Mobilizing Transit and Public Health Partnerships for COVID-19 Vaccinations: Practical Examples, Part 2

March 24, 2021 – 12:00 pm Eastern

Amy Conrick:
Good afternoon, everybody. It's so good to see everybody back again. Welcome to our webinar, Mobilizing Transportation To Support Covid-19 Vaccination Efforts, Practical Examples, Part Two. I hope you had a choice to chance to join us for our previous two webinars on February 4, and March 10. We will have a third webinar and I hope a fourth of these very short 45 minute lunch-n- learns. My name is Amy Conrick. I'm the director of the National Center for Mobility Management. NCMM, as we call it is a Technical Assistance Center funded by the Federal Transit Administration. Our mission is to promote customer centered mobility strategies to advance good health, economic vitality, self sufficiency, and community.

And as we strive to achieve our mission, we know that underlying it is this one truth: that transportation plays a key role in getting people to essential destinations. And for now, there can't be a more important destination than to receive that all important COVID-19 vaccination. We are excited to be able to share two examples of how transit is supporting vaccination efforts today at the state level, as you listen today on encourage you to think of your own community, and what further steps your agency whether public transportation or public health, as well as your state can take to collaborate and vaccination efforts.

Before we get started a few logistics. I wanted to let you know the webinar is being recorded. The recording slides and a transcript will be posted at this URL, nc4mm.org/covid-19-resource-center. All of you as participants are joining in listen only mode. But we do encourage your questions and ask you to put those in the q&a box so that we can track which ones we've been able to answer. There's also something newer in Zoom, you can enable the captioning feature for this webinar by clicking at the option at the bottom of your screen.

Also, I wanted to show you a visual of our COVID-19 Resource Center again, that same URL. And to show you that this is where you can access the archived webinars. This is where you can register for the future webinars. In addition, many of the resources that you'll hear about today from FTA and CDC are also directly linked on the right side of the page.

We really do appreciate you joining us today. So for our agenda, we will have welcome message from both the Federal Transit Administration and the Centers for Disease Control and Prevention. And Danielle and Wendy, thank you very much for being with us. And also I'm very pleased to have a colleague of

ours, Richard Price joined from the American Association of State Highway and Transportation Officials. Then we will dive into our conversation. We're looking into two states today, Vermont and North Carolina. Our conversation from Vermont would be with Elaine Haytko, the executive director of the Vermont Public Transit Association, and Bill Clark, who's with Vermont Health Access from the Vermont Department of Health. And then from North Carolina. I'm very pleased to be joined by Ryan Brumfield, who's the interim director of the Integrated Mobility Division at North Carolina Department of Transportation.

Danielle Nelson:
Thank you so much for putting on today's webinar. And I just wanted to highlight what Amy said which is this wonderful Center, the National Center for Mobility Management ,is a cooperative agreement funded by the Federal Transit Administration. On the next slide, I just wanted to share an event coming up this Friday that FTA is hosting. It's a national peer exchange on this topic, the importance of vaccine access. So join us it's at 230. This Friday, Eastern Time, or FDA Acting Administrator is hosting the event. The Federal Emergency Management Agency, FEMA will be there as well as the National League of Cities in several transit and state and local partners. So if you're interested, you can register.

And if you go to the next slide, I also wanted to share a funding opportunity that's available right now from one of our other FTA funded National Technical Assistance Centers, the National Rural transit Assistance Program. So it is only available to our rural grantees. But they're required to partner with partners like public health, we're here today. And so the ceiling for those grants are $100,000, we are really looking forward to some great innovative partnership opportunities. The goal of these funding opportunities are to improve social determinants of health in rural and tribal communities. So tune in to the webinar.

And I wanted to go to the next slide and share another really exciting funding opportunity that our great partner Wendy at CDC shared with us. CDC has a grant opportunity right now for $2.25 billion. And this one is the opposite of the one I just shared. This one goes to public health, local or state. But they are also required to partner with great community partners like the public transit, individuals who are here today that Amy did the poll and discovered you guys are tuning in. So we are very excited about these two grant opportunities and to see what communities much like we're going to hear today from Vermont and North Carolina are doing. So there's a link there to learn more.

