

ADA Impact on Individuals and the COVID-19 Long Haul

Georgia Tech Center for Inclusive Design and Innovation

Southeast **ada** Center

 Burton Blatt Institute
Syracuse University

TRANSCRIPT

Webinar

ADA Impact on Individuals and the COVID-19 Long Haul

June 9, 2021 from 1:00 – 2:30 pm [Eastern Time]

>> **Beth:** The COVID-19 pandemic has changed our world and caused many of us to reassess the way we operate and interact with one another daily, including our daily activities, whether personal or professional, especially for individuals living in the disability community. Individuals with disabilities have been disproportionately affected by COVID-19 over the past year and a half. Whether it be through lack of access to important health resources, obstacles to get COVID-19 testing and now the vaccine, as well as some of the long-term effects it can have on individuals with existing medical conditions.

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In this webinar, the presenters will share information on the Americans with Disabilities Act, or ADA, and how the ADA can help those with disabilities as they are still navigating COVID-19.

This webinar will also share information and resources related to the disability community that includes highlights and obstacles to virtual living, COVID-19 vaccine hesitancy, and accommodations and assistive technology that can help with carrying out the COVID-19 long haul. The presenters for this webinar are Carolyn Phillips, co-director, Center for Inclusive Design and Innovation, Georgia Tech. Liz Persaud, program and outreach manager, Center for Inclusive Design and Innovation, Georgia Tech, Dr. Charles Drum, director, National Center on Research, Knowledge, Translation, and Dissemination, American Association on Health and Disability. And Danny Housley, assistive technology case manager, Shepherd Center.

So, let's get started with this webinar. Take it away, Liz.

>> **Liz Persaud:** Thank you so much, Beth, and thank you for that wonderful introduction. I am so thrilled to be on with all of you today and really appreciate just the amount of folks that we have on, we're really excited to be presenting a number of different topics within this overarching ADA impact on individuals and the COVID-19 long haul. And again, I'm truly thrilled to be here online with all of you with my director Carolyn Phillips, our colleague Charles Drum, as well as Danny Housley. So, I'm going to go ahead and jump right into it because we have a lot of

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So, if we could jump to the slide that says agenda, I wanted to let everyone know that we actually have a little bit of an agenda here, just so you have an idea of where we're headed. I'm going kick it off and talk a little bit about the new normal of everyday living, Danny is going to talk about engaging with the environment, Charles is going to talk about understanding vaccine hesitancy among adults in the disability community based on the AAHD vaccine hesitancy national survey. I'm really excited for you all to hear those outcomes as well. And then Carolyn has got great information when it comes to assistive technology strategies and solutions to support COVID-19 long-haulers. Throughout the presentation we will have resources and of course if you have any questions you can type them out and we will do our best to get to you. Next slide, please.

So just some preliminary information on who we're serving. These are statistics that I know all of you are probably very familiar with, but when it comes down to the facts of who we're serving, there are over 61 million individuals in the U.S. that have disabilities that affect their ability to see, hear, communicate, reason, walk, or perform other basic life functions.

That 61 million is a growing number every day. We know that we're always talking about it with the aging population, with

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folks that are injured that acquired disabilities, and now we're talking about that COVID-19 long haul and what that really means. So again, these are large numbers. If we jump to the next slide it puts us in a little bit more perspective here. So, what this really talks about is one in every four, or that 26% if you will. And again, we all know this. People with disabilities are the largest minority group in America. This group cuts across racial, ethnic, religious, gender, and age boundaries, and we know that anyone can become a member of this minority group at any time. Beth said it when she was giving the introduction, people with disabilities have been disproportionately affected by the pandemic by COVID-19. And so, it's been our daily work, all of us here on the panel, folks at the Southeast ADA Center and I think all of you on the line as we're collectively working together to ensure that the resources available that anything that folks with disabilities need relative to COVID-19 is available and ready at their hand, if you will. So, we'll jump to the next slide.

And I absolutely love this. This is something that we at Georgia Tech at CIDI (Center for Inclusive Design and Innovation) and our Tools for Life program, which is the assistive technology program that we focus on. This says guiding principle and public law and if you look at the bottom it actually says public law 108-three-six-four.

And this says disability is a natural part of the human experience, and in no way diminishes the right of individuals to live independently, enjoy self-determination, to make choices, to

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go to school, to have a job, to be fully integrated in all aspects of life. I absolutely love this thanks to Carolyn for pointing this out to me many, many moons ago when I joined the TFL team and again it is something that we often, you know, talk about, because this is public law and I think it's a beautiful piece of legislation, just saying that disability is natural and so it is all of our job to take a look at that, to understand what that is, and again make sure that those resources are available to folks that need it.

And if we could go to the next slide, please. And we'll go one more. Thank you. Thank you.

We often say this, and I think many of you agree. We talk often about how disability is often a consequence of the environment. And I include this when I'm talking to folks about disability issues on -- on much of the spectrum, if you will. I identify as somebody with a disability, I was diagnosed when I was a little, nine months old, so I've progressed throughout my life in doing, you know, really well. I don't think about being in a power wheelchair, I don't think about the assistive technology that I use because it's my life, it's integrated into my life. When I do think about it, is when the environment isn't set up for me. So, all of a sudden, I'm rolling around outside with friends, maybe go into a restaurant for dinner and if it's not accessible, if there are steps, no curb cuts, all of a sudden, it's about Liz who uses the wheelchair, Liz that has all of these obstacles, if you will. And so, again, when our environment, when our support systems, our

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support circles, when our resources are accessible, when they're universally designed, if you will, when they're baked in, not layered on, when people with disabilities are thought about from the beginning, then we don't have the idea of just people with disabilities, right, it's everyone collectively. So again, just wanted to highlight this fact of disability is often a consequence of the environment. We think about that, we've thought about that this past year, almost over a year now when it comes to COVID, and especially when that means for the disability community as well.

Next slide, please.

So, I just wanted to take just a few moments and talk a little bit about this kind of new normal of everyday living. What that means for folks with disabilities. We can go ahead and jump to the next slide. And I'll be sharing a little bit about my personal perspective as somebody who is a professional, but also just has a disability and has been navigating life if you will just in this new way. I wanted to just touch and just say that Georgia Tech at CIDI, the Center for Inclusive Design and Innovation, especially within the Tools for Life program where the assistive technology program for the state of Georgia, we are always online and we're always accessible. Prior to the pandemic, no matter what, if we had a training in person, there was always some virtual aspect that people could connect to. It's because of accessibility. It's because we understand that, you know, somebody may have had difficulty with their personal caregiver that morning and couldn't get in to work.

