Mobilizing transportation to Increase COVID-19 vaccination

4 February 2021 Webinar

Transcript

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Introduction

Speaker: Amy Conrick, Director, National Center for Mobility Management

Good afternoon, everybody. Thank you so much for joining our webinar, we're delighted to have you join us for this important topic during a very challenging time. I am Amy Conrick, the director of the National Center for Mobility Management, or NCMM as we call it. NCMM is a technical assistance center funded by the Federal Transit Administration. We work daily to promote customer centered mobility strategies to promote good health, economic vitality, self-sufficiency, and community

I would like to share with you are my thanks to the Federal Transit Administration for its help in organizing today's webinar. Danielle Nelson, in particular has been a huge support. And I'd also like to thank Wendy Heaps of CDC. Without her I can honestly say this webinar would not have happened. So thanks to both of you very much. I appreciate all your support.

In our agenda for the afternoon, we have a really good panel set up of experts for you to talk to and hear from: the Centers for Disease Control and Prevention, the National Association of City and County Health Officials, and the Community Transportation Association of America. Followed by that we have an equally distinguished set of panelists, including a representative from the University of Massachusetts Medical School, the Texas Department of Transportation, Spartan Transportation, the Office of Emergency

Medical Services at the National Highway Transportation Safety Administration, and Allegan County, Michigan.

So before turning to our opening panel, I would like to let you know that due to unforeseen circumstances FDA could not be with us today. As we know, the COVID-19 public health emergency has prompted the transit industry to reimagine how it delivers essential services. Transit agencies across America have answered the call in many ways through what we call incidental use, in partnership with other local agencies: by delivering meals, providing special service for older adults to access grocery stores, and parking Wi-Fi-enabled buses in communities that lack access to the internet to support student virtual learning. These are just a few examples we have gathered on incidental uses of transit.

It's particularly important to know that recent funding to rural and small urban areas can support these types of local partnerships. On March 27, 2020, the CARES Act provided $25 billion in funding to support the transit industry response to COVID-19. The follow-on Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (or CRRSAA as we call it) provides $14 billion to support the transit industry response to COVID-19. Funds are provided at 100% federal share, with no local match requirement.

The FTA is encouraging transit grantees to partner at the local level to provide essential services to their communities. The FTA's policy on incidental use allows for all FTA-funded vehicles, assets, and real estate—regardless of the funding source—to be used to support essential services when that use does not interfere with transit service. More information about this is available on FTA's website through its COVID-19 recovery fact sheet [https://www.transit.dot.gov/ccam/about/dot-fta-hud-pih-partnership-covid-19-recovery-fact-sheet], the link to which is shown in #1 and posted in the chat window. FTA has also provided answers to specific, related questions through a series of FAQs, the link to which is shown in #2 and posted in the chat window https://www.transit.dot.gov/frequently-asked-questions-fta-grantees-regarding-coronavirus-disease-2019-covid-19] I'd like to particularly call your attention to these FAQs:

- CE10, which addresses the question "Can public transportation assets, such as vehicles and facilities, acquired with FTA funds be used for non-transit activities in response to COVID-19?,
- and FAQ CE4, which responds to the question "Can CARES Act, CRRSAA funds or Urbanized Area Formula Grants (Section 5307) and the Formula Grants for Rural Areas Program (Section 5311) , administered under the provisions of the Emergency Relief program (49 USC 5324) be used for the operating costs of essential services such as meal delivery? You will find answers to these questions in the FAQs accessible through these links.
- Note that the period during which these operating expenses are eligible for reimbursement for these incidental uses has been extended to January 20th, 2022.

You can see more examples of these incidental uses at the NCMM URL shown in #3; that link is also being posted in the chat window. [nc4mm.org/ccam]

And now, with the COVID-19 vaccine becoming more widely available, we know transit agencies can play an important, specific role in increasing access to the vaccine. This may include:

- **Creating local partnerships and developing strategies** to increase vaccinations – whether that's transporting public health nurses to vaccinate homebound residents or transporting community members to vaccination sites;
- Identifying opportunities to **align FTA-funded public transit assets**, such as vehicles and bus stops, with community needs during the public health emergency and beyond;
- **Sharing data** to measure capacity, gaps in services and community needs.

- And identifying opportunities to **leverage federal funding** from the Coordinating Council on Access and Mobility (CCAM) member agencies to meet community needs resulting from the public health emergency. The **CCAM Program Inventory,** available through the link shown in bullet #4, identifies 130 Federal programs that are able to provide funding for human services transportation for people with disabilities, older adults, and/or individuals of low income.

FTA FAQ CE18 is particularly pertinent with regard to vaccinations. It responds to the question, "Are FTA funds available to provide transportation to or from COVID-19 vaccination sites**?"** The answer is yes. See more details within the FAQ itself.

If you are a transportation provider and have any questions about these uses of transit during the COVID-19 pandemic, I encourage you to reach out to your state department of transportation or FTA regional office.

One final note. NCMM is working with the FTA to collect and publicly post examples of the many different types of partnerships that have occurred already related to the COVID vaccination efforts. You can view these in the link which is shown on this screen and is also being posted in the chat feature. As you begin or continue your collaborations in your community, please share those examples with us at NCMM at the email shown in the slide [info@nc4mm.org] so we can add them to these tables too.

Dr. Janelle Routh

Dr. Janell Routh, Co-Deputy of the Implementation Planning Unit of the Vaccine Task Force, Centers for Disease Control and Prevention

So good afternoon, everyone. Thank you so much for asking me to join today to provide an update on COVID vaccines and our vaccination program and efforts.