And then the next slide, I just thought it would be helpful to share with you all that we are collecting some great examples of incidental use, like vaccine access. And there are two tables, the National Center for Mobility Management is working closely with the FDA regional offices to collect these. So if you're interested, these tables are being updated regularly. One is essential services. So general meal delivery, grocery delivery, anything you can think of the second table is specific today's conversation of vaccine access.

And then if you go to the next slide, I just want to make sure everyone's aware of FTA policy on incidental use. So incidental use is the use of any FTA funded asset, whether it's a vehicle real estate, like a transit

hub. This is not COVID specific. FTA has always had this policy that you can use these federal resources for non transit activities, the only requirement I want to highlight is it can't reduce or limit existing transit service. So really COVID has opened the door on this, because everyone knows here that transit service has been reduced because of COVID. So there's a great opportunity for partnerships like you're going to hear about today.

And so I just wanted to go to the next slide. How can this be funded? So we have, because of the new acts that have been passed, there is funding to pay at 100% federal share for these partnerships. So the CARES Act and CRRSSA. And then the brand new American Recovery Plan are funding opportunities for this. And so we linked there the frequently asked questions that some of our grantees have asked, and we've posted publicly. We are right now putting up new American Recovery Plan Act questions. So that will be updated. We also have a webinar, that's going to be for the public specific to that new Act. That's going to be on Friday, April 2, so there'll be more information coming out on that. But there are these funding sources to pay for it. And with that, I'm going to pass it over to Wendy, because I know we're all excited to hear from the presenters today. And I didn't want to take too much time.

Wendy Heaps:

Thank you, Danielle. I'll be as quick as I can. Because I also want to hear from the presenters. I just want to say very special thank you to the National Center for Mobility Management and to the Federal Transit Administration for supporting public health and public transportation collaborations. One way to do this, and there are multiple ways, but one wonderful way to do this is to take Danielle's advertisement of the grants to heart, the one she mentioned that was issued by CDC is a recent one and it's a national initiative to address COVID-19 health disparities among vulnerable populations and rural communities. And it has a total amount of two point $2.25 million attached to it. And it will allow you to connect with your local health departments and also to partner with organizations that may have existing community or social service delivery programs. And I know NCMM has posted on its website contact information for local health departments. And I really recommend you go to that, and you call them and you initiate the dialogue if you haven't already.

And I know Amy has kindly also agreed to help facilitate that if you run into any roadblocks, and I encourage my public health partners who are on the on this webinar as well to also look on the NCMM website for connections to the FTA and NCMM also have offices or regional offices throughout the country. And as the first step to seeing how you can align your resources and maximize the impact of public health and access to public transportation. Very quickly, I just have three slides that some of you may have seen last time, that make you aware of COVID-19 vaccination toolkits that you can share with the constituents that you serve, whether it be essential workers or the general public, Amy, you can just go to the next one.

And we publish our information at CDC in multiple languages, there's probably a language there you can't find. So that's something to bear in mind when you're thinking about the populations that you serve. Next slide please.

And this is an example of the type of materials you can download. And just one slide to remind you of the website you can go to access those. Thank you so much for including us.

Amy Conrick:
Thank you so much, Wendy. And we'll turn very quickly to Richard Price.

11:55
Thanks, Amy. And also thanks NCMM, FTA and CDC for all you're doing to get this information out. This is important stuff. Again, my name is Richard Price. And I'm with AASHTO's Council on Public Transportation and its Multi-State Transit Technical Assistance Program. As you can see, this is what I look like in better days pre COVID. So this is who I am. And as you can see, this is what we do. So in addition to working on public transportation, public policy, and meetings that we host, we produce a biweekly news that I hope people are interested in signing up for, feel free to click on the link. And lastly, I want to touch on is the educational forums and exchanges that we do. Next slide.