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And so, they've got to look at the day a different way. Just ensuring that captions are available or, you know, ASL interpretation or just whatever it is that folks need to make their environment work for them. So, again, we've always had some piece of it online and I will say that has helped us to make that translation a lot easier of everyone being online throughout the pandemic. When we were first starting to look at our services at Tools for Life at Georgia Tech. So, we still continue to work on translation of in-person trainings, tours and conferences, to what that looks like virtual. The benefit is like I said, we've always had some component online and accessibility is key. And we'll talk about that in just a moment. There's a photo here, I just thought it was adorable, it was one of the first ones that kind of came out when COVID hit, so there's a bunch of cute little dogs on a Zoom call together. And I got to say, my favorite one is Tater Tot on the upper left, sitting there with her cup of coffee in front of the fireplace, so I just thought it was adorable. Next slide, please.

So just wanted to talk a bit about platforms and accessibility, because absolutely this is key to when folks, no matter what your ability is, are online and just a couple of pointers here that we wanted to share, don't want to kind of drone this into everyone over and over, but, you know, we are on -- in a virtual world now. And it's exciting to me as somebody who this has allowed to kind of open up other opportunities of, you know, even social engagement, if you will, and I'll talk about that in just a few moments. Just what this means for people with disabilities being

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online and being active in the community and just being included. So, I hope that this is kind of a green light for the world to really pay attention to that moving forward. And so, when it comes to platforms and accessibility, just keep it simple. I mean, if you are on the platform that you're familiar with and it's accessible, just use that one. You know, provide accessible handouts, PowerPoint slides, Word documents, doing all those things in advance is also very helpful. Just being thoughtful about the approach. Captioning, live captioning versus AI, artificial, you know, intelligence. You know, the auto-captions, taking a look at that and what that really looks like. And even minimizing keystrokes, you know, some of the tools that people with disabilities in rural communities have used to stay connected are now being commonly used. So, like video calling platforms, teleconference platforms, even cooperative gaming, all of these are really coming through -- coming through as just regular ways that folks with disabilities are engaging every day. Next slide, please.

So I've got this here and it says at the bottom we've been doing this for a long time, that's been the -- that's been the conversation amongst the people with disabilities is that, you know, folks with disabilities have quarantined, especially like in late fall/winter when it comes to flu and cold season, folks with disabilities adjust to weather, they adjust to environments, and so being online, being connected has just always been something that folks with disabilities have been doing. In the pandemic

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there have been some positive developments for people with disabilities. If you're able to access the internet, you can prepare -- you can be prepared and participate in society like you've never been able to before. And it's because the physical and some of the communication barriers have disappeared, because it's accessible, because it's online. And so, there's all the access to school and work and shopping and just hanging out with friends, that's all been driven through this online world, if you will.

It's important that we remember people with disabilities in this COVID-19 response. Especially throughout this post-recovery. People keep talking about going back to the way the world was before. You know, I think about that often, there's a part of me that's -- you know, I want it, and I don't want it. Because there have been some positives that have come out of this. I think in the world of darkness we've all experienced this past year; it is important to focus on that positive that's come out from it. So, we absolutely need to focus on a better future of learning lessons, listening to life experiences, and just making meaningful investments that can help folks with disabilities just be more included, if you will. And so, this was just a great article here about people with disabilities and the COVID-19 pandemic. So, everyone will have access to these resources as well. Next slide, please.

I wanted to share this resource. It's a link to an article in the New York Times, it's all about the power of connection. A good

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friend of mine was featured in this article, and it's really -- the article is titled when the world shut down, they saw it open.

And it's talking about how some people with disabilities thrived, especially when it came to being online and having that accessible world, if you will. So not only was it about just being able to work from home and be a professional, but all of a sudden being invited to concerts and happy hours and baby showers and engagement parties. The pandemic has made work and social life more accessible for many, people with disabilities are often thinking about what it means next, will these virtual accommodations last?

And again, that is what I was referring to a moment ago of, you know, that green light, if you will. We hope it doesn't revert and that so many people and companies and organizations are really looking at what this can look like for so -- so many people, if you will.

Next slide. And so, Danny will talk to you a little bit more about engaging with the environment. Danny?

>> **Danny Housley:** Yes. So, yeah, engaging with the environment is a complicated one. It incorporates so many different environments, not just your physical but also your virtual, getting used to interacting in both, and I'm going to go over some of the benefits and the challenges of each of those. And we can go to the next slide.

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So, when everything kind of started at the top of the pandemic and everybody was, you know, working from home, I didn't have quite the same experience as some of my co-workers. At the time I was working at Tools for Life within CIDI and I am blind, so I use a lot of different assistive technology in my office. So, I was able to bring my laptop home, which has a lot of softwares that I use on it, but, you know, my apartment is not large. I have a roommate who is a wheelchair user. So, we don't have things like a dining room table or a coffee table or things like that, things that are going to take up space and get in the way. So, space was an issue. I couldn't bring my video magnifier home. I couldn't bring the large monitor that I normally use. The setup took a while. It took a few weeks for me to finally get everything set up the way I needed it to be set.

You know, again, I don't have a desk, so I was working from the bed. And then I was able to get a table from work and have that to work from and eventually we got a monitor and some other things. But it was not an easy thing for me personally. And for a lot of people in the blindness community, we all had very similar experiences with, especially if you're low-vision, if you use additional equipment like the video magnifiers and some of the other things, a lot of us didn't have room for that in our homes. And then, you know, there were some items that just couldn't be done remotely. I would go in one to two days a week to get things done that I couldn't do remotely. At the time I was

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managing our state's alternative financing program, and, you know, that's a lot of personal private information that I did not personally want to be responsible for keeping in my home. You're looking at things with, you know, Social Security numbers and people's, you know, protected health information, so I didn't want to be responsible for having that in my house without being able to secure it as it was in the office.

There was also a lot of anxiety involved with this. So not just with, you know, I'm working at home and I don't have the stuff that I normally have, you know, there's also just we're in the throes of a pandemic. Not being able to, you know, feel comfortable going out, taking mass transit. Since I don't drive, I normally would take fixed route Marta, and for those that may not be in Atlanta, that's our transit system. So, I did not feel comfortable riding the train and the bus because I can't tell how close or far away someone is normally. Now I have an app on my phone that can tell me how far away somebody is, but, you know, it's touching a lot of things, it's getting, you know, just kind of getting around. So, I was using paratransit more to kind of ease some of that anxiety. So, it was a very complicated situation.