So okay, let's take a look at where we're at right now. As of February 1, I can say we've distributed now over 50 million vaccine doses, and 27 million persons have received at least one dose, and over 6 million have received their second rollout is occurring in all 50 States and across our US territories. And not surprising there slightly more Pfizer that's been distributed. It was authorized a week earlier. I just wanted to say all in all, I'm really proud of the vaccination efforts in these jurisdictions to get vaccine out the door to the first group suggested for vaccination. They've distributed more vaccine in six weeks than they typically do in six months.

So as you probably know, there are two vaccines that have received emergency use authorizations, or UAS after careful FDA review. The first is Pfizer BioNtech, which is a two dose regimen given at least 21 days apart, and the second is Moderna, another two dose regimen given at least 28 days apart. Both vaccines were tested in 10s of 1000s of adults from diverse backgrounds, or adults and communities of color. Data from the clinical trials demonstrated that both vaccines were approximately 95% effective and preventing COVID-19 disease, and both have favorable safety profiles.

One thing to note is that we don't currently know how long the protection for receiving a COVID-19 vaccine might last. But I can say that there is ongoing work at CDC to help answer this question.

So who is the vaccine being distributed and administered to? I'd like to think about this as an early phase and then a later phase. So in the early phase, we've got a limited supply of vaccine. And we're carefully

focusing on certain priority groups. In the case of vaccine rollout, we really focused on health care providers, long-term care facility residents, and getting vaccines out to public health clinics so that they can get the shots into arms. But later in the distribution as our vaccine supply increases, we are really working to get the vaccine distributed to broader populations and through a more wide variety of administration sites, which we'll focus on. Again, I think about this in two ways: that rapid efficiency but also ensuring equity. For example, pharmacies, mobile units, federally at health centers, and through mass vaccination or large out patient clinics. So we're really giving the population a variety of places to choose from, that really suits their needs.

So as we look at the slide, I do want to remind all of us that that vaccination program is dynamic, and it will always require ongoing reassessment as vaccine supply and demand and the epidemiology of the pandemic change to really inform the timing of expansion out to subsequent groups. ACIP and CDC have endorsed the guiding principles, again of that efficient distribution, and as well as jurisdictional flexibility for vaccination programs. So while the slide does focus on different phases and the respective recommended populations, such as phase one a with health care workers and long term care facility breath We've really given jurisdictions the flexibility to administer this guidance in the best way they see fit for their populations. Most jurisdictions now are rolling into phase 1B and 1C populations consisting of frontline essential workers and persons greater than 75 years of age for 1B, and then greater than 65 for 1C. And 1C also includes people with high risk medical conditions. We're really hoping that the addition of two more vaccines this spring, we'll be able to begin moving into that phase two, which is really where all persons greater than 16 years of age will be eligible to get vaccinated.

So while CDC and ACIP, this national vaccine recommendation, we understand there is a level of local adaptation as I mentioned, that jurisdictional flexibility. Our guidelines were not meant to be walls or barriers between those phases, but just meant to support the prioritization of people at high risk for exposure or at risk for severe disease. And I feel like we've always anticipated there will be overlap between these phases. So while we're sort of emphasizing within each jurisdiction, a phased approach, it's not necessary for them to completely or fully administer vaccine to all eligible persons in one phase before progressing to the next. And certainly if there are extra doses that would otherwise expire or be wasted. We are emphasizing that it's important to administer those to persons that may be designated for a later phase, but who happened to be in demand for vaccine and implementation challenges will definitely vary from one jurisdiction to the next.

So when and how jurisdictions move through phases will vary. And I think probably many of and we've certainly seen a variety in the way that jurisdictions are both distributing and administering their vaccine allotments.

So one group in particular, we need to ensure access to as our rural communities, I think, who are of special interest to the group that's gathered here today because they really constitute a group that we have to think carefully about mobilizing transport recommendations. We know that rural communities are each unique in our geography and population. And this slide is certainly overgeneralizing. But it does serve as a starting place to think about how to best get vaccine out to these areas.

Generally, rural communities are disproportionately older with lower income and more underlying health conditions. Many communities are considered highly vulnerable based on CDC social vulnerability index, which includes factors such as housing, transportation, economics, and language. And those factors can be very helpful in determining how best to support these populations. rural healthcare is also often strained by shortages of healthcare personnel, which limits access to both primary and specialty care. And it's often strained due to hospital closures when there aren't enough personnel. public infrastructure is also limited in rural areas.

And then finally, our rural population may also have limited transportation resources. So I think that's why we're all here today to really talk through some of those challenges.

So I know there's so much information that can be found at our fingertips these days, some of which can be conflicting. Our CDC website definitely has facts to counteract these common myths and I'm really angry Encouraging everybody to go to the CDC website and get as much information as you can around vaccination and the vaccine products. So some of these facts that we like to get promoted out widely into our populations include.

So getting vaccinated can prevent us all from getting sick from COVID-19. People who have gotten sick with COVID-19 may still benefit from getting vaccinated. That's a key message that we really want to emphasize. Even if you've had COVID, please still do make your vaccine appointment. COVID-19 vaccines will not give you COVID-19. They are not live virus vaccines. And so that's not a concern. And then they will also not cause you to test positive on the COVID-19 viral tests like PCRs. And I know that's important too, because many of those tests are being required for certain forms of transportation.

So I wanted to mention a few words here about safety. The safety of COVID-19 vaccines is really a top CDC priority. And these vaccines are being held to the same safety standards as other routine vaccines. We have several experts and independent groups that evaluate the safety of vaccines being given to people in the United States. I want to run through how we've evaluated and continue to evaluate these COVID-19 vaccines.

