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DATE

Dear [name of relevant legislative or state health department official]:

On behalf of the Special Olympics movement, I am reaching out to highlight and emphasize the vulnerability of people with intellectual disabilities (ID) in the COVID-19 pandemic. They represent about 3% of the population but are often left behind. **I am writing to strongly encourage [actor name: you / the government of State / the health department of State] to recognize the increased risk of severe COVID-19 illness faced by people with ID and designate people with ID as a priority population for access to the COVID-19 vaccine.**

Special Olympics is a global movement to end discrimination against people with ID and propel inclusion. While Special Olympics is most widely known for our sporting opportunities, which empower and foster acceptance of people with ID, we also have over twenty years of experience working to improve the health status of this population. Because of this experience and expertise, we have been distressed, but not completely surprised, by **the fact that the larger population of people with intellectual and developmental disabilities are two to four times more likely to die of COVID-19 compared with the general population.[[1]](#footnote-1) Of 18-75 year old people with intellectual and developmental disabilities who get COVID-19, 4.5% die—a rate comparable to that of people 75 years or older without intellectual or developmental disabilities.**

People with ID may have greater-than-average exposure to the virus because of their living situations. Around 20% of adults with intellectual and developmental disabilities live in group settings, where the virus has spread rapidly and exacted a heavy toll: a study in New York State found the COVID-19 mortality rate of people with intellectual and developmental disabilities living in group settings to be more than seven times as high as the rate in the general population.[[2]](#footnote-2)

Regardless of their living situation, people with ID are known to be more susceptible to contracting and succumbing to respiratory illnesses. Studies have shown people with ID to die from influenza at nearly three times the rate of the general population and found respiratory illnesses to be one of the primary causes of death for over 40% of the people with Down syndrome.[[3]](#footnote-3)

Furthermore, while health researchers still do not understand *how* or *why* chronic health conditions (co-morbidities) worsen the COVID-19 prognosis or outcomes, it is widely accepted that people with such conditions are a higher risk.[[4]](#footnote-4) Due in large part to barriers accessing health services—for example, lack of accessible equipment and lack of adequate healthcare provider training—people with ID tend to be less healthy than the general population.[[5]](#footnote-5) With up to 2.5 times as many chronic health conditions as their peers in the general population, most people with ID also live with other risk factors for COVID-19 complications and death, like obesity and diabetes, creating a deadly combination.[[6]](#footnote-6) However, literature also indicates that controlling for comorbidity, ID continues to confer significant risk of death.[[7]](#footnote-7)

People with intellectual and developmental disabilities faced barriers to accessing health services prior to COVID-19, too, exacerbating its impact on this population. These barriers, including attitudes undervaluing their existence, persisted during the pandemic, costing many people with ID their lives and putting more people at risk.

Whatever the reason—biological predisposition, social determinants of health, or otherwise—the outcome is an unacceptably high burden of COVID-19 disease and mortality borne by people with ID. For this reason, we urge you to keep all people with ID front-of-mind as you continue your efforts to roll out the COVID-19 vaccines to all [state demonym – e.g., Arizonans, Texans]. The availability of COVID-19 vaccines must be accompanied by measures that prioritize the most vulnerable populations for access.

A number of states—including Delaware, Maryland, Missouri, and New York—have already prioritized people with ID in their state vaccination plans. I urge [actor name: you / the government of State / the health department of State] to take similar action in [State].

Please consider Special Olympics an ally, a partner, and a resource in efforts to reach people with ID. Our experience includes a proven record of accomplishment in collaboration with public and private health authorities at the federal, state, and local levels, including the U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC). Since 2016, the CDC has recognized Special Olympics as a National Center on Disability under cooperative agreement CDC-RFA-DD16-1602, entitled *National Centers on Health Promotion for People with Disabilities*.

We have expertise providing health education and promotion activities to children and adults with ID and their families and have developed educational materials about the COVID-19 vaccine that are accessible to this population and responsive to their concerns. We also possess a strong record of hosting health screening events that eliminate many barriers to care that this population faces by bringing together partners to create fun, friendly, inclusive and free provision of health care—ideal administration sites for the COVID-19 vaccine. Some families of people with intellectual and developmental disabilities, particularly those with Autism Spectrum Disorder (ASD), have demonstrated hesitance around vaccination more generally.[[8]](#footnote-8) Special Olympics is a trusted organization and may be able to increase COVID-19 vaccine uptake among those with ID, helping extend protection in the community. We stand ready to use our health promotion activities and health screening events in support of health equity in distribution and administration of the COVID-19 vaccine.

If Special Olympics can be of assistance, please feel free to reach out to me at [CONTACT INFORMATION]. We would welcome the opportunity to collaborate with you (or your designees) as we work to stop the spread of COVID-19.

Sincerely,

SIGNATURE

TITLE

**DELETE BEFORE SENDING:** Note: SOI may be able to coordinate the addition of the signature(s) of Tim Shriver, Mary Davis, and/or Alicia Bazzano added upon request.

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2. Braddock, D., Hemp, R., Tanis, E.S., et al.(2017).*The State of the States in Intellectual Disabilities: 2017*. Landes, S. D., Turk, M. A., Formica, M. K., McDonald, K. E., & Stevens, J. D. (2020). COVID-19 outcomes among people with intellectual and developmental disability living in residential group homes in New York State. Disability and health journal, 13(4), 100969. <https://doi.org/10.1016/j.dhjo.2020.100969> [↑](#footnote-ref-2)
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