

Open letter to CDPH: Prioritize Californians with High Risk Health Conditions

February 2, 2021

Dear Drs. Aragon, Pan, Burke-Harris and Ghaly,

On January 22, 2021, the California Department of Public Health announced new COVID-19 vaccine eligibility criteria using age, rather than risk of infection. While we appreciate that such a move aimed to improve and enhance access to vaccination by simplifying criteria, this move risks the lives of Californians with high risk health conditions. We dedicate our lives to serving our communities. **This policy shift harms our patients, and will cause many more of our patients to die.**

As healthcare workers and public health experts, we recognize the unique risks faced by Californians with high risk health conditions. **We ask the state to follow the science by prioritizing the needs of Californians with high risk health conditions and disabilities. Our high-risk Californians cannot wait.** When there is a limited supply of vaccines, we must ensure those at highest risk for death and disability are protected without delay – to prevent hospitalizations and deaths.

Californians with serious underlying health conditions (co-morbidities) are at risk of hospital admission, and are more likely to die from COVID-19. Age is a highly inexact proxy for the disability community, particularly lower-income people of color with disabilities, who remain at high risk for COVID infection and/or severe illness. The Centers for Disease Control's list of recognized comorbid conditions, does not include either real-time research into how people with different disabilities experience the virus,¹⁻⁵ nor the impact of medical rationing and implicit bias on people with significant disabilities.⁶ Data shows that an individual with developmental disabilities in their 50s who lives in a small group home is, in fact, at significantly higher risk of acquiring COVID-19 than someone in their 60s who can safely shelter in place without visitors because of daily exposures to direct support workers in the small group home.¹ In patients under age 70, as a patient's number of co-morbidities increase, so does the chance of dying from COVID-19. Developmental disorders, intellectual disabilities, and related conditions are important risk factors for COVID-19 mortality.⁷ This data was collected on privately insured patients, who may actually be healthier than those who rely on Medicaid/Medi-Cal.

- In-Home Supportive Service (IHSS) recipients, who have about 4 chronic health conditions on average,⁸ have nearly 4 times as high a mortality risk from COVID-19 as people in the same age group without chronic conditions (FAIR report, Fig. 15 below).
- Department of Developmental Services (DDS) recipients, by virtue of having a diagnosis of an intellectual or developmental disability, have between 3.6 and 4.8 times the mortality risk from Covid-19 as people in the same age group without Intellectual/Developmental Disability (FAIR report, Fig. 8 below)

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- This increased risk for mortality among IHSS and DDS service recipients puts them in a risk category equivalent to other Californians in a much higher age group. For example, service recipients between 45 and 64 years of age are at increased mortality risk from COVID-19 than the general, community-resident population between 65 and 74 years of age.⁹

The following figures from the FAIR Health White Paper⁷ show this problem with clarity.

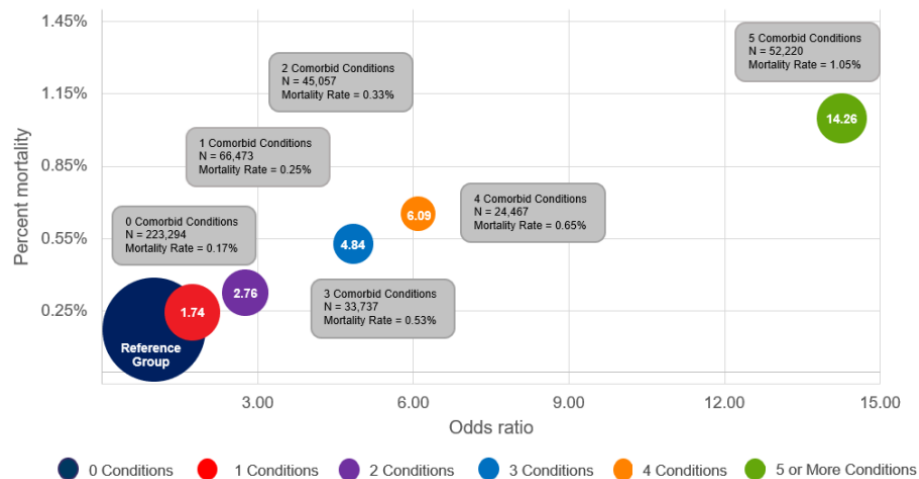


Figure 15. Mortality rates and odds ratios for mortality risk by number of comorbid conditions, COVID-19 patients under age 70, April-August 2020

Text description of figure 15: A bubble chart scatterplot showing 6 differently colored bubbles representing the populations with 0, 1, 2, 3, 4, and 5 or more comorbid conditions. The horizontal axis is labeled "Odds ratio" and the vertical is labeled "Percent mortality." The size of the bubbles varies according to the proportion of the population with each level of comorbidity, with a large blue bubble representing 0 conditions and labeled "reference group" at the lower left and a smaller green bubble for 5 or more conditions near the upper right. In between, the bubbles for 1 through 4 comorbid conditions lie approximately along a line connecting the blue and green bubbles. Text boxes and text bubbles state the number of comorbid conditions, the odds ratio, the number of people, and the mortality rate as follows:

- 0 Comorbid Conditions, N=223,294, Mortality Rate=0.17%,
- 1 Comorbid Conditions, Odds ratio 1.74, N=66,473, Mortality Rate=0.25%
- 2 Comorbid Conditions, Odds ratio 2.76, N=45,057, Mortality Rate=0.33%
- 3 Comorbid Conditions, Odds ratio 4.84, N=33,737, Mortality Rate=0.53%
- 4 Comorbid Conditions, Odds ratio 6.09, N=24,467, Mortality Rate=0.65%
- 5 Comorbid Conditions, Odds ratio 14.26, N=52,220, Mortality Rate=1.05%