And then, you know, finding support with your peers really helped ease some of the -- some of those issues and troubleshooting some things. Previously I worked at the center for independent living, so I know the value of peer support. Liz and I touched base quite a bit throughout to kind of share, you know, how she's a pro working from home, so it's like, okay, let's

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get some ideas for how to ease into this and how to make it work a little better, connecting with some of my people within the National Federation of the Blind, and some other independent living organizations to get ideas and to share those experiences and find solutions that were really going to work. And that--that really helped with kind of moving things along. And speaking of moving things along, we can move along to the next slide. One thing that I really had to learn, this was back in March of 2020, learning not to touch things. So, like I said, I have a visual disability and so I orient myself in space by feeling like door frames if I'm in the grocery store, I'm kind of feeling along the aisle. You know, grabbing handrails going downstairs. I actually at the beginning of everything I counted, and I walked from my apartment to a Kroger that's up the street, about two blocks away, and there were about 65 touch points that I counted every time I was about to touch something, and it was about 65 just to get two blocks to Kroger, and this was something -- again, this was something we discussed in the National Federation of the Blind meetings. All of us had to readjust how we engage with the environment, how we're getting around, how we're, you know, it was a lot more touching things with my cane. Always having a hand sanitizer clipped to the wrist strap of my cane so that it was always readily available, and just being aware of how you're, you know, interacting with the space. In person and online interactions, those were a mix, a mixed bag, good and bad, right? Interacting in person, you know, a lot of us in the vision loss

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[Laughter]

--because it was jarring to have that. And that was maybe two or three months in, and it was just -- I think I was in the grocery store or something, and somebody just grabbed my elbow to steer me, which was not welcomed, by the way, and it was just -- it was -- it was startling, to say the least.

Online interactions were good. You know, with working in independent living, with working at Tools for Life and with the NFB, we were used to online and teleconferences. We have people in very rural parts of Georgia with the NFB and people that I worked with the alternative financing program that didn't have internet access, so they relied on phone conversations, they relied on free conference calls and things of that nature to stay in touch. So that was the easier of the transitions. I did have to do a lot of reminding people about presenting accessibly. It's -- you know, the same kind of barriers that you encounter in person where somebody will be presenting and they will refer to something on the slide, but they won't actually say what it is, they will say oh, you know as you can see, um, and then not give you, you know, a description of the image or tell you what exactly it is that they're referring to. So, it was a lot of gentle reminding people about that. Giving people pointers on things like audio

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descriptions, describing images. You know, I don't care that a person is wearing a fuchsia shirt and their hair is bobbed, I don't care, most blind people don't. There's no need to describe yourself when you're presenting unless it was pertinent to the information that you're presenting. Same thing if you know you're doing audio descriptions for a video, keep it to the point and don't veer off. Screen fatigue was something when you talk about interacting with your virtual environment, I was exhausted every day that I would work because it's just constantly being in front of the screen, I'm not getting those breaks to walk away and talk to a co-worker or, you know, refresh that coffee down the hallway. My eyes were wiped and I found myself relying more and more on my screen reader by the end of the day, you know, and it's a lot. Social distancing, this one is--I mentioned before, I can always tell how close or far away somebody is, I do have some pretty significant depth perception issues. And I was so glad when in the fall an update came out for the iPhone and if you have a phone with, it's called a LIDAR sensor, it stands for light detection and ranging, it will actually tell me if somebody was closer or further than 6 feet away. It would actually read off the distance so that I would get a set of vibrations to let me know if they were getting closer or further away. So that really helped with that. And getting around that, you know, I mentioned using paratransit more, relying on that more than I was used to—that really was a life saver, and especially for paratransit was a life saver for a lot of people in the Atlanta area because about 80% of

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the bus lines were suspended and if you didn't have access to paratransit, you were stuck, your bus line was just not available. So, getting around was definitely, definitely a challenge, and we can go to the next slide.

I think a question may have come in. Oh, so the name of the tool. So, on the -- so I have an iPhone 12 Pro, and if you open up the magnification app on it, go into options, then you can turn on -- it's called people detection. So, it's a -- it was a really useful tool that I've -- I still use. Just to kind of gauge distance and definitely worth checking out. So, supports within the disability community that are out there, so peer support, I mentioned it's more important now than ever, relying on people that have similar life experiences, similar disabilities to share those strategies for: how do you get your groceries; how do you safely do X, Y, and Z. You know, I don't know where I would be without my people in the disability community. Over the last year. It's been invaluable.

Centers for independent living, a lot of organizations got CARES act funding to help some of the consumers in the -- their community. So, I know in Atlanta here, disability link, we're working with people to get small items to make the transition to working from home easier, to make things safer during, you know, COVID. I know a lot AT was purchased throughout the state for centers for independent living for their consumers, so that was wonderful. It really helped with easing a lot of people --

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easing a lot of anxiety and making sure they had the tools they needed to be independent.

The National Federation of the Blind conference, it went fully virtual, like most of them, right? Most conferences were either canceled or they were -- had a virtual component, but they did a very good job of making sure that they used Zoom. And the amount of trainings they offered to people ahead of time, whether you were going to be calling in on the phone or whether you were going to be using the computer. Amazing, they did such a good job of making sure that people were prepared to go into that kind of virtual environment.

People that may not have a lot of technical skills at first. So that kind of training, and the Association of Programs for Rural Independent Living, APRIL, and the National Council on Independent Living, NCIL, they both had accessible conferences. Again, they had a lot of trainings, with NCIL, before every single presentation, they went over how to access captions, how to access the interpreter, they made sure that every single session had both live captions, and they had an interpreter. They did trainings so that all the presenters knew how to describe images and to present accessibly. Wonderful, wonderful preparation ahead of time.

And then CDC guidance and vaccine information sharing. You know, being able to get that information out, to finish it out within the community. We did a lot of mobilization within the

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independent living network here, within the NFB to share that information and make sure that people had the most up to date, and even sharing those accessible versions of things, CIDI did a whole lot of work to make Braille and accessible PDFs and videos that pertained to vaccination and the CDC guidance. So very, very useful information. And then we will go to the next slide.

So back in February I did leave Tools for Life and I moved over to the Shepherd Center and I did want to point out some of the unique challenges here. So, the Shepherd Center is a hospital, it's a catastrophic injury hospital that specializes in working with people with brain and spinal cord injuries. So how do you fully serve the patients that are here for rehabilitation when there's social distancing, when there's all of these PPE supply shortages and all of this?

And they -- before I got here and as I'm working here now, I'm seeing how the patients were served, I'm hearing how some of my co-workers here in the assistive technology center and other units at the hospital, how they did that. You know, basically it was one of those things where all of the, you know, all of the outside activities had shut down, no visitors were allowed in. Throughout the, you know, from March 2020 to now, they only had 11 cases of COVID-19, which was wonderful. I mean, it's not -- it's not great, that anybody had it, but the numbers were that low, we're looking at similar hospitals throughout the country, they did not have that low of a number of cases.

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And since everything is, you know, so insular here, it was especially challenging. All outpatient programs were halted. Anybody coming in that was not an inpatient, anybody that was not admitted, all of that was put on hold. One of my co-workers here actually made a video on how to make a mask for somebody who uses a sip-n-puff wheelchair. That was one of the difficult things, if you sip-n-puff, it's basically a straw that goes into your mouth and they wanted to make sure if somebody needed to use a mask but still needed to drive their wheelchair, how do you do that?

