Equity in COVID-19 Vaccinations: Understanding and Addressing Gaps

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KFF (Kaiser Family Foundation)

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**What we do:**

- Policy analysis
- Polling/survey research
- Journalism (Kaiser Health News)
- Public health information campaigns (Greater Than COVID)

The opinions, findings and conclusions expressed during this event are strictly my own and do not necessarily represent the opinion, views or policies of the Office of the Assistant Secretary for Health (OASH), Office of Minority Health (OMH) and the Department of Health and Human Services (HHS); nor does mention of trade names, commercial practices, or organizations imply endorsement.

No conflicts of interest to disclose.
People of color have had higher rates of infection, hospitalization, and death due to COVID-19.

Risk of infection, hospitalization, and death compared to White people in the U.S., adjusted for age:

<table>
<thead>
<tr>
<th></th>
<th>American Indian or Alaska Native</th>
<th>Black</th>
<th>Hispanic</th>
<th>Asian</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>1.7</td>
<td>1.1</td>
<td>1.3</td>
<td>0.7</td>
<td>1.0</td>
</tr>
<tr>
<td>Hospitalizations</td>
<td>3.7</td>
<td>2.9</td>
<td>3.1</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Death</td>
<td>2.4</td>
<td>1.9</td>
<td>2.3</td>
<td>1.0</td>
<td>1.0</td>
</tr>
</tbody>
</table>

NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic.
Black and Hispanic people have received smaller shares of vaccinations across states as of April 5, 2021.

Black and Hispanic People as a Share of COVID-19 Vaccinations, Cases, Deaths and Total Population:

<table>
<thead>
<tr>
<th></th>
<th>Vaccinations</th>
<th>Cases</th>
<th>Deaths</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>DE</td>
<td>12%</td>
<td>24%</td>
<td>21%</td>
<td>22%</td>
</tr>
<tr>
<td>MS</td>
<td>32%</td>
<td>38%</td>
<td>40%</td>
<td>38%</td>
</tr>
<tr>
<td>DC</td>
<td>49%</td>
<td>46%</td>
<td>69%</td>
<td></td>
</tr>
<tr>
<td>AZ</td>
<td>13%</td>
<td>36%</td>
<td>31%</td>
<td>32%</td>
</tr>
<tr>
<td>CA</td>
<td>23%</td>
<td>47%</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>TX</td>
<td>28%</td>
<td>41%</td>
<td>45%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Figure 5

White people were 1.8 times as likely to be vaccinated as Hispanic people (28% vs. 16%) as of April 5, 2021.

Ratio of White Vaccination Rate compared to the Hispanic Vaccination Rate: 

Notes: Percent vaccinated includes people who have received at least one vaccine dose. Data may not be comparable across states due to differences in reporting periods and racial/ethnic classifications. Total population data used to calculate rates is matched to each states’ racial classification approach. SOURCE: KFF analysis of publicly available data from state websites. Data retrieved on April 5, 2021.
White people were 1.6 times as likely to be vaccinated as Black people (28% vs. 17%) as of April 5, 2021.

Ratio of White Vaccination Rate compared to the Black Vaccination Rate:
Percent of Total Population that Has Received a COVID-19 Vaccine by Race/Ethnicity, March 1 to April 5, 2021

SOURCE: Vaccination data based on KFF analysis of publicly available data on state websites; total population data used to calculate rates based on KFF analysis of 2019 American Community Survey data.
Vaccination rates are lower in counties with higher shares of people of color, poverty, uninsured rates, and a high SVI.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Low Share of Black People (≤12%)</th>
<th>Medium Share of Black People (12%&lt;19%)</th>
<th>High Share of Black People (&gt;19%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Share of Hispanic People (≤19%)</td>
<td>Low Share of Hispanic People (19%&lt;26%)</td>
<td>Medium Share of Hispanic People (26%&lt;33%)</td>
<td>High Share of Hispanic People (&gt;33%)</td>
</tr>
<tr>
<td>Low Share of People in Poverty (≤11%)</td>
<td>Medium Share of People in Poverty (11%&lt;18%)</td>
<td>High Share of People in Poverty (&gt;18%)</td>
<td></td>
</tr>
<tr>
<td>Low Share of Hispanic People (≤19%)</td>
<td>Low Share of Hispanic People (19%&lt;26%)</td>
<td>Medium Share of Hispanic People (26%&lt;33%)</td>
<td>High Share of Hispanic People (&gt;33%)</td>
</tr>
<tr>
<td>Low Share of Black People (≤12%)</td>
<td>Medium Share of Black People (12%&lt;19%)</td>
<td>High Share of Black People (&gt;19%)</td>
<td></td>
</tr>
</tbody>
</table>

