

The COVID-19 Pandemic and People with Disabilities:

Primary Concerns, the AUCD Network
Response, and Needs for the Future

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Introduction

While the COVID-19 pandemic has impacted how individuals worldwide live, work, communicate, and receive medical care and education, it has further illustrated the disproportionate gaps that exist for people with disabilities to receive these same resources and services necessary for survival and quality of life. The [Association of University Centers on Disabilities \(AUCD\)](#) has identified, responded to, advocated for, and addressed the needs of people with disabilities throughout the pandemic. AUCD is a network of interdisciplinary centers advancing policy and practice for and with individuals with developmental and other disabilities, their families, and communities. The AUCD Network is a coalition of university-based interdisciplinary programs located in every state and territory of the United States, including:

- 67 University Centers for Excellence in Developmental Disabilities (UCEDD), funded by the Office on Intellectual Developmental Disabilities (OIDD)
- 53 Leadership Education in Neurodevelopmental Disabilities (LEND) Programs, funded by the Maternal and Child Health Bureau (MCHB)
- 14 Intellectual and Developmental Disability Research Centers (IDDRC), funded by the National Institute for Child Health and Development (NICHD)

AUCD network programs serve as a bridge between the university and the community, bringing together the resources of both to achieve meaningful change.

Since March 2020, AUCD has tracked advocacy, education, and information dissemination efforts pertaining to the needs of people with disabilities during the COVID-19 pandemic among its policy, public health, technical assistance, and communications teams. AUCD also engaged with numerous federal agencies to ensure a continuous flow of information between the disability community and the agencies engaged in responding to their needs. Efforts were categorized into themes which revealed the evolving needs of people with disabilities over time. The themes discussed below have been AUCD's main focus during the COVID-19 pandemic, as identified by the needs expressed by the disability community and AUCD network members.

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Home and Community Based Services

In order to meet the emergency needs of people with disabilities, AUCD has [maintained focus on advocating for Home and Community Based Services \(HCBS\) during the COVID-19 pandemic](#).

Of the 12 million people who need long term services and supports, only 1.5 million live in congregate settings such as nursing homes and other types of institutions, with the remainder in home and community settings. Medicaid is the primary payer for these HCBS services, through Medicaid HCBS waivers. Even prior to COVID additional pressures, the waiting lists and state variance in eligibility and services have complicated expansion of these services. Expansion of HCBS services and funding has been a priority of AUCD that has increased during the COVID pandemic as death tolls have risen for people with disabilities in congregate and HCBS settings and as people with disabilities chose to live in the community. Regardless of the work that has been done, gaps in HCBS must continue to be addressed through enhanced federal funding, helping people who were relocated during COVID return home, and continuing to transition people from congregate setting to their communities as guaranteed under civil rights laws.

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Additionally, the temporary allowance of 1135 waivers to states by Medicaid as authorized by Congress during the health emergency expanded telehealth, suspended prior authorizations and provided other flexibilities allowing people to stay in their homes safely. Such continued flexibility following the COVID may help support further expansion of HCBS services. This increased and continual support is needed for individuals to live in environments of their choice, as opposed to large congregate settings like long-term care facilities, [where 40% of all COVID-19 deaths have occurred.](#)

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Additionally, direct support professionals (DSPs) provide critical HCBS and supports to people with disabilities, such as assistance with communication, technology, activities of daily living (ADLs), employment, counseling, new skill development, and medical therapies. By providing these services, DSPs support people with disabilities to live, work, and participate in their communities and at home. Throughout the pandemic, frontline DSPs have had trouble accessing personal protective equipment (PPE), placing this particularly high risk population at

even further risk of contracting COVID-19. This direct care workforce has also been left out of COVID-19 relief provisions for hazard pay and other supports, despite doing essential work.