And she's an engineer, and she managed to come up with a very clever way of altering masks, surgical masks so that somebody could still have the mask and use their sip-n-puff device. Altering the environment, you know, people put up plexiglass barriers everywhere, people started working remotely. People were spaced out more in our seating clinic here. We made sure that there was sufficient space when we were fitting somebody for a chair. Everybody had to wear eye protection, face protection, gowns when they were interacting with the patients. So it was, you know, a challenge to adjust to that. They also put screeners in, and they reduced all of the entrances to just two so they can focus on the two entrances where everybody is temperature screened, they have accessible temperature checks. So, you basically just stand in front of it if you're in a wheelchair, you just roll up to it, it automatically takes your temperature, they ask you the series of questions and again they

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were limiting how many people could come into the hospital. So, I mean, it was limited to staff that were not working remotely. And then looking at testing and the vaccine availability, Shepherd, they didn't have testing directly on site like some places did, but they would reimburse for testing. They had a limited number of tests they would do here on site, and then they started making the vaccine available as soon as they could to all of the staff. And right now, we're looking at about 74% of all of our full-time -- or all of our non-PRN staff are vaccinated. We are looking at, you know, how do you combat some of the vaccine hesitancy. How do you look at encouraging people? Whether it's from, you know, provide are more information, the cultural standpoints of some individuals, you know, we've had a lot of conversations around that to make sure that people have all the information, have all the right information, and are making the decision that is best for them. So, we've been roundtables and all kinds of virtual and in-person events to share that information to kind of reduce some of that hesitancy. And we can go on to the next slide. And the next section and presenter.

>> CHARLES DRUM: Thank you very much, Danny, for that informative kind of overview of what a real-life effect is of the COVID-19. My name is Charles Drum, I'm with American Association on Health and Disability. Some of you may be aware that in -- [indiscernible] -- people with disabilities access to healthcare and personal care services, mental health issues,

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What we wanted to do is follow-up that work by looking at vaccine hesitancy among adults with disabilities. We did not have resources -- resources to do this ourselves. So this staff time to develop, implement, and analyze the survey was volunteered by the American Association on Health and Disability. The full report of what I'm presenting is available at www.AAHD.US, our website.

And for those of you who don't want to go through the 22 pages, there is a two-page summary document there as well.

My colleague, Jacob Ditsch is a co-author of this report. Importantly, the center for inclusive design and innovation volunteered staff time to ensure the Section 508 accessibility of the report itself. Our previous survey general rated something like 30 different -- generated something like 30 different documents and for graphics, research reports, and we did in it house did the accessibility work, CIDI was able to turn that around in a very quick time and we're very grateful for that. Next slide, please. So it was an online survey, we developed a host of questions in a number of different content areas. It was conducted between March 12th and April 5th of 2021, it was on Survey Monkey. Alternate formats were available to people upon request. We used four of the six American survey definitions,

ADA Impact on Individuals and the COVID-19 Long Haul including Deaf or serious difficulty hearing, the hearing group, which was 5% of the sample. Blind or serious difficulty seeing even when hearing -- wearing glasses, the vision group. Series difficulty -- excuse me, that was 4% of the sample. Series difficulty walking or climbing stairs, the mobility group, which constituted 41% of the sample. And because of a physical, mental, or emotional condition, have serious difficulty concentrating, remembering, or making decisions, what we refer to as the cognition group. We also have questions about the underlying causes of that cognition, disability not reported here today. We also asked people if they had experienced multiple disabilities, and 67% of the sample said that they had.

Our final sample was 4,131 adults with disabilities. Next slide, please.

The full sample was although we kind of have people with hearing and vision disabilities underrepresented, the rest of the sample was pretty demographically diverse around issues of race and ethnicity, in fact, we had a very strong representation of people who are African American, there was good diversity on issues of gender, age, and we asked a question about community location, urban, suburban, rural, frontier, and we had a nice stratification along those dimensions.

Our key question was whether or not people were going to get vaccinated. And people could say that they'd already been vaccinated or the vaccine was in process, yes, no, or not sure.

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Among the people who were going to get vaccinated or had been vaccinated, we had follow-up questions about did you have concerns about the vaccine and why did you take the vaccine, open-ended questions. For the no and not sure groups, we had statements about disability-related and general vaccine hesitancy, distrust in certain organizations and individuals, accessibility questions, availability questions, all of these questions framed as were these a big reason or a little reason or not a reason for the individual's vaccine choice. Next slide, please.

So here are the results. 38% of the sample said that they had already been vaccinated -- [indiscernible] -- that March and April timeframe. So not that long ago. 34% of the respondents said that they were going to be vaccinated. 17% said that they were not sure. And 10% said no, they were not going to be vaccinated. Next slide, please.

Now, in the report itself we go through the top five big reasons why people are giving their vaccine choice. I'm going to be providing the top three in the interest of time and space. What we're looking at here is a bar chart that represents the responses of the no vaccinated seen group compared to the not sure group on three different dimensions. So people said that they were not going to be vaccinated, 63% of people said they were not going to be vaccinated because they did not trust the effect of the vaccine on their disability, compared to 43% of the people who were not sure. 58% of the people said that they

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were not going to get vaccinated because they didn't trust the vaccine's impact on their underlying health condition. Compared to 46% of the people who were not sure about being vaccinated. 42% of the people who said they were not going to be vaccinated said this they had not had sufficient or reliable information on the impact of the vaccine on their underlying health condition, compared to 44% of the not sure group. Next slide, please.

This is another bar chart doing the same comparisons between the no vaccine and not sure group.

69% of the no vaccine group said that concern about long-term side effects was a big reason why they weren't going to be vaccinated. Compared to 53% of the not sure group. 60% of the no vaccine group said that their belief that the vaccine was rushed was a big reason why they were not going to be vaccinated, compared to the 41% of the not sure group.

And then 46% of the no vaccine group said they were not going to get vaccinated because a concern about short-term side effects, compared to 37% of the not sure group.

Next slide, please.

We also asked people about safety and effectiveness, trust or distrust among certain organizations and individuals. Asking them if these were a big reason for the vaccine choice. Again, this is a bar chart representing the no vaccine and not sure groups. 51% are -- and there's a comment that the slide did not progress. Mine on my screen did. So if you could look at that.

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51% of the no vaccine group said that they did not trust the federal government to ensure the safety and effectiveness of the vaccine, compared to 29% of the not sure group.

51% of the no vaccine group said they didn't trust specific federal officials on the safety and effectiveness of the vaccine compared to 30% of the not sure group.

46% of the no vaccine group said that they didn't trust manufacturers to ensure the safety and effectiveness of the vaccine compared to 29% of the not sure group.

Next slide, please.

We also asked the same set of questions about an array of individuals and organizations, and I should clarify it included things like federal officials, state officials, local public health, vaccine manufacturers, healthcare systems and healthcare providers. So this slide, and apparently some people are not being able to see this, this is the -- distrust in the provision of reliable information slide. Again, a bar chart, comparing the no vaccine and the not sure groups. 57% of the no vaccine group said that they did not trust federal officials in providing reliable information about the vaccine, compared to 31% of the not sure group.

56% of the no vaccine group said they didn't trust not officials but the federal government writ whole, to provide reliable information about the vaccine, compared to 31% of the not sure group.

