



## **Disability Information and Access Line (DIAL): Partners in COVID-19 Vaccine Access Webinar Transcript September 14, 2021**

Good afternoon and thank you for joining today's ACL and DIAL partners webinar, entitled Disability Information and Access Line: Partners in COVID-19 Vaccine Access. I'm Sara Tribe Clark, the Director of the new DIAL call center, and will be your host for today. I use she/her pronouns and I'm a white woman with blue eyes, glasses, and shoulder-length blondish hair. I'm also the Director of the Elder Care Locator National Call Center, and prior to my current roles, I helped build the District of Columbia's Aging and Disability Resource Center and served on DC's DD council. I got my start working in local aging and disability networks in Massachusetts way back in 2001.

So before we kick off the webinar, there's a few housekeeping items I'd like to address. All attendees on this webinar are in listen-only mode for the duration of the event. So that means your microphone or phone will be muted, but there are still ways you can engage with our speakers today. You can submit questions for the presenters or panelists at any time during the presentation by clicking the Zoom question and answer, or Q&A button at the bottom of your screen. We've reserved time at the end of the webinar to address attendees' questions. Please limit your use of the chat feature, another button at the bottom of your Zoom screen, using this for technical support only. We have staff on the line to provide technical assistance throughout the webinar. So limiting the use of the chat feature will also help minimize unnecessary chatter for people using screen readers. This webinar will be recorded and transcribed via CART and posted to our DIAL webinar webpage. Next slide, please.

Today an ASL interpreter will be visible throughout the webinar. You can enlarge the window of the ASL interpreters by using the Pin feature. So click on the interpreters window, select the Pin icon and make the window larger. To ensure that the interpreters will be visible in our webinar recording, we've also asked presenters and panelists to limit the use of their own camera visibility only to when they're speaking. And finally, for those who are using a screen reader and want to silence unwanted chatter in the chat and Q&A boxes, you can activate the speech-on-demand feature, which is also on the screen, by pressing Insert, space bar, and then the letter S on your keyboard. Next slide, please.

The agenda for today includes an introduction from both the Administration for Community Living, or ACL, the Centers for Disease Control and Prevention, CDC. And we also have various DIAL topics in store for you today: a discussion with the DIAL key DIAL partners, DIAL development and launch, and innovative partners panel, and how to access DIAL promotional materials. So we'll reserve time at the end, again, for answering your questions. And now I'm

happy to introduce Alison Barkoff, at the Administration for Community Living, who was sworn into office as the Principal Deputy Administrator in January, and currently is serving as Acting Administrator and Assistant Secretary for Aging. Ms. Barkoff comes to ACL with decades of experience as an advocate for people with disabilities. Most recently, she served as Director of Advocacy for Center of Public Representation. In this role, she led and participated in numerous disability and aging coalitions, including as co-chair for the Long Term Services and Supports Task Force of the Consortium for Citizens with Disabilities, or CCD, also well represented on our webinar today. I can think of no better person to introduce this webinar. And we're so grateful that you've made the time to provide an introduction on these timely and critical topics. Administrator Barkoff, the Zoom floor is yours.

Thank you. And it's such a great pleasure to be with all of you today. My name is Alison Barkoff and my pronouns are she and her. Let me start with a brief visual description. I'm a white woman with curly, brown, chin-length hair, and I'm wearing a black blouse and a black blazer. My background is white with an HHS and ACL logo. Like everyone here at ACL, I am so excited about the Disability Information and Assistance Line, commonly known as DIAL. For many years ACL has funded a similar hotline for older Americans called the Elder Care Locator. We know from our years of experience with the Elder Care Locator how important it has been to have a central place where people can go, a place to find the answers they need and where they can go to be referred to the right resources.

And we know that in the midst of COVID, far too many people with disabilities have encountered barriers to vaccine access. That's why we were so pleased in March when President Biden announced a hundred million dollars of funding from the Centers for Disease Control to ACL, to help fund our disability and aging networks on the ground to assist with vaccine access. This funding has helped our networks provide a range of services and supports to help with vaccine access. Everything from helping people register, to provide transportation or in-person supports at vaccination sites, to identifying people who need in-home vaccinations, as well as educating people about vaccines and addressing vaccine hesitancy.

In working with the CDC on this funding, we knew that these direct supports were critical, but that it was also important to ensure that people knew about how they could be connected to these supports. We had that with the Elder Care Locator, and we took the opportunity to fill the gap for the disability community by creating the DIAL hotline. ACL was able to secure this funding from CDC because we could point to the incredible work that our networks were already doing on the ground since COVID began last year. DIAL is adding to that body of work.

People who call or email DIAL learn about resources in their local community to help them obtain vaccinations or even in their own home. DIAL also helps people connect with services and resources beyond vaccines—things like assistance with accessing home and community-based services, housing supports, nutrition assistance and more.

DIAL is being coordinated by USAging, formerly known as n4a, who also runs the Elder Care Locator. When we received the CDC money in the middle of the pandemic, right as vaccines

were rolling out, we knew we needed to act fast to create this call-in center. We went to USAging so we could leverage the existing infrastructure from the Eldercare Locator call-in center. At the same time, we knew it was critical that the disability community be partners in establishing DIAL. It's important that DIAL will be responsive to the unique needs of people with disabilities. A group of disability organizations, many of which are disability led, have been incredible in working as partners in establishing DIAL and training the DIAL staff.

These partners include: the Association of Programs for Rural Independent Living, or APRIL, the Association of University Centers on Disabilities, or AUCD, Independent Living Research Utilization, or ILRU, the National Association of Councils on Developmental Disabilities, or NACDD, the National Council on Independent Living, or NCIL, the National Disability Rights Network, NDRN, and the Partnership for Inclusive Disaster Strategies. USAging has been a great partner, acting fast in collaboration with the disability partners to establish DIAL in record time. I want to thank Sara Tribe Clark and her team for the incredible work they have done.

Using a model similar to the Elder Care Locator, DIAL staff are helping to remove the barriers to vaccinations that too many people with disabilities face. DIAL staff are every day helping people find transportation resources, accessible vaccination sites, and in-home resources. They also have the ability to help with so many issues beyond vaccinations, because we know COVID touches every aspect of our lives.

Part of the reason DIAL is so exciting is that it marks an unprecedented new partnership between the CDC and ACL to jointly collaborate in responding to the pandemic. And DIAL is already meeting needs.

Since first launching in early June, DIAL is handling more than 300 contacts a week, and we've received nearly 3,000 contacts so far. And these are people calling from across the entire United States. The most frequent issues that we are getting asked for help with is getting in-home or onsite vaccinations, and help with scheduling appointments, but we're also helping people connect with critical other supports.

And that's why it's so important. People with disabilities are getting connected to vaccines, and we are able to get shots in arms. I want to just take a step back for a moment before turning it back and talking about some of the priorities of ACL since the crisis, COVID crisis began. When I joined the administration in January, COVID has truly been the priority for both ACL and the administration. I know I don't have to tell people listening in that older adults and people with disabilities have been impacted in every way. They have been at higher risk for infection and have had higher rates of deaths. People have faced barriers to accessing vaccines, have faced a loss of services, and have experienced social isolation.