AUCD was, and continues to be, a dominant voice when advocating for HCBS and DSP needs, as evidenced by 334 individual policy efforts addressing COVID-19, which included meetings with Congressional staffers, follow-up efforts with Representatives and Senators, sign-on letters with stakeholders, meetings with members of Congress and their staff, and education to Congress and the public. AUCD published two resources, [Frequently Asked Questions \(FAQ\) 1.0 Re: COVID-19](#) and [Frequently Asked Questions \(FAQ\) 2.0 Re: COVID-19](#), to share information and strategies on how to fill community gaps that people with disabilities are experiencing during the COVID-19 pandemic. Additionally, AUCD launched the [What We Need](#) campaign (Appendix A), which allowed 60 people with disabilities to share their story and needs during the pandemic with key stakeholders and Congressional staffers. UCEDDs developed recommendations for providing HCBS during the pandemic, such as the [Risk Assessment and Mitigation Strategies for Applied Behavior Analysis: Treatment of Children with Autism During a Pandemic](#), written by [Michigan Developmental Disabilities Institute](#) and partner organizations within the Michigan Taskforce on ABA Treatment During the Pandemic.

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While HCBS are necessary for the lives and wellbeing of many people with disabilities, they are optional services under Medicaid. This means that state Medicaid programs can eliminate both rates and wages for frontline DSPs, especially if budget reductions are deemed necessary. A critical policy need for DSPs is to be identified as essential workers by the federal government. This identification will prioritize DSPs for vaccinations and to receive adequate PPE, including N95 masks, when exposure or active COVID-19 cases have occurred in their work environment. This essential worker identification will amplify the need to increase pay for DSPs to a livable wage. Additionally, DSPs who are displaced due to facility closures, high risk status, or family decision of no outside workers entering the home need to be provided with emergency pay to ensure financial security. Furthermore, incentives should be provided to states who build credentialing programs for DSPs that lead to further education as well as increased wages.

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Education Systems

The COVID-19 pandemic revealed gaps within the education system that limited funding to emergency needs of students with disabilities, their families, and the schools and service providers that support them. The educational services mandated by the Individuals with Disabilities Education Act (IDEA) are critical for the continued learning and future success of children with disabilities. The disruption to education and childcare services caused by COVID-19 disproportionately impacted students with disabilities and their families, who rely upon individualized educational and developmental services from school and community providers. Additional funds for IDEA are critical to ensure that children with disabilities can continue to access necessary services in a safe and equitable manner.

The disruption to education and childcare services caused by COVID-19 disproportionately impacted students with disabilities and their families, who rely upon individualized educational and developmental services from school and community providers.

At the start of the pandemic, the physical closure of schools and universities across the country meant hundreds of thousands of students with disabilities lost access to the individualized services and supports necessary for their education. Furthermore, students with disabilities may communicate using methods beyond spoken word, utilizing assistive speech devices, augmentative and alternative communication, sign language, or visual cues in the classroom. The migration to remote learning, while necessary to reduce exposure to COVID-19, exposed a digital divide for many students with disabilities who rely on supports for their education. Lack of access to technologies, especially the internet, and a poor understanding of how to use technology to participate in remote education are examples of digital divides that often occur in rural and low income communities.

AUCD disseminated multiple resources to the network and public that advocated for student eligibility for education services and supports during the pandemic. The [*Inclusive Emergency Education: Promising Practices, Technical Assistance, and Policy Recommendations*](#) white paper written by AUCD shared promising practices from educators and parents, technical assistance from network members, and policy recommendations for government leaders at the federal,

state, and territorial levels. Furthermore, AUCD developed [43 State and Territorial Act Early/COVID-19 Response Teams](#) focused on support for early childhood state systems to support recovery and strengthen resilience skills, behaviors, and resources of children, families, and communities.

Network members built tools to support parents and caregivers in advocating for their child's education needs, such as [Children's Specialized Hospital's A Simple Approach to Help Your Child with IEP Goals while Sheltering at Home](#) in [English](#) and [Spanish](#). AUCD Policy Talk blogpost, "[Will College During the Pandemic Be Segregated?](#)", written by Laura Rodgers, a college student and disabled woman, showcased the concerns and challenges that colleges and universities faced when addressing the rights and needs of students with disabilities when reopening for classes in the Fall 2020 semester. Additionally, the [University of Miami Mailman Center for Child Development](#) (Mailman Center) worked with Florida's Title V Agency, the [Florida Chapter of the American Academy of Pediatrics](#), and the [Family Network on Disabilities](#) to create a shared decision-making resource, *Back to School Checklist*, in [English](#) and [Spanish](#) to help families make back-to-school choices for children with disabilities and complex medical conditions. Furthermore, the Mailman Center and the [Center for Dignity in Healthcare for People with Disabilities at the University of Cincinnati Center for Excellence in Developmental Disabilities](#) supported Stanford University in the development of an additional resource, [Back to Safe Communities of Learning \(SCOL\): A Guide for Families Choosing Whether to Send Their Child Back to School or Learn From Home](#).

