



Mobilizing Transit and Public Health Partnerships for Covid-19 Vaccinations – Practical Examples Part 1

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Transcript:

Amy Conrick:

Good afternoon, everybody and probably good morning for quite a few of you who are not joining from the east coast. Welcome to our webinar, Mobilizing Transportation to Support COVID-19 Vaccination Efforts, Practical Examples, Part One. My name is Amy Conrick. I work as the Director of the National Center for Mobility Management, and NCMM is a Technical Assistance Center funded generously funded by the Federal Transit Administration, and our mission is to work daily to promote customer centered mobility strategies to advance good health, economic vitality, self-sufficiency, and community. We know that transportation plays a key role in getting people to destinations, this is what you guys do every single day. But for now, there probably can't be a more important destination than to receive a COVID-19 vaccine. We are excited to be able to share two examples today of how transit is supporting vaccination efforts. And we'll share more in coming in the coming weeks. As you listen today, I encourage you to think of your own community, and what further steps your agency whether public transportation or public health can take to collaborate and vaccination efforts. Just a few details on this webinar is being recorded and the recording slides and a transcript will be posted at the URL you can see there on your screen nc4mm.org/covid19-resource-center. All of our participants are joining and listen only mode. We do encourage audience questions. And in fact, the format for today will be simply a lot of interview style. We'll be asking a lot of questions of our two presenters, please use the Q&A box to post any questions you might have. And my colleague will directly we'll fold those into the discussion. You may enable the captioning feature to something I believe Zoom is added in just lately for this webinar by clicking on that option at the bottom of your screen.

Here's our agenda for today. I'm very grateful to have both Federal Transit Administration and the Centers for Disease Control and Prevention with us today. They're going to say a few words at the top of the webinar. But the meat of our webinar is going to be our conversation with these two individuals. Brian Baker, who's the transportation director of Spartan transportation services in Levelland, Texas, and Andrea Culletto, the Community Relations Director for twin transit in Lewis County, Washington. So with no more to be said for me, I'm going to go ahead and turn this directly over to Danielle Nelson from the Federal Transit Administration.

Danielle Nelson:

All right. Thank you, Amy. And as Amy's first slide mentioned, the National Center for Mobility Management is funded through a cooperative agreement with us the Federal Transit Administration. So thank you, Amy, to you and to NCMM. for putting together this webinar series. I am personally very excited to hear about what's going on across the country.

It's great to see these partnerships between public transit and public health and increasing access to COVID-19 vaccinations. And if you go to the next slide, with the help of our regional offices, and NCMM is compiling a list of these great examples by region on how transit agencies are partnering to respond to the community needs during this pandemic. And the first table they have are incidental uses of transportation for essential services. And then the second table is specific to this webinar series. Its partnerships for COVID-19 vaccination access, so NCMM is regularly updating this list, which is excellent so it's growing regularly.

I just wanted to take a moment to highlight the Federal Transit administration's in central use policy on providing these essential services. So essential, sorry, incidental use is the use of our FTA funded assets. So that can be real estate, vehicles, etc. for non-transit purposes, and incidental use is permitted for all of our FTA grant programs. And so public transportation is critical to getting many Americans to vaccination sites and essential jobs. And throughout the pandemic, and communities all across the country. Transit workers have continued their frontline jobs, these unsung heroes, they have been helping Americans reach their essential jobs, and to get to doctor's appointments and vaccination sites, all the while, our transit workers are doing the best not to catch or spread COVID-19. And so I just wanted to highlight the FTA vehicles can be used for transportation to and from vaccination sites. And in addition, FTA funds can be used to establish and operate vaccination facilities at transit stations or hubs as entered as incidental use. And so we encourage transit systems and states to allow for priority for transit workers for vaccinations at sites using transit facilities. And so Amy, next slide. This is my last

incidental use is not new. What is new is the eligible funding sources for it at 100% federal share. So I just wanted to highlight that FTA funding may be used to pay for the operational costs of providing these essential services through the use of our transit assets, the vehicles, the real estate, etc. And then the CARES Act and CRRSAA funds can be used for operating expenses, including the operational costs of providing essential services like the ones you're going to hear about on these webinars series at 100% federal share. And so our urbanized area and rural area formula funds, that's our section 5307 and 5311 funds respectively, may be used to pay for 100% of the operating costs associated with these types of partnerships for essential services. And this option is available through January 20 of 2022. So with that, I just want to thank our panelists for your time and looking forward to tuning in. And I'll pass it back to you, Amy. Okay, great. Thank you. Alright, so I, I'm working with my colleague directly who's keeping an eye on the chat box for me. And my understanding is that we have no direct questions for you, Danielle at the moment. So we're going to go on to our other agency partner, CDC, and I'm pleased to welcome Wendy Heaps.

