



February 4, 2021

Mobilizing Transportation to Support COVID-19 Vaccination Efforts

Your moderator for today



Amy Conrick

Director, National Center for Mobility
Management

NCMM is a technical assistance center
funded by the Federal Transit
Administration

We work daily to promote customer-
centered mobility strategies to advance
good health, economic vitality, self-
sufficiency, and community.



As you prepare to join us . . . a few reminders

- This webinar is being recorded. The recording, slides, and a transcript will be posted at nc4mm.org/covid-19-resource-center/
- All participants are joining in listen-only mode.
- Please use the **Q&A box** to post any questions you have.
- You may enable the captioning feature for this webinar by clicking on the option at the bottom of your screen.

Our Agenda



Setting the Context:

- Centers for Disease Control and Prevention
- National Assn. of City and County Health Officials
- Community Transportation Assn. of America

Panel Discussion:

- U. Mass Medical School – Baystate/Springfield, MA
Vaccination Task Force
- Texas Department of Transportation
- Spartan Transportation (TX)
- Office of Emergency Medical Services, NHTSA
- Allegan County, MI

Audience Questions



FTA and related resources: Incidental Use

- 1) FTA's [fact sheet on incidental use:](https://www.transit.dot.gov/ccam/about/dot-fta-hud-pih-partnership-covid-19-recovery-fact-sheet)
<https://www.transit.dot.gov/ccam/about/dot-fta-hud-pih-partnership-covid-19-recovery-fact-sheet>
- 2) [Related FAQs, such as FAQs CE18, CE10 and CE4:](https://www.transit.dot.gov/frequently-asked-questions-fta-grantees-regarding-coronavirus-disease-2019-covid-19)
<https://www.transit.dot.gov/frequently-asked-questions-fta-grantees-regarding-coronavirus-disease-2019-covid-19>
- 3) Table of transit "incidental" use during the COVID-19 pandemic:
nc4mm.org/ccam
- 4) Inventory of federal programs that support human service transportation:
<https://www.transit.dot.gov/regulations-and-guidance/ccam/about/ccam-program-inventory>

Examples of Transportation's Role in Vaccination Efforts

In the table below, NCMM has compiled the following examples of how transit agencies are working with public health agencies and their communities in their vaccination efforts.

Transit Support for Vaccination Efforts : Sheet1					
FTA Region	Location	Agency/ partner(s)	Description of Activity	For more information	
<i>Transport individuals to vaccination sites</i>					
3	Crawford County PA	Crawford Area Transportation Authority (CATA) Meadville Medical Center Active Aging, Inc.	CATA is providing free transportation to the general public who are registered with the Medical Center to receive the Pfizer vaccine. CATA will provide ADA accessible door to door transportation for this program and is working with the Meadville Medical Center to schedule the vaccination times for bus riders to allow for coordination of transportation into the vaccination site.	Tim Geibel, General Manager tgeibel@catabus.org	https://www.Resources.https://www
3	Monongalia County	Mountain Line Transit Monongalia County Health Department	In coordination with the Monongalia County Health Department, Mountain Line Transit Authority will be providing service to area COVID Vaccine Clinics beginning Thursday January 21, 2021. On Thursdays and Fridays the Gold Line (Rt. 6) will deviate to the Mon County Health Department between the hours of 9:00am to 5:00pm. The Purple Line (Rt. 9) will travel to the Health Department by request upon boarding. The Pink Line will deviate to the Armory between the hours of 9:00am to 5:00pm on Thursdays and Fridays.	Courtney Studley, Marketing Coordinator Phone: (304) 296-3680	http://www.t
4	New Hanover Co., NC	WAVE Transit NC Department of Health and Human Services (DHHS) NC Department of Transportation (DOT)	Wave Transit will begin providing free next-day transportation to designated vaccination distribution sites for community members with vaccination appointments effective Monday, January 25, 2021. The NC Department of Health and Human Services (DHHS) and the NC Department of Transportation (DOT) want to make sure that no barriers, including lack of transportation, prevent someone from getting vaccinated. Towards that goal, DHHS and DOT are distributing Coronavirus Relief Funds to local transit agencies to provide access to and from COVID-19 vaccine sites for North Carolina residents.	Wave Transit (910) 202-2053 or by e-mail at pttcschedule@wavetransit.com.	https://www.transportati

[Table of transit activities related to vaccination efforts](https://nc4mm.org/covid-19-resource-center/)
<https://nc4mm.org/covid-19-resource-center/>

Share your examples of
“incidental use” and transportation
support of vaccination efforts by
emailing

