



December 14, 2020

VIA First Class Mail and Email to: [cara.christ@azdhs.gov](mailto:cara.christ@azdhs.gov)

Dr. Cara Christ  
Director, Arizona Department of Health Services  
150 N. 18th Ave.  
Phoenix, AZ 85007

**RE: COVID-19 Vaccine Distribution Plan**

Dear Dr. Christ,

We the undersigned organizations and agencies want to start off by thanking you for your leadership during these troubling times. We are encouraged that vaccine development is moving along safely and quickly. However, since the initial vaccine doses are expected to be in limited supply, we offer the following recommendations for Arizona's COVID-19 Vaccine Distribution Plan ("Plan") to ensure equitable distribution on behalf of people with disabilities.

**Explicit Protections for People with Intellectual and Developmental Disabilities**

It is estimated that more than 157,062 adults and children live with Intellectual/Developmental Disabilities (I/DD) in Arizona.<sup>1</sup> Individuals with I/DD often have underlying medical conditions that pose potential complications if they contract COVID-19.<sup>2</sup> Fatality rates for individuals with I/DD who tested positive for COVID-19 are 100% to

<sup>1</sup> University of Colorado, State of States in Intellectual and Developmental Disabilities, available at <https://stateofthestates.org/wp-content/uploads/documents/Arizona.pdf> (last visited Dec. 9, 2020).

<sup>2</sup> National Academies of Sciences, Engineering, and Medicine 2020. *Framework for Equitable Allocation of COVID-19 Vaccine*, 40. Washington, DC: The National Academies Press.

200% greater than that of the general population.<sup>3</sup> The October 2020 draft Plan contains no explicit protections for individuals with I/DD. However, an article posted by KJZZ states that ADHS is prioritizing individuals living in DDD group homes in Group 1A.<sup>4</sup>

To ensure all people with I/DD are protected, we recommend protections for this group in future revisions of the Plan, explicitly prioritizing *all* individuals with I/DD and their support professionals regardless of the setting in which they reside – with family, on their own, in a state-licensed group or developmental home, or other living arrangement. Support professionals include caregivers (both paid and unpaid) and those individuals who have regular contact with this population and assist them in living as independently as possible. The Department of Economic Security – Division of Developmental Disabilities (DDD) agrees. According to a December 2, 2020 email by Zane Garcia Ramadan, Assistant Director of DDD, individuals with I/DD and support professionals should be prioritized.

### **Explicit Protections for People Living in Secure Behavioral Health Facilities**

The Plan should not overlook those living in secure behavioral health facilities, which is another type of congregate setting where residents are more vulnerable to COVID-19 outbreaks for the reason explained below.

Members of this population “have a two to three times mortality rate” even without factoring COVID-19 because people with severe mental illness are likely to develop physical disabilities “such as cardiovascular diseases, type 2 diabetes mellitus, and respiratory tract diseases.”<sup>5</sup> Also, members of this population are similarly situated to those living in other congregate settings, such as those living in other congregate settings such as nursing homes, because these groups have experienced high COVID-19 infection rates.<sup>6</sup> In secure behavioral health facilities, individuals “have reduced autonomy and cannot physically distance themselves from others in their congregate living setting and thus need additional protection. As a result, the risk of their both acquiring and transmitting SARS-CoV-2 infection to others is higher.”<sup>7</sup>

Thus, because those who reside in secure behavioral health facilities face the same risks as those in other congregate settings do, we believe it is appropriate that these individuals also be included as a priority group in Phase 1C, along with other adults living in

---

<sup>3</sup> Scott Landes, et al., *COVID-19 Outcomes Among People with Intellectual and Developmental Disability Living in Residential Group Homes in New York State*, Disability Health Journal, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7311922>.

<sup>4</sup> Katherine Davis-Young, *383,000 Arizonans Could Get COVID-19 Vaccines This Month*, KJZZ (Dec. 4, 2020), available at <https://kjzz.org/content/1640874/383000-arizonans-could-get-covid-19-vaccines-month>.

<sup>5</sup> Marc De Hert, et al., *Prioritizing COVID-19 Vaccination for People with Severe Mental Illness*, (Nov. 1, 2020), World Psychiatry, available at <https://onlinelibrary.wiley.com/doi/full/10.1002/wps.20826>.