**Health Coverage**

- High Share of Uninsured (≥12%)
- Medium Share of Uninsured (6%<12%)
- Low Share of Uninsured (≤6%)

**Social Vulnerability Index (SVI)**

- High SVI (≥0.75)
- Medium SVI (0.25<0.75)
- Low SVI (≤0.25)

Average Fully Vaccinated Rates Across Counties by Key Characteristics, as of March 28, 2021

LGBT people have been disproportionately affected by the pandemic; most plan to get or are open to getting vaccinated.

Reported impacts of COVID-19 pandemic:

- **LGBT People**
  - Adult in household has lost a job, income, or hours: 56%
  - Major negative impact on mental health: 49%
  - Very worried someone in family will get sick from coronavirus: 39%

- **Non-LGBT People**
  - Adult in household has lost a job, income, or hours: 44%
  - Major negative impact on mental health: 23%
  - Very worried someone in family will get sick from coronavirus: 31%

COVID-19 vaccine plans among LGBT people:

- Already gotten/as soon as possible: 43%
- Wait and see: 39%
- Only if required: 8%
- Definitely not: 10%
- Not sure: 10%

Figure 10

Over half of people report they have gotten a COVID-19 vaccine dose or that they will get one as soon as possible.

Percent who say they will get a COVID-19 vaccine:

- Already gotten/as soon as possible
- Wait and see
- Only if required
- Definitely not

SOURCE KFF COVID-19 Vaccine Monitor. See topline for full question wording.
Underlying inequities create increased barriers to accessing COVID-19 vaccines.

- More limited resources to navigate online sign-up processes
- Limited transportation options
- Less flexibility in work and caregiving schedules
- High uninsured rates contribute to more cost concerns and less connection to the health care system
- Lack of information and linguistic barriers
- Confusion about eligibility or fears of potential impacts on immigration status
- Challenges providing proof of identity or residence
Concerns among Black and Hispanic adults about getting the COVID-19 vaccine reflect these underlying inequities.

![Bar chart showing concerns among Black, Hispanic, and White adults.](image)

**Figure 12**

- **Very/Somewhat Concerned Might Experience Serious Side Effects**: Black (76%), Hispanic (77%), White (71%)
- **Very/Somewhat Concerned Might Miss Work if Side Effects Make You Sick**: Black (57%), Hispanic (54%), White (40%)
- **Very/Somewhat Concerned Won't Be Able to Get the Vaccine from a Place You Trust**: Black (38%), Hispanic (27%), White (13%)
- **Very/Somewhat Concerned It Will Be Difficult to Travel to a Vaccination Site**: Black (20%), Hispanic (22%), White (5%)
- **More Likely to Get the Vaccine if Heard there is No Cost**: Black (32%), Hispanic (39%), White (21%)

**NOTE:** Based on those who have not been vaccinated for COVID-19 and do not want to get the vaccine as soon as possible. See topline for full question wording.

**SOURCE:** KFF COVID-19 Vaccine Monitor (March 15-22, 2021)
A range of actions are being implemented to address disparities in COVID-19 vaccinations.

- Making more doses available and locating more clinics in harder hit and underserved communities
- Prioritizing vaccine appointments or eligibility for certain groups or areas
- Providing alternative sign-up options for people without internet access (e.g., phone, walk-up)
- Collaborating with and supporting community-based organizations and health centers
- Minimizing information and documentation requirements
- Launching focused outreach and communications campaigns
- Collecting, reporting, and utilizing data to measure against and work toward equity goals
Most people who have received a COVID-19 vaccine through a community health center are people of color.

Race/Ethnicity of Health Center Patients Receiving 1st Vaccine Dose, as of March 26, 2021

NOTE: Based on known race/ethnicity. AIAN is American Indian or Alaska Native and NHOPJ is Native Hawaiian or Other Pacific Islander. White and Black racial categories include non-Hispanic individuals; Asian, AIAN, and more than 1 race category include Hispanic and Non-Hispanic individuals.

SOURCE: KFF Analysis of Health Center COVID-19 Survey, HRSA.
Health care providers are a top trusted source for COVID-19 vaccine information across groups.