While much has been done to support the transition to remote learning and advocating for education needs, there remain significant gaps that affect children with disabilities and their families. One such gap pertains to the evaluations and reevaluations regarding special education needs. At the time of school system closures due to the pandemic, thousands of children with disabilities across the country were undergoing the evaluation process to determine if they qualify for special education and related services under IDEA or reevaluated to determine their current needs. Consequently, many local educational agencies (LEAs) across the country are behind in their evaluations and reevaluations with little to no plan on how to efficiently and effectively complete them. Organizations who provide clinical evaluations and treatment across the country could help LEAs conduct these evaluations and reevaluations in multiple focus areas including psychological, psychosocial, cognitive, speech-language, occupational therapy, physical therapy, and audiology. Additionally, LEAs will need to develop a process to effectively conduct evaluations and reevaluations in a remote setting. Because numerous clinical programs have successfully pivoted to telehealth evaluations in response to the pandemic, there reveals an opportunity for LEAs to learn from these clinical programs.

In light of this, every child with a disability who qualifies for special education and related services under IDEA will have a potential claim for compensatory services against their LEA. When children return to school full-time, their parents and guardians may wish to advocate for compensatory services and supports. Families may need support to understand where their

child was when the pandemic began and where they are when they return. Additionally, technical assistance can be provided to LEAs as they draft recommendations on how compensatory service plans can be created to meet the special education and related service needs of children with disabilities.

Additionally, many children with disabilities have been without their intensive school-based services and supports since March 2020. This has forced working families to juggle the roles of parent, professional, teacher, one-to-one aide, and/or Applied Behavior Analysis (ABA) therapist. This is an unrealistic, unsustainable expectation of families. To mitigate this, LEAs will need to seek out support from individuals and organizations that specialize in disciplines such as behavioral, psychological, or social work to help provide in-home aides and services for children with disabilities and their families. Additionally, energies must be spent to reduce the digital divide so that families and children have access to broadband internet and the appropriate technologies to successfully participate in remote and/or hybrid education. Lastly, educators, including general and special education teachers, are [leaving the workforce at high rates during the pandemic](#), and nearly 1.5 million teachers, or one in four, across the United States “have health conditions that put them at high risk of serious illness if they were to contract COVID-19,” (Claxton et al., 2020). As school systems fully reopen, not only will it be necessary to provide clear and consistent messaging about and preparing for safe return to school, but there will be a critical staffing need for teachers and related service professionals. This reveals opportunities for organizations with related training programs to provide support to these school systems in order to close the gap.

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Civil Rights

Civil rights have historically been denied to people with disabilities, and the COVID-19 pandemic has highlighted and worsened this issue. In documenting the country’s response to COVID-19, including start-and-stall efforts to write and pass relief packages, the needs and civil rights of people with disabilities have not always been a clear part of the story. Many people with disabilities rely on Medicaid funding for HCBS to remain in their homes and communities, rather than in high-risk congregate settings. Despite the promises of *Olmstead v. L.C.*, many people with disabilities still live in environments that put them at greater risk for COVID-19 infection. Advocates have also raised concerns that these settings, despite their known high-risk, have few requirements to report infection or even death rates among residents and staff.

Thus, the true scale of this problem is not fully known. Investments in HCBS, including DPSs, was stressed as a critical part of COVID-19 relief.

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Civil rights laws that aim to prohibit discrimination on the basis of disability have been put to test throughout the COVID-19 pandemic response. Crisis care plans released by states originally planned to ration care away from people with some disabilities. Though hospital visitor bans aimed to reduce infection spread, they inadvertently heightened risk and reduced access for people with disabilities who rely on care providers and support in healthcare settings. Intervention from advocates and the Office of Civil Rights resulted in changes to these policies. Some healthcare providers have also unfairly pressured individuals with disabilities and/or their families to forgo life-sustaining treatment for COVID-19, or even adding Do Not Resuscitate (DNR) orders to individual medical records without consent. UCEDDs and LENDs have shared their knowledge with healthcare organizations regarding medical rationing of care. [The University of Miami Mailman Center for Child Development](#) helped to inform development of the [Ethics Guidelines for Crisis Standards of Care in Public Health Emergencies](#) from the [Florida Bioethics Network](#). Additionally, the [Oregon Health and Science University \(OHSU\) UCEDD](#) provided content to inform the [visitor policy for their healthcare organization](#).