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[indiscernible] -- themselves to provide reliable information about the vaccine compared to 31% of the not sure group.

Next slide, please.

So there's a good range of reasons why you might not want to have a vaccine. It could be disability specific ones. It could be general hesitancy reasons. I don't believe in vaccines. It could be safety and effectiveness distrust. It could be unreliable perception of unreliable information. We also wanted to know if people were making their vaccine choices based on their perception of accessibility or lack of accessibility. So the top three big reasons were much smaller proportions than we had anticipated. Again, this is a bar chart comparing the no vaccine group to the not sure group. 6% of the no vaccine group said that site inaccessibility was a big reason why they weren't going to be vaccinated, and 12% of the not sure group said that played a role in being not sure. 5% of the no vaccine group said that the lack of alternate format information was a big reason why they were not going to be vaccinated, compared to 10% of the not sure group. Excuse me.

4% of the no vaccine group said that the lack of transportation was a big reason why they were not going to be vaccinated, compared to 11% of the not sure group. Next slide, please.

We also wanted to know about the availability of the vaccine, was it just accessibility issues or was it availability issues

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is ware -- as well. Again, a bar chart comparing the no vaccine and the not sure groups. 4% of the no vaccine group said that the fact that the vaccine wasn't being in their -- offered in their community was a big reason why they weren't being vaccinated, and 10% of the not sure group said that played a role in their vaccine decision.

4% of the no vaccine group said that the vaccine wasn't available after they had gone online and done registration for it. And 10% of the not sure group said that.

And then 4% of the no vaccine group said that the fact that the vaccine wasn't offered in their preferred location was a big reason why they weren't being vaccinated. Compared to 15% of the not sure group.

Next slide, please.

All right. I had to drink some water to get through this particular table. I wish we had asked this question differently. But what we did ask is that we came up with a set of seven or eight different vaccine sites, and we asked people to rank each particular site as to whether or not it was their first choice, second choice, or third choice. So what I want to focus on here is the top three choices between the no vaccine group and the not sure group. Among the no vaccine group 80% of them identified having a vaccine at a hospital as their first choice. 20% said second choice, and 0% said that was their third choice. Doctors' offices among the no vaccine group, 59% said the doctors' office

ADA Impact on Individuals and the COVID-19 Long Haul would be a first choice, 29% said it was their second choice, and 12% said it was a third choice. The big mass vaccine sites that folks have been trying to get out there, among the no vaccine group 33 persistence% said that would be a first choice. 22% said that would be a second choice, and 44% said that was a third choice.

Among the not sure group, having the vaccine at home was ranked higher, 59% said that would be their first choice, 16, second choice, 25%, third choice. Doctor's office, equally high, 57% said that was their first choice, 33% second choice, 10%, third choice. Pharmacy, 27% first choice, 35% second choice, 38% third choice.

Next slide, please.

Conscious of my time, what I want to emphasize is that we were surprised that the no vaccine and not sure groups shared many of the top five -- [indiscernible] -- no vaccine groups were significantly higher than the not sure group around those big reasons.

Disability hesitancy includes lack of trust or a lack of reliable information on the vaccine's safety and effectiveness on people's disabilities and underlying health conditions. General hesitancy includes concerns about side effects, both long-term, short-term and rushed development. And there's significant mistrust in these larger entities, federal and state government, vaccine manufacturers in ensuring safety and providing reliable

ADA Impact on Individuals and the COVID-19 Long Haul information. And there's unexpected findings regarding the small role of the lack of availability and accessibility. However, our explanation is that these are folks that are either not going to get vaccinated or they're just not sure yet. It's when you've made the commitment, the desire to be vaccinated, that is when the lack of availability and the lack of accessibility comes out. Next slide, please.

So where do we go in public health?

What can we, you know -- how can we move forward based on these findings?

Granted, it was a convenience sample, it was a homogenous convenience sample, has a little more applicable to the general population. We would argue that one should focus on the not sure group. It's a larger proportion, there's more of them. How can we change their minds?

Can we focus on local vaccine initiatives where there seems to be stronger trust at the local level?

Can one argue by analogy?

There's been so many vaccines developed over the years, that a way to point to one doesn't have to be concerned about short-term effects, that's a function of your body saying the vaccine is working. We know that our work needs to be broken out by type of disability and demographics as a self-funded project. We haven't been able to do that work. Reasons for doing things include big reasons and little reasons. We have not

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been able to look at that combination effect of the big reason and the little reason. And we also want to understand the tipping point for the folks that are vaccine ready or vaccinated, what is it, what were the concerns, what were the reasons that they chose to do this?

This is not a plea for typical more research is needed from an academic, we need to understand these things better so that we can reach people with disabilities. Last slide, please.

Next slide, please. So my contact information is available on the slides and information you received previously, CDRUM@AAHD.US. I'm going to turn it over to Carolyn Phillips right now for the next presentation. Thank you very much.

>> CAROLYN PHILLIPS: Thank you so much, Dr. Drum, and outstanding information. Very helpful. And Danny, always learning from you. And Charles and Liz. So thank y'all so much. I am going to be talking about assistive technology strategies and solutions, really focused on supporting COVID-19 long-haulers and we'll move to the next slide. There's a whole bunch of information that is now emerging about what really is happening with some of our folks who did have COVID-19 and then the lingering effects of that. The CDC actually has put a lot of resources behind this, we're also seeing some other research agencies, organizations, a lot obviously focused within the medical community. We're putting resources behind this because that number is growing and it's a very, very significant

ADA Impact on Individuals and the COVID-19 Long Haul number of folks that we're talking about. We are also calling these post-COVID conditions. And so wide range of new and returning ongoing health problems. What is also within the definition here, the way they're defining this, and keep in mind this is ever being defined and ever evolving, and is, you know, folks that experience this for more -- [indiscernible] -- I will tell you from the calls that we have been getting from the folks that I've been serving directly and from what we're hearing from both within CDC relationships but then also within the larger medical community but also within our disability community and in general, is that a lot of these symptoms are going well beyond four weeks -- [indiscernible] -- as some of the folks -- one of the women that I was talking with just I guess it was on Monday has been -- it's been 13 -- 13 months for her, and pretty significant. So experts around the world are working on this. Really trying to learn more about the short-term and long-term health effects associated with COVID-19. Who gets them, why, all of those things. And so stay tuned. This was just updated in April and I know they're about to update it again. So stay tuned.

And we'll move to the next slide.

So when, you know, when I'm wearing this -- and looking at helping folks through that lens of assistive technology, what technology can assist and what accommodations do people need to consider and also connecting them with our awesome Southeastern ADA partners and with other folks around the country, what I'm often looking for are where the functional

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limitations, and I'm putting that in air quotes, if you could see me, I would have air quotes going right now, and so that's how we would figure out how to support and what kind of solutions even if it's mild solutions, but and even if it's mild symptoms, but, you know, especially as we get into more moderate and more complex and -- symptoms, then how we can address those. And ways to keep people able to accomplish their, you know, activities of daily living, keep jobs, also keep, you know, spirits up, keep, you know, participating in society, stay connected, all of those things.