So before any vaccines receive authorization or approval, the FDA carefully reviews all of the safety data from this clinical trials. And then the Advisory Committee on Immunization Practices, or ACIP, which is an independent body of experts, reviews all safety data before recommending their use. FDA and ACIP have qualified scientific and clinical experts, which minimizes the conflicts of interest. They are the ones reviewing those data. And after any vaccines are authorized to use, both FDA and CDC continue to monitor their safety. And here we've got a couple of systems: one that's been long standing and one that we've just put in place for the COVID-19 vaccines.

So first is our vaccine adverse events Reporting System, or VEIRS. This is a national system that's been in place for many, many years that collects reports from healthcare professionals, vaccine manufacturers and the general public of any adverse events that happen after vaccination. If there's a signal, meaning there are reports that are unexpected or reports that appear to happen more frequently than then we feel like they should, we follow up immediately with an investigation.

And the second system we put in place specifically for COVID, though we'll continue to use it moving forward is called V-Safe. It's a new smartphone-based after vaccination health checker for people who have been vaccinated. It's a really innovative program that uses text messaging and web surveys from CDC to check in with vaccine recipients after vaccination. It can also provide second dose reminders if needed, and telephone follow up to anybody who reports a medically significant adverse event. This is really exciting. And if any of you have gotten vaccinated yet, or will you will be offered to participate and be safe. It's absolutely voluntary. And if people are followed up on a certain cadence up to one year after vaccination, again, to build that database of a very complete safety profile for both vaccines. We've had over 2 million people join the V-Safe program. And so I encourage you all to sign up when you go for your vaccine appointment.

So I think this is one of my most important the slides in the deck. These vaccines do appear to be highly effective. We still have additional prevention tools that remain important to limit the spread of COVID-19

and control the pandemic. So it's that combination of getting vaccinated and continuing to follow CDC recommendations to protect yourself and others that will really offer the best protection from COVID. So I do want to emphasize, continue to wear your mask. Continue to practice social distancing, stay at least six feet away from people, avoid crowds and poorly ventilated indoor spaces. And always, always wash your hands. These recommendations are will continue to be reevaluated as the vaccine program moves forward.

So, right now, we are emphasizing that these nonpharmaceutical interventions still remain in place even in persons who have been vaccinated. But like I said, we're continuously looking to see where and when these got this guidance will be relaxed. So it's really going to take some time to vaccinate everybody in the United States. And that's why it's really important to continue to use these tools to keep our communities safe.

With that, CDC has developed really a mountain of resources to help navigate and teach communities about COVID vaccine and vaccination. Interestingly, we've developed specific toolkits to address certain key populations, more are on the way and we're always looking for recommendations about where you would like to see specific information. So please visit cdc.gov to see what's available to help you talk in your communities.

I also wanted to point out to this group, particularly we have what we're calling our essential workers team, which is a team within my unit that is staffed with experts from NIOSH, who can help us think through strategies for specific worker communities. So we'd like to offer that up as a resource. Thank you.

Questions for Dr. Routh

1. So it seems like a couple of questions said that, yes, they got they signed up when they got the vaccine, they signed up for the V-Safe system, and that it worked really well. But a couple people said that that was not offered to them. Do you know how that might work in different communities?

   Answer: Well, that is good feedback. And I will say, one thing that we really need to put in place this, we've done a really good job getting vaccines out the door and into communities and clinics. But one thing we need to do is make sure that those providers are practicing best Immunization Practices. And so one thing that we will be doing in our jurisdictions, is to do some supportive supervision to go out and make sure that clinics are offering the full complement of vaccine services that we're expecting with COVID-19 vaccine. So I appreciate you bringing that to my attention. And that's something that we can do a reminder on our jurisdiction calls that we have with all 64 of our jurisdictions make a special note to say, ensure that providers are offering V-Safe. So I don't like hearing about that. But I'm glad that I heard so we can do something about it.

2. Has there been any guidance or recommendations targeted specifically to persons with disabilities or disability groups?

   Answer: Yes, so in fact, we have just released some guidance on persons with disabilities and vaccination. I mean, what I can do a circle back with the specific link to our website. But as I was talking about, in our unit we have that essential workers team. We also have a team that's dedicated to disproportionately affected adult populations. And we have a subteam that is working specifically on guidance for persons with disabilities. So let me see how we can get that information over to you.

3. People are still struggling to reach into the public health kind of structure, especially from the transportation side. But if you could help us understand, again, that public health structure and what

does that look like? I've heard that you should talk to the incident commander in emergency management. I mean, what is what's our best outreach strategy?

Answer: So, we at CDC, work with our jurisdictions, essentially, those are our partners hand in hand to implement a variety of programs, including the COVID-19 vaccination program. our jurisdictions are juggling many things, as we all are, they are responding to COVID outbreaks in their communities. They're providing testing, they're doing contact tracing, and at the same time, they're rolling out the COVID-19 vaccination program. So understandably, they're a bit overwhelmed.

I do think if you have suggestions or would like to partner with your public health departments, it is still best to contact them directly, I think, they're in the best position to understand the needs of their communities and how people on this call can assist.

I mentioned a couple other things. One is that I think everybody has heard the new administration's call for a really whole of government approach to the vaccination rollout. And to that end, our partners in FEMA have become much more active in the vaccination space. And I think we'll be assisting with more of these vaccination rollout, again, at supporting the jurisdictions, right, so it's all about our government partners, really supporting the jurisdictions. And I think it's, it's also with private partners supporting our jurisdictions. So I think as FEMA enters the space, we may see more opportunities for partnership, because they come with so many resources to be able to share with the states in terms of personnel, in terms of, physical support to get vaccine, clinics, mobile clinics, etc, stood up and out the door. So I think that is really going to open up some additional opportunities.