One top priority since I have arrived has been ensuring that every single person with a disability or older adult who wants a vaccine can get one. And in addition to DIAL, ACL has used well the other parts of the hundred million dollars in funding to support our disability and aging networks and programs on the ground. The funding went to four Administration on Disabilities

programs, including the Centers for Independent Living, the UCEDD Program, the Protection and Advocacy Systems, and the State Developmental Disabilities Councils. In addition, the Aging and Disability Resource Centers also received funding.

COVID-19 has resulted in ACL working closely with CDC and we report regularly on the progress that our networks have made in using this funding and identifying other ways that we can work together in addressing the COVID crisis. Currently, about 25 percent of adults in the United States remain unvaccinated against COVID-19. And since the start of this summer, we know that COVID-19 cases have risen a shocking 700 percent. Week after week since the start of July, we've seen preventable increases in COVID-related hospitalizations and deaths, and that makes the work that we are doing together with DIAL even more important.

And as we're starting to talk about potential boosters, DIAL will continue to be an important resource. I just want to highlight a couple of other key areas where we have important partnerships that are focused on people with disabilities during COVID. We've been working closely with HHS's Office for Civil Rights to ensure that people with disabilities and their rights are protected throughout the pandemic. We collaborated with HHS Office for Civil Rights to issue guidance about the legal requirements around vaccine access, combined with a document that laid out strategies and best practices from the field about how to implement them. This product shares examples from ACL's networks on the ground and how those networks have been working with states to ensure vaccine access—whether we're talking about site accessibility, web access, or modifying programs to ensure there are in-home vaccination opportunities.

Just recently, ACL, in collaboration with the Office for Civil Rights, the Department of Justice, and other federal agencies, released a package of materials about legal protections and resources for people experiencing long COVID. We've also been working closely with our partners at the Centers for Medicare and Medicaid Services on a range of activities related to vaccine access. The American Rescue Plan provided additional funding to states' home- and community-based service systems through an increased 10 percent federal match. This funding can be used for vaccine outreach and providing vaccines to people receiving community-based services, as well as providers, direct care workers, and other family caregivers. This funding can be used for paid time off for getting the vaccine and for any other side effects.

We've, of course, also been working closely with CDC throughout the pandemic, and really appreciate all of the work that they've done outreaching to and sharing information to the disability community. As we've heard questions from stakeholders in the disability and aging communities, we've shared that information with CDC, which has impacted their fact sheets and the information that they're sharing. Finally, I would be remiss if I didn't mention that all of us have been working together to ensure that we are having an equitable reach as we are thinking about the impacts of COVID and the disparities that so many communities are experiencing.

Just to illustrate a few of the access barriers, while 8 in 10 white people own a computer, fewer than 60 percent of Black people or Latinos do. And many vaccine websites are not optimized for mobile web browsers. We've been looking at disparities in access to transportation and how some communities are facing barriers in vaccine access because of that lack of transportation. And that's why, in all of our work, we're looking through an intersectional lens to address systemic barriers that are faced by people with disabilities who are multiply marginalized by race, ethnicity, income, language spoken, sexual orientation, gender identity, or other barriers. In short, equitable vaccine access is not just a moral imperative, it is a legal imperative.

Let me just close by thanking all of our resilient boots-on-the-ground frontline community-based workers for your hard work, innovation, and flexibility throughout the COVID-19 pandemic. You've risen to the challenge and tirelessly served more people in response to increased demand. We are in the middle of a marathon in combating COVID-19 with so much more work to do. And part of that work includes spreading the word about the DIAL hotline. For those who are listening and need help, please call the DIAL hotline at 677-1199. Or you can email DIAL at [DIAL@usaginganddisability.org](mailto:DIAL@usaginganddisability.org). We have staff standing by to help. I hope today's webinar is an opportunity for everyone to learn more about the latest vaccine resources available, the innovative practices, and how DIAL can help. Thanks, everyone, for joining and back to you, Sara.

All right, thanks so much, Administrator Barkoff. I wanted to note that we have posted the link to the PowerPoint slides in, we have a DIAL webinar webpage. So the post is by Connor Kelly and it's towards the beginning of the chat to find the link, but it's [www.usaging.org/dialconnect](http://www.usaging.org/dialconnect), DIAL, D-I-A-L, connect, C-O-N-N-E-C-T. So you can find that link, and also let us know in the chat if you're having trouble identifying it or if you need it in a different format.

So I'm going to be continuing to introduce presenters and panelists throughout this webinar, using visual descriptors that they have provided. So we're going to be moving on next to Dr. Blythe Ryerson. She's the Acting Director of the Division of Human Development and Disability for Centers for Disease Control and Prevention. Dr. Ryerson uses pronouns she/her, and she's a white woman in her mid-40s with freckles, hazel eyes, and red hair that's pulled back into a loose bun. Dr. Ryerson, go ahead.

Okay, thank you, Sara. Can you hear me okay?

Yes.

Great. Thank you. Good afternoon, everyone. And I wanted to add that today I'm wearing a dark gray blazer over a blue shirt with a blue necklace on. And first I want to thank Alison, and ACL, and Sara for the invitation to present today, and for their partnership on DIAL, and the grants going to aging and disability networks to provide critical services to overcoming barriers to COVID-19 vaccinations. Today, I was asked to review the latest CDC data on COVID-19 cases

and vaccination rates. And I'll also go over some of CDC's efforts and partnerships to address the needs of people with disabilities during the pandemic. Next slide.

So this slide shows total COVID-19 cases, deaths, and vaccination information reported to CDC as of last night. So hot off the presses... We just surpassed 41 million COVID-19 cases in the US since the beginning of the pandemic, and more than 4 million of these cases were reported in just the past few weeks because community transmission is very high right now. Next slide.

Here, I'm showing what we call the epi curve, which is a bar chart displaying daily COVID-19 cases reported. And what it's showing is a series of what we call waves. You hear the media talking about the waves, and this is where large numbers of cases are recorded over a given time period. The highest wave was this past winter, and the second highest wave is happening right now. Like what we see on this graph, hospitalizations and deaths have also been increasing since the beginning of summer. And this is fueled by the spread of the highly contagious Delta variant. Low vaccination coverage in many communities is also driving these increases. Next slide.

So the best way to prevent COVID-19 is by getting vaccinated. CDC recommends all people 12 years of age and older get vaccinated, including people who have had COVID-19 already, or have post-COVID conditions. The COVID-19 vaccines recommended for use in the US are safe and continue to offer protection against illness, hospitalization, and death, even for the Delta variant. So this slide is showing another bar chart similar to the one on the last slide of COVID-19 vaccines administered daily since December. We see vaccination rates peaked in early spring, and then they tapered off pretty quickly. We saw a very slight rise again this summer, but as of September 9th, daily vaccination rates were down over 13 percent compared to the previous week. Next slide.

This slide shows a snapshot of where we are as a country in terms of the percentage of the population either partially or fully vaccinated. As of yesterday, CDC has delivered over 456 million vaccine doses, and 380 million have been given to the people who need them. So those are shots in arms of unique people. Those are doses, rather. Almost 179 million individual people, or 63 percent of the total population eligible for the vaccine, have been fully vaccinated. And I think Alison already mentioned this, but the not so good news is that over a quarter of people eligible for the vaccine still have not gotten even a single dose. Next slide.