So when the biggest one that I'm hearing and very closely after it, so the biggest is tiredness or fatigue. The second really is difficulty thinking or concentrating. Some people are saying oh, this is brain fog, they just feel foggy, that's what they mean by that. I'm also hearing COVID fog or COVID brain is another thing.

Also, difficulty when it comes to, you know, just, you know, breathing, things like that, smell and taste. And then we're also seeing a lot of depression, anxiety. Danny, who, as you know, so proud of him and happy for him in his new role but very, very much appreciate all that he contributed within our Tools for Life team, had a lot of solutions around depression and anxiety that we're implementing with our COVID long-haulers. So just looking at this list and then helping kind of match that with technology solutions. So keep that in mind as we move through this talk.

And we will move to the next slide.

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So when you do a search, and this has been one of the frustrating things I think for a lot of folks who are within this long-hauler group, and a lot of them were and I'm putting this once again in air quotes, they were relatively healthy. A lot of them have not really had much experience within the disability community. Are not familiar with terms of how do you find assistive technology. The terms that they're looking for and searching for solutions, they're not even sure, you know, how actually to move forward with, you know, finding those solutions. So Liz and our team very much is paying attention to this and trying to come up with solutions that could help people match much more quickly and find solutions. And also helping those of us who are within the disability community that are supporting, whether it's within our independent living center partners or our area agencies on aging partners, of course the assistive technology community, and then of course the wider community of those of us who are focused on helping when it comes to raising awareness and Americans with Disabilities Act and thinking about accommodations. So this is just a -- there's an image here of a woman holding her head, and this is very much, you know, what, you know, very -- very similar to what I'm hearing from folks. True story here, you know, here's a woman, Callan, who she at first had intense headaches and then a lack of energy and oxygen, she was having a very difficult time, you know, and then staying socially connected, all of that. She actually did have COVID. A year later she says she's only back to

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75% of her typical energy. And she -- [indiscernible] -- she's not recovered her senses of taste and smell. Really struggling with the dizzy spells and recurring bizarre dreams. That's one of the things that she also -- and a lot of other folks have experienced. She says here that she was too weak sometimes to even take a shower, wash her hair. She used to be one of those folks that could multitask and she can't do it anymore. Some days it's so bad I can't remember what I've done for the last four hours. I'm missing chunks of time in my days. That is not, you know, that is not unusual, unfortunately, in what we're seeing. And keep in mind, this continues to evolve.

So we'll move to the next slide. A lot of us are familiar with these tools that we're using currently, right?

We're using Zoom, we're using Teams. Sometimes what I'm finding is connecting the dots with individuals, helping them understand not just the tools that are out there, you know, not everyone uses Teams, not everybody is even familiar really with Zoom still, but yet these are tools that can help. So sometimes the conversation when I hear fatigue, I'm thinking about what are ways that we can minimize, you know, the physical effort that somebody needs to put in in order to accomplish tasks, you know, so if they don't have to drive to work, for example, let's not drive to work. Right?

And if we can somehow just, you know, make a strategy for a person where, you know, they could use -- have that bimodal

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input that does make a big difference for a lot of folks, a lot of people have never even used captioning, so using -- it's best to have a real captioner like we have today, but, you know, using AI, artificial intelligence, that auto-generated captioning can really help a lot of folks. You know, also just organizing, keeping people's lives a little bit more organized. And once again, you know, those of us who are using Teams and have these big licenses through our work, you know, are familiar with this, but there's also other ways to acquire Teams. You know, you can even just, you know, download it. Which is great. And pay for it as an individual. So sometimes it's just helping people think those things through. The next slide talks about Zoom. Zoom, once again, looking for both easy platforms, the nice thing about Teams is that you can do multiple things on that. There was one woman that I was working with who did not have access to Teams and did download it, we were able to put her calendar, match her calendar up and that actually relieved a lot of stress for her because she was able to have everything in one place, look at it. Similar to the woman that I just talked about that you just -- that -- person you just heard about, Callan, we -- you know, we were able to make it so that they were able to let go of having to think about, gosh, what am I forgetting, that's what I'm also hearing from a lot of folks, is they're concerned about what they're forgetting. And so -- so anyway, trying to make it easy. So that's why Teams is kind of like a more comprehensive solution. Zoom is another great solution. When it comes to

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intuitive, easy to get started on, and then just, you know, being able to connect with individuals, there are so many more people that are familiar with Zoom. So we'll move to the next slide.

The other thing that we're also seeing and I'm hearing is folks are having a tough time just kind of figuring out their day, figuring out their priorities. That goes back to that brain fog, if you will. So there are lots of solutions out there that I think people are not aware of. So this is just one of many. This is a priority matrix. It's based on Steven Covey's work. And it's a very concrete way to help people kind of track their progress, set dates, figure out where they should be spending their energy. And so we often, Liz and I, and Danny, have talked about hanging out in quadrant two, which is not urgent, but important, you know, things, like paying your bills or, you know, planning ahead, setting doctors' appointments, taking care of things. And sure enough, this has been one of those that has helped on multiple levels. One with the brain fog, if you will, one with fatigue. And also helped ease anxiety. So multiple ways that we're able to address some of the symptoms of -- that are long -- [indiscernible] -- we could do a whole presentation on just all these solutions because there's been so much growing and coming out of this community. So we'll move to the next slide.

And the other thing, and Danny actually created this slide a while back, but I have recommended it and sure enough, I'm finding that this is helping some of our folks who once again would be considered long-haulers, having that white noise that

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relaxing sound we're finding once again eases the anxiety. There are some folks who have never really felt anxious and all of a sudden, you know, that's one of their big symptoms with COVID-19 long-haulers. So, you know, having this could be something that would help. Also actually as people are sleeping we have found that this is helpful. And we'll move to the next slide.

There's a whole bunch what -- that is out there when it comes to helping people, once again, with fatigue, with that COVID brain, brain fog, that we find within where we have categorized it as memory tools or helping folks, you know, and that's what -- I just want to make sure y'all were aware of this, that this is where some of this information is coming from, you know, Liz and I both have very smart homes. You know, my daughter is one of those folks that benefits from that. There's all kinds of cool things that Danny has shown that you can do on -- with a smart watch, for example. I am wearing a smart watch right now. And it does ease my own anxiety. So and then also thinking about smart communities. So, you know, just thinking about all the different ways we can support memory, also ease fatigue by having all kinds of things happen automatically, if you will. And so I'm going to go through some of those solutions now and we'll move to the next slide.

So when we're talking about memory, there's a bunch that we can do with automated prompts and reminders. There's a -- an app, for example. If this then that. And so, you know, if I go

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into the kitchen and I have my smartphone on me, then the lights could turn on, right?

