



VACCINE EQUITY

The Center for People With Disabilities (CPWD) is in proud collaboration with Boulder County, and other local organizations to form the Vaccine Equity Coordinating Committee (VECC). Using a shared leadership framework and consensus-based decision-making process, this committee is dedicated to ensuring community driven approaches to support vaccine rollout strategies and uptake among priority populations. Equity Vaccine

Clinics are now being organized at the Boulder County Fairgrounds on Tuesdays and Thursdays. This community driven approach to not only identifying a need, but creating action to address it.

What is an Equity Vaccine Clinic?

An equity vaccine clinic is designed to increase access to the vaccine for underrepresented groups of people within our community by addressing barriers based on race, ethnicity, ability, language, and gender identity. To have a truly equitable vaccine distribution that overcomes barriers, accommodations and prioritization need to be provided for these populations.

Not only does the COVID-19 vaccine need to be available for everyone (*equality*), but additional steps need to be taken to ensure barriers such as accessibility, technology, language, transportation (to name a few) are also addresses and removed (*equity*).



Source: <https://www.pinterest.com/pin/489273947015444941/>

Why is a Center for Independent Living involved?

As a Center for Independent Living (CIL), our mission is to provide resources, information, and advocacy to assist people with disabilities in overcoming barriers to independent living. Independence directly relates to an individual's quality of life. Many of the people we work with are considered high-risk regarding COVID-19. Access to the vaccine is important to their independence. Unfortunately, despite risk status, many people with disabilities were excluded from the High-Risk, Phase 1 vaccine distribution.

CPWD found it essential to help advocate for our community in helping create and participate in vaccine clinics designed to accommodate our high-risk demographic, as well as other high-risk demographics marginalized and excluded from the distribution plan.

Disabilities: Medical Model vs. Independent Living

A medical model of disability can be dehumanizing as it sees people with disabilities as defective and unable to care for themselves. In this approach, it is assumed that someone with a disability needs a doctor or caretaker to tell them what to do or take care of them, that alone they are

unable to make decisions and care for themselves. Because of this attitude, at the extreme, medical model promotes institutionalization over independence. Ironically, despite this view, people with disabilities were not included in Phase 1 vaccine distribution.

Conversely, Independent Living Philosophy (IL Philosophy) and CILs like CPWD believe that people with disabilities – and all people – have the right to make their own choices when it comes to medical care, lifestyle, home, work, health and other aspects of living. IL Philosophy advocates for reasonable accommodations, such as wheel chairs, transportation, assistive technology, accessible housing so that people with disabilities can live independently. Further IL Philosophy advocates for the right to make key life choices including medical providers and medical treatment, caretakers and support services, where to live and what to do with one's life – just like everyone else.

IL Philosophy: A Review

IL Philosophy is really a movement was part of the disability rights movement in the early 1970s. Individuals such as Ed Roberts worked to deinstitutionalize people with disabilities, and for the first time in history, afford people with disabilities the right to live free and independent lives. A landmark of this movement was the inclusion of Title VII amended to the Federal Rehabilitation act in 1978 which provided funding nationwide for Center for Independent Living (CIL).

The focus of the IL Philosophy is to give every person the freedom to choose how to live their lives, whether or not they want institutional care, and most importantly the choice to live and support themselves independently. It is no coincidence that the disability rights movement and civil rights movement occurred at the same time on the '60s and '70s. Back then, both movements focused on equality and freedom, and both continue to be relevant in today's society as we still struggle with inequality and inequity regarding disability and race.

Awareness and Action

Raising awareness about the barriers associated with vaccine distribution specific to people living with disabilities is an essential first step in creating change. In addition to barriers faced by the disability community, we must also acknowledge how other marginalized communities have been disproportionately affected and in need additional resources directed to their communities to increase access and prioritize care. Immediately following awareness, we need action, a way to shift the inequity and create opportunities for the changes we seek in our community and society.

As such, we hope that this information will serve to increase awareness and commitment to change. At the same time, our collaboration with other community partners to create Equity Vaccine Clinics is the action that is needed now to provide equal access to this important health and social resource.

Thank you for taking the time to read and learn more!