So one of the many things this pandemic has highlighted is the need for more and better public health data on people with disabilities. Although we are unable to collect disability status from the case or vaccination data I showed on previous slides, we have had some success at collecting disability status on certain sample-based surveys. This bar chart comes from recent data obtained from an online survey called the Household Pulse Survey. And it's showing the percentage of people who reported they had gotten at least one vaccine is lower for people who reported at least one disability compared to those who did not report a disability. And we also show it by disability type. And the trend is the same. These data highlight opportunities to improve vaccination coverage for people with disabilities. Next slide.

So here we just are showing some images of people with disabilities and their caregivers in healthcare settings or getting their vaccine. And just wanted to say that this pandemic laid bare inequities in our systems for people with disabilities beyond just the data gaps I've already mentioned. Early in the pandemic, the list of underlying medical conditions considered high risk for COVID-19 did not include any groups with disabilities. And while people with Down syndrome were eventually added, we've lacked data to include other groups with disabilities. Public health messages are not always translated into fully accessible formats. We have heard concerns about mask mandates and how they impact certain groups of people with disabilities who may have challenges wearing masks. And we know that some people with disabilities encountered and continue to encounter barriers to accessing COVID-19 vaccination for a variety of reasons, including difficulty finding and making appointments, lack of accessible transportation, or inability to leave their homes. So CDC continues to work with states to understand roadblocks and figure out how to overcome challenges in distribution and administration to ensure that we are getting vaccines into arms quickly, safely, and very importantly, equitably. Next slide.

Here at CDC, our Division of Human Development and Disability is dedicated and focused on helping children and adults with disabilities reach their full potential in life by supporting programs, surveillance, research, and policies that facilitate better healthcare, accessibility, and inclusion. As such, alongside ACL, other federal agencies, a variety of nongovernmental organizations, and communities with disabilities, we have worked tirelessly to improve equity for people with disabilities across the nation's pandemic response. We have developed a wealth of disability-focused guidance documents about COVID-19 prevention and mitigation, getting vaccinated, what direct support providers should do, guidance for group homes, and much more are all available in our toolkit for people with disabilities. And this slide is just showing screenshots of some of those resources. We have added people with disabilities to the underlying medical conditions list I mentioned earlier, and we've included considerations for people with disabilities in masking guidance, and continue to review guidance when needed to ensure accommodations for people with disabilities are made when necessary. Next slide.

We have partnered with, this is very exciting for us, we've partnered with Georgia Tech's Center for Inclusive Design to develop and translate accessible and inclusive communications materials for people with disabilities, including American Sign Language videos and visual storyboards, which you can see examples of on this slide. Next slide.

In addition to providing the hundred million to ACL for DIAL and the aging and disability network grants we've already mentioned, we're funding a number of projects for the populations that we serve in response to the pandemic. In partnership with the Association of State and Territorial Health Officials and the National Association of County and City Health Officials, we're embedding disability champions within state, territorial, city and county health departments, within public health emergency preparedness and response programs to ensure that issues impacting people with disabilities are considered in planning and response efforts. We're providing enhanced support to our Act Early Ambassador program to support early

childhood systems for the early detection of developmental disabilities during COVID-19 recovery efforts. And we're partnering with the Association of University Centers on Disability to provide technical assistance and training around COVID-19 emergency preparedness and response for people with disabilities, for health departments and disability service organizations. Next slide.

On April 21st, we partnered with ACL and the White House to hold a virtual forum highlighting federal, state, tribal, and local examples of innovative approaches to vaccinate people with disabilities and people who are unable to leave their homes. We were particularly excited about this because it celebrated the tremendous work our local partners have been doing, and demonstrated that the White House and CDC is committed to advancing health equity for people with disabilities during and, very importantly, after the pandemic. Next slide, please.

Under direction from the White House and CDC, using the federal interagency work group to ensure that people with disabilities have access to COVID-19 vaccination, this work group has accomplished so much since its inception, including forging relationships and initiatives to improve data collection efforts and data-sharing practices across different agencies, developing or improving guidance and policies related to COVID-19 for people with disabilities, and developing basic considerations for prioritizing and scheduling people with disabilities for vaccination. Next slide.

I don't want to leave here today without talking about the preparation work we're doing when vaccines become available for children under the age of 12. CDC and our many partners have been thinking about this and planning for quite some time. A recent article in the Journal of Pediatrics highlighted important considerations for pediatricians vaccinating children with developmental disabilities. And we're doing a number of funded projects to also address this issue. Next slide.

I'll conclude by saying that none of the work we do would be possible or even conceivable without strong partnerships with other federal agencies, nongovernmental organizations, healthcare providers, and people with disabilities. CDC will continue to work alongside our existing partners to increase availability and accessibility of COVID-19 vaccines, but we need partnerships with each of you also to combat vaccine hesitancy and focus on vaccine equity for people of all abilities. Next slide, and last slide.

And with that, I'll end by saying thank you for joining today and thank you to those of you who have been vaccinated, as you are not only protecting your own health, but the health of everyone around you. Thank you.

All right. Thank you so much, Dr. Ryerson. Thank you for all the work that you're doing on this critical topic. So our next group of presenters include three DIAL partners who've been instrumental in the launch of the DIAL call center. Curt Decker, Executive Director of the National Disability Rights Network, NDRN, and Consortium for Citizens with Disabilities or CCD member. Curt uses he/him pronouns and describes himself as an older white man in a suit. He



has an NDRN background. And Donna Meltzer is CEO of the National Association of Councils on Developmental Disabilities, NACDD, and also a CCD co-chair for fiscal policy. Donna uses she/her pronouns and is a 56-year-old white woman with brown eyes and brown straight shoulder-length hair, and a big smile. And Richard Petty is the Director of the IL Net, TNTA Center for Independent Living and the National Center for Aging and Disability. He's also the co-director of Independent Living Research Utilization, or ILRU. Richard uses he/him pronouns and is a male with short hair, gray blending to brown, and has a trimmed beard. He has a light complexion with pink overtones. He wears dark glasses and a blue button-down shirt. He's seated in front of eclectically kept bookshelves. And attendees, just a reminder, please type your questions in the Q&A section throughout the webinar. Curt, you can go ahead.

Thank you, Sara. And thank you for the DIAL partnership opportunity to hopefully impact positively people with disabilities in this critical area. As I said, I'm wearing a suit today, it's gray with a yellow tie, and I'm happy to report that it fits after being in the closet for a year and a half. As we know, the pandemic has really affected people with disabilities I think disproportionately in a negative way. Early on we started with looking at rationing of care policies in many states, we moved on to find out that many disability service providers were not getting access to necessary PPE.

And now we're looking at the need to make sure that the full range of people with disabilities have access to vaccines and are not limited because of lack of access, isolation, lack of mobility, and/or the possibility that they have service providers or even guardians who might have anti-vax concepts that will disallow a person with a disability from getting that vaccine. NDRN is the membership association of the Protection and Advocacy network, and we enjoy some special access and legal authorities, and basically are the legal services program for the full range of people with disabilities throughout the country.