info@nc4mm.org

Our Presenters



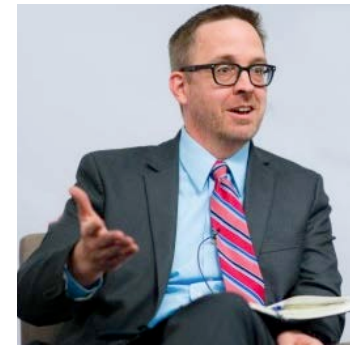
Dr. Janell Routh

Co-Deputy of the
Implementation Planning Unit
of the Vaccine Task Force



Dr. Oscar Alleyne

Chief of Programs &
Services



Scott Bogren

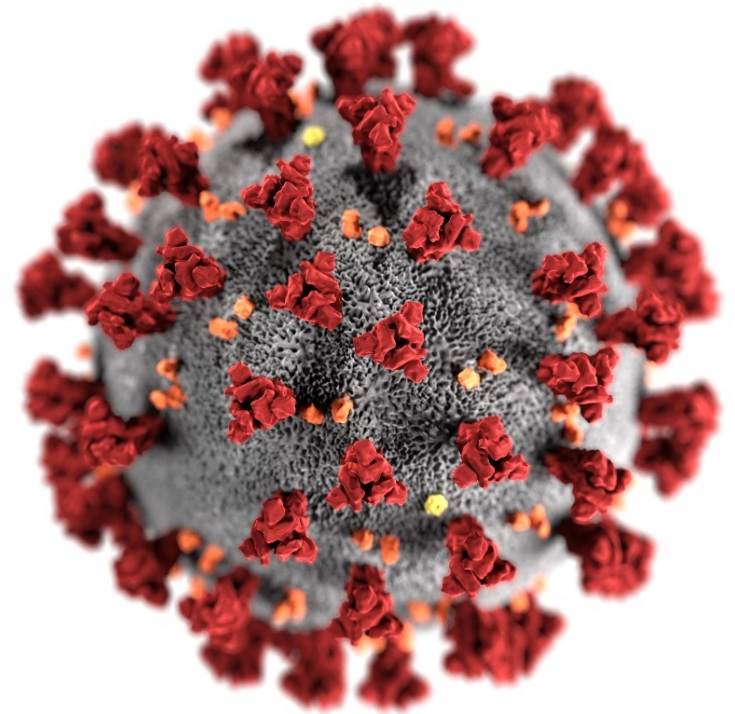
Executive Director

Centers for Disease
Control and Prevention



COVID-19 Vaccine Implementation

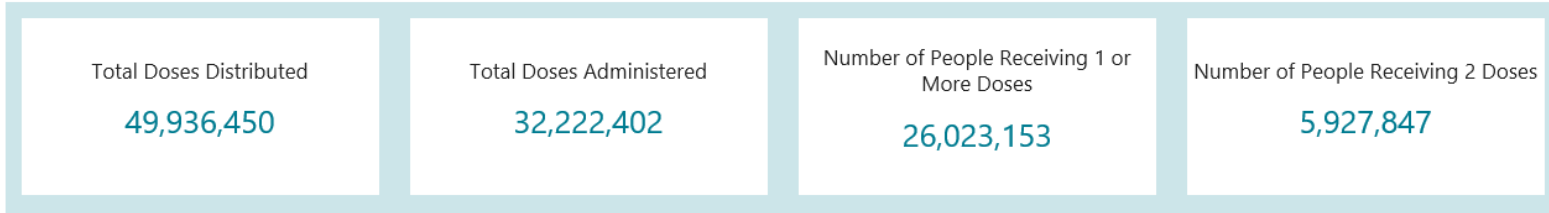
Dr. Janell Routh
February 4, 2021



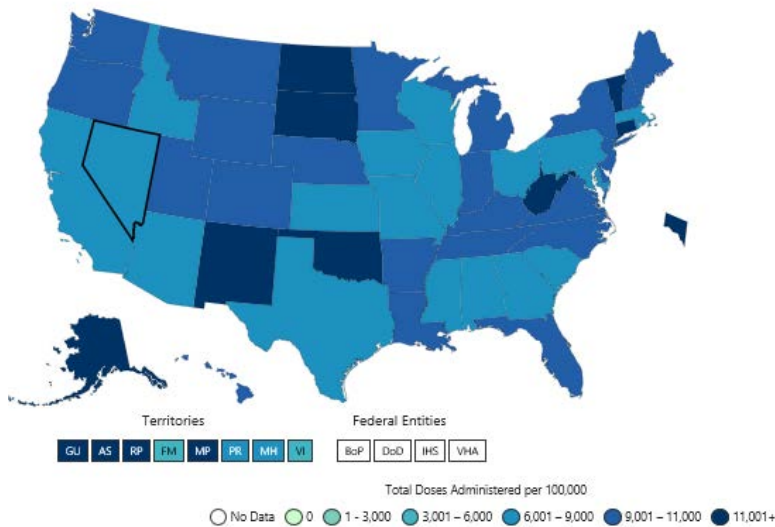
COVID-19 Vaccine Distribution and Initiation

As of February 1, 2021

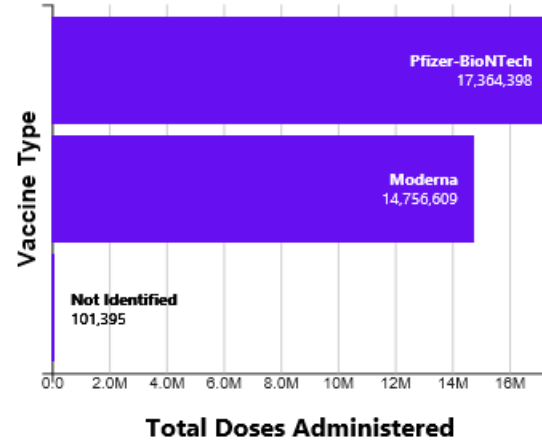
Overall US COVID-19 Vaccine Distribution and Administration; Maps, charts, and data provided by the CDC, updated daily by 8 pm ET[†]



Total Doses Administered Reported to the CDC by State/Territory and for Selected Federal Entities per 100,000



U.S. COVID-19 Vaccine Administration by Vaccine Type



Available: <https://covid.cdc.gov/covid-data-tracker> 2/1/21

COVID-19 Vaccines Under FDA Emergency Use Authorizations (EUAs)

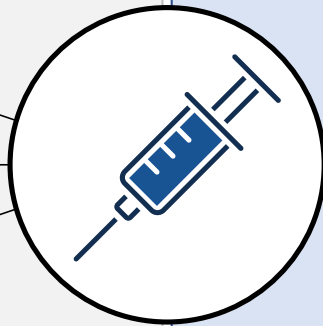
- Two vaccines have received Emergency Use Authorizations (EUAs) from the FDA:
 - **Pfizer/BioNTech:** 2 doses given at least 21 days apart
 - **Moderna:** 2 doses given at least 28 days apart
- Both vaccines were tested in tens of thousands of adults from diverse backgrounds, including older adults and communities of color.
- Clinical trial data show that both vaccines are safe and effective at preventing COVID-19.
- It is unknown how long protection from vaccines might last.

Sources: <https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-conclude-phase-3-study-covid-19-vaccine>
<https://investors.modernatx.com/news-releases/news-release-details/modernas-covid-19-vaccine-candidate-meets-its-primary-efficacy>

Distribution and Administration

In early-phase distribution: COVID-19 vaccines will be administered in **focused areas for priority groups**

- Healthcare Personnel 
- Long-Term Care Facility Residents 
- Public Health Clinics 



Later in distribution: vaccines will be administered to **broader populations** through many different administration sites, with **focus on ensuring equity and expanding access**

-  Pharmacies
-  Doctor's Offices
-  LTC Providers
-  Home Bound
-  Mobile Units
-  Public Health Clinics / FQHCs
-  Indian Health Service
-  Other federal entity sites (DOD)
-  Hospitals
-  Mass Vx – large outpatient clinics

Overview of Groups Prioritized by ACIP

Phase 1a

- ✓ Healthcare personnel
- ✓ Long-term care facility residents



Phase 1b

- ✓ Frontline essential workers
- ✓ Persons aged 75 years and older



Phase 1c

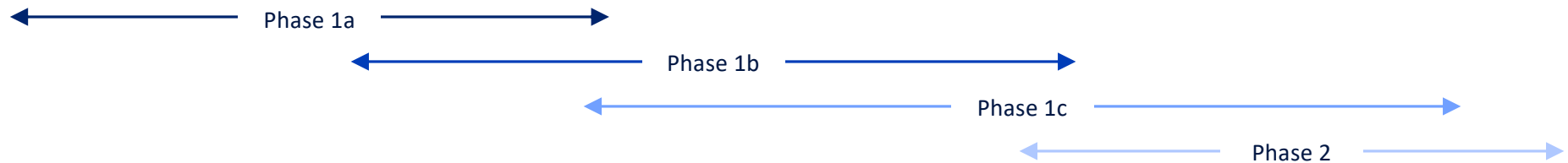
- ✓ Persons aged 65-74 years
- ✓ Persons aged 16-64 years with high-risk conditions
- ✓ Essential workers not recommended in Phase 1b