I will also say that, again, we have our essential workers team that sits in my unit, and I think they are very eager to partner with organizations. I think of information flow there as bidirectional. So on the one hand, we would like to push information on vaccination out to those organizations, but at the same time, we want to hear from you. Maybe things you have to offer challenges that you're facing, and how we can help.

Dr. Oscar Alleyne

Dr. Oscar Alleyne, Chief of Programs & Services at the National Association of City and County Health Officials (NACCHO)

Thank you very much and we really do appreciate the opportunity to be. Here, as was mentioned, NACCHO, the National Association of County and City Health Officials, is representative of the 3,000 local health departments across the country.

And our goal is to essentially provide both technical assistance as well as guidance and support and be that local voice of public health at the national level. This particular public health landscape photo choice illustrates two quick things for members of our audience who may not be familiar with us. In particular, it shows the degree of the variance in governance structure: some of our health departments are in states that are home rule, others are centralized, and others have a mix between state as well as local control.

But on the right, it really illustrates the diversity of our membership. And if you notice, the 6% of our membership are actually those that are categorized as large or big size health departments or big cities, for lack of a better word. But yet while there's 6% of our membership that represent a larger population expanse based on having very dense population growth, etc., whereas the medium to small health departments are larger in the sense of force, the numbers that we have in our membership. But of course,

they're representing more frontier, more suburban, and other rural communities to that extent. This shows the balance between a health department that may have a staff size of seven versus one that has a staff size of 500.

Now, with that said, we also wanted to really illustrate even pre COVID, the extensive work and value that our members have rarely been engaged in around immunization and the vast experience they've had, In fact, 88% of our members have actually indicated their skill sets, both in experience in providing childhood immunization and adult immunizations. And I can tell you this from personal experience, being at a local health department for over 16 years, we recognize the value and the commitment of engaging in both the provider community, the community as a whole around the role that health departments play in providing these vaccines, and ensuring that they have a community that is covered for vaccine preventable diseases.

So as a result of that, we also want to highlight that within any kind of activities, you cannot do this alone. There's a strength and value of engaging partnerships. And public health departments recognize one key point, everything is local. So to that extent, we know that there at least 29% of our health of our members who have developed formal partnerships with transportation for various aspects of their delivery of health services.

We know that they have been engaged in both programs such as CDCs Hi-5 programs such as complete streets, and even other elements that address chronic and other social conditions to that extent. So we just wanted to highlight the value and the commitment in recognizing that while some have formal relationships, there are far more that actually do engage with the transportation communities.

So NACCHO has highlighted and has made available through our resources, etc, have large amounts of data and communication around what we are doing in our immunization programs to truly amplify, strengthen the provider technical assistance, providing those model practices, and really underscoring where there are those best practices that identify how individuals are able to work much better within their communities address the issues such as accessibility, mobility, as well as vulnerable and other populations.

So as we pivot more specifically around, especially the more COVID times, we have been really embedded with respect to addressing the local initiatives to increase vaccine confidence with respect to COVID, as well as addressing those areas of vaccine hesitancy. And they may say, Well, what is the difference?

One, we have to make sure folks have a better understanding as to what the vaccines are, and how we have to really provide an opportunity to strengthen and ensure that is equitable access. And on the hesitancy side, we recognize that people have some preformed and sometimes misinformed perceptions about the vaccine themselves. So we're really trying our best to really support our members in that regard as they try to engage the communities and their partners and stakeholders to that effort.

Now, as our members are engaged with the response, so if we have the national organization, whether it's in identifying situational awareness, I am working with partners and stakeholders, such as the partners who are hosting this webinar today, and really interfacing with the federal communities in a way to truly recognize what their membership needs that on the ground as they are rapidly deploying their efforts in both addressing the impact of the pandemic, as well as the shift and into the mass vaccination efforts.

So we've tried to convey that role and provide these tools. So on our page, we've engaged in both the special task force on data/ GIS, we provided virtual communities for peer to peer exchanges, and sharing

of information, this contact tracing efforts, and essentially identifying those stories from the fields where local communities have been able to highlight their successes in both the application as well as the community engagement practices.

We recognize that once the pandemic hit, that pretty much put a slowdown in a lot of the public health services. So we've able to actually see from our members, what impact that that had initially with respect to their ability to maintain immunization practices. But it also allows us to look at high level operations, and around what statements and policies are going to be important to maintain immunization coverage during a pandemic. And we have featured several immunization themed webinars to address what those local needs are and what those success stories have been, and where are highlights and challenges that they can address.

But I'm just going to be very blunt and honest, we recognize that there's issues around supply, so supply, high demand, there's various and how vaccines have been distributed by state. There's complexities in storage and handling. Of course, there's concern about one dose versus two dose, and of course, how to really be on front of the changing guidance and issues, as we mentioned before, around hesitancy and more importantly, the concerns that have been raised around equitable allocation.

So to that effort, we've been working to really truly help understand and provide our both our members and our partners with an with a clear picture as to what to help departments do, how have they been able to assess the preparedness? What are those partnerships that have been developed to truly support that effort? And the value therefore, of the partnerships both include that if the regional health care coalition is meeting, you bring your transportation, emergency management, your hospitals, your health care coalition, and others to the table, and you basically work together to identify where are your vulnerable populations, and what's going to be necessary. We've also provided a directory of our local health departments for folks and other partners to use to ensure that they connect with those communities and those folks on the ground. And lastly, we also have our state affiliates, which are State Association of County City Health officials, which provide a much more robust interaction as to what this healthcare partnerships and collaborations can bring to bear when brought together at the table.