And as such, I think we will play a very important role in making sure that any legal impediments to people accessing the necessary vaccines are eliminated. We will work with people directly who are referred to us through the DIAL call, and we'll also be providing backup to all our colleagues in the DIAL network to make sure that, if they cannot resolve a situation in hopefully a less adversarial way, the P&A system across the country is ready to move in with our very special legal authority to make sure that we're really allow people with disabilities to get access to this really important vaccine service. So we look forward to working with everyone and we thank especially CDC and ACL for providing us with the necessary resources to really assure that this very special population gets access to this very important service. With that, I'll turn it over to my colleague, Donna Meltzer, from the National Association of DD Councils. Donna...

It's great to be here with everybody today. Thanks so much, Curt. And I'm really excited to be here today to talk with you a little bit about why we at NACDD are so excited about the new DIAL call-in network. So as Curt mentioned, he is with NDRN, which is the national membership organization for the state P&As. We are the national membership organization for the state DD councils. and our DD councils have been doing tremendous work over these last 18 or so

months, trying to support people with intellectual and developmental disabilities throughout this pandemic in a number of ways.

And our national network has come together to really support and help people to be able to get the shot, to be able to get access to the vaccine. We certainly learned early on just how many barriers there have been to getting this vaccine. You know, we began by looking at barriers around transportation, cultural differences or norms that might have made it less palatable for people to want to get to the vaccine. Family approval sometimes has stood in the way from guardians or parents who perhaps felt that vaccine wasn't safe. The emergency use authorization we know was problematic for some people, something that we have overcome at this point.

And some people, of course, were concerned that the vaccine came out too fast. And so at NACDD, we developed the [getoutthevaccine.org](http://getoutthevaccine.org) campaign to make sure that we were helping everybody get the best information and access, but we know that more is needed. And that's really where DIAL has come in. And we're so excited to be a partner in DIAL.

We know that people need very easy to access information about where to get the vaccine. Why do they need the vaccine? How do they address all of these barriers? And we have been having these great conversations with our federal partners over at ACL and the CDC, and when this came together and we understood this new concept that would use the backdrop of the Eldercare Locator, as Alison Barkoff talked about, to now be something that could really help people get vaccine, we were very, very excited. So we're anxious to see, we're watching every week the new information and data that's coming in. We know that people are using it. They are therefore getting handed off to maybe their SIL or their SILC, or to their DD council or P&A. And they are getting that warm transfer and great information about how they can get access to the vaccine.

But I think that DIAL is something that's also going to be something really impactful for the future, because I think once we get beyond, I hope we'll get beyond, this crisis of COVID-19 and access to the vaccine. But DIAL is a great way to learn more about the needs of people who have intellectual and developmental disabilities and other disabilities, and what their needs are in order to access the community. And DIAL is going to be the way that we find out what they need most. Is it transportation? Is it housing? Is it health care? So I think that we have many years to go as we reap the rewards of the creation of DIAL. The last thing that I just want to share today is that I know on this webinar, or I certainly hope on this webinar, that beyond just some of the disability organizations that we have with us, or have connections to many other organizations serving people with disabilities, chronic health conditions organizations, health equity groups, caregiving, DSP, personal care assistant organizations.

We want you all to join us, please. We are not, this group of us who are partners in DIAL are not the only folks who need to be engaged in DIAL. We want you to learn today, gather this information, share all of the information about how to access DIAL so that many, many more can take advantage of it. So again, on behalf of NACDD, I'm so thrilled to be a partner in DIAL

and to make sure that more and more people are able to get shots in their arms. And I want to thank everybody for what they're doing. And now I'd like to turn it over to Richard Petty. Richard, the Zoom floor is yours.

Donna, and thank you very much. And we at ILRU support centers for independent living across the nation. And we became involved in the DIAL partnership with our colleagues at USA, USAging, excuse me, and many other organizations, because we believe that it is crucial that Centers for Independent Living, as community-based, disability-led, consumer-directed organizations must be involved to support people with disabilities in our communities across the nation.

We know that the COVID-19 virus is dangerous for anyone who acquires it. And we also know that it's far more dangerous for people with disabilities who acquire it. And if someone with a disability must enter a hospital because of the virus, we're at much greater risk where we, and despite excellent advocacy and support of the Office for Civil Rights within the Department of Human Services that are addressing issues of discrimination, we're still a greater danger. There may be decisions that end our lives that are made out of prejudice and poor judgment. And for that reason, people with disabilities need to be away from hospitals, from congregate settings. And we know that that vaccine can keep many of us from acquiring the virus, or if we do acquire the virus after vaccinated, we will be much less likely to have a severe illness.

And Centers for Independent Living through the peer support and the community advocacy that centers provide can be a great support in communities. You know, many people experience vaccine hesitancy, and we know that people listen to their doctors and we know that people listen to people to whom they're close and that they respect. And that's certainly people who are at centers who are peer counselors, and good advice and guidance and information about the importance of vaccinations is so valuable for people with disabilities. And the advocacy that centers can do to help local health departments and other agencies that are involved in making vaccine available to make sure that they're accessible and available to people with disabilities is just terribly, terribly important. So we're excited that centers have already been engaged with the DIAL partnership and centers will be receiving referrals from the DIAL hotline.

People in communities may well find the DIAL number, we hope they do. And if they don't know to reach out to their Center for Independent Living, then a DIAL partnership team will make contact with Centers for Independent Living, and ILRU is supporting that effort through our contacts with Centers for Independent Living. And that will be an opportunity for centers to reach out to individuals and to provide support to them, and provide the assistance to get connected to receive the vaccines that are so important. And we'll be asking centers and other organizations in the community to participate, to report your activities and that will be helpful too. But this is a very important initiative and we're very pleased to be involved, pleased that the Administration for Community Living has seen the value in helping to establish this activity and working with USAging. And we think that what the CDC is doing is incredibly valuable. And we think that is, is certainly an important ray of hope in our communities for people with

disabilities and older persons. And we all have an opportunity now to do much better by our communities and to make sure that vaccines are in the arms of folks. So I'll conclude, and thank you all very much.

All right. Thanks so much for those comments, Richard, and also Donna and Curtis. So moving on, I will be providing some more details on the development of DIAL and how the project is going so far. So as you know, DIAL, or the Disability Information and Access Line, is a new ACL-funded call center that my organization, USAging, has used three decades of call center expertise to efficiently launch and administer in partnership with several national disability organizations. DIAL provides information and referral support for people with disabilities looking for assistance accessing COVID-19 vaccine information and resources. So, for example, finding a vaccination site, appointment scheduling and coordination, transportation to vaccine appointments, peer support, and figuring out whether in-home vaccination is available. Leaders within these organizations have helped make DIAL a reality. The next slide, please.

And ensured that we took several unique elements of the disability culture and needs into consideration as we completed the initial and very quick setup of the call center, and prepared to involve the disability community in promotion of that call center. In the list is, the Association of Programs for Rural Independent Living, or APRIL, Association of University Centers on Disabilities, AUCD, Independent Living Research Utilization, ILRU, the National Association of Councils on Developmental Disabilities, NACDD, the National Council on Independent Living, NCIL, the National Disability Rights Network, NDRN, and the Partnership for Inclusive Disaster Strategies. We're currently working on expanding this list of partners to include many other people with disabilities and more organizations that focus on people with a wide range of abilities and needs, to make sure that we're promoting DIAL in the most effective way possible. Next slide, please.