Because coincidentally, we too are hosting. And thanks to Amy for allowing me to plug this we're hosting our online forum states coordinating transit for COVID-19 vaccinations, I'm going to drop that we're hosting the one on this slide on April 15th at 11:30. Eastern, and we hope we can get people to register also drop the registration link into the chat as well for people to sign up. We'll have FTA's Henrika Buchanan to come on and talk about FTA's perspective and its ongoing response to the pandemic. We'll hear from Minnesota DOT and its partnership with the Department of Health related to mobile vaccination clinics. And finally we'll hear from Ohio DOT and how it's using its mobility management program in specifically program managers to successfully coordinate transit access to vaccination sites. Please come one come all we hopefully get good discussion going on. And again, I want to thank Amy, for allowing me to this time. And thank you for all that you do and look forward to seeing you in a few weeks.

Amy Conrick:
Great, thank you all three very much. So now we're going to turn to our conversation with the Elaine and with Bill and with Ryan. So, Bill I'll go to you first. I know from conversations we've had, that Vermont's done a very comprehensive job planning the rollout of the vaccinations. I know we had a first conversation I think was a couple months ago. Can you briefly describe what this looks like and how you incorporated considerations of transportation into that rollout. And welcome.

Bill Clark:
Thank you. Yeah, so to begin with, my normal day job is the compliance officer for Medicaid. So it has nothing to do with transportation or COVID-19. I have a little history with Medicaid, transportation and emergency medical services. And so when the pandemic rolled around about a year ago, they called up and said, can you work with the State Emergency Operations Center and the health operation center and do some work to help coordinate transportation. The very first person I called was Elaine, from VPTA. And initially our conversations kind of set I mean, I think you all probably remember a year ago we were, there

were so many unanswered questions, we really didn't know where this was going to go. And so Elaine and I started talking about well, is there a safe way to transport COVID? People who are either COVID positive or at risk or suspected? Is there a safe way to put them in public transportation? Can you know, can we think about like, N95 masks for drivers fit testing for drivers. And, you know, as about as quickly as Elaine and I started throwing these ideas out, we just as quickly realized that it just really wasn't realistic to think that we could even get access to N95. I mean, remember, in the early days, we didn't even have masks, we were, we were still weeks away from even sewing our own cloth masks, which has now become, you know, really, really common place.

So we very quickly determined that it was not realistic to try to come up with some way to protect the drivers, much less the other passengers in public transportation and do that, even if we could, we weren't sure that many of these drivers or providers would even want to do this kind of work. And so that led us to very quickly figure out that, in Vermont, the alternative we had for moving people around was to use nonemergency ambulance services. And these people already have N95, they're already fit tests. They're trained in personal protective equipment. And they're trained in how to disinfect the vehicle afterward. And so from that point on, we started working to Elaine and I, and I'll give her a chance to talk in a minute too.

But we started working on what would be the protocols where when people called for transportation, public transportation, how would we figure out a safe way to screen them figure out who could appropriately use public transportation and for those who couldn't, we wanted to have very quick access to an alternative, so that people would it would take some of the pressure off people to perhaps if they thought they'd be denied a ride. And so by having this alternative in place, we could tell people, Elaine and her staff and all the providers in Vermont can tell people look one way or another, you're going to get a ride, we just need to figure out what the best option is. And so many other things came out of this, but those were the initial conversation. So I'll stop for a minute and see if, if that answers the first question.

Amy Conrick:
Okay, I'm actually gonna ask a quick follow up question. Um can you talk about I know, in our discussions, you've mentioned how you were siting vaccine clinics, and you were trying to look at public transit routes, where they do exist. Can you talk just briefly about that?

Bill Clark:
Yeah. So fast forward, of course, many months into the pandemic, and actually only a few months ago, really, where we, we knew we were going to start having access to vaccine rolling in. And we knew we were going to be setting up places for people to get vaccinated. And so definitely, fixed route transportation. Fixed transportation routes played a role in that. And it turns out that in many cases, we were going to be offering these clinics in areas that were population centers. And so that sort of naturally just matched up with where the fixed routes are, because they, as you know, they generally match population centers. But consideration was definitely given to making sure public transportation would be a viable option for people trying to get to these clinic sites. Perfect.