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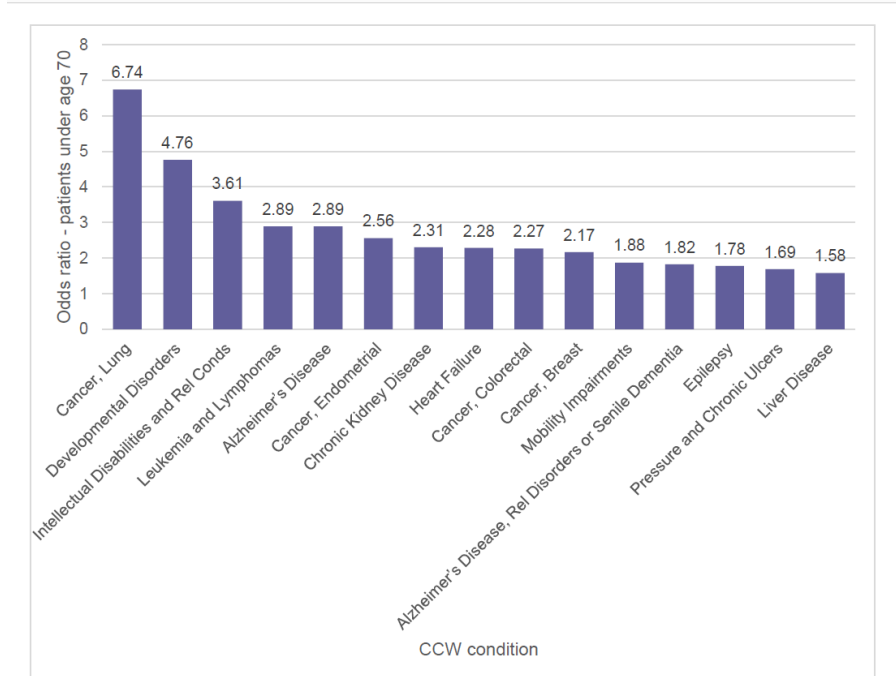


Figure 8. Comorbidity risk factors for COVID-19 mortality, adjusted for age and gender, by odds ratio, patients under age 70, April-August 2020

Text description of figure 8: A bar chart showing 15 vertical blue bars with a vertical axis labeled, "Odds ratio - patients under age 70." Each bar is labeled with a chronic condition or group of conditions, and each has a number indicating an odds ratio between 1.58 and 6.74. Particular chronic conditions with odds ratios are listed in decreasing order, with the chronic conditions with the highest odds ratios on the left side, as follows:

Cancer, Lung: 6.74

Developmental Disorders: 4.76

Intellectual Disabilities and Related Conditions: 3.61

Leukemia and Lymphomas: 2.89

Alzheimer's Disease: 2.89

Cancer, Endometrial: 2.56

Chronic Kidney Disease: 2.31

Heart Failure: 2.28

Cancer, Colorectal: 2.27

Cancer, Breast: 2.17

Mobility Impairments: 1.88

Alzheimer's Disease, Related Disorders or Senile Dementia: 1.82

Epilepsy: 1.78

Pressure and Chronic Ulcers: 1.69

Liver Disease: 1.58

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Many Californians with high risk health conditions are at significant risk of contracting COVID-19, as their unique needs may negatively impact their ability to mitigate infections. Many Californians with high risk health conditions work outside the home, increasing their exposure to COVID-19. Those isolating at home may need assistance from in-home health aids, who often care for others as well. 44.7 of IHSS recipients are under age 65. At least 89.5% of all IHSS recipients (all ages) get ADL help; 74.9% get help walking.⁹ Even with isolation, they are at risk of exposure. Certain risk mitigation strategies are not available to disabled Californians: some conditions make mask-wearing impossible (such as chronic ventilator use), or avoiding high touch surfaces (such as those with visual impairments). Vaccinating Californians with challenges implementing mitigation strategies will reduce hospitalizations and death.

High risk Californians are delaying important health care, either due to legitimate fear of infection or because hospitals/clinics have curbed access. These patients are at risk of worsened health outcomes due to delayed care. Vaccinating these patients will help ensure Californians can get the timely care they need to live their lives to the fullest.

If California is serious about protecting its diverse population, CDPH must prioritize Californians with high risk health conditions. The disabled population is racially diverse and disproportionately low-income. A failure to vaccinate younger patients with these conditions disproportionately disadvantages non-white and low-income individuals.

We propose the following:

- Include people with disabilities of *any age* who receive long-term services and supports (LTSS) through Medi-Cal waiver services and programs, the In-Home Supportive Services (IHSS) program, the Program for All-Inclusive Care for the Elderly (PACE), and through Regional Centers.
- Provide a “safety valve” for people of any age who meet either of the following criteria: (1) Have disabilities and/or chronic health conditions and can demonstrate with medical evidence that they are at risk of severe health consequences including death if they acquire COVID-19, or (2) Have conditions identified by the CDC that put individuals at higher risk
- Facilitate the ability of healthcare workers to volunteer to vaccinate Californians, ensuring people with disabilities who are at home or in rural areas are not missed.

Follow the science by prioritizing the needs of Californians with high risk health conditions and disabilities. Our high-risk Californians cannot wait.

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