National Core Indicators® Data Highlight

What NCI Data Tell Us About Flu Vaccinations Rates for People with Intellectual and Developmental Disabilities, and What That Suggests About COVID Vaccinations

In the 2018-19 NCI In-Person Survey, 72% of respondents had received a flu shot in the past year, yet the percentage ranged widely across participating states—from a high of 100% to a low of 36%. People who lived in community-based group settings were more likely to have been vaccinated than people living at home with family. Black respondents were less likely than white respondents to have received a flu vaccination (66%).

Why does it matter? The flu vaccination rate among people with IDD receiving public services was higher than the approximately 50% of the general population that got the flu shot in 2018-2019. However, the rates of flu vaccine in the population with IDD vary significantly from state to state and may be an indicator

of variable rates of COVID vaccination among people with IDD. There is a growing consensus that individuals with IDD are particularly susceptible to COVID-19, having more severe illness, greater risk of hospitalization, and almost twice the case fatality rates for individuals aged 18-74 (Hotez et al., 2021). According to the *New England Journal of Medicine* (Gleason, et al. 2021):

The largest study of intellectual disability and COVID-19 outcomes examined claims data from 467,773 patients who received COVID-19 diagnoses between April and August of 2020. This study found that those with developmental disabilities were over 3 times as likely to die following a diagnosis of COVID-19 and that those with intellectual disabilities were 2.75 times as likely to die following such a diagnosis.



It has been documented that people with IDD face obstacles to receiving healthcare at the same rate and quality as those without IDD (Scott et al., 2014). They may also face hurdles when it comes to receiving the COVID-19 vaccine, which makes timely and strategic targeting of vaccination initiatives for this population even more critical.

In addition, given that people with IDD are documented to be more vulnerable to COVID-19, the omission of most individuals with IDD from the initial CDC vaccine-prioritization guidelines created a significant public health concern. The prioritization of people with disabilities was left to the states. A recent article in the *Washington Post* (February 2021) noted that the District of Columbia, as well as Maryland, Alabama and many other states are leaving people with disabilities who live in large institutions and group homes out of their Phase 1a plans, instead moving them to 1b or 1c. In Indiana and Rhode Island, group homes have been pushed to Phase 2, with the likelihood that vaccinations are months away. And some states make no mention of disabilities in their vaccine plans. Part of the reason for the variation can be attributed to fact that the CDC guidance was not clear and subject to inconsistent interpretation.

People with IDD are supported in a range of living settings and situations. As a result, once people with IDD are eligible for vaccinations, different strategies will be necessary to ensure those in congregate settings get vaccinated but also that families supporting family members with IDD are supported to navigate sometimes complicated and confusing state vaccination websites. It will also be important to recognize that the racial and ethnic inequities that have characterized this pandemic will also create barriers for vaccination for people of color with IDD and non-native English speakers with IDD.

Finally, ensuring the health and safety of people in residential settings will also rely on the willingness of direct support professionals (DSPs) to also get the vaccination. Although there is no national data regarding the proportion of DSPs who have gotten or plan to get the COVID vaccine, a recent article in the *New York Post* (March 18, 2021) asserted that 40% of DSPs in that state had refused to be vaccinated. There has also been documentation of vaccine hesitancy among long-term care staff working in nursing homes and assisted living (NPR, January 31, 2021). A large proportion of that workforce is made up of people of color, who have a historic mistrust of health care and public health efforts due to the legacy of discrimination and racism within the health system. This same level of hesitancy will almost certainly be present in the IDD workforce which likewise is comprised significantly of people of color.

Questions to ask: Is your state collecting and reporting data on the numbers of people with IDD who contract COVID-19, the numbers who have long-term effects of the disease and the numbers who die from the disease? Is there an outreach and education effort aimed at ensuring that families have the information they need to get vaccinations for their family member with IDD? Are their education and outreach efforts aimed at DSPs to reduce vaccine hesitancy and to combat misinformation? Is information available to people with IDD, families, and DSPs about what they can do once they get the vaccine? Is the outreach and education on vaccinations culturally sensitive? Are vaccinators trained to understand the unique needs of this population regarding vaccination (e.g., fear, anxiety, etc.)?

Want to know more?

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