Amy Conrick:
Thank you, Ryan, I'm going to turn to you. Welcome. And can you briefly describe for us what the vaccine rollout efforts are looked like in North Carolina? And again, the role of transportation in that rollout?

Ryan Brumfield:
Yeah, sure. Thanks for the invitation. Happy to be with you all today. Obviously, I'm not from DHHS, so I don't want to go into a lot of details on their perspective on the rollout. But I can give you a just a high level overview that obviously we have 100 counties. And the state DHHS sets the policies and determines which health care providers receive the vaccine and then obviously facilitates distribution around the state. But beyond that, it is a very locally driven program. I think a lot of local health, every county has a local health department, every county basically as a transit agency, as well. So there's a lot of local coordination that's required to establish local decisions, local policies and activities to get the vaccine to as many people as possible as quickly as possible. We have several groups as most states do that we're going through to distribute the vaccine. We're in group four of five right now. And soon. By May 1, the governor has announced that we'll be moving to group five, which is any individual in the state. So we're definitely moving through that progression. early on. I think DHHS and throughout this their focus and their message has been equal access to the vaccine for all residents. They've done a great job in communicating that message and working towards that goal.

And obviously as you mentioned, Amy at the beginning, a very important aspect of that is transportation ensuring that every resident can get to the vaccine and transportation is not the reason that they are not able to get to the vaccine. So they recognize that early we started conversation specific to the vaccine in December. And then by January, we had established a funding program of $2.5 million that was originated in the cares act Coronavirus relief funding through North Carolina DHHS, we distributed that funding to every county in the state. And every transit agency covering a county area received funding that then they could coordinate with other urban providers or other nonprofits in their area on how to use that funding to best provide access to the vaccine. We've seen tremendous success and in a number of places across the state.

Amy Conrick:
Let me just ask you a really quick follow up question then I want to ask Elaine a question. You said that you started those discussions a number of months back with DHS, can you tell us how that conversation started? Just very briefly?

Ryan Brumfield:
Yeah, so I think actually, the conversation started around funding, they had a specific funding source that was available that we were trying to think how we can utilize that effectively for this. I mean, we had been thinking through and discussing access to the vaccine, there was a specific funding source available that was sort of earmarked for this effort that really started those conversations in earnest. And we developed the plan and the strategy. And we're able to quickly announce it and get the funding out the

door, which in state government, as you know, is a challenge with anything like that. But we work tirelessly our team did to get the funding out and establish some strategies and plans.

You know, but besides the funding, we work closely with DHHS, on communication strategies, and basically connecting our transit agencies with their health department in every county, and then providing technical assistance, because the challenges are so unique to each county in terms of their capacity, driver capacity vehicle capacity to address the demand for the vaccine. So we've been working through a lot of technical assistance strategies as well, in addition to funding.

Amy Conrick:
Okay, and, and just a word or two, did you have the public transportation have much of a relationship with public health to start with before this?

Ryan Brumfield:
Yeah, so again, I think it varies quite a bit across the state. And so this, this project, I think, has really helped us see where those gaps are at. And it's probably strengthen those relationships in some areas that maybe didn't exist or were not strong previously. But every county, we worked with the health department and the transit agency to try to connect them. Ultimately, it was a locally driven effort to develop coordinated plans. But we've seen a lot of success stories, where we're transit agencies and health departments that didn't collaborate closely before working very closely to establish a plan for their county.

Amy Conrick:
That's great to hear. Elaine, you're the director, you represent all of the transportation providers in Vermont. So Bill kind of gave us a glimpse of the fact that you guys already have a really good established relationship. I know you guys work on the Medicaid transportation up in Vermont. Can you talk a little bit more about those discussions you had and what are you hearing from your providers in the state?