And as nature of the national organization, we've been providing both consultation as well as funding opportunities to really help advance our members and increase their capacity to really be strong and resilient. We've had members that have been able to roll out vaccines in 24 hours once they have received them. We have members that have integrated with their homebound communities to ensure whether it's EMRs and others, they can actually deliver services and vaccines to those communities that are in need. We have also members who will recognize that, there's a partnership that can be deployed around how you focus on Independent Living communities or home care providers, etc, in a way to really address the strength of partnership and how transportation can play a role in that effort. Thank you for the opportunity to present today.

<u>Questions for Dr. Alleyne</u>

1. I think a burning question, especially on the part of public transportation is, who do we talk to in our local public health? agencies? Some of I've heard stories of people saying we've reached out but just haven't heard back. What is your and I know that public health is incredibly busy, but what is your suggestion?

   It is a valuable point, especially, we've been seen as a national organization, everyone's reaching out saying, what they what can they do, what they what can they help, we've actually started to have conversations with the state and the National chambers of commerce to see, instead of waiting for folks to ask, it's like, well, what can we do? Or what do you need? how can we bring these communities

together to ensure that there is kind of a triage of information and support. So when, whereas you may try to reach out to the local health official, whether it's a commissioner director, there are other senior leadership within health departments, whether it's at their emergency preparedness coordination, the EEOC, their director of patient services, or in some respect, trying to ensure that your main touchpoint illustrates the value of what you bring to the table and where those pressing needs. So I would always I would always say, try to flex between either the administration function at a health department, or at least some of the support and staff that are going to be your point person with respect to external interactions that can really get you to that direction.

2. Can you provide any examples of a successful public health and public transportation partnership related to the COVID-19 vaccination effort?

Answer: Most certainly, as well, as alluded to before, we've had members who, for example, Kane County, Illinois, who've been marketing, partnering with health care providers to really get the folks who are not necessarily able to get access to two vaccines by coming out to the health department—so tried to develop that particular interaction. Others we know have employed, the use of, for example, the ambulance services, the travel type of electronic, right app, the ride sharing, and as well as some of the patient transport services. To use that as a solution to get to those folks who may have mobility issues or maybe older and infirm, and not necessarily able to come out and stand in line or make it to a health department vaccination sites.

So New York City and others have done things similar to that extent. Miami we know has used similar types of efforts around being homebound and how they can really employ the value of the transportation services. There's another aspect as well, when you think about the not only specifically for COVID. But as we have this primary focus on COVID. There's the other pieces of the puzzle, the other programs and services where transportation can essentially assist in some of those backfilling efforts, especially things such as pregnant moms and getting them to their providers for visits, other vaccination efforts that will be important to maintain travel, immunization, disability, and diabetes and other case management programs. So there's several aspects, whether it's COVID only, or COVID. Plus that I think the transportation partners have really can benefit from interaction with our members. And we've seen a few success stories to bear.

Scott Bogren

Scott Bogren, Executive Director of the Community Transportation Association of America (CTAA)

Thank you all. Scott Bogren. I'm the executive director here at the Community Transportation Association of America. And I was asked to tell a little bit about what we do. But more importantly, I think our vision for how our members can link in this. I can't think of a more important job right now on the part of mobility providers all around the country than connecting at risk populations, rural populations with the vaccine.

CTAA is a membership association comprised of rural public agencies, which are typically in communities rural communities under 50,000 population. We are have a lot of small city members whose populations are urbanized areas between 50 and 200,000. We have a robust nonemergency medical transportation membership group. These folks are providing service to Medicaid. They work directly with hospitals, they're working with managed care organizations, they are transporting non-emergency patients for all manner of therapies and others. We have a lot of members who are engaged in specialized

transportation, largely of all older adults and people with disabilities. We also have tribal transit members, systems that are run by volunteers, systems that focus on veterans. And I also wanted to mention that both state departments of transportation and state transit associations are all active members of our association.

And, our members tend to serve the country and their communities with fixed routes, scheduled timetables, kind of very traditional, but just as many of them are actually engaged in on-demand services that someone can call ahead. The older version of on demand usually included 24 or 48 hour notice; we've now entered the time period where 24 minutes is too long. an on demand is on demand. And then all of these we've got public agencies, private sector, providers, nonprofits, all of those are in the mix of kind of our membership.

56:05
And really, it all goes to our vision. And since our inception in the late 1980s, CTAA and its members have been trying to make services community based, and what we mean by that is responsive to the community, rather than asking the community to be responsive to the transportation provided. And that's an important distinction, because I think those skill sets and that understanding is what's going to allow a lot of our members to really engage well with the vaccine distribution process.

our members are known for being flexible, responsive, fully accessible to all forms of disabilities. CTAA was a champion of the Americans with Disabilities Act from its very beginning. And we believe that all forms of public transportation must be fully accessible.

And what we're really seeing happening in our industry, it was happening a lot before the inception of the pandemic, it is also happening in the middle of and will gain steam afterwards, is the notion of how we pull together different modes within a single community, make them work in concert for customers, passengers—mobility management. The National Center for Mobility Management, certainly is one very important way.

And the other way that we see really mobility and our vision changing is becoming a lot more outcome based. What is created from the trip, what outcome in the community, whether it's somebody working, somebody has access to a vaccine, health care, how do we how do we put all those together in ways that make sense. All year during the pandemic, we heard from our members about how they were changing their operations, to respond to what the community needed. In fact, in early January, over 25%, a quarter of our rural members talked about service data added during the pandemic, most of those services, not surprisingly, were along the lines that Amy has outlined earlier: food access, grocery access, access to pharmacies and prescriptions. And what that told us was eventually, when we got to the idea of a vaccine, if you can't get out for food, it's probably not going to be easy for you to get out to get vaccinated when your time comes. And so we kind of saw this demand coming. And we're doing everything we can right now to connect together our membership and the vaccine distribution.