Our current partners and the ones that I just mentioned have assisted heavily with naming the new call center. Also, initial and ongoing training of DIAL call center specialists, developing quick reference scripts and a decision tree for how to refer DIAL contacts, keeping databases current, promotion, so assistance with growing our partner list and developing and disseminating outreach materials, and sending DIAL position descriptions out to their respective networks, because we want to attract DIAL employees with disabilities and also with prior disability advocacy experience. Next slide, please.

So, since June 1st, DIAL has received more than 3,000 contacts, and these are via call and emails, and weekly DIAL call volume is currently ranging between 250 and 350 contacts per week. The most frequent reasons for contacting DIAL are seeking in-home onsite vaccination, which makes up just about 30 percent of all calls, also seeking general COVID-19 vaccination info, assistance with COVID-19 vaccine appointments, information on COVID-19 booster shots, and transportation to appointments. And other reasons for calls that are not necessarily specific to COVID-19-- legal assistance, housing options, financial assistance, and in-home services... So in many cases, the request for community-based resources comes with a COVID

related request, but we also get many calls that don't include any vaccine or COVID-related questions at all. Next slide, please.

So the most frequent DIAL referrals that we make to disability organizations are to Centers for Independent Living-- and that makes up about 32 percent of our referrals-- also Aging and Disability Resource Centers and DD Councils. And those are the most frequent referrals. And then other COVID-related referrals are generally to local health departments, vaccine.gov, state COVID lines, and state health departments. And for each call we receive, we listen to the person's description of who they are, what they need, where they live, and then we work to connect them with multiple referrals to assist them. And we probe for understanding, and we make sure that, for example, if they're asking about a vaccine appointment scheduling and they've mentioned that they use a wheelchair, we don't just find them an appointment online. We connect them with their local Center for Independent Living and/or their Aging and Disability Resource Center to get a better sense for the most accessible vaccination sites in their area. Next slide, please.

So DIAL staff and partners are currently working with a marketing firm to develop materials to reach a much broader range of individuals with disabilities than we've been able to reach to date, especially those who are part of underserved populations, communities of color, and/or those who live in areas with very low vaccination rates. So our work will be informed by a focus group and a marketing survey, which we're developing now. And you may very well see we'll be sending it out via email as far and wide as we can. And we expect to develop over the next several months MAT releases for advertising, social media toolkit, and video and radio PSAs. Next slide, please.

So our DIAL contact information is here. Our phone number, 888-677-1199, our email... So we just updated our email along with the rebrand from N4A to USAging. So it is [DIAL@usaginganddisability.org](mailto:DIAL@usaginganddisability.org). Our webpage [acl.gov/DIAL](http://acl.gov/DIAL) and hours of operation. Monday through Friday 9:00 a.m. to 8:00 p.m. Eastern time.

So with that, I want to move on to our innovative partners panel and our facilitator, Melissa Marshall, Director of Operations. She comes from the Partnership for Inclusive Disaster Strategies. Melissa uses she/her pronouns and describes herself as an older white woman wearing glasses, and has shoulder-length gray hair. Today she's wearing a multi-colored print shirt. Panelists one, Diana Autin, Director of National PLACE or National Center for Parent Leadership, Advocacy and Community Empowerment. Diana uses she/her pronouns and is a Native American and Cajun woman with brown eyes and hair below her shoulders. Panelist two is Jae Jin Pak, Co-founder of Chicagoland Disabled People of Color Coalition. And he's also with the Illinois UCEDD. Panelists three, Angela Lello, Senior Director of Public Policy, Autism Speaks and co-chair. She is also a CCD Developmental Disabilities, Autism and Family Support Task Force co-chair. Angela uses pronouns she/her and is a white woman with chin-length hair and dark eyes. And our final panelist, Curtis Garrett, is a Disaster Preparedness Coordinator at Atlantis Community, Inc. from Denver Colorado Center for Independent Living. Curt uses he/him pronouns and describes himself as a disabled white man with gray and brown hair. And

he walks with a black Canadian crutch. So now I will hand it over to Melissa to begin facilitating the panel. Thank you so much.

Sorry. It took me a second to get off mute. This is Melissa and I want to move the panel right along because some of us have time limitations. So I want to get right away to Diana Autin. So thank you very much for joining us, Diana.

Thank you very much, also for the opportunity. National PLACE is an organization composed of 70 parent-led family serving organizations committed to enhancing the parent and parent organization voice at decision-making tables that impact children and families, especially those facing the greatest inequities such as ableism, racism, xenophobia, and discrimination on the basis of gender, gender identity, LGBTQ status, and immigrant status among others. Our members include parent training and information centers, community parent resource centers, family-to-family health information centers, Federation of Families for Children's Mental Health affiliates, and parent-to-parent programs, among others. Families who have personally navigated child and family serving systems staff these organizations, providing peer-to-peer support. Supporting access and positive outcomes for children, youth, and adults with disabilities is essential to our vision and mission.

As family-led nonprofits, we are among the most under-resourced advocacy organizations. So it's essential that we partner with others to achieve our goals. Today I'm going to share two brief examples of how National PLACE members have partnered with traditional and nontraditional allies in creative ways to help more people with disabilities and their families get vaccinated, including addressing vaccine hesitancy and overcoming gaps in information sharing and education. At the end of March 2021, PLACE member Sinergia here in New York City did a mass vaccination campaign in their offices. This event was open for employees as well as for their 18-year-old-plus constituents and their caregivers. They sent bilingual English and Spanish e-blasts to over 300 parents and self-advocates, and followed up with phone calls from staff who reflected the families to whom they reached out.

This also gave them the opportunity to hear about people's concerns and fears about the vaccine. They provided clear and nonjudgmental information and resources to those who declined to participate, and encouraged them to contact their primary care provider to continue the conversation. Appointments were scheduled for parents and youth with disabilities based on family convenience. They used community interns to collect all paperwork prior to the appointment to reduce waiting time. And they provided a round-trip MetroCard to ensure transportation was not a barrier. Appointments also, they also worked with the Rose F. Kennedy University for Excellence in Developmental Disabilities at Einstein Montefiore on their project, VaxFacts DDNY, which was funded by the New York State Developmental Disabilities Planning Council to engage, educate, and motivate New York's developmental and intellectual disabilities community on COVID-19 vaccination, providing access to science-based information about vaccines, especially for underserved communities across New York City and state. Sinergia shared information with them about vaccine hesitancy, which was used to refine campaign messaging to address those concerns. They also helped with dissemination of vaccine

perception, surveys, and curated material in their own social media platforms and e-newsletter. And this week they're doing a webinar on the topic.

Parents Helping Parents in Santa Clara County, California, met bi-weekly with the Santa Clara County Health Department to get updates and provide feedback about vaccine rollouts. They co-chaired the disability stakeholders group to help identify obstacles that people with disabilities were facing in getting vaccinated. In partnership with the Silicon Valley Independent Living Center and others, they hosted several vaccine clinics, specifically set up to address those with disabilities. They also advocated for 20 drive-up vaccine appointments per day to be earmarked for those with disabilities who faced obstacles in accessing the large-scale clinics. They provided weekly communication to all of the families they served about where and how to get access to the vaccine, especially during the initial five months of the rollout.