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Beyond the direct impact of disparities on COVID-19 infection and mortality rates, there are a number of basic rights significantly impacted by the pandemic response. IDEA provides expectations for critical components of education and the education planning process for students with disabilities. The COVID-19 pandemic may have changed the delivery of these services, but it has not altered the rights of children with disabilities who receive them. The disruption to education and childcare services caused by the pandemic disproportionately impacted students with disabilities who rely upon individualized educational and developmental services from schools and community providers. COVID-19 relief packages must address these disproportionate impacts and provide funding and direction to address them.

Furthermore, the COVID-19 pandemic and response has highlighted racial and ethnic disparities, which have resulted from both historical and current practices of racism. These disparities are even more concerning for marginalized people, including people of color with disabilities, and structural racism and ableism have combined to cause inequities. Various employment settings have revealed disparities in COVID-19 exposure, while housing situations have exposed inequalities in COVID-19 susceptibility. In healthcare, disparities in access and treatment for COVID-19 have been evident throughout the pandemic. Subjective assessment of quality of life, biased medical decision-making, and failure to provide reasonable accommodations in healthcare settings have led to poor outcomes, including deaths, for individuals with disabilities with COVID-19. While there is increased dialogue around these issues, it remains to be seen whether policies will be implemented to address these inequities.

The COVID-19 pandemic and response has highlighted racial and ethnic disparities, which have resulted from both historical and current practices of racism.

The Network's history and resources provide the foundation to respond to the intersecting public health crises of COVID-19, economic emergency, and racial inequality. The AUCD network has led the way in educating members of Congress about the needs of people with disabilities during the COVID-19 pandemic. Action Alerts (Appendix B) were published to urge the public to take part in contacting Congresspeople. In response to the racial inequality crises seen this year, [Kennedy Krieger Institute launched an Office of Health, Equity, Inclusion, and Diversity](#) in order to promote the health and well-being of those who work, train, and receive services at the Institute. AUCD Network members assisted with the journal article, "[No Body Is Expendable: Medical Rationing and Disability Justice During the COVID-19 Pandemic](#)", where social determinants of health as they relate to people with disabilities are discussed. Additionally, the [Center for Dignity in Healthcare for People with Disabilities at the University of Cincinnati](#) [Center for Excellence in Developmental Disabilities](#), in collaboration with four other UCEDDs, developed two factsheets, one for healthcare providers on [How to Safeguard Against Disability Discrimination During COVID-19](#) and another for people with intellectual and developmental disabilities on [Knowing Your Rights during COVID-19](#). Additionally, in response to COVID-19 vaccine distribution issues, the [Center](#) developed a [vaccine tracker tool](#) in collaboration with the [Johns Hopkins Disability Health Research Center](#) which is updated weekly.

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COVID-19 relief packages must close, not widen, the gaps that people with disabilities experience when trying to access their basic civil rights. The following calls to action are recommended to advocate for greater equity in the COVID-19 response through these relief packages:

- Fund HCBS services to fulfill the civil rights of people with disabilities to live in their homes and communities instead of high-risk congregate care settings. For those who already reside in congregate settings, expedite their desired relocation to live in the community.
- Collect accurate surveillance data about the disability population, including clarity around cause of death on death certificates and COVID-19 infection and death rates in congregate care settings. Given the inequities in outcomes, disability should be a required demographic in federally-funded data collection initiatives.
- Identify and address the gaps in education experienced by children with disabilities. Provide guidance and funding for schools to conduct the backlog of evaluations, provide compensatory education, and retain teachers.
- Continue advocacy for federal guidance on the necessity to uphold civil rights laws throughout a pandemic and its subsequent response.
- Encourage policymakers to implement proposed changes identified from the country's dialogue on employment, housing, and healthcare disparities experienced by people of color in the United States. Ensure the disability community is represented among stakeholder groups tasked to uphold civil rights and reduce inequities caused by or resulting from COVID-19 pandemic.
- Recognize the considerable gap in the attainment of civil rights for people with disabilities prior to the pandemic, how this gap has widened with the pandemic response, and leverage the COVID-19 relief packages to increase equity for all.