Percent who say that, when deciding whether to get a COVID-19 vaccine, they are very or somewhat likely to turn to each of the following for information:

Among those who have not been vaccinated for COVID-19. See topline for full question wording

THE CONVERSATION: #BetweenUsAboutUs campaign dispels misinformation and provides accessible facts about vaccines.
Prioritizing equity in COVID-19 vaccinations will be key as vaccine rollout continues.

- Comprehensive high-quality data is central to efforts to advance equity.
- Equity is important for mitigating the disproportionate impacts of the pandemic on people of color and other underserved groups and preventing against widening disparities in health.
- Reaching high vaccination rates across individuals and communities is necessary to achieve broad population immunity.
- Deliberate, intentional actions are key for addressing inequities built into underlying systems and structures.
- Efforts can support and build upon existing community resources and strengths.
Achieving Health Equity for Asian American and Native Hawaiian and Pacific Islander Communities: If not now, when?

April 9th, 2021

Nadia Islam, PhD
Associate Professor
Disclaimer

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Disclosures

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Asians: Too Smart for Their Own Good?

BY CAROLYN CHEN
Published: December 19, 2012
Evanston, Ill.

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8 People Killed in Atlanta-Area Massage Parlor Shootings

Six of the victims were Asian, the authorities said, raising fears that there may have been a racial motivation to the crimes.

By Richard Fausset and Neil Vigdor

Published March 16, 2021  Updated March 17, 2021, 11:07 a.m. ET
Asian Americans and Native Hawaiians and Pacific Islanders Remain Invisible Due to Data Aggregation
Bachelor’s Degree or Higher: Aggregated Data

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Asian</td>
<td>50%</td>
</tr>
<tr>
<td>Latino</td>
<td>14%</td>
</tr>
<tr>
<td>NHPI</td>
<td>16%</td>
</tr>
<tr>
<td>AI/AN</td>
<td>19%</td>
</tr>
<tr>
<td>Black</td>
<td>19%</td>
</tr>
<tr>
<td>White</td>
<td>31%</td>
</tr>
</tbody>
</table>

Source: 2015 American Community Survey Data
Bachelor’s Degree or Higher: Disaggregated Data

National Average

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tongan</td>
<td>25%</td>
</tr>
<tr>
<td>Laotian</td>
<td>27%</td>
</tr>
<tr>
<td>Fijian</td>
<td>43%</td>
</tr>
<tr>
<td>Cambodian</td>
<td>44%</td>
</tr>
<tr>
<td>Native Hawaiian</td>
<td>48%</td>
</tr>
<tr>
<td>Burmese</td>
<td>48%</td>
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<tr>
<td>Nepalese</td>
<td>50%</td>
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<tr>
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<tr>
<td>Japanese</td>
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<td>Pakistani</td>
<td>57%</td>
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<td>Malaysian</td>
<td>59%</td>
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<tr>
<td>Mongolian</td>
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<td>Taiwanese</td>
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<td>Latino</td>
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<tr>
<td>AI/AN</td>
<td>19%</td>
</tr>
<tr>
<td>White</td>
<td>19%</td>
</tr>
</tbody>
</table>

Source: 2015 American Community Survey Data
Below Poverty: Aggregated Data

Source: 2015 American Community Survey Data
Below Poverty: Disaggregated Data

Source: 2015 American Community Survey Data
Limited English Proficiency Among Asian Americans

Source: 2015 American Community Survey Data
Invisibility is **Killing our Communities**
National COVID-19 Efforts Leave out Asian Americans

NIH • @NIH • Sep 30
#NIH’s #RADx-UP is investing $234M to improve testing in groups disproportionately affected by #COVID19 (African Americans, American Indians/Alaskan Natives, Latinos, Native Hawaiians, older adults, pregnant women & those who are homeless or incarcerated).