And they also raised awareness and provided targeted materials to enable parents who had caregiving roles for high needs individuals to receive vaccines in earlier groupings with healthcare workers. In summary, National PLACE members have used their relationships with families and youth, young adults with disabilities, and adults with disabilities to provide peer-to-peer information and support, developed or adapted specifically to address the fears and challenges that families reported to them. They partnered with funded entities like Centers for Independent Living, councils on developmental disabilities, and university centers of excellence, sharing insights learned from parents and youth young adults with disabilities with whom they have trusting relationships to help shape outreach and information campaigns, including strategies to reach families and also appropriate messaging. They hosted vaccination clinics where their own staff showed their trust in the vaccine by getting vaccinated, and also by making it easier for people with disabilities and their families to get vaccinated at familiar, trusted locations, providing financial support or transportation when needed. And they advocated with policymakers to increase resources, to meet the vaccination needs of the disability community. Thank you so much for this opportunity.

Thank you so much, Diana. We really appreciate you being flexible and fitting us into your schedule. I believe your next presentation on your next webinar is not for another three whole minutes. So you're good. So thank you.

I just want to go over the questions that we asked people in the panel to consider. And we asked them to consider these four questions, and we gave them five whole minutes to do it so they're compressing things. We asked them to (1) think about how did or does your organization partner with others, traditional or nontraditional partnership, federal, state, and local, or other partners to help more people with disabilities get vaccinated? (2) What are some examples of creative solutions your organization has used to overcome systemic barriers? (3) What have you heard about vaccine hesitancy in your community and/or what success has your organization had in working to overcome vaccine hesitancy? And finally, (4) where are the gaps in information-sharing and education that DIAL can help address to help individuals access vaccines? For example, identifying local providers that your organizations can work with to

address specific community needs, connecting with state-based and local resources, providing a bridge to ACL grantees in your state, etc.

So now we're going to turn to Jae Jin Pak. Thank you, Jae Jin.

Good afternoon or good day, everybody. It's my pleasure to be here to share some of our activities and information that we're doing. As said, I'm part of the Illinois UCEDD and the co-founder of the Chicagoland Disabled People of Color Coalition, which is also based out of UIC. And the Disabled People of Color Coalition is a group that is led and coordinated by self-advocates who identify as being disabled people of color, with the main purpose of supporting and raising the voices of individuals of disabled people of color communities, both on advocacy issues and needs and services, as well as raising our voice around cultural and social activities as well. And as part of our, as part of that work of supporting our communities and our connections with the Illinois UCEDD, we're very much aware of the need to support COVID information and vaccine information for underserved communities.

And some of the challenges that we're facing and that we have focused on is helping to address a lot of the misinformation, and the flood of information, and trying to help address some of the confusion around that, as well as some of the complexities of accessing accessible vaccination sites and services, and navigating all the steps, as well as supporting and advocating for vaccination sites to be fully accessible. The way that we've addressed some of these challenges for us has been working to develop partnerships. In addition to our networks within UIC and the UCEDD, is connecting with our local Chicago and Cook County Department of Public Health, other various disability providers and organizations like our Centers for Independent Living, The Arc of Illinois, our own Protection and Advocacy Center, Equip for Equality, and just connecting with many, many really amazing self-advocate leaders in the disability community that come together and share input and give guidance to the public health departments, or other healthcare care providers and systems to let them know about what accessibility practices are accessible for our community, giving them guidance and input.

And some of the ways that we have, the activities that we have co-led and partnered with are the Accessible Vaccination and Working Group that is made up of health department, community members as well as disability providers. We are also working to develop information sheets and flyers and an outreach campaign to really promote our local in-home vaccination services so that our disabled community is aware of these services and they're able to access them. My organization and the UCEDD is working with the Sibling Leadership Network to organize an event called Ask the Doctor, where we're going to host a webinar where members of our community can ask medical professionals any questions they have about the vaccine, as well as COVID.

We're also connecting with, Chicagoland DPOCC is also working with a grad student doing an interfaith internship where we're going to be hosting a, Ask the Faith Leader event webinar, where we're going to invite questions from the communities to address vaccine questions or hesitancy concerns from folks in various faith communities to address those concerns. We have



also developed social stories, where we have developed both print and video versions of a social story in plain language that we're distributing to our communities so that our communities can get clear information about what COVID is, what the updated variant concerns are, as well as very clear information about the vaccine, its safety, and clear information on where they can learn about accessing and getting vaccinated as well. And we've, the print versions are both available in English and Spanish, and we're working to create an ASL version of the video as well, and also a Spanish version of the video.

Jae Jin, just wanted to jump in and say just about a little under a minute left.

Oh, thank you. And as I said, just kind of, in addition to all the social stories and the outreach, we are very, again, just continuing to work to, with our partners to continue to get feedback and share input to the healthcare providers and the health department on what our community needs in terms of access and what our concerns are in terms of transportation access for all of these vaccination considerations, as well as, as the new Delta variant increases, really trying to get information on what, clear information that we can share to our communities as well. And with that, that's kind of in a nutshell what we've been up to and we continue to work. And thank you for this opportunity, as well as AUCD for their support for some of the grants that have supported some of our work. So thank you so much.

Thank you so much, Jae Jin. That was just great, as was everyone. Now we're turning to Angela Lello.

Hi, I'm Angela Lello, I'm with Autism Speaks, which is dedicated to promoting solutions across the spectrum and throughout the lifespan for the needs of individuals with autism and their families. We do this through advocacy and support, increasing understanding and acceptance of people with autism spectrum disorder, and advancing research into the causes and interventions for autism spectrum disorder and related conditions. And I am so glad to be here today and to hear about all the wonderful efforts to get people with disabilities across the country connected to vaccines, which is such a huge, important task and critically necessary for our community.

And for Autism Speaks, this was particularly important, given that people with autism are nine times more likely to end up hospitalized with severe illness, and six times more likely to stay in the hospital longer if they get COVID. So, as has been said, the key to combating this is getting shots in arms and getting as many people vaccinated as possible. And we're so glad to be a part of this and to support these efforts. And in answering some of the questions that Sara asked earlier, one of the ways we've done that is looking at partnerships, and we were able to partner with AshBritt, which is the national leader in turnkey emergency management operations to make its COVID vaccination sites more accessible to people with autism.

And this partnership came about when people needing accommodations were coming to the AshBritt mass vaccination sites, asking questions and just asking for support. So AshBritt reached out to us and they asked for our help, and we were able to provide them with

guidance, best practices on creating an autism-friendly experience at vaccine site locations. And ultimately, through this collaboration, we were able to develop the autism-friendly Vaccine Experience Tool Kit, which is available free to anyone online at [autismspeaks.org](http://autismspeaks.org). And really, because of this innovative work, AshBritt was then able to provide the educational materials and training courses to their site staff, who created these mass vaccination sites all over the country, while at the same time offering information and accommodations to the autistic participants and people who support them. And our Vaccine Experience Tool Kit helps these vaccination sites create an inclusive experience for people with autism and other related conditions, but it also provides tools and resources that autistic individuals and the people who support them can use themselves to have the best vaccine experience possible. And that toolkit, which is available both in English and in Spanish, includes a four-step standard operating procedure guide, which allows vaccine sites to assess for existing accommodations, as well as possible adjustments to be made to create a more inclusive experience for people with autism. It also includes a vaccine site tip sheet that highlights four things vaccination sites can do now to make the vaccine experience more accessible and inclusive.