Elaine Haytko:
Well, thanks. Thanks, Amy, for asking us to be here today. VPTA was really eager—that's all the public transit providers together—to begin dialogue with the Department of Health, around serving all our fellow Vermonters especially those who are, you know, lacking access to transportation. Thank, thankfully, through Medicaid, and the elderly and disabled fund the 5310, or 5353 10 program, we're able to serve pretty much all the Vermonters around the state with that funding to pay for rides for anyone who needed access. And that's what, but our overall goal is to make sure anybody that didn't fall under those two programs, we could through VTRANS, the agency of transportation here in Vermont, we could get access to pay for those through the COVID in the CRRSSA funds, which we have done. And so far, so good.

As each age group is rolling out, we're able to work together with the Vermont Department of Health to get the message out that public transportation is available to anyone who needs a ride to a vaccine. And we've been able to do that. So we've been really lucky with you know, being able to communicate that and sharing with community partners to help get the word out to those folks who are the greatest need.

And thankfully, for the most part, we already serve that population, so it wasn't too terribly difficult. So um, is there are there any more details you'd like to add about how you did get the word out?

Amy Conrick:
So I know you have a lot of good community partnerships. Can you say a little bit more about how you got the word out?

Elaine Haytko:
Well, the main the main point is when you go to the Vermont Department of Health, they have the VPTA phone number listed. We also passed to the public transit providers so they can go there and you know, go through the VPTA website and get direct 800 number access to their local transit provider if they don't already know it. And so we tried, tried to make it as simple and easy to use. And again, having it right there made the most sense. We did do a lot of social media posts, we reached out to Council on Agings all of our providers across the state were very proactive and getting it out to all their community partners.

Amy Conrick:
And did they have all of the Vermont the transit agencies did that? Was there a consistent message or you kind of gave them the substance of it? And then they ran with it?

Elaine Haytko:
Yeah, there, there was a few folks that made some really beautiful social media posts, and we use those around the state jumped off of those. So yes, we did. Do we tried to keep a consistent message statewide as much as possible.

Amy Conrick:
Okay, nice. Now I want to turn to the funding for vaccine related transportation. Ryan, give us again, a quick look at that again, if you don't mind.

Ryan Brumfield:
Yeah, sure. So we as soon as FDA provided the guidance on CARES and CRRSSA funding as eligible for vaccine trips. We obviously shared that guidance, some of our transit agencies took advantage of that quickly. But really, the main source of funding has been the separate source through the cares act through DHHS that came to our state DHHS. And, again, there's two and a half million dollars that we distributed 50% equally to all 100 counties and 50% based on their portion of the state's elderly population. And that's been so far the primary source of funding that our systems have used to support the operating costs to provide trips.

Amy Conrick:
So that I can see how that would take a lot of collaboration between you and DHS or the HHS, is it in your state? I mean, so for to get that to the transit piece. They absolutely are essential for that I imagined.

Ryan Brumfield:

Yeah, fortunately, we have a state funding program called ROAP, which is Rural Operating Assistance Program that's every year. And basically, we just use the same structure and put the DHHS funding through the same protocols and procedures. So we didn't have to stand something up from scratch completely, we were able to use an existing framework.

Amy Conrick:
Okay, that sounds great. And Elaine, I know Medicaid, again, you mentioned Medicaid and section 5310, which is the funding for older adults and people disabilities, Bill and anything else from between you and Elaine, on funding rides.

Elaine Haytko:
So I can speak to that if you want me to Amy, thing first we of course bill Medicaid for anybody who's transportation eligible. So they have to go through the same protocols and meet the same eligibility requirements. And then again, the elderly and disabled program next. And then if you didn't, you weren't covered by either one of those funding sources, we were able to provide you those rides with the COVID funds or the CARES Act or the CRRSSA funds. And that's what we've been doing. But for the most part, most of those rides have been caught with both NEMT Medicaid and the elderly and disabled.

Amy Conrick:
Okay, great. Great. And, Ryan, you mentioned you had a few examples you wanted to share.

