that says resources and it's the local Centers for Independent Living, and there are links. So when you have access to these slides, you'll be linked to them, and you'll get access to the slide deck. And it's for the Midland Empire Resources Independent Living Center or MERIL, is one of the local Centers for Independent Living. The next one is Heartland Independent Living, H-I-L-C. And a third Center for Independent Living is Rural Advocates for Independent Living or RAIL, R-A-I-L.

Next.

We have some resources for plain language. Remember how I told you about writing things in plain language and how that's a great way to do things? And people like me when I write things in plain language, I need resources for that. So we put together some plain language resources.

One is from the Self-Advocacy Resource Training and Technical Assistance Center, SARTAC, as "COVID-19 Vaccine Information In Plain Language." Can't get better than that.

The next one is from the Autistic Self-Advocacy Network, ASAN, and that is the "COVID 19 Fact Sheet In Plain Language." This will give you ideas about how your language might not be plain, that's why I find it useful in terms of how I speak about things.

The third resource is from the Association of University Centers on Disabilities or AUCD. And it's "Tools For Using Plain Language And Easy Read." Easy read is a more simple plain language is on maybe like a third grade level, sometimes includes pictograms. So you know what easy read is.

And then there's an also a great one for public health because it has lots of public health terms in them, and it's CDCs National Center for Health Marketings, "Plain Language, The Source For Health Communications." And that's an excellent research. I encourage you to look at that because you're in public health, it'll help you explain some of the terms, you know every day, like the back of your hand. And you think of those plain language, but members of the general public don't necessarily think of them. And I found those to be enormously helpful.

Next slide, please.

And looking for peer support, there's a site you might go to for peer support services. Also, Centers for Independent Living provide peer support to people with disabilities,

so you can talk to your Centers for Independent Living about that.

And for vaccines, we have from CDC, the "Prevaccination Checklist For COVID-19 Vaccines." That's a great source.

And the Immunization Action Coalition, and it's the "Screening Checklist For Contraindication To Vaccines For Adults." We thought that might be useful for you.

Next please.

And these are resources about the surveys and ADA and ADA access. And if you have a question about using the surveys, you have questions about obligations under the ADA.

You have the ADA information line, the Great Plains ADA Center, the US Access Board, and a specific little video we put into measuring door access because it's a hard thing to teach people without the visuals, and it's from the US Access Board, and it's a little, little micro video called, “Maneuvering at doors.”

Next please.

Final resource is another little, micro video and it's a resource as clear space for wheelchairs. And again, it shows you what a clear space for wheelchair should look like. And that's on ada.gov, which also gives you lots and lots of other information about the ADA, probably more than you wanna know. And it's called the “ADA Accessibility Guidelines for Buildings and Facilities.”

Next please.

And I wanna give a special thank you to our funders, to all the people that I've acknowledged, to the Centers for Independent Living, to all our partners in this, and also especially to all of you for taking time out of your day to watch and listen to this video. So thank you so much for joining us today.

We really appreciate it. Good luck.

- [Priya] Project ALIVE is supported by the Centers for Disease Control and Prevention of the US Department of Health and Human Services, HHS, as part of a financial assistance award totaling $1,900,000 with a hundred percent funded by CDC/HHS. The contents are those of the authors and do not necessarily represent the official views of nor endorsement by CDC or HHS or the US government.