Wendy Heaps:

Good afternoon, everybody. Thank you for giving up your time to join us today. And I'd also like to say thank you to NCMM, for putting on this series of conversations and to FTA for supporting the type of cross sector collaborations that we're going to hear about today, between the transit and public health sector, which is so important, especially when dealing with emergency situations that just the COVID response, which I think is way too big for any one sector to handle all by itself. The lessons that we're going to learn today, I'm going to be listening to very attentively and hope to take them back to my colleagues to see how we can incorporate them into our work because it's people like you who are working with the day to day realities and finding ways to work around them as well. And very quickly, I'd like to show you some resources we have that are available for free for all to use our API, could you forward the slide please? Thank you. This will just quickly going to go through them on this one. You can see there's also a toolkit for essential worker vaccinations, which may involve a slightly different approach than to when you're catering to vaccinations for the public at large. I'm just going to quickly go

through the deck because I want to get to the conversations as quickly as possible. And we could afford the other ones that people could just see what's available on the CDC website. Here's another example the COVID-19 vaccine communication toolkits. They include messages, frequently asked questions. Next slide, please. Here are some more examples of what's included in the vaccine communication toolkit. You can see this even examples of animated illustrations with captions which may actually work for people with also low literacy skills and even an introduction three letter for how you can work with a community based organizations. There may be one more slide left. There we go. And here's just another example. And in different languages too, we translate into a whole variety of languages. You can name which language and we probably have it on our website. Next one, please. And here's another example of badges and buttons that you can use either in your signature block or share with, and flyers and posters that you can share. There may be just one more, that might be it. And here's what's in store for us in the future. There'll be a health department toolkit, vaccine, infographics, additional photos and posters, more success story videos, and my articles and how to guides. So please take advantage of these. Is there any more that we may I have one more, we have so much content. And this is just so you know, the link to go to? And I guess this session is being recorded. So you will be able to find that link later. And I'll also put it in the chat box.

Amy Conrick:

Thank you. Perfect. And yeah, and the slides will definitely be available. We'll probably post those later on this afternoon. So you'll have direct access to all of those good resources CDC is developed. Thank you, Wendy. And Danielle, I really appreciate it.

Okay, now we're going to go on to our main event. Again, our conversation with Brian Baker, and with Andrea Culletto. So I'm going to start with a question for both of you. So, Brian and Andrea, we'll start with Brian, can you please give me a brief description of your agency and the region it serves?

Brian Baker:

Sure. Thanks, Amy. Spartan Rural Public Transit is a rural public transit system in West Texas. Our service area is known as the South Plains Rural Transit District. So we're kind of out on the prairie, I guess you could say, right below the panhandle of Texas. It's a region of like I said, 17 counties 15, over 15,000 square miles area. Huge.

Amy Conrick:

And Andrea, what can you tell us about your agency and work in the region?

Andrea Culletto:

Yeah, thank you, Amy. I'm with Twin Transit in Western Washington, those of you who are familiar with Mt. Rainier National Park will know kind of the neck of the woods that we're in. So we serve Lewis County, main concentration in the Twin Cities. And so basically, the way that works is our counties very long, highly rural on the eastern side, a little more urban on the western side. And so we concentrate our main transportation services in between cities, and then we do dial-a-ride services, expanding out into the community, and other specialized targeted services. For example, in the beginning of COVID-19, when first hit, we were having seniors not able to access meals, so we dispatched our vehicles out into the county to go ahead and help connect them to services and meals. So concentrated in the Twin Cities expand out is necessary.

Amy Conrick:

Okay. Wonderful. Thank you very much for that. So Brian, let's go right to it. From what I've heard in our discussions, you've been able to create a longer term relationship with your local health department. Can you tell us about how that came about?