Or if I'm driving by my mailbox and I forget to check my mail all the time, then I can be prompted to, hey, check your mail. You know, if I'm driving by a pharmacy where my medication is, then I could be prompted that, you know, so it could be GPS related, it could be proximity related, you know, all kinds of things. It could be time related also. So thinking about all the different ways that we could use technology very strategically and customized for specific issues that people are talking about. I'm finding that we're having to make a lot of -- I'm making a ton of these little cheat sheets, if you will, and helping people really customize their solutions.

Automated prompts and reminders I think are underappreciated until you really need them. And this is a community that definitely is benefiting from these. Also devices that detect motion. There's a woman that I was working with who is a COVID person who had COVID, a person who identifies as a long-hauler, and we were able to -- I told her all about these motion detectors, and sure enough, it did help her, it does help her turn on lights and gives also pre-recorded voice reminders for her as she's moving throughout her -- throughout her home, but also throughout her day. Like, for example, when she's leaving the kitchen, she has a pre-recorded voice reminder that says check the stove.

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And then she checks the stove. It is a very low-cost, very easy solution for her to put into place. And also once again, address some of the anxiety she had about leaving the stove on.

Then there's also accessing devices remotely. I've worked with some families to make sure they're aware of some of these. Some of the newer appliances allow you to actually access things remotely. But there are also smart plugs that can do that too. I can literally turn off some appliances or turn on some appliances from across the country just by being connected with some smart plugs. So all kinds of solutions that can help as people move through their healing process. And as we learn more about the long haul. We will move to the next slide.

Here are some more solutions that a lot of us are familiar with. But I think often we don't think about, you know, these and there's an image of a Google -- hey Google. There's Siri, there's other solutions that have to do with more assistance -- [indiscernible] -- all of those in ways that can help with fatigue but also help with safety. I think are underestimated but also extremely important as we're moving through this.

With our COVID long-haulers, there has been along with that fatigue and dizziness, some pretty significant falls. So also having fall sensors can be extremely important as we're helping folks kind of reengineer their environment as they move through this. And we'll move to the next slide.

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So all kinds of solutions too when it comes to socializing and connection. So don't underestimate the importance of these. You know, including some of the fun apps that are out there. Digital games and puzzles. There are some folks -- there's one person in particular that is a COVID person who is a long-hauler with COVID, and they were saying how much they appreciated being introduced to those digital games because it also -- they felt like they were building their brain back, which I thought was great. Some of the communications apps, extremely important. And then also some of the digital photo frames, still relevant as we're thinking about helping people socialize and stay connected.

And we'll move to the next slide.

So one of the big things that I'm hearing too and it's -- the terminology is I can't find anything, and these are people who typically some of the folks that I'm interacting with within this community, that was not an issue for them before. Pre-COVID. So just being aware that there are all kinds of solutions from the newest one, which is the Apple tag, you know, which is something that you can actually attach to any number of purses, wallets, keys, remote controls, even, you know, phones. To the tiles that have been around for a while. And then hiro, which is yet another strategy that's out there. Another thing that a lot of people aren't aware of that you can also put these in clothes.

And then you can also track kind of where you're going. There's way finding now even that you can install within your

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shoes. So just think about the locating devices, once again trying to ease that stress and tension. And we'll move to the next slide.

Medication management is a big issue. Big issue for a lot of folks. Some of people that I'm working with, they actually were not people that even had medication, they weren't on medication before. And now they're on a lot of medications. For all kinds of things. And so we're back to helping people figure out what's the best medication management solution for them, so they can add here and -- adhere and stay in compliance with what their doctor has suggested or recommended. So there's these very obviously low-cost color ones are often what I'm recommending, if a person, you know, if colors can mean something to that person. There's an image over here, it says Monday, Tuesday, Wednesday, it goes all the way through the week.

And then it's got sun rise, midday, sunset. So, you know, that has been actually one that has helped a lot of folks. But then there are other ones that are more complex, but give me feedback so you would actually pick up, it has one, you know, a pill box -- a little pill holder for every single day of the month. And whenever you remove that, it can let you know that you actually took it. What I'm hearing from several folks is they can't remember if they took their medicine. So some of them are taking their medicine multiple times and some of them aren't taking medicine at all. And then there's this other one that, you know, it's a whole -- there's a whole family of solutions for this one too, which is set on a timer. And so that way the person can

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only access it at a certain time and they can absolutely tell whether they took the medication or not.

So once again, thinking about these daily living activities too. And we'll move to the next slide.

This is also something to keep in mind. There are these solutions that what we typically were using this for is folks who were in school, like all of our virtual learners who throughout the country, there's a chrome extension that just reminds people to do certain things. Well, here what this does is it reminds people to actually blink and drink water and stretch. And so that's where I'm using this solution for some of our folks who are within that community of long-haulers. We'll move to the next slide and really just want y'all to know that, you know, Tools for Life, Sierra Montez on -- [indiscernible] -- it's the Tools for Life app finder. You can search by price, category, operating system, what have you. You can find a lot of apps there and a lot of solutions that we just spoke about but also that we're talking about as we move forward.

So the next few slides and we can just flip through some of these, these are solutions. So there's this optical character recognition, seeing AI is definitely one of my favorites. Danny actually introduced me to that. This is another thing that is helping people when it comes to fatigue. If you look at it from that perspective, this is really optical character recognition for people who have low vision or who are blind. I have pretty

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significant learning disabilities, I use it all the time. Same with tap tap see, and it's that bimodal input, getting that extra information.

And move to the next slide.

And so live captionings. This is something that actually has helped several people that I was working would where they could actually see the text and the words coming by and that was super helpful for them. And they just download this and it's not 100% accurate, but it is helpful. We have Google live transcript here and then also AVA. And we will move to the next slide. The next few ones are really more about relaxation. Tons of apps out there. This is called Smiling Mind, it's got some research behind it. Once again addressing the anxiety that our long-haulers are talking about. And I have found success with this one and it's free and we'll move to the next one. This is more about balance. You know, it's that meditation and sleep. And tracking sleep. This is where that smart watch is extremely important, but also having an app that can help with that has been a big win. And we'll move to the next slide.

So Calm, before COVID-19 there were about 10 million folks that had downloaded this. After COVID-19 upwards of 81 million people are using this app every day. And so I encourage folks to check it out. Once again, that whole mind-body-soul connection. And it can really help people.

And we will move to the next slide.

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I don't want y'all to forget all the great solutions that are built in and thankfully this is all related to the law, right?

So, you know, that's why a lot of these solutions are in there. So don't forget to check out the Windows ease of use, you know, ease of access features. A lot of these have helped whether it's narrator speech to text, speech recognition, large fonts, all of those things can be extremely helpful. Once again thinking about fatigue, memory, ways to reduce stress. And we'll move to the next one.

And these are just more about IOS features. And voice control, voiceover, speak screen, once again a lot of our long-haulers, folks who identify in that community, are benefiting from these. And we will move to the next slide.