Phase 2

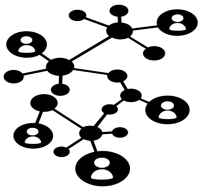
- ✓ All people aged 16 years and older not in Phase 1 who are recommended for vaccination

Initiation of phases will be overlapping



ACIP: COVID-19 Vaccine Guiding Principles

E
Q
U
I
T
Y



Efficient Distribution. During a pandemic, efficient, expeditious, and equitable distribution and administration of authorized vaccine is critical



Flexibility. Within national guidelines, state and local jurisdictions should have flexibility to administer vaccine based on local epidemiology and demand

Additional considerations for rural communities

- Older, lower income, more underlying health conditions than urban
- Rural healthcare infrastructure issues
- Limited access to broadband and digital technology
- Limited transportation resources

Key Facts about COVID-19 Vaccination



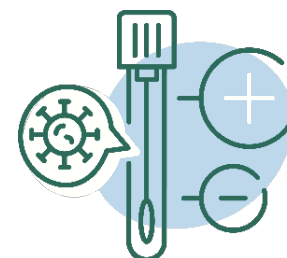
Getting vaccinated can help prevent you from getting sick with COVID-19



People who have already gotten sick with COVID-19 may still benefit from getting vaccinated



COVID-19 vaccines cannot give you COVID-19



COVID-19 vaccines will not cause you to test positive on COVID-19 viral tests*

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/about-vaccines/vaccine-myths.html>

*<https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html>

Safety of COVID-19 Vaccines is a Top Priority

COVID-19 vaccines are being held to the **same safety standards** as all vaccines.

Before Authorization



ACIP

- **FDA** carefully reviews all safety data from clinical trials.
- **ACIP** reviews all safety data before recommending use.

After Authorization



- **FDA** and **CDC** closely monitor vaccine safety and side effects. There are systems in place that allow CDC and FDA to watch for safety issues.

VAERS Vaccine Adverse Event Reporting System
www.vaers.hhs.gov



V-safe: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>



Active Safety Monitoring for COVID-19 Vaccines

- **V-safe** is a new CDC smart-phone based monitoring program for COVID-19 vaccine safety:
 - Uses text messaging and web surveys to check in with vaccine recipients after vaccination.
 - Participants can report any side effects or health problems after COVID-19 vaccination.
 - Includes active telephone follow-up by CDC for reports of significant health impact.



Vaccination is one measure to help stop the pandemic

- While COVID-19 vaccines appear to be highly effective, additional preventive tools remain important to limit the spread of COVID-19.
- The combination of getting vaccinated and following CDC recommendations to protect yourself and others offers the best protection from COVID-19.
 - Cover your nose and mouth with a mask.
 - Stay at least 6 feet from people who don't live with you.
 - Avoid crowds and poorly ventilated indoor spaces.
 - Wash your hands.



2/2/21

CDC Resources

Learn more with **CDC's COVID-19 vaccine tools and resources**. Find information for COVID-19 vaccine administration, storage, reporting, patient education, and more.

- COVID-19 Vaccination:
<https://www.cdc.gov/vaccines/covid-19/index.html>
- For Healthcare Professionals:
<https://www.cdc.gov/vaccines/covid-19/hcp/index.html>

COVID-19 Vaccine Communication Toolkits

- Medical Centers, Clinics, and Clinicians
- Long-Term Care Facilities
- Community-Based Organizations
- Essential Workers

The image shows a screenshot of the CDC's Vaccines & Immunizations website. The top navigation bar includes the CDC logo, the text "Centers for Disease Control and Prevention", and the tagline "CDC 24/7: Saving Lives. Protecting People™". A search bar and a "Vaccines site" dropdown menu are also visible. The main content area is titled "Vaccines & Immunizations" and features a "COVID-19 Vaccination" section. This section includes a "Clinical Resources for Each COVID-19 Vaccine" link, a "Pfizer-BioNTech Vaccine Information" button, and a grid of resource cards for "General Vaccine Administration", "Storage and Handling Toolkit", "ACIP Recommendations", and "COVID-19 Vaccine EUAs". Below this, there are more resource cards for "Training and Education", "Communicating with Recipients", "Vaccination Provider Requirements & Systems", and "mRNA COVID-19 Vaccines". A prominent graphic titled "Getting 'Back to Normal' Is Going to Take All of Our Tools" is overlaid on the page. This graphic contains four icons with corresponding text: "Get vaccinated.", "Wear a mask.", "Stay 6 feet from others, and avoid crowds.", and "Wash hands often." The graphic also includes the CDC logo and the URL "www.cdc.gov/coronavirus/vaccines".

Thank you



The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov



Public Health and Transportation: Working Together to Move Communities Past COVID-19

E. Oscar Alleyne, DrPH MPH
Senior Advisor, Public Health Programs

NACCHO

National Association of County & City Health Officials

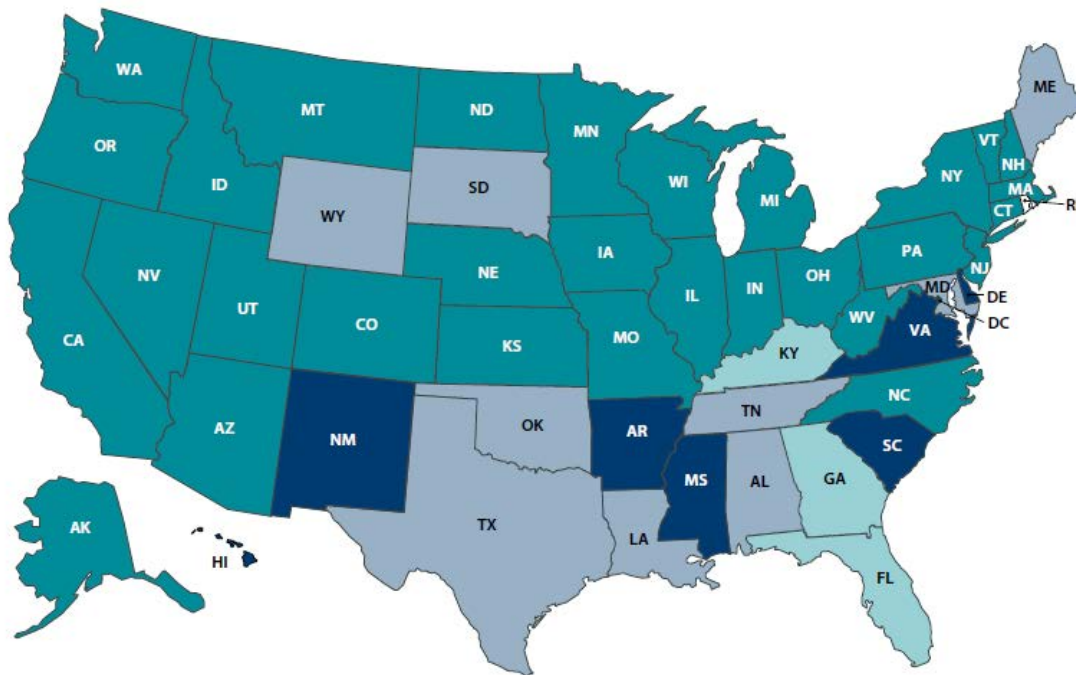
Who is NACCHO?