Brian Baker:

Yeah, really, Amy, it started with some federal legislation 15-16 years ago, that focused on coordinating public transit and health and human service type organizations. And the state of Texas, we've taken that pretty seriously. And built those networks over the last, I guess, 15 years, really, and it even goes beyond the public health departments into the rural health clinics, the hospital districts, even County Emergency Management Systems.

Amy Conrick:

So Danielle will be very happy to hear that because that is one of Danielle's major projects are those coordination plans and the coordination among different federal agencies. So do you have regular conversations with them? Do you sit on their committees, their boards? What does that look like?

Brian Baker:

Yeah, it's regular meetings. And there's, obviously updates of what each entity is doing. That kind of started really with the intent on reducing duplication. And a lot of times it can do that and even helps connect rural systems to urban systems and rural systems to other rural systems. So it's at least quarterly meetings every year. And even going beyond into kind of training some of these health and human service agencies, outreach departments, or even social workers about how to use transit. When the COVID came along, obviously, they then knew where to go.

Unknown Speaker

Okay, perfect. Andrea, I think you're a little bit newer in developing those relationships. Can you tell us what that looks like?

Andrea Culletto:

Yeah, absolutely. I'm so inspired to hear Brian, what you said, you know, when COVID came along, they knew where to go. That's exactly the kind of relationships that we want to be establishing with all of our community partners. And, you know, for us, that really is a little bit of a newer kind of connection, our local agencies have been much more siloed. Up until about a year and a half, two years ago, we got a new director and kind of had this, you know, kind of transit renaissance here in our community, which have been really thrilled to be a part of and that started with reaching out to all of our community partners. Obviously, the county was one of our very first stops, our local county health department oversees everything from, you know, folks experiencing homelessness to those who have had, you know, issues with domestic violence to people struggling food insecurity, and transportation is just absolutely integral to helping them access those services. So one of the first things we did was reach out to them saying, How can we do this better, that in some really collaborative, you know, kind of innovative meetings, revamped the whole way we did that past distribution system. And that was, you know, kind of the first step, and then we've worked together on several projects, since then, you know, to the point now, where, you know, I just have everybody's cell phone run on speed dial, you know, whenever something happens, we can reach out. So fortunately for me, for us, it really was kind of a similar model where no one we got to this point where we're ready to start doing vaccine distribution, they called us because we had established that connection, but my hope is, you know, 15 years from now, that will be sitting here, just like, you know, Brian over in, you know, his transit in in Levelland

saying, you know, now we've had 15 years of this really collaborative, great relationship. So yeah, ours is definitely a little newer, but we're very excited to be connecting to all these different agencies.

Amy Conrick:

Okay, great. And I think we'll have a question that's come from the audience already. Will, go ahead.

Will Reckley:

I guess this is either to Brian or Andrea. But how do you guys use navigators or mobility managers? Do they help in the coordination effort between these agencies, is there something that they can do that you lean on them for?

Brian Baker:

Great question. I'll take that first. If that's okay.

We have on staff probably for mobility managers, forever, we've trained these mobility managers to, of course, know our system in and out, know, every town in every county, be able to, you know, know the geography of the region. But beyond that, know, our neighboring transit systems and which counties they're in know all modes of transportation in the region, so that when someone calls, maybe it's not a service we can provide those folks in our office scheduler schedulers, reservation is mobility managers kind of a distinction without a difference really know how to lead folks to the proper, or most convenient mode of transportation. They also attend some of these meetings and trainings we have with these coordination groups, to see what other agencies are out there. Also tied into the Community Action Network that distributes information pretty widely has a lot of reach with a lot of programs, whether that be headstart, the workforce centers, the WIC programs, any type of health programs in the region.

It's basically training these mobility managers to know the resources that are out there also be able to lead folks to associations of governments that have information hotlines, like 211, and the like.

Amy Conrick:

Hey, that makes good sense. Andrea, did you want to take a stab at that one?