And in this toolkit is also an informative guide designed for autistic individuals and families to help them navigate the vaccination experience more comfortably. Finally, there is also an individual and family supports card, which is a helpful visual aid that can be provided to individuals or families at registration or as a download pre-arrival to support them in identifying their specific support needs at a vaccination site. So they can have this card and just present it and say, these are the things I need. And people who need these toolkits or who want to talk with someone one-on-one to help identify the specific supports that they might need, and also where to go to connect them, can also call our autism response team at 888 autism 2, and Spanish language services are also available on that line. And you know, one of the reasons why this partnership is so important is because we know that vaccine hesitancy is high among our community.

Just this past June, Autism Speaks conducted a survey on vaccine hesitancy among parents of autistic children. And we found that unfortunately over 47 percent were unsure or unlikely to get their child vaccinated. But the same respondents told us that hearing from trusted partners like pediatricians will help make them, will help them make the right decision to vaccinate their child when it's available for children under 12. So we hope that webinars like this and the DIAL initiative also are helping people learn more about the supports available. So that way those barriers are removed and everyone can get vaccinated as soon as possible. And with that, I'll turn it over to my next panelist.

Thank you, Angela. That was absolutely perfect timing. And now we're going to go to Curtis Garrett. Curtis...

Hi, I am the Disaster Preparedness Coordinator for Atlantis Community, Inc. And I'll go right to system barriers. That's basically what Atlantis is all about from our history. I might encourage you to look up the Gang of 19, and what they did, and a gentleman named Wade Blank. They are models of community engagement and putting together partnerships at the very beginning.

Atlantis was the first independent living center in Colorado and the third in the United States. One of the big things to overcome system barriers is partnerships. And that's what we've always done. COVID-related, our Executive Director Candie Burnham... First of all, she was part of a task force that the Lieutenant Governor of Colorado put together. And she was always able to give the disability perspective in that.

One of the big important things is to stay engaged with as many organizations and people in the community. I have to say one of the things that helped facilitate a lot of our relationships was the foresight for Atlantis to create my position. In June of 2020, I came on as the Atlantis Disaster Preparedness Coordinator, and right from the beginning, I was able to connect with organizations, great organizations, locally, statewide, and then nationally. I always want to thank the Partnership for Inclusive Disaster Strategies. I participated in their daily calls for a year and 1/2 and I learned so much there. So I know Melissa is involved heavily with that and, Melissa, thank you for all that you do and continue to do.

Specific projects related and partnerships that we had related to vaccines and addressing COVID in general... First of all, again, Candie's relationship with the state and the Lieutenant Governor's office. And then one of the big ones, we actually hosted a vaccines site and we partnered with two sets of organizations there. The first set was with the City and County of Denver's Health Department, and what's kind of unique that the fire department. We hosted at our building, which is a brand new apartment building. And our office is located there. And it is an inclusive apartment building for people with and without disabilities. So we were able to serve the people in our building. And then also we have literally have a mass transit bus stop right by our front door. So that handled a lot of the transportation issues. We also partnered with, for the second set of shots, with Arc of Colorado and brought in a lot of their constituents and all. So along with that, one of our other unique partnerships was for people who needed to access the internet and computers to register for vaccines. So we were able to partner with the, an organization that provides computers, used computers and internet service. It's hugely successful, and not just for vaccines, but other services too. So I just want to reiterate how much that's worth.

Addressing hesitancy... We're currently on a project to create a couple of different videos that will be published through social media, not TV, but we're going to utilize an individual who, she is a local artist-musician, who we're hoping to create a music-related video. And then the second video is going to be using a gentleman, a Black disabled man who is a big internet voice in Denver. And we are hoping to create more of a sit down, discuss, hesitancy specifically, maybe between two friends, and looking forward to the outcome of that. And I think I have pretty much addressed everything. Again, I want to thank everybody that's put this together today and all of that are participating. So look forward to what DIAL will successfully achieve. Thank you.

Thank you, Curtis. And I want to thank all the panelists for sharing their wealth of knowledge, their breadth of knowledge. I'm sure all of you could have spoken for at least 90 minutes. So thank you for condensing it, and we really appreciate it, and thank you for the opportunity to

DIAL to help present this webinar. Thanks, everyone, and I'm turning it back over to Sara.

All right. Well, thank you so much. Great. Great information and input from everybody. I know you may be asking yourself, well, what can I do to spread the word about DIAL? You may also be asking yourself some questions, or wanting to get some questions answered. We are seeing some questions pop up in the Q&A section on the Zoom. So please feel free to add more questions. We'll be getting to those right after this. So, as you can see up on the slide now, we ask that you do spread the word and helping make sure that folks in your network are getting to are getting to DIAL. So you can go to our newly established DIAL webpage. So we've put that a few times. If you did go to get the PowerPoint slides, you went to this page and then scrolled down to the bottom, we also have posted a webinar toolkit, or I'm sorry, a DIAL toolkit there to help with spreading the word. So we have our initial social media and newsletter templates included in that toolkit. So we ask you to share them widely.

Certainly, if you have questions before sharing them with your networks, ask and we can help to make sure that DIAL is making sense. So we expect that our lists of shareable materials will be expanding quickly, but this is a start and will help you share the information with your disability partners and the folks in your network right away. So the webpage, again, it's [www.usaging.org/dialconnect](http://www.usaging.org/dialconnect), DIAL, D-I-A-L, connect, C-O-N-N-E-C-T. And you'll also be able to find the webinar materials there. So we'll be uploading the video recording, we'll upload a Cart transcript, and also PowerPoint slides, and a list of our presenter bios. So that's you can find all that information in the coming week or so there on our webpage. All right.

So we're going to be moving to questions and answers now, and just wanted to shift over, and joining me to co-facilitate is Jennifer Johnson. So Jennifer is the Deputy Commissioner of the Administration on Disabilities and the Director of Office of Disability Service Innovations at ACL. So Jennifer's guidance and partnership has also been instrumental in getting the DIAL call center up and running. So thank you, Jennifer. Thank you for joining, and I'll turn it over to Jennifer now to provide her own intro. Thank you.

Thank you, Sara. And it's great to be here today and I want to thank all of our presenters for the information that they shared. We're certainly excited about the opportunity to support DIAL, and hope that you found this information useful so that you can share information about DIAL and spread the word. I am, as mentioned, Jennifer Johnson, and I'm a middle-aged white woman. I have got shoulder-length hair that today is straight. I have what one would call the COVID gray and white hair that is kind of growing out my roots. And I have sort of what remains of my dye job from about a year and a half ago. I am also wearing a dark jacket and a white t-shirt and a necklace, and I have glasses on.

So we are going to answer some questions right now that we've been receiving through the question and answer feature on Zoom. And the first question that we wanted to answer is the one that comes from Jennifer Phillips. And the question is, How do I get my state to become a participant with DIAL? And I am from Cherokee County, Oklahoma. What we recommend is that you reach out to our partners that are grantees that are in Oklahoma, and I can put in the chat

box, actually, maybe the answer to your question, a link to where you can find the contact information for our programs on the ACL website. But we have a State Council on Developmental Disabilities, a Protection Advocacy System, a University Center for Excellence in Developmental Disabilities, as well as Centers for Independent Living in Oklahoma. So they'll all be connected through our work with DIAL to the center. So I encourage you to reach out to them to get connected that way.