FTA has been a wonderful partner in providing funding, the Congress has provided funding, FTA has provided really flexible structure under which we can do this. And so now we're to that point where we've got to stop talking about it, and we got to start doing it. And I think this is this is an important discussion we're having right now.

Panel discussion

Moderated by Scott Bogren, Executive Director of the Community Transportation Association of America (CTAA)

We've got a great panel. And I think we're starting we're going get into some of the meat of the topic here, in terms of how do we make this happen? We're going to talk to some transit providers who are already making it happen in terms of these connections. And I'm excited about the discussion here.

I'm going to start off with Dr. Sarah McAdoo. Dr. Sarah McAdoo is the Population Health Capstone director at the University of Massachusetts Medical School in Springfield, Mass., so out in closer to Western Mass. And she is a member, importantly, of the Springfield vaccination force where she works on community outreach and education. The question I really have is what best practices have you learned that you think apply to how transit and public transit connects to health care that can help assist in how we can now focus that connection on vaccine distribution?

Dr. Sarah McAdoo, Population Health Capstone Director at the University of Massachusetts Medical School – Baystate; member of the Springfield Vaccination Force

Thank you, Scott. Just to provide a little bit of context in the role that I play as you mentioned, I also lead a lot of the work around community-based education for our medical students. And what's interesting about that is that it's brought us to the table with community partners, both in urban and rural communities. And we've had the pleasure and the privilege to work with many community partners who are doing innovative or creative work, especially with very low resources.

So one of the things that we've had the privilege to do this work in one of our rural communities, is our medical students are learning about how transportation is a social determinant of health. And it's really surprising to them how critically important it is, how mobility and transportation truly determine access to just about everything in a rural community, not only health care, but then the other determinants of health such as education, employment, and other social engagement, that it's important for health and well being.

So one of our education partners is the Quaboag Connector actually, it has been a project that has been developed with a Community Development Corporation. So when someone had asked earlier, how do you get through the public health departments, sometimes also, a Community Development Corporation may have already been bringing coalition members to the table that includes a health department or includes the particular health, leaders in that particular community.

So thinking about the question that you asked, there were a few things that kind of came to mind, because this is sort of something that we're thinking both in the urban, but specifically in the rural populations. So one thing that was mentioned earlier is leading with equity. I know that sometimes we're promoting expediency or equity, can overstate that. It's critically important to look at equity, because sometimes states may be rewarding those that can distribute the vaccines fastest to the largest number of people, but in reality, I think we can really do both. And using this equity lens is important in rural communities, because of what was said earlier, the disproportionate impact it has on people who are low income, disabled, older.

The second thing that we noticed is leveraging those established relationships and connections. I don't think what I'm going say today is going be magical things. I think it's just showing how that could work at the local level. So in the rural community of were in the Quaboag region where we are, we were fortunate enough to come to a coalition that already existed, the Quaboag Regional Coordinating Coordinating Council. So they already existed, and they had already been working on transportation gaps. And they have everyone from, senior centers, town officials, state and regional transportation organization, academic medicine, schools, community members. And this group also has a really good relationship with policymakers and legislators and is connected to the larger view of transportation in general in that

region and across the state. So look for established coalitions that are already doing this work. I really believe in not redoing things, find where it's already happening, it's happening well and connect to that. So one of the things that we say is, “Do what you do best and connect to the rest.”
Two other things I wanted to mention is identifying community assets. The Quaboag Connector is one example of that. So this is what we call a found pilot. This was already happening in the community. And it's important to support what's already happening because you're building community capacity, not just for the immediate time, but also for the future.

And then the last thing is, consider utilizing a multi-pronged transportation response. This is really all hands on deck, like the transportation and food that were mentioned earlier. And what we're looking at is vaccine sites at local organizations, easiest to get to by car and drive through vaccinations. That's the low hanging fruit. But on top of that, setting up vaccine sites along the Regional Transportation Authority fixed routes, filling in the gap with either paratransit or for us its our local connector, which is, looking at developing some strategic stops. And we might be able to capitalize on that and also provide on-demand services.

And then I think one of the most important things that we're recognizing is complementing it with mobile health services, or many communities might have that. So a mobile health clinic to meet residents where they're at. So now this is a gap of, if you can take any other transportation method, I think it was mentioned earlier, going to the community or going to the residents. Well, the interesting thing about the mobile health services, and we are actually, literally rolling one out come the end of March into April, is that you are going to, whether its housing areas where there's a few people already in housing, you can coordinate them safely coming to that service, and you're maximizing compliance, because you're able to do the two doses coming back to the same site. And the other part is that mobile health clinics also can collaborate with other organizations locally to bring other things that people want—food and other services, that it's important for health and well being that region.

Dan Wedge, Executive Director of Services for Allegan County; Public Information Officer for the County Emergency Operations Center, and acting administrative liaison to Allegan County Public Health.

Next up is Dan Wedge. Dan, thanks for joining us today. My question for you, Dan, is you're a transit guy, but you've clearly got your foot firmly placed in this notion of emergency operations. And I think that's an important activity that a lot of our members and a lot of the transportation people here takes them a little bit out of their comfort zone. So my question is, like, how has that connection helped? Your agency, which I know first did a lot with the COVID-19 testing, and is now going to be working with the vaccine?