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Healthcare Access

Access to both preventative and acute healthcare has been challenging for all during the COVID-19 pandemic, but even more so for people with disabilities. Many rely on supports and services to get access to and receive medical treatment, including transportation to and from appointments, support persons to assist with tasks, and augmentative and assistive technology to ensure communication needs and rights are met. One of the beneficial outcomes of the COVID-19 pandemic is the use, expansion, and coverage provided by health insurance of at least some telemedicine and telehealth interventions to address patients' with disabilities medical needs, while also protecting patients from COVID-19 exposure. While these services can increase access to safe, timely medical care for people with disabilities, it may leave others behind, for instance, those without internet access, WiFi, or a support person to assist with accessing a telehealth appointment. Even with access to these resources, there is still a significant number of people with disabilities and other underserved groups who do not know how to use computers or tablets. Furthermore, concerns remain regarding how long, for what, and in which capacity health insurances will continue to cover telehealth and telemedicine services. Many of these issues persist because of the continual lack of disability representation in leadership positions of healthcare systems. In response to these needs, AUCD has created a new [National Center on Disability Inclusion and Emergency Preparedness](#) with an emergency planning initiative, Prepared4ALL. This initiative expands the evidence-base for emergency preparedness by engaging 35 disability community organizations to ensure disability needs and perspectives have a seat at the table for local public health planning.

Concerns remain regarding how long, for what, and in which capacity health insurances will continue to cover telehealth and telemedicine services.

People with disabilities often face barriers in accessing quality healthcare, and the pandemic has exacerbated these issues as well as revealed new concerns. PPE shortages impacted DSPs and healthcare providers the ability to assist and treat people with disabilities. In addition, lack of access to PPE and lackadaisical safety protocols led to COVID-19 outbreaks in nursing homes and care facilities, with a significant number of residents becoming very ill or dying from COVID-19. Strict visitation policies in hospitals, while put in place as a safety measure for staff and patients, left many patients with disabilities without needed accommodations (e.g. sign-language interpreters), supports for eating, bathing, or dressing, and without ways to effectively communicate with hospital staff. Potential and actual shortages of medical equipment, like ventilators, led to rationing of care discussions, policies and implementations that put patients with disabilities at great risk for lack of necessary care and death. The AUCD Policy Talk blogpost, "[A Hospital 'Visitor' Can Be a Vital Part of a Healthcare Team – and a](#)

[Reasonable Accommodation Under the ADA](#)”, written in collaboration with the Center for Dignity in Healthcare for People with Disabilities COVID-19 Workgroup, details the need for accommodations for people with disabilities and concern for medical rationing in healthcare settings. With little accurate data on COVID-19 infections and death rate from COVID-19 in people with disabilities, it is challenging to prevent outbreaks in the future. In addition, while development and distribution of the COVID-19 vaccine provides great hope for getting back to some level of normalcy, [concerns remain about equitable access to vaccines for people with disabilities](#). Long-term impacts on the health of people with disabilities who acquired and recovered from COVID-19 are another concern that needs to be closely monitored. These issues have perpetuated pre-existing gaps for people with disabilities to receive life-saving medical care.

Strict visitation policies in hospitals, while put in place as a safety measure for staff and patients, left many patients with disabilities without needed accommodations.

A number of resources were developed by the Network to educate about the importance of removing barriers to healthcare access for people with disabilities during the COVID-19 pandemic. The [University of Miami Mailman Center for Child Development](#) created a [Rapid Response Team Training](#) to teach triage team members how to ensure equitable and objective resource allocation during times of shortages. The [Vanderbilt Kennedy Center for Excellence in Developmental Disabilities](#) in partnership with the [Tennessee Council on Developmental Disabilities](#) developed the [Coronavirus Resources & Disaster Relief from Tennessee Disability Pathfinder](#), a statewide multilingual information and referral service for disability resources that is used to distribute information in response to the COVID-19 pandemic. AUCD’s [Children’s Mental Health Champions](#) pilot project supports 12 Champions who serve as liaisons to the CDC’s Children’s Mental Health program and act as community change agents to increase positive parenting practices. AUCD’s IDDRC members wrote “[The Impact of COVID-19 on Individuals With Intellectual and Developmental Disabilities: Clinical and Scientific Priorities](#)”, which discussed gaps in telehealth practice and concerns regarding testing access and appropriate medical care for people with disabilities infected with COVID-19. AUCD joined the [Morehouse School of Medicine National COVID-19 Resiliency Network](#), a strategic and structured network of national, state/territorial/tribal and local public and community-based organizations working in partnership to mitigate the impact of COVID-19 on racial and ethnic minority and rural populations. Lastly, and in partnership with the American Academy of Pediatrics, AUCD is developing telehealth curricular materials for network members to incorporate into training activities for future professionals.