Ryan Brumfield:
Yeah, I think it's really important to highlight the transit agencies and the work that they're doing. Obviously at the state level, we had to work to get the funding out and provide guidance and communicate but our transit agencies have really stepped up to meet this challenge. So a couple of examples. The middle photo there you see is from ICPTA, which is the Inter County Public Transportation Association covers a five county region in northeast North Carolina. They've been providing vaccine clinics on board. You can see the middle photo is folks that have received their vaccine holding up their card. Yeah, so that's a great, you know, a picture speaks 1000 words. And then also, they've been transporting nurses to homes to administer the vaccine to homebound clients. On the left is J. Katz in Johnson County. They've also been taken nurses to administer the vaccine in homes and they've also been taken nurses to mass vaccine sites as well and facilitating, helping their clients both get registered for the vaccine and transportation at the same time. And then the one on the right is another one for my CPTA again with the vaccine clinic. But we have so many examples.

And other just a quick one to mention, that I want to highlight is a couple of our providers have micro transit that actually that we stood up as an innovative project last year that they've expanded to provide free rides to the vaccine. One in particular is Wilson, North Carolina that FTA provided an AIM grant for last year. service started on September 1 has been extremely successful. They expanded it last month to include free rides to the vaccine sites, and over 5% of their trips currently are to the vaccine site. So a lot of very innovative approaches and so many others that I can't mention, but just really want to applaud our transit agencies for what they've done across the state.

Amy Conrick:
So your micro transit, you're you were using that both for testing and for the vaccination I take it.

Ryan Brumfield:
Yeah, it actually replaced in Wilson, their previous system was a fixed route system, and replaced that with micro transit. And actually, during COVID, the ridership has been higher than pre COVID levels on the fixed route system. So been very successful. But with the AIM grant, we were able to expand the hours in coverage area. And then also they expanded to include vaccines, and wave the fares for that. And that's been a huge success.

Amy Conrick:
Great, fantastic. So I want to kind of ask you both, more all three of you. What kind of data are you gathering on these trips? So Ryan, for example, you're using DHHS dollars? What kind of reporting are you doing? And what kind of performance measures are you collecting?

Ryan Brumfield:
A couple things. So we, this is a unique example where we actually send the funding out first, it's not a reimbursement based program. But we receive claims back and recommend that the systems reconcile their usage of the funding. So through the claims process, we're getting reports on how much they use and what they use it for. We also separately have an ongoing survey with all of our systems where they submit rides data as they provide rides to vaccine sites. As you can imagine, with nearly 100 transit agencies, some are better at reporting and others because we they're all extremely busy. But as of yesterday, we've had 68 transit systems report providing over 5,500 trips, covering over 44,000 miles, specifically to the vaccine sites. And again, we think that's definitely underreporting. And we haven't captured a lot of the fixed route trips, of course, but those are all demand-response that have been reported so far.

Amy Conrick:
Okay. And Ryan, actually, there's a question for you. from one of our audience members. It's her question is for Wilson County, how are rides to vaccinations identified? Is it on the honor system?

Ryan Brumfield:
So yeah, how do you know we're how people are using the transportation? Yeah, great question. And I'd be happy to connect anyone to the folks in Wilson with more details. But they have it's through, it's because it's micro transit. It's very tech, tech intensive. So Via is the partner and Wilson and they were able to add a feature on the application indicate if the trip was related to the vaccine. I can't speak to if it's honor system, there probably is some verification, I'm just not exactly sure. But they did program, obviously, within the application, the location of the vaccination sites, so that if the trick was going to that site, the fare would be waived. So a lot of it's built into the app. I'm just not sure if there's any actual verification occurring with the drivers.

Amy Conrick:

Okay. All right. Thank you. And Bill, can you talk about from the public health side? What type of performance measures are you guys gathering?