Andrea Culletto:

Yeah, I would say, you know, very similar response for us, the only thing I would add is our mobility managers, and we don't have, you know, like, dedicated, just because we're so much smaller, you know, we have that dedicated role, it's more kind of a cross utilized position, right, where they're doing mobility management and technology management, and quite a few other pieces. And for us, I think they've been really integral in, you know, just making sure we're using the technology, the stats, the data, to help support our efforts. So everything from you know, we're planning outreach into the community, you know, for like vaccine distribution, for example, or picking up people for rides to get to the vaccine points, using software like route match, or GIS mapping software has been really helpful. And then on the back end, analyzing the data as we get folks in, you know, where are people coming from average ride times? You know, we actually just we're doing a deep dive into this data. So that's kind of front of mind for me right now. But that's really been the biggest role of our mobility managers. I think for us is just making sure we're making targeted and strategic decisions in our, in our transportation.

Amy Conrick:

Okay, so let's move on to the actual vaccinations. So Brian, tell us a little bit about what Spartan trans is doing and why you're doing that. If it's alright, I'd like to share some of the photos you sent along. Yeah, great.

Brian Baker:

Starting last January, we put out information that we would offer fair, free rides were free free rides to vaccination clinics. We started really just trying to get the information out that Spartan in particular has taken a lot of steps to make buses, safe. air purification devices, filtration devices, driver barriers, disinfectant equipment that's installed on vehicles. So that, you know, the general public out there knows, hey, you can ride public transit and be safe from this virus.

The next thing is really just flooding the zone. With these coordination groups we referred to earlier, letting your county governments know your county judges out here responsible for the welfare of their counties, making sure they know that we're here. And then, of course, your social media, your news articles, your radio ads, we just really put the information out there. For folks that may not get out a lot or folks that are at their home. Even the relationships we delivered early on with the coronavirus outbreak, with food box delivery. We're now placing fliers in every single food box that goes out in the region. So if folks don't have internet or phones, or they're not really on social media a whole lot, they can at least get the information that way.

We also, you know, in rural Texas, and probably rural America, infrastructure is limited at times. And so this is where really buses, buses, bus facilities have a high value with that with their infrastructure being part of the overall transportation network. So we kind of lucked out, we just finished a new what we call rural MOBILITY Center is kind of a transportation hub in a rural area in level and Texas. We open that center for level it's first COVID-19 vaccination clinic.

It worked perfectly, and we're we're offering this facility for future vaccination clinics as well. Okay, so what we're seeing here on the screen, that's a line outside the terminal of our facility. And then also inside is the lobby where folks were right after they had received their shot. That was kind of the observation area in the lobby for the 15-20 minutes it takes to just make sure everybody's okay. And we had all hands on deck at that clinic literally be and this is, you know, we may talk about this later. But having that relationship with your county emergency management departments was critical and putting this clinic on.

Really the police, the fire department, the emergency managers, the hospital district nurses, there's actually a community college here where they sent nursing students to help. And so that was a really busy day, I think close to close to 1000 folks came through that oh, my God and what and that was just a couple weeks ago, right or a few weeks ago. Yeah, it was about three weeks ago.

Amy Conrick:

Okay. Wonderful. And so just to be clear, you have you have clinic staff there or the nursing students, as you mentioned, you have the vaccine like were these the vaccination vaccines that really needed to be ready, refrigerated? So did they have to move the refrigerators into your Mobility Center? How did that look?

Brian Baker:

At this particular clinic, it was the Pfizer vaccine. They stayed in there, I guess, Deep Freeze until they were ready to be administered, I think, I think they move them from the freezer to the fridge and then you've got to start getting them out within it's hours, literally hour. So there was a lot of logistics there. But again, that's where this, the hospital districts and the emergency management personnel have to really coordinate that effort with pretty exacting timing.

Amy Conrick:

Yes, I can imagine. And I think there's one specific question for you, Brian. Will, go ahead.

Will Reckley:

Yeah. How did you guys determine exactly that this center or this location was the right spot to do the vaccine clinic?

Brian Baker:

Great question. There's, you know, I mentioned limited infrastructure and rural Texas for sure. That was the timing worked out because it was newly constructed. And at that, just a few weeks ago, when we had the clinic, we had not moved in yet. So this was, this was kind of our ribbon cutting this building. This building is now a historic building. There's an event center in town that was booked, there's an armory or what they call the Civic Center was an option. Basically, county government, emergency management personnel and ourselves, walked the building, and kind of mapped it out and just determined, hey, you know, we don't have anywhere else right now, this is going to work, this is actually going to be perfect. I mean, it was literally the county judge called three or four days before the event happened and said, we're getting 1000 vaccines, we need to make this happen. And so right after the phone call, I looked out the window and the emergency manager was driving through the parking lot.

