

January 31, 2022

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Khan, Rusha

From: Raj Chopra [REDACTED]
Sent: January 31, 2022 12:00 PM
To: Jackson, Juliet; Montesdeoca, Veronica; Khan, Rusha; Mary Daniel
Subject: Fwd: Globe and mail article on Vaccination for persons with disabilities

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Hi all,

I am forwarding for your information an article that was sent to me by one of my colleagues on the Standard Health Committee of the Ontario Government

It might be a good idea to include an update on the vaccination program by Paul Sharma and/or Dr. Lo. In the upcoming AAC agenda.

Many months ago, Mr. Sharma had given an update.

Raj Chopra

----- Forwarded message -----

From: Barbara Collier [REDACTED]
Date: Mon., Jan. 31, 2022, 9:21 a.m.
Subject: Globe and mail article
To: Sandi Bell <sandi@empowword.on.ca>, Yona Lunsky <Yona.Lunsky@camh.ca>
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Excellent article in today's Globe and Mail.

Well done, Yona and Sandi.

<https://www.theglobeandmail.com/opinion/article-our-pandemic-response-must-stop-overlooking-people-with-disabilities/>

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OPINION

Our pandemic response must stop overlooking people with disabilities

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CONTRIBUTED TO THE GLOBE AND MAIL

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Since the early days of the pandemic, the disability community has called for their prioritization in vaccination, hospital care and community support. It has long been clear that people with disabilities have a greater risk of contracting COVID-19 because they are more likely to live in congregate settings, experience poverty and rely on external people for support. With emerging data in Ontario and elsewhere, there is now evidence that they suffer worse health outcomes than people without disabilities after contracting COVID-19.

Yet, even in the face of the Omicron wave, Canada's pandemic response continues to neglect this segment of the population. A major barrier has been a lack of Canadian data on outcomes of COVID-19 patients with disabilities. COVID-19 tracking systems do not measure disability, leaving it to researchers to fill this gap. Early Ontario research showed that people with developmental disabilities were twice as likely to be hospitalized or die from COVID-19.

However, until now, data on the outcomes of COVID-19 patients with other disabilities, including physical and sensory disabilities, have been limited.

Our own study, published Monday in the Canadian Medical Association Journal, describes outcomes among COVID-19 patients with physical, sensory, and developmental disabilities in hospitals in the Greater Toronto Area. People with disabilities had 36-per-cent longer hospital stays and were 77 per cent more likely to need a repeat hospitalization shortly after their first hospitalization. These disparities persisted after accounting for age and other factors that might explain differences.

These data are consistent with evidence from the United States, the United Kingdom and Europe showing worse outcomes among COVID-19 patients with disabilities, including for breakthrough infections. The message is clear: Protecting the health of people with

the ability for users to indicate their accommodation needs. Similar to the U.S. Disability Information and Access Line, trained staff are needed to facilitate vaccination and clinics must attend to communication, physical, social, and sensory needs. Alternative options must be offered to those who cannot attend clinics, including mobile and home vaccination.

Hospital visitor policies have also been restrictive. This is an issue for patients with disabilities who may need help from essential care partners, particularly to communicate with their medical-care teams. Improving hospital care for people with disabilities should include providing exemptions to visitor restrictions, improving communication and co-ordination with community services at the time of hospital discharge, and routinely gathering feedback from disabled patients to identify and address barriers to care.

The pandemic has disrupted many of the supports that people with disabilities rely on for personal care. There is no vaccine mandate for home and community care providers, although some home-care companies have taken it upon themselves to do so. All community agencies should mandate vaccination for their health care providers. Further, home-care agencies and the people with disabilities who use them must have access to high-quality masks and rapid testing to protect their health.

To support these efforts, we should systematically collect data about disabilities to ensure our pandemic response is equitable. COVAX, the international monitoring system for COVID-19 vaccine distribution in which Canada participates, recently added fields for gender and race/ethnicity to its data collection system to address health equity considerations. Disability data should be included, too.

Finally, and most importantly, the voices of people with disabilities must be amplified to influence pandemic policies about vaccine access, hospital care, and community support. The pandemic response has overlooked these voices, leading to widening inequities. We must act swiftly to close accessibility and wellness gaps for the 6.2 million Canadians with disabilities.

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