While many Network members have conducted outstanding work to improve healthcare access for people with disabilities, there is still much more to do, particularly with training healthcare providers on how to work with patients with disabilities, medical rights and equity education, and epidemiological data tracking. Diligent surveillance is necessary to prevent outbreaks, accurately account for COVID-related deaths, and to guide preparedness and future pandemic responses. The continuous quality monitoring, post-action analysis, and data analysis of the Network has provided actionable lessons learned.

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COVID-19 Resources for People with Disabilities

As the World Health Organization and the Centers for Disease Control shared the additional risks and impacts that COVID-19 has on people with disabilities, the AUCD Network has responded to address needs across the lifespan. The network, along with UCEDD and LEND programs, provides a go-to point of connection to members, the public, policy makers, and system leaders that is invaluable and proven in a crisis such as COVID-19. The [AUCD COVID-19 Network Coronavirus Response Dropbox](#) houses over 900 resources from our Network members and stakeholders, covering topics including but not limited to healthcare, access to and accessible technology, mental health and self-care, education systems, food access, housing, and health protectors against COVID-19, like handwashing, PPE, and vaccines. AUCD also exponentially grew the COVID-19 and emergency preparedness resources in our [Public Health is for Everyone Toolkit](#).

Network members around the country curated, developed, and distributed a variety of resources for individuals with disabilities, families and caregivers, providers, and diagnosticians in response to the pandemic. These include resources such as social stories and webinar links for healthcare providers, early interventionists, and caregivers, for example, the University of Cincinnati Center for Excellence in Developmental Disabilities' (UCEDD) [COVID-19 Information for People with Disabilities](#). UCEDD also created resources to guide [use of Charting the LifeCourse™ tools in challenging times](#); [Charting the LifeCourse™ is developed by the Charting the LifeCourse Nexus – LifeCourseTools.com](#) housed at the University of Missouri–Kansas City Institute for Human Development; these are tools designed to support families to maximize their capacity, strengths, and unique abilities so they can best support, nurture, and facilitate the achievement of self-determination, interdependence, productivity, integration and inclusion in all facets of community life for their family members. A number of social stories for visual learners were created by UCEDD, including those pertaining to [wearing a mask](#), [learning at home](#), [going back to school](#), [riding the school bus](#), [social distancing](#), and [how to get tested for](#)

[COVID-19](#). The [University of Miami Mailman Center for Child Development](#) created [original videos](#) in English, Spanish, and Creole regarding COVID-19 re-opening guidelines, social distancing, mask-wearing, going back to school during COVID-19 as well as a [COVID-19 Toolkit](#) of resources regarding information on childcare providers, social and emotional health, physical health, and basic needs.

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Additionally, AUCD hosted 18 COVID-19-related webinars across multiple topics (See Appendix C) as well as [COVID-19 Network Calls](#) weekly, reducing to biweekly then monthly since March 20, 2020 to discuss the impacts of the COVID-19 pandemic in communities. This time was used to share information and resources, identify and troubleshoot problems, and collaborate on efforts to support individuals with disabilities, their families, and communities. With the ongoing support, collaboration, and persistence of the Network and stakeholders, we can make strides to reduce the impact of COVID-19 in people with disabilities, their families, and the people who care for them.

We can make strides to reduce the impact of COVID-19 in people with disabilities, their families, and the people who care for them.