All right. And then I can jump in to say for DIAL specifically, so this webinar is one of our first times reaching out far and wide, trying to cast a wide net and find out organizations that we didn't know about, that we have not been partnering with yet. You know, we specifically had Angela and Diana on trying to make sure that we're beginning to address the autism community in a much more direct way. Just as an example, I mean, that will include doing trainings with our DIAL specialists, making sure that we're prepared to answer questions. And we think we have done a fair amount of prep, but there's always more that we can do.

So, I'm noticing some of the questions are related to this as well. And just like with getting your state to become a participant, we're trying to set up a feedback loop. So as long as you're starting with your organization, if you know about DIAL and you are using it, we certainly as the avenues that Jennifer had mentioned, this is one, DIAL is one partner in your bag of tricks. We are one way of getting people to the answers that they need for getting vaccines. And we hope that if, even if it starts getting more of the grassroots level and various local organizations are connecting with us, we hope that you are partnering within your state with other local organizations and with state organizations.

And if you're having trouble accessing that, we have some examples of systemic barriers, and just getting the attention of the state, or trying to, it is, hopefully, if you were having trouble with accessing vaccine access from a systemic perspective, that you can engage ACL. And as Jennifer said, you kind of know where to start at least from there. So hopefully that helps, but also feel free to reach out directly. You can always email me, send information to DIAL and it'll get to me, but we can talk a little bit more specifically if that didn't get to your answer. All right. And I'm happy to field Gabby Fuller's question. So how can 211s assist in referring to DIAL? How can 211s help update this resource? So this is great, and this is such a perfect example of the type of partnership that we're looking to expand to. So I know where the Elder Care Locator, DIAL and USAging have been partners with AIRS, so the Alliance of Information and Referral Systems, for years and years, and we're actually, we sit on the board of AIRS and we work with 211s a lot, and we're presenting on their conference coming up in October, DIAL will be featured. So we have a long-standing relationship with 211s and we have actually since the start of DIAL, I personally have fielded I think three or four inquiries from statewide 211s. Some of them have hotlines that are specific to vaccine access. Others have, they're just trying to update their taxonomy.

So we want to help in any way we can, feel free, again, to reach out to me specifically. But kind of on the systemic level, how can 211s help? I would say making sure that we know about you. If you have a specific resource, for example, we've had a couple of states reach out about those

vaccines specific hotlines, we want to know you're there. We add you to our resource lists. We make sure that if we do get inquiries from a particular state, that it fits the description of the hotline that you're able to assist with, then we'll do that. We also have a couple of, it wasn't 211-specific, but we've had other inquiries from states where they have a specific disability access, disability vaccine access hotline. And that it has only happened from two states so far, but we want to know about those. And we want to make sure that we're training our DIAL specialists to know when to connect to them, and which things are appropriate and not. And as I mentioned, we oftentimes will give many, a few referrals at once. If people are willing and able to take down multiple referrals, we'll give them referrals to their multiple different entities within their state to hopefully in local. So hopefully they can get to where they need to be. All right.

Sara, I see there's a couple of questions in here about access to vaccine in rural areas or in-home vaccinations. And I know in the calls that, or contacts that you all get, there are lots of requests that are coming in about in-home vaccinations. So we are seeing that as a real need and know that there's still areas that need that as a solution. And so hopefully, for some of you on the call today, connecting with our programs might find, you might find some assistance in reaching people in rural areas. We do have some programs that are successful in getting people into rural areas or getting vaccinations into rural areas, or some that are able to help with in-home vaccinations. But again, we know that there are places where that's not happening. And I know one of the questions came from a center for independent living that is facing the challenge of getting in-home vaccinations in a rural area. So I encourage you to reach out. There may be some examples where the models may be replicated in other areas. And so in cases, the question that came in from our Center for Independent Living, perhaps reaching out to ILRU if you haven't already, and, Richard, I don't know if you are able to respond to that question or it'd be best to reach out separately for assistance with that. But we do know that it is a problem. And again, that's something that we're hearing through DIAL in the contacts that are being made to DIAL.

And that's an excellent question. This is Richard Petty, and we are aware of centers that are facilitating in-home vaccinations in their local areas. And if you'll write me offline, I'll share information about the ones that are, so you can be in contact and learn more about how they're doing it.

All right. So we... Is it okay if I go ahead with the Autism Speaks question, Jennifer?

All right.

So we did get a question that is directed specifically to Autism Speaks. And I just wanted to read that out loud and then hand it over to Angela Lello. So does the Autism Speaks hesitancy survey data show any variances... Oops, sorry. It just switched. ...variances between states? Go ahead, Angela.

So we did collect, survey respondents were from 48 states plus DC. We didn't get any

respondents from North or South Dakota. And it appears, so the short answer is I don't have that breakdown for you today. We can definitely follow up with that. It does appear that residents in rural parts of the country are a little bit more hesitant on average than in suburban locations.

All right, thank you.

I also can respond to the question that came out about just the overall concerns about the safety of the vaccines amongst certain populations. And we certainly are aware of concerns for certain people with certain conditions. And we do talk with our federal partners regularly about the issues facing people with disabilities, and the different and various issues that face them, including the concerns about the safety for people with certain conditions. So know that those conversations are happening at the federal level. Even though it may not be apparent externally, we are advocating in many different ways for people with disabilities in the face of the pandemic to ensure that they're getting the supports and services that they need, and also the accommodations that they need as they manage during the pandemic.

All right. And I think we have time for one more quick question here. And I see Kathy Schaefer's question, I work for DETCOG Area Agency on Aging, and I'm needing information on in-home vaccination. We serve rural areas of deep east Texas, and then also needing information for transportation. So I think that this is, well, when we do receive calls for DIAL, to DIAL, we basically, our specialists have been trained to look up the state for, well, various websites that we have been able to see whether in-home vaccination is available or not. And so in some cases, that's we find it in the COVID resources for their locale or for their state. And other times we refer to the area agency on aging, but because we don't know in advance exactly which, we don't have extra special information, you know, we're looking to see what is available in the area and then providing referrals so that people can follow up on them.

So if there are actually no opportunities for in-home vaccination, we won't be able to find them. We're trying to connect people to their local organizations that can help. So that might not have been a super satisfying answer, but I know also from a transportation perspective, right here at USAging we have our National Aging and Disability Transportation Center, and we're happy to help field questions, even if it's we don't have any transportation here, we need help getting some, we have specialists who can help advise on systemic as well as actual, is transportation available here. So please email me offline about that. And, well, I can help get you connected with some TA or folks who can help you. All right.

And I believe that's all we have time for. We are at 3:30 and I appreciate you all so much. Thank you for being on. And we hope to be hearing from you. We absolutely hope to be finding out organizations that we haven't partnered with yet, and how to best get the word out about DIAL and getting the most people vaccinated as possible. So then the last slide here, again, has that link one more time to our webinar resources, recording, and toolkit. And we thank you again so much for being on. Have a great day.