Amy Conrick:

Nope, pressure, Brian, no pressure.

Okay, I think we're going to flip over to Andrea for few minutes. Andrea, tell us about your efforts.

Andrea Culletto:

Yeah, absolutely. So, um, yeah, just an aside, Brian, I think he's going put a plaque up or something, right, like this building, and I created through COVID-19 Clinic. I mean, that's a pretty, pretty great auspicious start. Right?

So for our efforts, you know, we started in similar place, as you know, Brian did over there in Texas, as far as just establishing confidence in our riders. So one, making sure that we're following very strict sanitation protocols, you know, masking social distancing, between sensitization and then awareness, public outreach, making sure that our writers were educated and understood what was going on. We also increased route frequency, and then did a couple other, you know, trials with a couple other innovative kind of solutions to help spread out. So we're sure to get people where they needed to go without, you know, compromising any of those safety protocols. We also were contacted. So I had mentioned earlier about the senior piece. When COVID hit, obviously, all the senior centers in our region, you know, we're no longer able to serve meals. And the last thing we want in this environment was for, you know, large groups of 75 plus to come and share a meal together. So obviously, that was kind of out. But in our kind of high poverty area, that was a real hit to a lot of our community, a lot of these folks depend on that nutrition.

And so we found ourselves in a situation where we knew we had a large population. And, you know, initially, we thought, you know, probably several, several 100 people that really needed this service needed access to meals. And so we partnered with our senior center, and our county and a few other folks United Way, for example, to start doing senior meal delivery, read the senior centers, we're making meals that we would deliver them direct door to door to people to make sure that they are receiving at least one good meal a day, within pretty short order, that number, you know, basically doubled or tripled. I mean, it just shut up. Because we realized that the need was much higher than we originally anticipated. So that was really, you know, eye opening to us just to show the need in our very rural community. And from that effort, we also realize the potential for this coordination piece. So we started reaching out to other agencies who have already partnering with local senior centers, the county and our local United Way. But we thought, you know, how much more powerful could we be if we just expanded our table and brought all of our social service agencies together to do some intentional, you know, COVID-19 response kind of efforts. And so we incorporated, you know, our local food banks, the missions, the mental health providers, you know, I could go on and on the list is pretty extensive, I think all said, we've probably had like, 15 to 20 agencies around that in that original table. And well, table as you know, metaphorical, right. I mean, it was all zoom digital, just like we're doing here now. And from that we started doing things like mental health outreach during COVID-19, you know, doing some targeted educational pieces to make sure that our community had the resources that they need. We did.

Amy Conrick:

Could you could you focus in on your call center?

Andrea Culetto:

Yes. That's the foundation. When it came time for the COVID-19 outreach, we had a real URL for the vaccine effort, you know, we were contacted by the county. In a nutshell, this kind of developed quickly, there's three different ways that we're doing vaccines here in Lewis County. One is your mass clinics, which we're using our fairgrounds for, because it's a great drive through scenario two is targeted clinics at places like group homes, or you know, kind of controlled environments, we can just go in, vaccinate the people that use that facility or live in that facility. And then mobile clinics, which are outreach pieces out to the outer county transits rolling that is that we set up a call center to help, you know, process calls and get people registered for that who are older, don't have access to the internet, don't know how to use the internet, that's another really common one, just to make sure that we're not losing that population. Because we also have you know, the links come up, people can register online for vaccine as those come available. But what we were risking it that model without having the call center is it the people in the rural areas of our county, and especially the older folks who need it most, they just don't have access, the internet's really poor out there, it's it's not connected well, or, you know, income barriers, different things like that. So our call centers to make sure that we have equity and distribution in the vaccine. And then combined with that we're providing transportation for anyone who needs to get to the clinic, either in the Twin Cities or in these mobile clinics throughout the county. And if I could address that real quick, the mobile clinics are kind of a cool innovative model that we've come up with, where basically we have our medical partner come down, we use when transit equipment, take them out into the into the county, I think our county, it can take up to 90 minutes to get out to the east then. So obviously, that's a bit of a transportation barrier for people who don't have reliable transportation. So we're taking the clinic to them staging a drive thru model, where the bus kind of becomes a home base, if you will. And then from there, we dispatch our vans out to get people who need a ride and bring them to that clinic. So it's a similar model, whether they're in the Twin Cities, or in rural areas.