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Appendix A: #WhatWeNeed Campaign Posts on AUCD Website and Social Media

1. [Cynthia Verduzco](#)
2. [Rebecca](#)
3. [Sela Sanberg](#)
4. [Heidi Mizell](#)
5. [Rachel](#)
6. [Brad Linnenkamp](#)
7. [Rob Targos](#)
8. [Vanessa Stansbury](#)
9. [Graham Maupin](#)
10. [Gail Hamblin](#)
11. [Linda Setzer](#)
12. [Sheila Foglesong](#)
13. [Gary Heckert](#)
14. [Mitch Simmons](#)
15. [Christopher C. Gagliardi](#)
16. [Courtney](#)
17. [Tomara Williams](#)
18. [Alexis A. Bodzin](#)
19. [Lisa](#)
20. [Steven Powe](#)
21. [Alex Harrison](#)
22. [Alicia](#)
23. [Douglas Longhini](#)
24. [Kasse](#)
25. [Terry](#)
26. [Nicole Silverman](#)
27. [Angela Adler](#)
28. [Lisa](#)
29. [Kelly Fritz, PT, DPT](#)
30. [Jean Hauff](#)
31. [Stephanie Kaznica](#)
32. [Bailey](#)
33. [Kara Jones](#)
34. [Paul Somerset](#)
35. [Rachel Mueller](#)
36. [Brenda Stenglein](#)

37. [Sandra Bauman](#)
38. [Blake](#)
39. [Danielle Lanzetta](#)
40. [Thelma Greene](#)
41. [Brynn MacBride](#)
42. [Rich Mason](#)
43. [Lynne Fetter](#)
44. [Thomas Mangrum](#)
45. [Tanya Samuelson](#)
46. [Stephanie Meredith](#)
47. [Melissa Shiffman](#)
48. [Mary Katherine Magnoli](#)
49. [Mandelyn Chelsea Cook-Jones](#)
50. [Jeiri Flores](#)
51. [Christine Brown](#)
52. [Weintraubs](#)
53. [Wesley Witherspoon](#)

Appendix B: AUCD COVID-19 Action Alerts

1. [March 18, 2020](#)
2. [March 20, 2020](#)
3. [March 26, 2020](#)
4. [May 13, 2020](#)
5. [July 17, 2020](#)
6. [August 4, 2020](#)

Appendix C: COVID-19-Related Webinars Hosted by Association of University Centers on Disabilities

1. [Session: 1 Advice from Medical Providers \(April 15, 2020\)](#)
2. [Session 2: Advice from Family Members and Caregivers on Dealing with COVID-19 \(April 22, 2020\)](#)
3. [COVID-19: How UCEDDs and LEND programs can partner with state and local early intervention and special education systems during this, and future pandemics \(April 28, 2020\)](#)
4. [Session 3: Advice from People who have a Disability on Dealing with COVID-19 \(April 29, 2020\)](#)
5. [Session 4: Advice on Your Questions \(April 30, 2020\)](#)
6. [COVID-19 and the UCEDD Responses Across the Network \(May 7, 2020\)](#)
7. [COVID-19: How UCEDDs and LEND programs can partner with state and local special education systems during this, and future pandemics \(May 12, 2020\)](#)
8. [Maintaining Relationship Status: An Open Discussion \(May 13, 2020\)](#)
9. [Families: What They are Saying, and how UCEDDs and LENDs can help \(May 19, 2020\)](#)
10. [AUCD Disability in Public Health COVID-19 Town Hall \(June 2, 2020\)](#)
11. [Family Leaders: What They are Saying, and how UCEDDs and LENDs can Help \(June 9, 2020\)](#)
12. [Strategies for Addressing Anxiety Related to COVID-19 \(June 24, 2020\)](#)
13. [Supporting Families in the Post-COVID World: Using Technology to Maximize Reach and Remain Connected \(August 3, 2020\)](#)
14. [Voter Rights and Accessibility \(September 11, 2020\)](#)
15. [Crisis Standards of Care During the Covid-19 Pandemic: Is It Ever OK to Discriminate? \(Tuesday, January 26, 2021\)](#)
16. [Increasing Engagement with Underserved Communities: AUCD partners with Morehouse School of Medicine National COVID-19 Resiliency Network \(MSM, NCRN\) \(February 10, 2021\)](#)
17. [AIR-P Presents: COVID-19 Vaccine, I/DD Populations, and the Needle Anxiety Program at UCLA \(Tuesday, February 16, 2021\)](#)
18. [Disability Inclusion and Emergency Preparedness: AUCD, ASTHO and NACHO Partnership and Collaboration \(Thursday, February 25, 2021\)](#)