NASEM Health • @NASEM_Health • 18h
Our new report includes a framework for allocation of #COVID19 #vaccine that promotes #healthequity in the allocation process. Read the report highlights: bit.ly/3nueUP8

Read about health equity in COVID-19 vaccine allocation naps.edu

- Partner with diverse stakeholders (e.g., health care providers, Historically Black Colleges and Universities research centers, Hispanic Association of Colleges and Universities, Tribal Colleges and Universities research centers, social marketing firms and other groups with specific expertise reaching underserved communities) and prioritize promoting the vaccine to Black, Hispanic or Latinx, American Indian and Alaska Native, Hawaiian Native and Pacific Islander, and other communities in which vaccine hesitancy and skepticism have been documented.
Attributable mortality of COVID-19 in the US by race/ethnicity groups

Disaggregating Asian Race Reveals COVID-19 Disparities among Asian Americans at NYC’s Public Hospital System

- Patients tested for SARS-CoV-2 at NYC Health and Hospitals (H+H)
  - March 1, 2020 to May 31, 2020, n=85,328
- Applied surname matching
  - Sample size of Asian Americans nearly doubled from 5,601 to 9,893
- Results
  - South Asians: high rates of positivity and hospitalization
  - Chinese: highest mortality

Source: Marcello et al., Public Health Reports, Under review
Vaccine Uptake among Asian Americans

Percentage of U.S. residents who have received at least one dose of COVID-19 vaccine, by race/ethnicity, across all states with available data

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous</td>
<td>21.8%</td>
</tr>
<tr>
<td>White</td>
<td>21.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>20.8%</td>
</tr>
<tr>
<td>Black</td>
<td>12.7%</td>
</tr>
<tr>
<td>Latino</td>
<td>11.3%</td>
</tr>
</tbody>
</table>

Source: Inoculation nation limited covid-19 vaccine data shows uneven access by race, APM Research Lab, March 23, 2021
COVID-19 Data on Race/Ethnicity is Missing at National and Local Levels

One size does not fit all
# COVID-19 Experience by Asian American Subgroup

What we know now based on best available published literature, news media, and social media:

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Chinese</th>
<th>Indian/South Asian</th>
<th>Korean</th>
<th>Vietnamese</th>
<th>Filipino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest mortality (NYC H+H)</td>
<td>Highest case/hospitalization rate (NYC H+H)</td>
<td>Disproportionate death rate in California</td>
<td>Disproportionate case rate in Santa Clara County, CA</td>
<td>Disproportionate deaths in California and nationally among nurses</td>
<td></td>
</tr>
<tr>
<td>Exposure</td>
<td>Food service essential workers; multigenerational housing</td>
<td>Healthcare essential workers; taxi drivers; multigenerational housing</td>
<td>Multigenerational housing</td>
<td>Nail/hair salons; multigenerational housing</td>
<td>Nurses; healthcare workers; multigenerational housing</td>
</tr>
<tr>
<td>Comorbidity</td>
<td>Diabetes; smoking among men</td>
<td>Diabetes; heart disease</td>
<td>Diabetes; smoking</td>
<td>Diabetes; smoking; hypertension</td>
<td>Diabetes, obesity, smoking, asthma, hypertension</td>
</tr>
<tr>
<td>Barriers to Care</td>
<td>LEP; Public charge</td>
<td>LEP; Public charge</td>
<td>LEP; Public charge</td>
<td>LEP; Public charge</td>
<td>LEP; Public charge</td>
</tr>
<tr>
<td>Livelihood</td>
<td>Businesses disproportionately affected; xenophobia/racism</td>
<td>Increased domestic violence; food insecurity (Asian Indians),</td>
<td>Xenophobia/racism</td>
<td>Xenophobia/racism; food insecurity</td>
<td>Xenophobia/racism; food insecurity</td>
</tr>
</tbody>
</table>

Engaging Trusted Messengers and Gatekeepers is Key: Community Health Workers (CHWs) & Community Based Organizations (CBOs)
Community Health Workers and Covid-19 — Addressing Social Determinants of Health in Times of Crisis and Beyond

Patricia J. Peretz, M.P.H., Nadia Islam, Ph.D., and Luz Adriana Matz, M.D.

As the United States navigates the uncertainties of Covid-19 and begins a long-overdue process of confronting systemic racism, the communities most affected by poverty, racism, and language barriers and those with the largest populations of immigrants continue to have the worst health outcomes. In the weeks immediately after the pandemic spread to the United States, disadvantaged communities were faced with reduced access to care, a widening digital divide, and inadequate supplies, such as food and diapers. Investing in community health care systems and provide psychosocial support.

CHWs are trusted members of local communities who share lived experiences with their neighbors and peers, and they are experts in navigating complex systems of care, serving as a link between clinical and community-based services and the people who need them most. When cases and to improve their ability to manage their own conditions. They are also well positioned to address the misinformation, fear, and stigma surrounding Covid-19 by providing timely, accurate information about Covid-19 transmission, precautions that people can take to protect themselves and their families, and tools for obtaining access to care and support.