Bill Clark:
Yeah, there, there are ton of measures that they're gathering around the demographics of who is getting vaccinated. And I can say that right now, we're more than a third of the way through the state and rapidly accelerating. Yeah. And, you know, it's interesting, because, you know, I was looking at North Carolina and your top three counties, like the top two most populous have like almost double our entire statewide population. So we, you know, we are a smaller state, but it's still we're still very happy with the results. And just knowing that everybody has access to vaccine, even if they can't get their own transportation that really makes a big difference here.

So you know, it, I just can't say enough about how important that was, especially when you look at some of the concerns people are having about, you know, the disparity in who's getting vaccine and who's not getting vaccine. And this really helps us to reach populations that might otherwise not be vaccinated as a quite as higher rate.

Amy Conrick:
And what are you hearing about people who may be reluctant to get the vaccine? What's that looking like? Is there any way to track that kind of data?

Bill Clark:
I don't know if that's being tracked. There may be folks at the health department. So I'm kind of right now working as an adjunct staff to the health department just doing transportation. So I don't know the answer to that. But I can say that Vermonters in general have been very receptive to vaccine, I think that there's probably less resistance in our state than in others, but nevertheless, sometimes there is resistance and so just trying to keep the positive message and making the process as easy as we can and you know, going along with the idea that you can you can log in and reserve your vaccine there. I hate to say it, but when there's a little bit of a supply and demand pressure, sometimes people are more interested in trying to get it then if it's available widely.

I remember several years ago, we had an issue across the country where the flu vaccine was limited. And people were like, more people got vaccinated that year than many other years before and after. So but I think in general Vermonters are, you know, really interested in stepping up and doing the right thing, and just getting a good positive public health message out there has really helped.

Amy Conrick:
Great, thank you. And I was sharing before the webinar started, just very quickly, that I was able to volunteer at a vaccination clinic this past weekend at our Government Center in Virginia, where I live, we vaccinated over 5400 people. And it was it was gratifying to be part of that experience. So I encourage anybody who's interested in helping to volunteer because the logistics are crazy for trying to put that

number of people through the system, I would encourage you to reach out to your public health department and volunteer as well.

Elaine, do you know of any particular performance measures that your agencies are gathering in terms of the number of trips they're providing to vaccination clinics.

Elaine Haytko:
So again, anywhere also fare free, so it's hard to capture a wide but Vermont's following the, you know, the NTD guidelines around COVID, spending and reporting. So we'll hope to be able to capture a bunch of that in the next round and reporting.

Amy Conrick:
Okay, we'll have you back on, you can share that with us.

Elaine Haytko:
We'll be happy to share it with you. Great, thank you.

Amy Conrick:
So again, for all three of you. And then we're going to get to our rest of our audience questions. What continuing challenges have you seen related to transportation to vaccines that still need to be solved? What would help you solve whatever's not being solved at the moment? So Ryan, is there anything in your mind?

Ryan Brumfield:
A couple things? I think for us, again, the coordination effort, and the variation locally, from county to county has been a challenge just to work through and then building those relationships between the transit agencies and health departments. That's still an ongoing process, I think. And then lastly, I think one thing we've noticed is in urban areas, our program is where we have the third highest rural population in the country. So a lot of our funding is going to rural areas. And luckily, we have demand-response statewide, there are transit agencies, but in urban areas, there's actually a unique challenge, with first last mile connections to fixed route systems. So we actually have started, we're partnering and exploring opportunities for partnership with Lyft and Uber, to help with the first last mile connection issue. But that's an ongoing challenge that we think, especially as we move to the group five with the general population be vaccinated, we have to address I think that's gonna be a whole new game. And I think as Bill mentioned, you know, they definitely took into consideration especially in those urban areas with fixed route, you know, where those routes go and where those stops can be.

Amy Conrick:
Ryan, a really quick follow up question. What steps has the state DOT taken to help facilitate those partnerships between public health and public transit at the local level? What would you recommend other DOTs do?