NACCHO
National Association of County & City Health Officials

NACCHO is comprised of nearly **3,000 local health departments** across the United States. Our mission is to serve as a **leader, partner, catalyst,** and **voice** with local health departments.

The Local Public Health Landscape

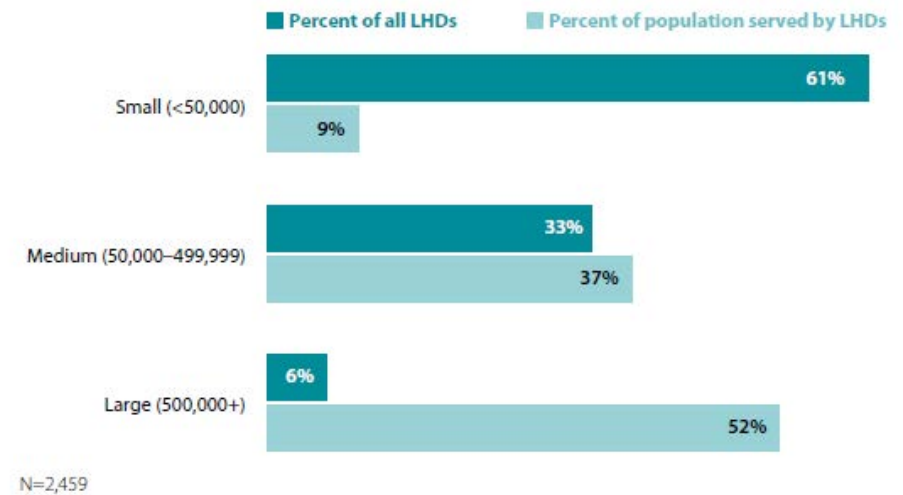
- Local (all LHDs in state are units of local government)
- State (all LHDs in state are units of state government)
- Shared (all LHDs in state governed by both state and local authorities)
- Mixed (LHDs in state have more than one governance type)



RI was excluded from the study
N=2,459

Source: National Association of County and City Health Officials (NACCHO) 2019 National Profile of Local Health Departments

Figure 2.2 | Percent of United States population served by LHDs



Local Health Departments Provide Immunization Services

Figure 7.1 | Clinical programs and services provided directly by LHDs in the past year

Program/service	% of LHDs	Program/service	% of LHDs
Immunization		Maternal and child health services	
Childhood immunizations	88%	Women, Infants, and Children (WIC)	68%
Adult immunizations	88%	Early and periodic screening, diagnosis, and treatment	38%
Screening for diseases/conditions		Well child clinic	30%
Tuberculosis	86%	Prenatal care	30%
Other STDs	70%	Other clinical services	
HIV/AIDS	62%	Oral health	30%
High blood pressure	56%	Home health care	15%
Body Mass Index (BMI)	52%	Substance abuse	15%
Diabetes	39%	Behavioral/mental health	12%
Cancer	31%	Comprehensive primary care	11%
Cardiovascular disease	25%		
Treatment for communicable diseases			
Tuberculosis	83%		
Other STDs	52%		
HIV/AIDS	46%		

n=1,226-1,461



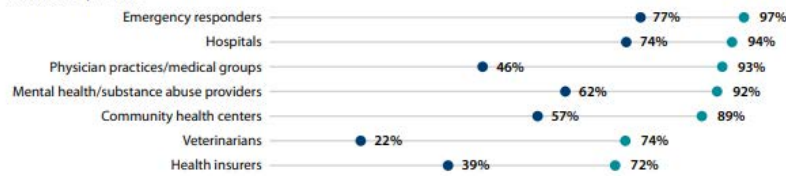
Source: National Association of County and City Health Officials (NACCHO) 2019 National Profile of Local Health Departments

Local Health Department Partnerships

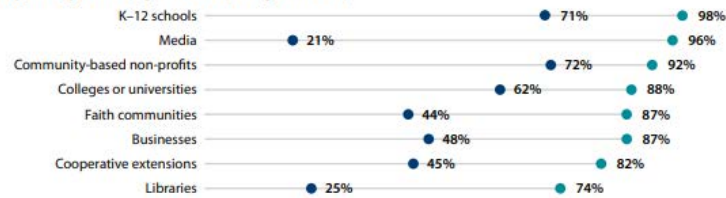
Figure 3.3 | LHD partnerships and collaborations in the past year

- Percent of LHDs working with organization in any way
- Percent of LHDs regularly scheduling meetings, have written agreements, or share personnel/resources with organization

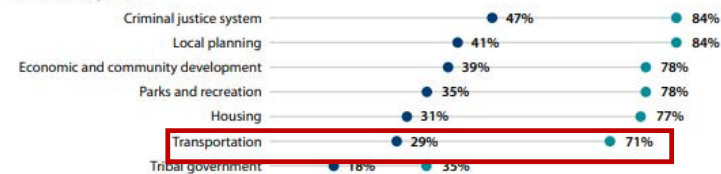
Healthcare partners



Community-based partners (e.g., education, non-government)



Government partners



Transportation Access and Quality Affect Health

Proven policies can promote physical activity and reduce disease



Infrastructure

Sidewalks, bike lanes, and multi-use trails provide safe opportunities for daily physical activity that can reduce cardiovascular disease and obesity while improving community residents' access to health care, employment, and resources such as healthy foods.

Transit

Access to safe, affordable, and reliable public transit can lead to increased physical activity and better access to jobs and services, which may help people—especially those from low-income households—maintain stable employment, meet basic needs, and access healthy foods and other resources. About 42 percent of people earning less than \$25,000 a year depend on public transit to get to work.

Emissions

Infrastructure, laws, and regulations that provide more opportunities for nonmotorized transportation and result in lower emissions from trains, planes, and trucks can reduce pollution, lower childhood asthma rates, and decrease heart disease among adults, especially in communities near major roadways.

Safety

Lowering speed limits, illuminating or raising pedestrian crosswalks, and designing streets to accommodate bikes, pedestrians, and people with disabilities can make transportation routes safer and more accessible for everyone and reduce the rates of serious injury and death.

Source: Safe Routes to School National Partnership. "At the Intersection of Active Transportation and Equity" (2015). https://www.apta.org/-/media/Files/04/transportation/active_transportation_report_2015.pdf; United States of Health Inc. "The Hidden Health Costs of Transportation" (2015). https://www.usofh.org/-/media/Files/04/Health/Transportation/hidden_health_costs_of_transportation_background.pdf. © 2018 The Pew Charitable Trusts.