Amy Conrick:

So the so your buses are like the home base, and then you're saying out the vans to pick up people for kind of to bring them back to your mobile center.

Andrea Culetto:

Exactly. So while the bus is out there staging, people can be giving orders and giving vaccines as people drive through a drive thru clinic model. And then the vans are also going out and connecting people who don't have access to that transportation.

Amy Conrick:

Great. Okay, thank you. Um, I think we're going to pause for a minute. I think we'll have a number of questions for both of you. Will, go ahead.

Will Reckley:

Yeah, sure. So I mean, Andrew, you talked about the starting just with you, you started talking about the drive thru clinic. So are your bands when you bring people to these mobile clinics? Are they driving through as well? How does that get handled?

Andrea Culetto:

Yeah, that's an excellent question. So it depends on the location. So in certain locations, yes, there'll be driving through and following the same processes. As you know, somebody that drives up in a personal vehicle. At the fairgrounds, we have this really nice amenity where everyone else is driving through, but we have kind of a drop spot for our folks, which helps us to serve more people quickly. If somebody if a driver can bring someone drop them off doing a physical, you know, the person goes inside into the clinic, gets the vaccine does the waiting area, just like Brian has described in his location, and then they're picked up later that allows our driver to drop off and get somebody else come back pick up take home, and it just expands our efficacy there. But that's not always available. You know, if we're doing a clinic out at, you know, a fire station in a rural area, there's not always a room big enough for equipped to be able to handle that. So in response to it depends.

Will Reckley:

And Brian, did you have any issues with transportation or waiting? I know you It seemed like yours was more of a walkthrough clinic.

Brian Baker:

Yeah, the at the time, the decision was, it would be easier to monitor folks inside a building rather than in their cars. I think as more and more vaccine availability comes to the area, I think folks will be looking for kind of a drive thru type setup. And that's, you know, a lot of these facilities have shops or garages or even barn like structures that that could probably facilitate that huge parking lots where buses are stacked in the evenings. So definitely something to consider. \

Will Reckley:

And when you are offering transportation and either of you feel free to jump in on this one first. Have you guys been using bands that you might have, you know, retrofitted with any sort of protective measures or anything like that? Or is it just the spacing like what kind of precautionary methods are you taking there?

Brian Baker:

Yeah, I can. We also use for our database program, and we installed plexiglass shield between the drivers, you know, the front row there and the passenger side. And currently right now we're only transporting one household at a time. So either one person or husband wife at a time, I think by our current regulations, we can do up to two, as long as they're spaced out, obviously, everyone's masking using sanitation protocols, all that, you know, that stuff, but we just have, we've just been sticking to one just to be extra cautious, especially because right now we're really dealing with more than even 75 and up population. So with CARES Act funding, we the first round of CARES Act funding, we procured a lot of safety equipment with our, for our vehicles. There's some known known companies in the industry that are that have some really pretty awesome equipment out there.

There's an air purification device that that can be installed to be hot with the ignition that releases an extremely low dose, H₂O₂ or hydrogen, hydro peroxide into the air. Those are installed on vehicles that that will that has been proven to kill COVID-19 in the air within three seconds. There's other products out there your filtration devices, fogging devices, that the driver can literally just hit a button at lunch and get out of the vehicle. The vehicle is fogged with disinfectant. So those are all installed the driver barriers, we even went as far as to do anti-microbial treatment on all surfaces to reduce really the labor of cleaning surfaces between every ride. We're also still we've been running at half capacity of vehicles for a year now. And we're still in that mode. So that takes a few more buses to provide the rides but ensures folks are safe. There's even equipment where you can install hand sanitizer stations on vehicles. We've done that I think folks need to know that they can get back on a bus and be safe for sure. Absolutely. That makes sense. Um, will are there more questions that you have?