Sure. Well, thank you, Scott. Well, I think first of all, you're right, I've had the advantage of having that long-term partnership with emergency operations. The benefits that has brought is, coming into this pandemic is having that relationship in place.

I think one of the things I'll just follow up on the last discussion was think of transit as an asset. And so when the emergency operation is looking through their resources, because they basically are a core support agency to public health. And so through the pandemic, they're the ones out there looking for those resources. And so I would encourage agencies who maybe are having a difficult time, reaching public health, start with your emergency management, division and express the services that you can bring to the table as a resource. Make them well aware, and let them have that, connection with public health because most likely, they're meeting with public health on a regular basis to understand what unmet needs are there.

And so, when you talk about how has my relationship with those two agencies helped to the pandemic, it is being able to open their eyes to what public transit could do and what role they can play in meeting this needs. And through that, I've been able to serve in a number of different capacities. as you mentioned early on, we did the COVID testing, we did drive through testing, they had other testing locations that were set up. And it just became apparent that, a drive thru process at transportation was just a good setup. We had the facility to do it, it's located in an industrial park. And so we had room to stack vehicles and just go through that process. And that worked quite well.

From there, I was invited to be part of the Vaccine Task Force, as public health was actually creating plan for rollout once vaccines became available. And that panel, or task force consisted of public safety, we had medical, both our EMS medical control directors, our public health doctor, we had of course emergency management, public health representatives. And we looked at a number of different things, and being able to be at the table, part of that discussion enabled me to, make sure that transit wasn't left out of the equation.

And fortunately, because our county has a requirement on an annual basis to test our emergency response to nuclear incidents, basically the template was there, and we had arrangements already set up with local schools to do evacuation to those locations. So it became very easy to take that and modify that to vaccination centers. And so we worked with many of our local schools with the idea that these locations would be spread out throughout the county, trying to limit transportation to within 20 minutes of each of these different sites. So basically, we can cover the whole county, once all sites are up and running with a 20 minute or less transportation or commute.

The other barrier that we discovered early on is, seniors, being able to access these sites, but more importantly, even signing up for this. And so, through a partnership with our community action agency, our Commission on Aging, public transit, we've kind of developed our own partnership to address how can we reach out to those that we're already serving, and help get them connected to, to sign up and register for the vaccine. And so we've been developing some strategies, in addition to what public health is doing, how public health has an easy to navigate sign on their webpage, but as many the older populations can sometimes struggle with that. And as such, they've also got a hotline, where people can call in, that hotline is very active. And we just feel that's another benefit that, public transit can bring, because we're already connecting to these different agencies. So I'll leave it there for now. And I have more to share as we go.

Eric Gleason, Director of Public Transportation at Texas DOT
Next up is Eric Gleason. Eric is the Director of Public Transportation at Texas DOT. And to give you some context of Texas, that is one of the largest rural groups of rural operators in the nation or in the state of Texas and Texas DOT has also done a lot of work over the years in the empty space, working with Medicaid and kind of coordinating efforts of health care and transportation, all of which clearly are going to play into this.

So first off, welcome, Eric. And thank you for joining us today. What do you see kind of your role in the role of Texas DOT with how the vaccination is working at the state level, and then trying to bring the assets that Dan was just talking about, to the attention of the right people at the state level?

Sure. Well, I certainly appreciate the opportunity to be on the panel today. And I think before I start, I do want to recognize on both public health side and the transit side that the absolute craziness of this time and how busy everyone is, on the public health side. Just the absolute pressure cooker for people we need to work with, while they're just focused on trying to get such a limited amount of vaccines out and

distributed and in the arms of 25 million Texans. And the rural transit districts of the state that are struggling anyways, with a pandemic, to have this opportunity and how to take advantage of it.

But let me let me speak to your question in a couple of different ways. I think for any state DOT, one of the most important things to understand is what is the rollout model for vaccine distribution in your state? Texas has taken a very decentralized approach to that. And it is it is a model that relies on local public health departments, and local emergency management operational structure to accomplish it. And so understanding that, I think, allows you to know what you need to do at your level and how to get folks engaged at the local level.

So at the state level, we made a connection across to our Department of State Health Services. And we don't necessarily have a strong history with that particular Health Services Branch of Texas, the non-emergency medical transportation is actually in a different organizational silo. And so this was a new reach for us. And so we introduced ourselves, we identified the resource and the opportunity we thought that the rural transit systems represented to help them in their efforts to elevate their vaccination levels out in the rural areas of the state.

We know that over half of the trips every year that occur on our rural transit systems are medically related. We know that the current transit providers are going to know these people who need to get to these vaccination sites. And beyond that we have CARES Act money to fund the transportation of those folks. So it just seemed like a perfect opportunity for us to introduce ourselves to those who were organizing the distribution effort.

And because of the decentralized nature of it, our efforts with the state health element of this have been largely focused on getting information to their folks about rural transit services in the state. I'll give you an example of that. The call centers that the state is operating for the vaccine program, all the call center operators have a direct link to find a ride program that basically will allow them to put the county of residence in and they can provide the caller with who their public transportation provider is. So we're helping them understand the opportunity, but giving them some information that they can use then if they are asked about that.