PUBLIC TRANSIT GETS PEOPLE MOVING TOO:





Strengthening Public Health Systems and Services through Building Capacity for Local Health Department Immunization Programs to Address Vaccine Preventable Diseases

NACCHO Immunization Program Activities

NACCHO
National Association of County & City Health Officials

1. Enhance LHD contributions that inform policies, guidance documents and decisions related to immunizations and VPDs;
2. Increase LHD participation in national policy and programmatic discussions;
3. Collect, organize and disseminate recommendations, evidence-based strategies, tools and resources through NACCHO communication channels;
4. Evaluate model practices to assess accessibility, utility, and impact of materials disseminated;
5. Identify pockets of low vaccination within communities;
6. Promote a pro-vaccination campaign to contain vaccine misinformation;
7. Provide on-going support to local health departments;

NACCHO
National Association of County & City Health Officials

[FACT SHEET]
June 2018

Immunization at NACCHO: Reinforcing the Power of Vaccination to Protect Public Health

The Role of Local Health Departments: Connecting Communities to Services

Vaccines are one of the most successful and cost-effective ways to protect against infectious diseases and death. Local health departments (LHDs) play a critical role in providing and connecting people in their communities with immunization services and counseling. These local agencies work with public and private sector physicians and other stakeholders to assure effective immunization practices, disease surveillance and reporting, education and outreach, and program oversight. Nearly all LHDs provide immunization services, with 90% providing services for adults and 88% providing services for children (see Figure 1).

Immunization is one of the safest public health measures available, with an unparalleled record of disease reduction and prevention. Still, efforts to promote vaccination are needed more now than ever. With a resurgence of diseases such as measles and mumps and emerging domestic and global health threats such as influenza, LHDs can increase vaccine access to ensure people in their communities stay safe and healthy.

The Role of NACCHO: Supporting Local Health Department Efforts

NACCHO facilitates coordination among the nation's nearly 3,000 LHDs through the Infectious Disease Prevention and Control program, which manages communications, outreach, technical assistance, and training resources for a nationwide network of infectious disease professionals who work in immunization, HIV/STI, and other infectious disease programs at LHDs.

NACCHO's immunization program is committed to helping LHDs increase their capacity to prevent and control vaccine-preventable diseases and meet nationally established immunization standards. As the national voice for LHDs, NACCHO ensures that members have input on federal immunization policies and guidance. Further, NACCHO staff and workgroup representatives provide critical representation on leading immunization coalitions and committees such as the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices, the Department of Health and Human Services' National Vaccine Advisory Committee, and the Adult Vaccine Access Coalition.

FIGURE 1. TRENDS IN IMMUNIZATION

Source: NACCHO's 2013 and 2016 National Profiles of Local Health Departments


NACCHO Immunization Program Activities

NACCHO
National Association of County & City Health Officials


NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

[FACT SHEET]
July 2020

Local Public Health: An Integral Partner for Increasing Vaccine Confidence



Vaccines remain the best defense against infectious diseases and play a vital role in protecting the health of individuals and the communities in which they live. Due to the development of safe and effective vaccines, immunization is one of the most successful and safest public health measures available to populations worldwide, with an unparalleled record of disease reduction and prevention. In the United States, relatively high immunization rates for many recommended vaccines have led to the near elimination of several vaccine-preventable diseases and significant reductions in mortality. Our nation's robust, scientifically-based vaccine safety system carefully studies, evaluates, and monitors vaccine safety and efficacy. Despite the success and strong safety record of vaccines, vaccine hesitancy continues to pose a significant public health threat by producing an environment where vaccine-preventable diseases can spread quickly from person-to-person among under-/un-immunized individuals and communities.



What is Vaccine Confidence?

Vaccine confidence is defined as the trust that parents, patients, or providers have in recommended vaccines; providers who administer vaccines; and processes and policies that lead to vaccine development, licensure, manufacturing, and recommendations for use.¹ In contrast to vaccine confidence, vaccine hesitancy is defined as the delay in acceptance or refusal of vaccines despite availability of vaccination services.²

Vaccine confidence is a complex concept largely dictated by an individual's personal experiences, attitudes and beliefs towards vaccines and potential risks, trust and confidence in their healthcare professional, sources for health information, and many other potential confounding factors. Vaccine hesitancy occurs on a continuum ranging from an individual's total acceptance of all vaccines to total refusal of all vaccines (Figure 1). In an assessment of the state of vaccine confidence in the United States, the National Vaccine Advisory Committee's (NVAC) Vaccine Confidence Work Group noted that although vaccine acceptance remains relatively high and stable, data on school exemptions, vaccination delays and declinations, and perspectives of parents, healthcare providers and public health workers indicate that there is room for improvement in building confidence to maintain

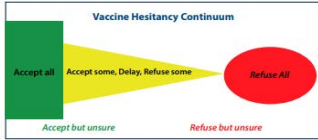




Figure 1. Vaccine Hesitancy Continuum, from the World Health Organization's Strategic Advisory Group of Experts

Local Public Health Initiatives to Increase Vaccine Confidence

Share: 

AWARDS & RECOGNITION: IMMUNIZATION



NACCHO Selects Local Health Departments to Participate in Project to Address Vaccine Hesitancy

Dec 16, 2020 | Amy Frandsen

— Local Health Departments in Florida, Iowa, and Washington State Received Awards —

Washington, DC, December 14, 2020 - The National Association of County and City Health Officials (NACCHO), the voice of the country's nearly 3,000 local health departments, with support from the Centers for Disease Control and Prevention (CDC), has selected three local health departments (LHDs) to participate in the Equipping Local Health Departments to Address Vaccine Hesitancy project. This project will provide LHDs with the resources to address vaccine hesitancy in at-risk populations or under-vaccinated communities. This will include providing one additional staff in the LHD dedicated to addressing vaccine hesitancy and misinformation, building partnerships with other local organizations, and identifying areas of need to improve vaccine confidence.

Local health department awardees for the project are:

- Florida Department of Health in Manatee County, FL
- Linn County Public Health, IA
- Public Health - Seattle & King County, WA

The main activities of the project include working with a consultant staff member to assess areas of vaccine hesitancy and identify ways to improve vaccine confidence in their counties as well as building partnerships between local public health and other local organizations to address vaccine hesitancy.