Will Reckley:

Yeah. So just quickly, both of you guys, did you. Have you rerouted any of your routes? Have you changed your services in any meaningful ways to, you know, respond to a vaccination clinic popping up somewhere or, or to kind of provide additional services to vaccination appointments specifically?

Brian Baker:

Yeah, hey, we, we monitor where, when, and where, through the DSHS, the Department of State Health Services website, as well as local municipalities, when and where these clinics will take place. And it's these trips. We haven't had a whole lot yet. But we make sure that when folks call to reserve a ride that we do everything we can to make those rides happen. If that means bringing in additional drivers, we'll do that.

Will Reckley:

Great. Okay. All right, we have for Andrew, did you want to add in there?

Andrea Culletto:

I just can't say we haven't. We've rebranded our routes a couple times to make sure people had access to essential services. But we haven't really needed to do that as much for the vaccine clinics, just because of the way that it's worked out. It's worked out pretty smoothly.

Will Reckley:

Do you have any early indications about the impact of what you guys are doing? Andrea, I know you're still moving into kind of like those mobile clinics and what have you. And do you have what are your plans, literally for I guess, gathering the measures on what it is you're doing in the impact?

Andrea Culetto:

Don't mean, take that one first. Sure. It may be a hard question to answer. Let me just acknowledge upfront that you guys are still just in the very beginning stages. We certainly haven't had the huge influx of vaccines yet. So I know things will change, but just based on what you're seeing so far. Yeah, absolutely. So we're really keeping an eye on the data, as far as you know, where folks are coming from age ranges that they need help with a mobility device, where they did have access to the internet, pieces like that. So we know who we're serving and who are the things like is English their primary language? Do they speak English? All those pieces were keeping an eye on so that we can see what the gaps that were missing and reach out to expand services into whatever that account may be. So exactly the monitoring that data pretty closely right now.

Will Reckley:

Yeah, that's, that's excellent. I mean, more than likely those people are going to need your services going forward. And this is a great opportunity for them to become much more familiar with what you guys are doing.

Andrea Culetto:

Yeah, absolutely.

Will Reckley:

Fantastic. Brian, what about you any early indications of impact? Any either short term or long term? Again, I know it's early days yet.

Yeah, I may be thinking about this differently. But one impact, I think we've seen is the realization of public Transit's high worth in the communities. Absolutely. Especially with buses and bus facilities. And like I said earlier, being a part of that critical transportation or overall transportation network of the state, you got roads, you got bridges, but you got buses and bus facilities as well. So that would be an impact. And I think the way we'll, we'll measure things is the way we measure things, normally, and that's through ridership, and, you know, maybe some new partnerships going forward and additional awareness of our services.

Will Reckley:

The other thing I'm wondering, too, is that we know that not everybody, you're not 100% of the US population has decided that the vaccination is the right thing for them. To either of you, do you have any role in sharing information? Do you find that maybe one impact is that for people who have ridden regularly with you in the past, that they might have built up that trust relationship with your drivers? And that that might be something that kind of gives them a little bit more comfort in terms of vaccinations? How does that look for you guys?

Andrea Culetto:

Yeah, we've used our social media channels and other media channels to do a lot of outreach and education from the beginning. And I think as we've gotten people, you know, we've been tracking our ridership numbers, as those have increased again, you know, after that initial head of project, we have built up know, some trust relationships there. But I really think it's going to be ongoing. And I think in our community, at least, we're seeing that there's this initial push by people who are really, you know, really, really want the vaccine, almost even a little panicked at times about getting hold of it, because they've got health conditions, because they're older because they're more vulnerable. And there's a lot of people hanging back, just to kind of wait and see. And I think that, you know, as we continue to push

information and make sure that everyone's educated, there will be kind of a natural progression there, where the people that need it most will get vaccinated, as everyone else who's unsure sees that everything's okay, and that it's going well, then, then they'll start, you know, having more confidence as well.

Brian Baker:

Thanks. She's right. I think passions kind of run high on a lot of sides with this effort. We've kind of taken the approach of letting folks know that we're there for you, wherever you need to go. We haven't really done a ton of outreach on the vaccine itself. We try to put information out about when and where. And that the ride is free. We you know, folks want to get there. We're going to get them there.

