

## **Masking up with the disability community**

**Summary:** In a community, connections are everything. Over the last two years, the COVID-19 pandemic took away many of the opportunities for the connections that had been built in communities across our state. For the disability community, many connections, advocacy, and support for people with disabilities and their caregivers disappeared during the pandemic, leaving them vulnerable to both COVID-19 and a host of other mental and physical health issues. This story highlights their collaborative efforts to meet one critical need in the disability community – high-quality, free, and accessible masks.

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Through internal and external advocacy by people in the disability community, the Minnesota Department of Health (MDH) created a People with Disabilities Unit (referred to as the disabilities unit in the rest of this article) as part of its COVID-19 response. The team provides ongoing assessment, community engagement, guidance development, and other critical work related to supporting persons with disabilities in the COVID-19 response. This story highlights their collaborative efforts to meet one critical need in the disability community – high-quality, free, and accessible masks.

## **Increased collaborations between state agencies and community partners**

In the spring of 2022, Governor Walz announced the distribution of high-quality KN95 and N95 face masks. When J.P. Mahoehney, one of the leads for the disabilities unit, heard this he immediately wanted to direct some of these masks to provider organizations serving the disability community. For many of these organizations, the cost of purchasing high-quality masks is too high. Recognizing an area where MDH could jump in and support, the disabilities unit swung into action.

Lisa Gemlo, another a member of the disabilities unit, and Mahoehney chatted with providers supporting people with disabilities. Mahoehney connected with staff at the Department of Human Services, the state agency in charge of distributing masks to organizations. Through connecting and listening to community for the past two years, Mahoehney shared, “The People with Disabilities Unit team heard the need for high-quality masks among groups in our community.” Rachel Garaghty, MDH’s disability COVID Community Coordinator, added that having access to free high-quality masks is a necessity. “Communities have difficulty accessing basic things like good personal protective equipment and other supplies to keep people with disabilities and caregivers safe,” she stated.

While the team was not initially sure which channels made the most sense for mask distribution, Mahoehney connected with the [Metropolitan Center for Independent Living \(MCIL\)](#), a contractor and partner of MDH, and staff at MCIL connected him to Trellis and the Arrowhead Area Agency on Aging, two organizations with long histories of partnering with the disability community in both the metro and Greater MN, respectively.

## **Recognizing and tapping into community strengths**

Both Trellis and Arrowhead Area Agency on Aging are organizations that support caregiving providers in the aging and disability communities. After hearing about the availability of high-quality masks, Mahoehney said, “Trellis asked providers who offer in-home supports and found that they needed high-quality masks, as they had limited ability to obtain them.” The disabilities unit worked with Department of Human Services to allocate 20,000 masks for the community. The question remained: how was the team going to get the masks to the providers?

That is where staff from Trellis and Arrowhead Area Agency on Aging stepped in. Diane Graham-Raff, elder care development partnership coordinator at Trellis, was the primary point of contact between Trellis and MDH. Graham-Raff shared that early on they had distributed thousands of cloth masks to their providers, but as the COVID-19 virus evolved, cloth masks were no longer adequate. She added how exciting it was to have KN95 and

N95 masks available for providers. Julie Roles, vice president of communications and advocacy for Trellis, agreed with Graham-Raff and noted, “Masks are not free, and for some people the cost of masks is a burden. COVID-19 isn’t hitting everyone equally and disparities exist. Being able to provide masks is a huge help to people, especially for those with a limited income.”

Within a week of obtaining the masks from Department of Human Services, Arrowhead Area Agency on Aging and Trellis had distributed all 20,000 masks. Each organization focused on different providers in the aging and disability communities, distributing masks to over 75 providers throughout the state of Minnesota. Christie John from Care Partners of Cook County, one of the organizations that received masks said, “Care Partners appreciates the masks and feel[s] that it is imperative that they have them on hand. [The masks] are included in first aid kits we give to each new Senior Rides volunteer.”

### **Reflections and the road forward**

After more than two years in the COVID-19 pandemic, Mahoehney reflects on MDH’s response, noting, “Early in the pandemic, MDH did not have many of the relationships or successful processes for engaging and collaborating with [the disability] community, and it really hindered our response.” It took intentionality and proactivity on MDH’s part to center disability as a health equity issue in its response, and the work by this team has shown that community-based organizations supporting the disability community in Minnesota are a part of the health care system and pivotal in an emergency response. Garaghty added, “The work that we were able to do with Trellis and Arrowhead Area Agency on Aging, while it is not enough to solve the support issue for the entire state, is a model on how resources can be shared successfully [with] the disability community. If other resources become available for them in the future, they can be deployed successfully with this strategy.”

Reestablishing supports and a safety net for people in the disability community is a priority for MDH’s disabilities unit. With advocacy and backing from leadership, Garaghty said, “MDH is moving into a more proactive role and has been able to be flexible and hear from community what an issue is and continue to do our best navigating and supporting the community.” Going forward, the team is committed to ensuring that COVID-19 guidance includes community voices and continuing to foster deeper relationships with community organizations to ensure that services for support are not siloed.