Equipping Local Health Departments to Address Vaccine Hesitancy

NACCHO COVID-19 Response Efforts

NACCHO
National Association of County & City Health Officials

NACCHO Response **Level 2:**

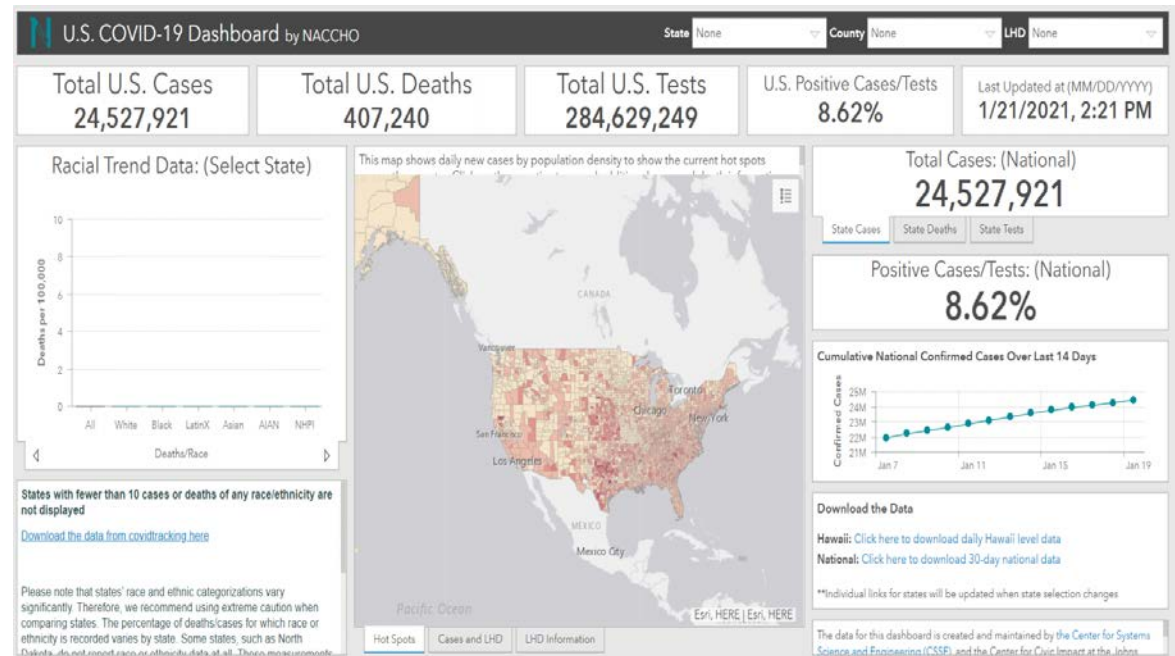
- Maintain situational awareness, at both the national/federal and local level;
- Support all stakeholders through the constant sharing of information to help protect the public;
- Facilitate the sharing of information from the federal to the local level;
- Advocate for federal funding for the COVID-19 response and public health infrastructure for the future;
- Understand and be responsive to member needs and requests;
- And convey the critical role of local health departments during ongoing outbreaks.



NACCHO COVID-19 Response Efforts

NACCHO
National Association of County & City Health Officials

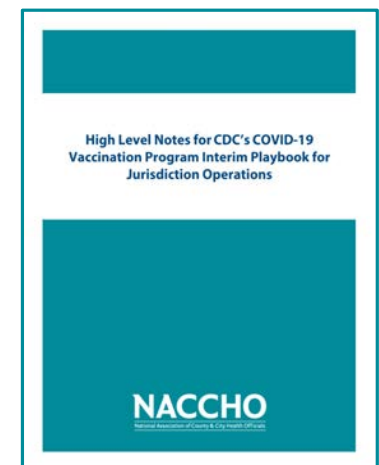
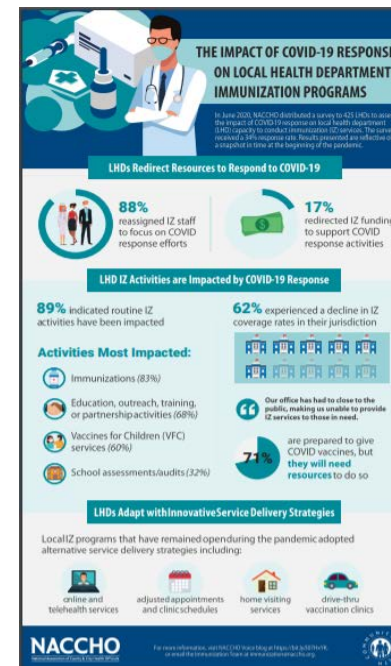
- DATA/GIS Special Task Force
- COVID-19 Virtual Community
- Contact Tracing Resources for COVID-19 Response
- Local Health Department *Stories from the Field*



NACCHO COVID-19 Vaccine Response Efforts

NACCHO
National Association of County & City Health Officials

- Impact of COVID-19 Response on Local Health Department Immunization Programs
- High Level Notes for Jurisdiction Operations/Local Plan Collection
- Policy Statements and Letters
- Story from the Field: Innovative Ways to Maintain Immunization Coverage During a Pandemic
- Immunization webinar series
 - Immunization in a Time of COVID-19
 - COVID-19: Vaccination Planning and Local Health Departments
 - COVID-19 Vaccination Program Interim Playbook and Planning for Local Health Departments
 - Vaccine Administration Planning: Drive-thru Clinics and Other Innovative Ideas
 - The Impact of COVID-19 on School Re-opening
 - Technology Approaches to Managing COVID-19 Vaccine
 - Engaging Communities to Increase Confidence in COVID-19 Vaccines
 - Pfizer-BioNTech COVID-19 Training and Education
 - Understanding Diverse Communities to Support Equitable and Informed COVID-19 Vaccine Decision Making



Role of NACCHO members in vaccination program

- October 2020 States submitted COVID-19 vaccination plans
- State plans varied in how they integrated local health departments
- December 2020 Two vaccines are approved for FDA EUA and ACIP recommended
- ACIP recommendations provide guidance on priority groups 1 a, 1b, 1c
- January 2021 Local health departments that are engaged in vaccine delivery have started to share COVID-19 Vaccination Plans

The Pima County Tentative Phase 1A Vaccination Plan
www.pima.gov/covid19vaccine

December 2020 – Spring 2021

Pima County is working as a matter of public health to develop a comprehensive plan for making the COVID-19 vaccine available throughout the community. Following guidance from both the CDC and Arizona Department of Health Services, the Pima County Health Department (PCHD), in collaboration with local hospitals and community partners, is committed to the equitable and efficient distribution of the vaccine. Because the initial vaccine supply is limited, the plan has been prioritized to first vaccinate critical workers, which includes healthcare and nursing home workers and other groups vulnerable to severe COVID-19 illness. The PCHD has consulted with its ethics committee for direction and recommendations to ensure that the plan reflects community partners' and citizens' interests.