Amy Conrick:

Okay, great. And we only have about three minutes left. I have one more question for you. Is there anything that you can think of that would have made the efforts that you guys have embarked upon easier for you? Are there any still some gaps that that you could use some help with?

Brian Baker:

Just real quick, volunteers to work to help work vaccination clinics. That's been a little clear, clear communications, additional volunteers to work even shifts.

Andrea Culetto:

That's been that's been a little bit of a challenge out here. So how long are your clinics, Brian?

Brian Baker:

They're long days, start around nine and go through really six or seven at night. And is that five days or seven days a week? so far? It's been one day a week. Okay. Okay. Yeah. Again, yeah. Because the vaccination availability, that makes sense. We're starting to see a lot more come into the area. So this is, you know, folks have said ever evolving. As more comes in there. There'll be a need for more effort. More folks, for sure.

Amy Conrick:

Okay. And Andrea, what about you? Is there anything that so far that you could think of, I could just snap my fingers, I would have this resource on the head and send you the book I found?

Andrea Culetto:

No, really, you know, there's so much we've learned, right, hindsight is 2021 of the biggest things I think will be hugely beneficial is just a lot of the technology that we're using to book people into the systems and into the appointments is very new, you know, it's kind of been created for this effort, I'm here in our area. So there's quite a few pieces of that would make it easier, and being able to control the system a little bit better, you know, having better deal locations or better, you know, controllability over the links, like, who gets access to what link and being able to monitor that to get better backend data would be hugely helpful. But I think once again, you know, we're going to see that in time, I think that they're working on it. Now. It's brand new systems. And I think that, I think that, you know, in a month, they'll probably have worked out a lot of those kinks. And other than that in, I feel like, we've been kind of blessed to get a lot of volunteers with good collaborative partnerships. And then obviously, you know, secondly, what Brian said about communication, I think, really robust communication between partners is integral to this. And we've learned, you know, through some trial and error, how to do that better. If I could go back in time and talk to my former self, I would, you know, really encourage that.

Amy Conrick:

Okay, great. All right. So I've got just a quick few reminders. Again, this is the table that Daniel talked about at the very beginning. And Danielle, were going to give you a heads up, I'm going to give you a couple seconds at the end of this, if you would like to say any closing words. But anyway, here's an example the table is much, much longer than this, please send your examples, whether they are related directly to vaccination efforts, or whether they are other incidental uses that Danielle mentioned, if you're still delivering food, providing wi-fi with your buses, taking clinic staff to work, what whatever it might be, please email us.

And then also, you can connect with us, if specially if you're a public health agency, and you'd like help kind of connecting better with your transportation agency, you're not quite sure who to reach out to go to this link here. And you'll find us and we will help you connect. And lastly, we have two more webinars scheduled so far, we may have more as things roll out March 24, we're going to look from the state perspective. Then on April 7, we'll have two more systems, ones in Flint, Michigan, so urban center, and then Nashville transit, probably small urban, I would say. And finally reminder that this webinar is being recorded. Wendy and Danielle, any last words for you.

Danielle Nelson:

I'll just mention I put into a response in the chat, that there is a list of all of the FTA regional office COVID-19 points of contact. So if you have a COVID specific question, you can reach out to your regional liaison. They're extremely helpful. I also included the link for the FAQs that are helpful. And just thank you so much to NCMM. And our wonderful presenters and for Wendy, of course for your partnership.

Amy Conrick:

Absolutely. And Wendy, you.

Wendy Heaps:

Thank you. It was incredibly informative. And I feel like we could have Leith have spoken for another two hours about this. I have so many questions. But me and my CDC colleagues who have attended this session, have listened very attentively, and the lessons and experiences that you shared today.

I'm sure there are other sectors like yours across the country who are figuring out how to do this. So it's been really helpful. And we can share this and I really encourage you in some way whether it's a blog article, any way to write this up. So we can disseminate it to other people.

Amy Conrick:

Okay, great, all your efforts. And on that point, actually, will is writing a blog, two blog entries, one on twin transit partner, okay, as we speak, so those will should be posted fairly soon. So again, anybody you're more than welcome to email me with any questions or if you have more questions for Brian and Andrea, you can find me at conrick@ctaa.org. And thank you again, everybody for joining us.