Ryan Brumfield:
Yeah, I think so much of it is just communication and providing clear guidance. We don't have the capacity to connect every single county. But basically, we have sent correspondence to the health side that we copied our public transit folks on and vice versa. And we've spoken on webinars to the community health workers with DHHS, we work we talk regularly with DHHS, so that our information is funneling through their communication system. And then we have weekly emails that we send out with guidance and best practices to all of our transit agencies. And again, with just recurring reminders to coordinate with their health care department. So it's impossible to say like ours, again to do every single county individually, but we're just trying to get the word out as frequently as possible about the importance of coordination.

Amy Conrick:
Okay. And, Ryan, as you're speaking, there's a question from the audience on how did the nurses transport the vaccine to the recipients that are homebound? and Victoria, I don't know if your question is specific to those that needed to stay at a particular temperature. But Ryan, do you have any sense on that, like that image that you showed us of the nurses on the bus?

Ryan Brumfield:
Yeah, I'm not sure the logistics of refrigerating the vaccines, I'm sure that they, you know, figured out how to do that on board. But they we did, we did work through some guidance and approvals for doing reverse transit basically. So that we could use the vehicles as an incidental use, as Danielle spoke about to be able to transport both through the vaccine clinics on board and transport the nurses to the homes and they have seen quite a few interested clients locally there for that five-county region taking advantage of that.

Amy Conrick:
Okay, great. And I guess this is more a question for Elaine and for Ryan, do you know of any initiatives or any thoughts in your states to prioritize the American Rescue Plan money for vaccination transportation? Or do we need any more money for vaccination transportation, or is there enough already from the CARES act and CRRSSA?

Elaine Haytko:
Well, in Vermont, we know that the agency of transportation has been very, very generous and has told us, you know, any, any funding that were short, they will certainly make that make that up for folks in all the transit agencies. So right now, that doesn't seem to be a concern. But again, as these larger age groups are opened up, yeah. Well, we'll have to wait and see what the demand there is.

Amy Conrick:
But yeah, again, I think it may be a whole new game when it's when you get more to where North Carolina and Georgia and other states or wherever anybody can get vaccinated.

Ryan, did you want to answer on that one? Or I don't know if you have any more on that one about the American Rescue Plan funding.

Ryan Brumfielfd:
Specific to the ARP funding, I think a lot of that will probably be more important to the urban areas, they got quite a bit of funding in ARP. We did, we didn't get a huge amount of 5311 funding for ARP. And we already have a balance of funding that we're that we're still working to expand our operating needs. So I think the urban areas, again, with that first last mile connection issue and possibly modifying routes to coordinate with vaccine sites, maybe ARP funding will come into play more for them.

Amy Conrick:
Okay. All right. There's a question on just advice in general for local governments and states that have been mute on allocating 5311 funding, and CRRSSA or ARPA. And, Danielle, I don't know if that's a question you'd maybe pipe in.

Danielle Nelson:
I'll just highlight really what Richard Price and I highlighted in our slides earlier. There was a lot of interest in this topic. As evidenced by today's webinar and highlighting the best practices we're seeing seen, both in states and communities of getting those funds out into the communities and getting vaccination made a priority. So I would just recommend if you would like to reach out to the FTA regional office for the state that you are in, whoever asked the question, we can just make sure that the information is provided to your state. It might be a lack of information. And this administration has a very big priority in seeing access provided, especially to transportation disadvantaged populations, to get the COVID-19 vaccine. So I would just recommend reaching out to either the FTA regional office, my information is on the slides as well, we can provide that information.

Amy Conrick:
Okay. So we're at time, I've got one or two more slides, I want to share real quickly. Again, this is just a screenshot of that table that Danielle referenced. It's much longer table than what you can see, we would love to add your examples to this table, please. I know that this table is getting noticed at some of the higher levels of FTA, DOT. So they really want to know what their grantees are doing. So please send us your examples. And my email will be at the end.

Again, as Wendy had mentioned, we are happy at NCMM, we have people assigned to every state in the country, we are happy to help make those connections, if that would be of use to you. So feel free to reach us. This listing here is where our emails and our phone numbers are.

I hope you can join us for our next webinar. We're going to go back more to the local level, some really exciting stuff happening in Michigan and New Hampshire.