PCHD will adhere to the following guiding principles for ethical vaccine allocation:

- Administer an effective COVID-19 vaccine to all Pima County residents to reduce the spread of COVID-19 and related illnesses, hospitalizations, and deaths
- Ensure the safe and timely delivery of the vaccine
- Provide equitable access to all who live, work, or are educated in Pima County while targeting high risk and vulnerable populations based on evidence
- Seek broad and meaningful community engagement so that communication strategies are responsive, data informed and trusted
- Provide clear, transparent and data driven information to the public about vaccine risks, benefits, safety, allocation, targeting, and availability

Type of Vaccine	Total Doses Available (estimated)	Minimum Supply	Storage and Handling
Phase 1A.1 (Pfizer)	100,000 doses	100,000 doses	Requires 100,000 doses to be stored at -70 to -80°C to recharge thermal proper; multiple vials, must be used in combination
Phase 1A.2 (Moderna)	171,200 doses	100 doses	Requires frozen storage at -20 to -80°C

Phase 1A.1: Individual Appointment for Healthcare Workers

Phase 1A.1	Phase 1A.2	Phase 1A.3	Phase 1A.4
Healthcare workers and support staff who provide direct patient care in high-risk settings	Healthcare workers and support staff who provide direct patient care in moderate-risk settings	Healthcare workers and support staff who provide direct patient care in lower-risk settings	All other healthcare workers

Occupation and examples

- COVID-19 vaccine in a vaccine
- Home care COVID-19 vaccine
- Large assembly (e.g., community of 10+ people)
- Detailed COVID-19, emergency response, and COVID-19 related response
- Long-term COVID-19 patients
- COVID-19 vaccine in a vaccine
- Home care COVID-19 vaccine
- Large assembly (e.g., community of 10+ people)
- Detailed COVID-19, emergency response, and COVID-19 related response
- Long-term COVID-19 patients

For more information, visit www.pima.gov/covid19vaccine

Public Health
Seattle & King County

King County Unified Regional Strategy COVID Vaccine Delivery
January 7, 2021

Our unified regional goal is to quickly, efficiently and equitably vaccinate as many King County residents as possible in order to suppress the spread of COVID-19 and get the pandemic under control. This will be a tremendous effort requiring sustained active engagement from both public and private sector partners across our region. The scale and urgency of this effort cannot be overstated.

To contain the virus so that we can reopen society and rebuild our economy, it will be necessary to vaccinate at least 70 percent of all adults for whom there is currently an approved vaccine. With total adult population of 1.8 million, this means delivering two doses to 1.26 million people, starting with those at highest risk. In addition to vaccinating children when an approved vaccine for people younger than 16 years becomes available.

In an ideal scenario, achieving this goal could be accomplished in as soon as six months, through an aggressive, multi-modal strategy to administer 16,000 vaccines each day, 6 days per week. This timeline is a best-case scenario dependent on adequate and stable supply chains for vaccine and other needed materials, the ability to mobilize the logistical/administrative and health workforce needed, and demand for vaccination in the population.

Meeting the goal as fast as possible will require strong participation and investment from all levels of government, the health care system, labor and employer groups and philanthropy. Together we will build a diversified vaccine delivery infrastructure to ensure that every willing person can be vaccinated when they are eligible at a location that works for them. United in our shared interest of ending the pandemic, we will move forward together.

The Role of State and Local Public Health

The State Department of Health (DOH) is the lead entity for distribution and allocation of vaccines. Based on recommendations from the CDC, they provide guidance to prioritize which populations will be eligible for vaccine at what point in time. In addition, they enroll providers as vaccinators, determine weekly allocation of doses among those providers in consultation with local public health agencies, transmit provider orders to the CDC for processing, and support the statewide immunization information system for required reporting of COVID-19 vaccine doses administered to facilities.

For our region, Public Health – Seattle & King County (PHSKC) is responsible for overall oversight, guidance and assurance that all residents of King County, and especially those who are the most vulnerable and most at risk of severe illness and death related to COVID-19, are able to access COVID-19 vaccination when eligible. We are working with the health care system, including hospitals and pharmacies, professional associations, and independent providers to facilitate access of eligible populations to vaccination, enhance the health care system's ability to serve our residents, target allocation of doses where most needed. We are also working with partners to address gaps. Components of our plan are also managing a locally tailored public information campaign and working with community to address vaccine hesitancy.

1 This estimate also includes doses for the approximate population 18 and older = 1,800,000 (70% target = 1.26 million) (16 doses over 6 months = 14,000 doses/day).

Realities of Vaccination Efforts

Low Supply; High Demand

Variance in Vaccination Distribution by State

Complexities of Vaccine Storage and Handling

Two Dose Series

Changing Guidance

Vaccine Hesitancy

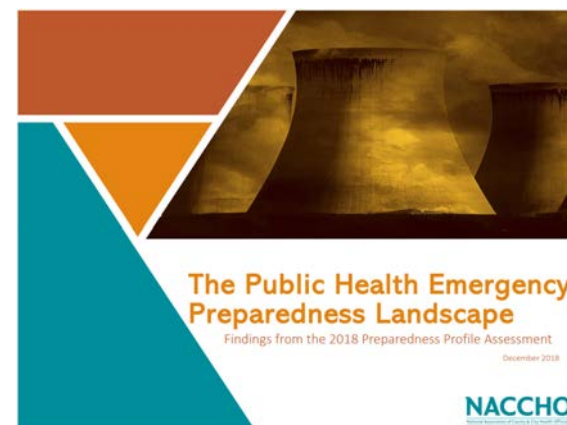
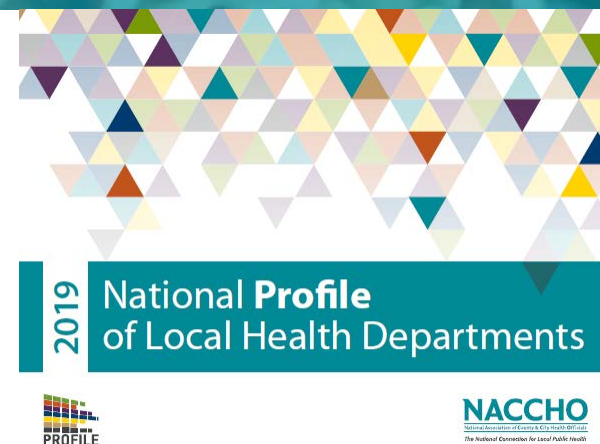
Equitable Allocation***

Working with Local Public Health to Address COVID-19

NACCHO
National Association of County & City Health Officials

Understand Local Health Departments

- [National Profile of Local Health Departments](https://www.naccho.org/resources/lhd-research/national-profile-of-local-health-departments)
<https://www.naccho.org/resources/lhd-research/national-profile-of-local-health-departments>
- [2018 Preparedness Profile Assessment](https://www.naccho.org/blog/articles/the-landscape-of-local-public-health-preparedness-findings-from-the-2018-preparedness-profile-assessment)
<https://www.naccho.org/blog/articles/the-landscape-of-local-public-health-preparedness-findings-from-the-2018-preparedness-profile-assessment>