In New York City, where Covid-19 struck early and hard, it didn’t take long for the relationship between infection risk and ZIP Code to be uncovered. The city’s data revealed that 8 of the 10 ZIP
South Asian CHWs in NYC bundle outreach efforts related to social needs to reach community members for vaccine uptake with in-language town virtual town halls, mitigating language access, digital divide, and misinformation issues.

Chinese American Planning Council in NYC links community pharmacies with their home care program to vaccinate homebound seniors vaccinated. They have also implemented a “chaperones” program to accompany seniors to their vaccine appointment due to the rise in anti-Asian violence.
Key Recommendations
All states must collect, analyze, and report disaggregated data – separately for AAs and NH&PIs, and for AA subgroups.

Prioritize language access for AA and NH&PI communities across COVID-19 efforts.

Provide direct, financial support to community-based organizations and community health workers to facilitate safe access to COVID-19 related services for AA and NH&PI communities.
Acknowledgements

- Faculty, staff, and partners of the NYU Center for the Study of Asian American Health (CSAAH)
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- Shinu Mamen, MPH, NYU CSAAH
- AA NHPI COVID-19 Research & Policy Team
- Jo-Ann Yoo, Asian American Federation
- Wayne Ho, Chinese American Planning Council

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Equitable Vaccine Access for People with Disabilities
Disclaimers

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Disclosures

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Kara Ayers, PhD

- Professor/Research
- Associate Director of University of Cincinnati UCEDD
- Director of the Center for Dignity in Healthcare for People with Disabilities
United States Disability Prevalence

26% of adults in the United States have some type of disability
Percentage of adults with functional disability types

- **Mobility**: 13.7% - Serious difficulty walking or climbing stairs
- **Cognition**: 10.8% - Serious difficulty concentrating, remembering, or making decisions
- **Independent Living**: 6.8% - Difficulty doing errands alone
- **Hearing**: 5.9% - Deafness or serious difficulty hearing
- **Vision**: 4.6% - Blindness or serious difficulty seeing
- **Self-Care**: 3.7% - Difficulty dressing or bathing

Percentage of adults with functional disability types
7.38 million people in the United States had Intellectual or Developmental Disabilities (IDD) in 2017.

20%

1.48 million people with IDD known to or served by state IDD agencies.
People with IDD

3.5 times more likely to be diagnosed with COVID-19

15% higher mortality rates

Reference: COVID-19 Case and Mortality Report for People with IDD
We have a disability data problem.
We have an equity problem.
COVID-19 Vaccine Disability Prioritization Dashboard

Updated every Wednesday

Supported by the American Association of People with Disabilities.
COVID-19 Vaccine State Information Website Accessibility Ratings
COVID-19 Vaccine State Registration Website Accessibility Ratings
SCIENCE + DATA + POLICY
FOR EQUITABLE VACCINE DISTRIBUTION TO PEOPLE WITH DISABILITIES
VACCINE ACCESS PLANS MUST CONSIDER:

- People with disabilities who live in the community
- People who are and are not connected to DD or other state services
- Access needs at vaccination sites
- Overcoming barriers before, during, and after registration
- Planning for pediatric distribution
BEST PRACTICES FOR EQUITABLE VACCINATION OF PEOPLE WITH DISABILITIES

- Accessible websites for information AND registration
- Self-attestation
- Options for provider involvement
- Phone registration available
- Transportation considerations
- Creative strategies
People with disabilities need:

**REPRESENTATION**
Advisory committees and ethics committees must have representation from people who understand disability beyond a medical outcome.

**BETTER DATA COLLECTION**
States and the federal government must collect and share data that better describes people with disabilities and their health outcomes.

**EQUITABLE CARE IN HOSPITAL**
The threat of rationing of care has not ended. OCR issued memo advising hospitals that support people must be allowed during visitor bans.

**TO LIVE IN THE COMMUNITY**
We must support more people with disabilities to move out of congregate settings and into their communities.
Advocacy that helps move us towards health equity

- Employment
- Accessibility
- Housing
- Transportation
Opportunity to work towards health equity for people with disabilities extends beyond COVID-19 response.
References


Acknowlegements

Special thanks to our COVID-19 Disability Prioritization Dashboard team: Bonnie Swenor, Sabrina Epstein, Jessica Campanile, Caroline Cerilli, Sarah Phillips, Leah Smith, Maureen van Stone, and Tracy Waller; Sarah Lineberry for outcomes/mortality research summary.