

MASSACHUSETTS ASSOCIATION
for the
Blind and Visually Impaired

Access to the Vaccine Rollout for Individuals Who Are Blind or Visually Impaired

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www.mabvi.org

As the COVID vaccine rollout continues under challenging circumstances, the State and local communities should be commended for their efforts to improve access for people with disabilities. There are examples of many positive adjustments: mass vaccination sites have many accessibility measures in place; the caregiver addendum is helping people over 75 with transportation or mobility challenges; and the enrollment hotline via 211 provides an option for people who cannot access the Internet.

Barriers persist, however, and there are opportunities for improved communication and collaboration to improve equitable vaccine distribution. After observing the rollout and listening to our community members, The Massachusetts Association for the Blind and Visually Impaired would like to offer the following best practices and recommendations for increasing accessibility to the blind community.

Increased Focus on Digital, Physical, and Print Accessibility

- Many older adults who are blind have difficulty accessing or navigating the Internet. The well-documented frustrations of people trying to sign up online are exacerbated many times over for people who are blind.
- The 211 number, given long wait times and dose shortages, cannot meet demand. Without being able to constantly monitor the Internet for new doses, blind seniors are being shut out of the registration process.

- The mass vaccination sites deserve credit for their efficiency, organization, and friendliness. But navigating the vast spaces can be overwhelming. Transportation and ability to social distance are a major barrier. Not all individuals with disabilities have, or wish to have, a caregiver or someone who can drive or accompany them.
- Paper consent forms, printed signs, and inaccessible education materials limit access and self-informed decision-making.

Creative Problem-Solving and Collaboration To Increase Access

- **Partnership Opens Doors:** In collaboration with the Boston Age Strong Commission and the Boston Disability Commission, MABVI piloted **setting aside a time** for Boston residents who are blind to sign up for vaccination at the Reggie Lewis Center. MABVI provided **outreach, transportation, and sighted guide assistance**. The City dedicated staff to help older adults **sign up**. City and CIC employees and volunteers received **sighted guide and blindness awareness training**.
- **Community-level responses:** Senior centers, community organizations and local health systems are mobilizing transportation resources, set-aside times, and special outreach to vulnerable populations. These efforts are critical to reaching isolated blind and low vision individuals throughout the vaccine process.
- **Policy = Inclusion:**
 - The State should consider expanding the **caregiver vaccination addendum** to those assisting all eligible individuals with disabilities, not just those over 75.
 - As more doses become available, making a reasonable number **available solely to 211 hotline callers** would ensure that the State is making significant progress on registration for those who cannot access the Internet.
 - 35% of the blind community in MA lives in the 20 special-effort communities being targeted by MA DPH and the Mass League of Community Health Centers for **vaccine awareness efforts due to** high COVID rates, health inequity, and other social barriers. There are many **structural and health inequities** related to blindness; blind individuals in these communities should be part of the outreach strategy.

- Include people with disabilities and community-based organizations in the **planning process**. Invite people with disabilities to walk through your facility, audit your communication methods (digital, print, social media), and advise on best practices.
- Ensure **disability awareness training** for responders and planners. MABVI and other organizations can assist with this training and share resources to give planners and responders tangible skills when assisting customers who are blind.

Again, we commend the individuals working tirelessly to improve this process. Together we can continue to strengthen it for the months ahead, as well as build standards and best practices for future public health and emergency-preparedness efforts.

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