Working with Local Public Health to Address COVID-19

Reach out to Local Public Health

- [Regional Healthcare Coalitions](https://www.naccho.org/blog/articles/healthcare-coalitions-as-response-entities)
<https://www.naccho.org/blog/articles/healthcare-coalitions-as-response-entities>
- [NACCHO Directory of Local Health Departments](https://www.naccho.org/membership/lhd-directory)
<https://www.naccho.org/membership/lhd-directory>
- [State Associations of County and City Health Officials \(SACCHOs\)](https://www.naccho.org/membership/meet-our-members/saccho)
<https://www.naccho.org/membership/meet-our-members/saccho>

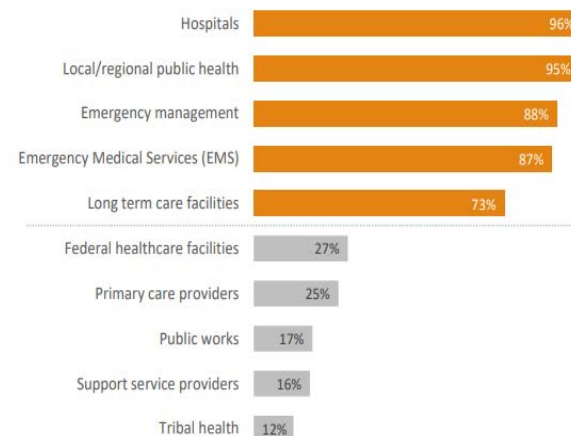
Most LHDs are members of a regional healthcare coalition

Three-fourths of respondents were most engaged in regional healthcare coalitions to plan and implement preparedness activities. In contrast, LHDs were least likely to be most engaged in privately-administered healthcare coalitions. Only 2% of LHDs were not members of a healthcare coalition.

The most commonly represented groups in healthcare coalitions were hospitals, public health, emergency management, and Emergency Medical Services (EMS). Tribal health, support service providers (e.g., clinical laboratories, pharmacies), and public works agencies were not commonly engaged in coalitions. Coalitions in large jurisdictions had a broader range of organizations engaged.

75% of LHDs are most engaged in healthcare coalitions that are regionally-administered

Top and Bottom Five Organizations in LHD-Engaged Healthcare Coalitions
Percent of respondents (of those in a healthcare coalition)



13

n=371

Working with Local Public Health to Address COVID-19

NACCHO
National Association of County & City Health Officials

Work with NACCHO

- [NACCHO Funding Opportunities](https://www.naccho.org/opportunities/opportunities/funding-opportunities)
<https://www.naccho.org/opportunities/opportunities/funding-opportunities>
- [NACCHO Consulting](#)
- General and COVID-19 related inquiries may be submitted to NACCHO through Preparedness@naccho.org

NACCHO
National Association of County & City Health Officials



Thank You!

NACCHO

National Association of County & City Health Officials



Questions

For Dr. Routh (CDC) and Dr. Alleyne (NACCHO)

On the topic of transportation and COVID-19
vaccination efforts

ABOUT CTAA (COMMUNITY TRANSPORTATION ASSN. OF AMERICA)

A National Membership Association comprised of:

- Rural Public Transit
- Small-Urban Transit
- Non-Emergency Medical Transportation (NEMT)
- Specialized Transit (older adults & people with disabilities)
- Tribal Transit
- Volunteer Transit
- Veterans Transit
- State DOTs/State Transit Associations



CTAA'S MOBILITY VISION

- Community-based
- Flexible
- Responsive
- Accessible
- Multi-modal/Mobility Management





Audience Polling Questions



Our Panelists

Panel moderated by Scott Bogren

Bryan Baker

Transportation Director, SPARTAN Transportation Services Levelland, Texas

Eric Gleason

Director of Public Transportation at the Texas State Department of Transportation

Dr. Sarah McAdoo

Population Health Capstone Director, U. of Mass Medical School – Baystate; Member of the Springfield, MA Vaccination Force

Clary Mole, Jr.

EMS Specialist at the Office of Emergency Medical Services at the National Highway Traffic Safety Administration

Dan Wedge

Executive Director of Service for Allegan County and responsible for Allegan County Transportation

As we close . . .



- Please share your examples of collaboration: nc4mm.org/covid-19-resource-center/

Examples of Transportation's Role in Vaccination Efforts

In the table below, NCMM has compiled the following examples of how transit agencies are working with public health agencies and their communities in their vaccination efforts.

FTA Region	Location	Agency/ partner(s)	Description of Activity	For more information
<i>Transport individuals to vaccination sites</i>				
3	Crawford County PA	Crawford Area Transportation Authority (CATA) Meadville Medical Center Active Aging, Inc.	CATA is providing free transportation to the general public who are registered with the Medical Center to receive the Pfizer vaccine. CATA will provide ADA accessible door to door transportation for this program and is working with the Meadville Medical Center to schedule the vaccination times for bus riders to allow for coordination of transportation into the vaccination site.	Tim Geibel, General Manager tgeibel@catabus.org https://www Resources: https://www
3	Monongalia County	Mountain Line Transit Monongalia County Health Department	In coordination with the Monongalia County Health Department, Mountain Line Transit Authority will be providing service to area COVID Vaccine Clinics beginning Thursday January 21, 2021. On Thursdays and Fridays the Gold Line (Rt. 6) will deviate to the Mon County Health Department between the hours of 9:00am to 5:00pm. The Purple Line (Rt. 9) will travel to the Health Department by request upon boarding. The Pink Line will deviate to the Armory between the hours of 9:00am to 5:00pm on Thursdays and Fridays.	Courtney Studley, Marketing Coordinator Phone: (304) 296-3680 http://www.t
4	New Hanover Co., NC	WAVE Transit NC Department of Health and Human Services (DHHS) NC Department of Transportation (DOT)	Wave Transit will begin providing free next-day transportation to designated vaccination distribution sites for community members with vaccination appointments effective Monday, January 25, 2021. The NC Department of Health and Human Services (DHHS) and the NC Department of Transportation (DOT) want to make sure that no barriers, including lack of transportation, prevent someone from getting vaccinated. Towards that goal, DHHS and DOT are distributing Coronavirus Relief Funds to local transit agencies to provide access to and from COVID-19 vaccine sites for North Carolina residents.	Wave Transit (910) 202-2053 or by e-mail at ptschedule@wavetransit.com. https://www transportati

Seek NCMM's assistance in connecting with your local public health/public transportation agency



Find your NCMM regional liaison:

<https://nationalcenterformobilitymanagement.org/about-us/who-we-are/>



As we close . . .

- Planning a follow-up webinar in 6-8 weeks to share collaborations among public health, public transportation, and emergency services
- This webinar is being recorded. The recording, slides, and a transcript will be posted at nc4mm.org/covid-19-resource-center/



THANK YOU