<sup>6</sup> Biscobing, D., ABC 15 News Arizona, “State Hospital has first COVID-19 death, 114 cases” (July 8, 2020), available at <https://www.abc15.com/news/local-news/investigations/state-hospital-has-first-covid-19-death-114-cases> (last visited September 4, 2020).

<sup>7</sup> National Academies of Sciences, Engineering, and Medicine 2020. *Framework for Equitable Allocation of COVID-19 Vaccine*, 3-32. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25917> (internal citation omitted).

congregate settings. Additionally, because individuals with psychiatric disabilities might not always be able to effectively advocate on their own behalf, we believe it is essential to explicitly name this group as included within a priority group.

These amendments to the Plan will serve to ensure that those living in a congregate-setting population like secure behavioral health facilities are not overlooked and prioritized similarly to those living in DDD group homes.

### **Ensuring Equitable Access to Vaccines for People who are Homebound**

Current Arizona Department of Health Services (ADHS) recommendations do not consider the different challenges individuals with disabilities may face when attempting to access the vaccine. For instance, many individuals with disabilities are homebound and unable to leave their homes for various reasons, such as age-related disabilities, physical disabilities that would require stretcher/ambulance transportation, and psychiatric disabilities that would make leaving home difficult, if not impossible. We recommend that ADHS develop policies, procedures, and outreach to account for this challenge. For example, other state health departments have identified individuals who were homebound as a population who had inadequate access to vaccines previously and to prepare for this pandemic vaccine distribution plan, the health department explicitly included language to have contracted nurses vaccinate homebound individuals.<sup>8</sup> Having such language in the Plan will ensure those individuals with disabilities who are unable to travel will have equitable access to the COVID-19 vaccine once it becomes available.

### **Guidance for People Living in Non-Institutional Congregate Settings**

Individuals living in congregate settings face a higher risk of contracting COVID-19 because of the inherent difficulties of maintaining precautions such as social distancing. Currently, the Plan lists people living in “non-institutional congregate settings” in Phase 2. The current draft only mentions military as an example of populations fitting within this group. We recommend ADHS prioritize vaccines for all individuals with disabilities living in non-institutional congregate settings, including those who live in group homes and developmental homes, and specifically list them to ensure this group receives prioritization. People living in group homes pose a higher risk of contracting COVID-19 because of difficulties with social distancing and because of multiple caregivers coming in and out of homes. Because of this, DDD recommends, and we agree, all DDD group homes receive prioritization.

### **Partnering with Disability Rights Organizations**

We recommend that ADHS include disability rights organizations as key partners in the development of the Plan, with the organizations on this letter serving as a starting point. Vaccination details require effective communication and disability rights organizations have specialized knowledge in identifying and communicating with individuals in their

---

<sup>8</sup> Oregon Health Authority, *COVID-19 Vaccination Plan*, available at <https://www.oregon.gov/oha/covid19/Documents/COVID-19-Vaccination-Plan-Oregon.pdf>.

respective communities, can facilitate creating materials in accessible formats (e.g., plain language, ASL, Braille, audio, large print etc.), and can help identify networks to communicate with the various communities. Information about the vaccine (efficacy, prioritization, side effects, clinical trials, Emergency Use Authorizations) can be overwhelming. Therefore, it is important for ADHS to partner with disability rights organizations/agencies in order to get help disseminating information in an accessible and effective manner to get community members vaccinated.

Thank you for your time and we look forward to your response. If you would like to discuss these issues further, please feel free to reach out to Sey In, ACDL Staff Attorney, at 602-274-6287 or [sin@azdisabilitylaw.org](mailto:sin@azdisabilitylaw.org). We look forward to discussing the matter with you and to your response.

Sincerely,

Ability 360  
Arc of Arizona  
Arizona Center for Disability Law  
Arizona ADAPT  
Arizona Public Health Association  
AZ American Disabled for Attendant Programs Today  
David's Hope  
Direct Advocacy & Resource Center  
Institute for Human Development  
Native American Disability Law Center, Inc.  
Raising Special Kids