From the funding standpoint, the Commission just took action just last month to award the remaining balance of our CARES funding. And as a part of that action, they identified supporting access to vaccination sites as a key priority for them in how rural transit districts use those funds. And then I think more specifically working with rural transit districts,

I think, the message is, it's got to happen locally, and go get it. I think it's going to take initiative on the part of the rural transit districts to step in and step up and make their presence known. I think that the extent that we've been promoting regional coordination, regional public transportation coordination for the better part of 15 years here in the state, that we have a lot of well established connections already. We also have a strong tradition here in Texas, of rural transit districts supporting local emergency management and emergency response plans, hurricanes, wildfires, snow, whatever it might be

Brian Baker, Transportation Director, Spartan Transportation Services, Levelland, Texas,

Brian Baker, who has joined us as the transportation director at Spartan transportation services in Levelland, Texas, a 17-county service area. His operation is housed within a community action agency in Levelland. And Brian, really the question is, tell the folks what you've been up to, in terms of positioning Spartan to take people to vaccines and the progress you've made thus far.

1:26:57
Sure. Thanks, Scott. Thanks for having me here today. But really, before we take anyone, anywhere with the COVID-19 outbreak, our focus was on making our transit system safe. We've always focused on making our transit system safe, but it was driver training, it was the ADA, it was passenger assistance, it was emergency evacuation maintenance plans. And it's still that today with the addition of virus mitigation.

And so we took a really aggressive approach to actually mitigating the virus. We started back last February, with research, of course, implemented drivers protective equipment, temperature checks, enhanced cleaning, of course, all the things you hear, cleaning between every group of passengers, between every passenger, but then also procuring some actual virus mitigation technology. There's some known companies in the industry out there with some really, really great equipment that we were able to purchase and install on every single vehicle. And that's air purification devices that literally will kill the virus. It's filtration devices, it's disinfecting equipment that's permanently installed. It's antimicrobial treatments, driver barriers, all these things. So those are done now. And then we took a very aggressive approach to letting the public know that that's number one. Those things are done, you can be safe on a transit vehicle and our service area.

And so now with the vaccine effort, we did take a pretty large initiative here, like Eric Gleason said from DOT. We've always had great relationships with our emergency management departments. Texas is huge, but it's also very local, especially in rural counties. Letting them know that we're offering fair free rides to vaccination sites, and putting that information out there, prioritizing those trips. And then basically, Scott, we just flooded the zone.

Eric also mentioned that Texas has had a strong regional coordination over the last 15 years really, and so we know our 2-1-1 folks, we know the folks at the veterans organizations, we know the economic development corporations, the managed care organizations, the workforces, the headstarts, the community health centers, Texas Workforce Commissions, Association of Governments. We just literally got the information to every single one of those. And then county judges began putting plans in place, so that they knew when a vaccine came to their county that we would be there. Of course, social media, social media is a big one. That's how your local news organizations are going to pick it up. And that's what's happened here. They found it on social media and said, “Hey, we'd like to do an interview.” AM radio ads, telling about our safety protocols, as well as that fare-free ride to the vaccination sites.

Another thing we did to reach those folks that are homebound that you talked about, or folks that may not be able to get out early on in the pandemic, we were assisting food banks and other agencies with food box deliveries. So through those connections we made there, we now place a flyer in every single food box that continues to go out. That gets information to folks that may not have other ways of getting information. And then as of this week, Scott I think Dr. Ruth mentioned it in her in her presentation. Infrastructure in rural areas may be scarce sometime. We've got a pretty newly constructed facility, and we're actually holding the first vaccination clinic tomorrow at our at our facility Levelland Texas.

Clary Mole, Jr., EMS Specialist, Office of Emergency Medical Services, National Highway Traffic Safety Administration

Our last speaker is Clary Mole Jr. Clary is an MS specialist at the Office of Emergency Medical Services at the National Highway Traffic Safety Administration or as they're known here in Washington, DC, NHTSA.

And, Clary, I think the key question that the folks on the line would really like to have your expertise and insights on is how do they reach out if they weren't already established, like Dan was with an EEOC? How

would you advise transit folks to initiate, as Eric said, seize the initiative, initiate these kinds of conversations that ideally can end up with the kinds of solutions we just heard, where in a rural area, a transit facility ends up being a place where the vaccinations are being delivered.

1:33:22
Sure, the best thing you can do is reach out to your EMAs, your emergency management agencies, those are going to be at the state and local level. And they've already built out relationships with the community sectors because the community sectors represent the 15 emergency support functions of the Emergency Operations Plan. Two of those are transportation and public health. Public Health is in emergency support function 8. And because they're part of the emergency operation plans, those EMAs—emergency management agencies—already have that ready to go and ready to provide the information to transit agencies if they want to get involved in the distribution of the vaccinations. If you're unsure about how to get in touch with your local, then the best thing you can do is reach out to your local or state police entity. And they'll be able to essentially assist to give you the contact information you need to get with that EMA so they can provide you access to those people who need your resources.

1:34:27
And once you made that contact, we've heard a lot of hearing in this panel discussion about transit as an asset that may be needed. How do you articulate the asset that you have? And the funding that you have to Brian saying I'm providing these trips fare free? How would you suggest that part of the equation is handled?

1:34:54
Well, as has been mentioned already, I'll go ahead and iterate it. Unmet needs assessments are being done constantly by emergency management agencies, they'll be able to tell you what you can do, they'll be probably thrilled that you reached out and contacted them and said, Yes, yes, we can use you, please, please let us have access to your resources. So I don't think that's ever going to be an issue during an emergency or crisis or disaster, whatever we're going through transport is, number one, on the emergency support functions.

1:35:30
It is and I thank you for sticking with us and providing those insights. I do really feel like for many of us, in the transit space, particularly rural agencies, human service, transportation delivery systems, NEMT operators, this is our moment. We've worked a lifetime to build up a network of services, and never more than right now is that needed. And so, if you heard nothing from the last half hour, please seize the initiative. Reach out your services, your operations are an asset, you have the funding to do this, and, and what better role to play to explain the value of public transit, then play this role in getting our nation through this pandemic and through this health care emergency.