And, you know, don't forget about the very helpful -- I'm not going to say -- well, I will say it, Siri, it often turns on mine, and how helpful that can be when it comes to putting in reminders and things like that. And we will move to the next slide. I sure do hope this was helpful. As I said, we could go a whole session just on these technology solutions for our long-haulers and some of the strategies around that. And these are a bunch of resources that we just want to make sure you are aware of. We will move to the next slide. And there are support groups. The biggest one is the survivor core, it has 162,000 people who identify within the COVID long-hauler group, but there's also the body politics that has 18,000 members and several other ones, COVID bootcamp,

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the long COVID support group on Facebook is also out there. And I have been actively being pulled into some of these to provide solutions, and I encourage you and I know some of you are putting in the chat that you have folks or you identify and you're in this community than, you know, just know there's support out there. And a huge community of folks. Also the job accommodations network, which a lot of us are -- have worked with for years. When it comes to accommodation solutions, they actually do have an article on their blog about long-haulers and the Americans with Disabilities Act, there's a link and we can hopefully put that link in the chat for you. But there's the link. And we'll move to the next slide.

All right.

And I'm going turn this on over to Liz. Thank y'all so much for your time and for this opportunity to collaborate. We really do appreciate it. Liz, it's all you.

>> LIZ PERSAUD: Thank you -- [indiscernible] -- resource I want to share and then we'll wrap up. This is from the U.S. Equal Employment Opportunity Commission. Or the EEOC. Obviously they enforce workplace antidiscrimination laws, including the ADA. There's a link here with a guide specifically about COVID-19, coronavirus. And if we go to the next slide. There's just a little bit more information about this -- another guide they have technical assistance document, pandemic preparedness in the workplace and the Americans with Disabilities Act. So this is

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the original document issued in 2019 during H1N1 virus, and then it's been reissued last year, March, to incorporate updates regarding COVID-19. But just another resource I wanted to share with everyone in regards to ADA and preparedness for the pandemic and just COVID-19 and the long haul, if you will. We can go to the next slide. I know there have been lots of questions. I'm going to toss this back over to our partners back at the Southeast ADA Center, but just wanted to say thank you again to Carolyn Phillips, Danny Housley, Charles Drum, for joining me and presenting on this webinar today. Thank you, guys, very much.

>> MARSHA SCHWANKE: Thank you all for -- to all our presenters. And thank you to you participants for joining us today. We have time for just a couple quiz before we wrap up with some important information regarding your certificate for participation that's available from this webinar in the archive. But we did have a question for Danny about if he could put in the chat area a link to iPhone's new feature introduced to maintain safe distance with people.

>> DANNY HOUSLEY: Yes, I will get that in just a sec.

>> MARSHA SCHWANKE: Okay. And we had some other questions about -- there was one question that came in for Dr. Drum that he answered. Dr. Drum, you want to repeat that question and the answer?

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>> CHARLES DRUM: The question was whether or not we were considering conducting a survey of people with and without disabilities so that we could do comparisons across those two populations. We do not have resources to do that at this time, but we are making a recommendation in our report that a population-based survey be conducted and that it could include that information.

This would be helpful in targeting additional resources to reach people with disabilities if we could demonstrate that there is a specific higher level of hesitancy among folks with disabilities.

>> MARSHA SCHWANKE: Thank you, Dr. Drum.

There was also a question about where we can get a white noise machine. And our moderator Beth answered that, that he could get white noise applications on your phone, you could buy a specific machine just to make white noise or simply turn on a fan to provide low-level noise.

And we had a question about did Dragon have a cost. Carolyn, do you want to answer that one?

>> LIZ PERSAUD: This is Liz, and I will jump in. There is a slight cost to Dragon, there are different versions out there. I will -- while we're wrapping up, I will put the link in the chat. But if you do a quick Google search just for dragon naturally speaking, it will be the first result that pops up. And you'll see the different versions of it. There's a professional version, I'm someone that uses speech to text, I use that professional version every day, but

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it's because I'm working. If you're just doing basic, you know, emails and messages and what have you, social media posts, then you probably could go with like an individual version if you will, but just a quick Google search will take you right to that information.

>> MARSHA SCHWANKE: Thank you, Liz.

And then there was some additional questions about finding example and names of -- if -- if this then that apps. And I think if they go to Tools for Life, Carolyn, they could provide -- they could get more information about different apps, correct?

>> CAROLYN PHILLIPS: Yes, that would be great. Just reach out to us if you go to our website, and again, I'll put that in the chat as well. We can absolutely help you out with that. And just talk a little bit more in detail about it. Absolutely happy to help.

And definitely check out the Tools for Life app finder.

>> MARSHA SCHWANKE: Thank you all again to our presenters. If we did not get to your question, you know, please send an email to SEADA webinars@syr.edu. [indiscernible] -- 404-541-9001.

We're going to wrap up and pass it over to Beth for our wrap-up questions and the important information.

>> Thank you, Marsha. And thanks to all of you for your participation in this webinar. And thank you to the presenters for

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sharing their knowledge and time. Carolyn Phillips, Liz Persaud,
Charles Drum, and Danny Housley.

Take note of this bonus question. This is Wally, who is the
cat of our presenter, Carolyn. You may need this information for
the post-test.

As a reminder, a certificate of participation is available for
this webinar. To receive a certificate, you must meet four
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the webinar and your attendance to this webinar must be verified
and you must complete the online multiple choice post-test.
After you submit the post-test and verify your attendance, you
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An archive will be available in three to five business days and
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go to
WWW.ADAsoutheast.org/webinars/2021/COVID-impact.php.
The links to the post test evaluation and archive have been
provided in the chat in Zoom. And will will be be emailed to all
registered participants.

ADA Impact on Individuals and the COVID-19 Long Haul

Thank you again for being with us for this webinar, ADA impact on individuals and the COVID-19 long haul. This webinar was co-hosted by the Georgia Tech center for inclusive design and innovation, CIDI, and the Southeast ADA Center, a regional center in the ADA national network and a project of the Burton Blatt Institute at Syracuse University, funded by a grant from the national institute on disability independent living and rehabilitation research.

Register for the upcoming webinar from the Georgia Tech Center for Inclusive Design and Innovation, COVID-19 Vaccines for Caregivers and Personal Care Assistants, which will be held on Wednesday, June 16th, 2021, at 3 to 4 PM Eastern time.

For resources and more information on ADA disability and COVID-19, please visit the Georgia Tech Center for Inclusive Design and Innovation, CIDI, accessibility COVID-19 resources at cidi.gatech.edu/covid. And the ADA disability and COVID-19 resources at adacovid19.org. If you have questions about the Americans with Disabilities Act, contact your regional ADA center at 1-800-949-4232. Or the Southeast ADA Center by phone, 404-541-9001, or email adasoutheast@syr.edu. Remember, all calls and emails are confidential.

Thank you.

>> MARSHA SCHWANKE: This concludes our webinar.
Thank you again for joining us.

End of Transcript

Webinar: ADA Impact on Individuals and the COVID-19 Long Haul

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