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/](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


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

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.

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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
Centers for Disease Control and Prevention

Dr. Oscar Alleyne
Chief of Programs & Services

Scott Bogren
Executive Director

NACCHO
National Association of County & City Health Officials

NCMM
National Center for Mobility Management
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

<table>
<thead>
<tr>
<th>Category</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Doses Distributed</td>
<td>49,936,450</td>
</tr>
<tr>
<td>Total Doses Administered</td>
<td>32,222,402</td>
</tr>
<tr>
<td>Number of People Receiving 1 or More Doses</td>
<td>26,023,153</td>
</tr>
<tr>
<td>Number of People Receiving 2 Doses</td>
<td>5,927,847</td>
</tr>
</tbody>
</table>

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

- **Pfizer/BioNTech**: 17,966,958
- **Moderna**: 14,729,504
- **Not Identified**: 101,695

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:
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

2/2/21
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

Phase 1a
Phase 1b
Phase 1c
Phase 2
ACIP: COVID-19 Vaccine Guiding Principles

**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*


Safety of COVID-19 Vaccines is a Top Priority

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

<table>
<thead>
<tr>
<th>Before Authorization</th>
<th>After Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FDA</strong></td>
<td><strong>ACIP</strong></td>
</tr>
<tr>
<td><strong>FDA</strong> carefully reviews all safety data from clinical trials.</td>
<td><strong>FDA</strong> and <strong>CDC</strong> closely monitor vaccine safety and side effects. There are systems in place that allow CDC and FDA to watch for safety issues.</td>
</tr>
<tr>
<td><strong>ACIP</strong> reviews all safety data before recommending use.</td>
<td></td>
</tr>
</tbody>
</table>

**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.
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.

- For Healthcare Professionals: [https://www.cdc.gov/vaccines/covid-19/hcp/index.html](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
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)
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
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

NACCHO
National Association of County & City Health Officials

Figure 2.2 | Percent of United States population served by LHDs

<table>
<thead>
<tr>
<th>Size of LHD</th>
<th>Percent of all LHDs</th>
<th>Percent of population served by LHDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small (&lt;50,000)</td>
<td>51%</td>
<td>9%</td>
</tr>
<tr>
<td>Medium (50,000–499,999)</td>
<td>33%</td>
<td>37%</td>
</tr>
<tr>
<td>Large (500,000+)</td>
<td>6%</td>
<td>52%</td>
</tr>
</tbody>
</table>

N=2,459

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

![Image](Image1.png)

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

<table>
<thead>
<tr>
<th>Program/service</th>
<th>% of LHDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization</td>
<td></td>
</tr>
<tr>
<td>Childhood Immunizations</td>
<td>88%</td>
</tr>
<tr>
<td>Adult immunizations</td>
<td>88%</td>
</tr>
<tr>
<td>Screening for diseases/conditions</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>86%</td>
</tr>
<tr>
<td>Other STDs</td>
<td>70%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>62%</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>56%</td>
</tr>
<tr>
<td>Body Mass Index (BMI)</td>
<td>52%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>39%</td>
</tr>
<tr>
<td>Cancer</td>
<td>31%</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>25%</td>
</tr>
<tr>
<td>Treatment for communicable diseases</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>83%</td>
</tr>
<tr>
<td>Other STDs</td>
<td>52%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>46%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program/service</th>
<th>% of LHDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal and child health services</td>
<td></td>
</tr>
<tr>
<td>Women, Infants, and Children (WIC)</td>
<td>68%</td>
</tr>
<tr>
<td>Early and periodic screening, diagnosis, and treatment</td>
<td>38%</td>
</tr>
<tr>
<td>Well child clinic</td>
<td>30%</td>
</tr>
<tr>
<td>Prenatal care</td>
<td>30%</td>
</tr>
<tr>
<td>Other clinical services</td>
<td></td>
</tr>
<tr>
<td>Oral health</td>
<td>30%</td>
</tr>
<tr>
<td>Home health care</td>
<td>15%</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>15%</td>
</tr>
<tr>
<td>Behavioral/mental health</td>
<td>12%</td>
</tr>
<tr>
<td>Comprehensive primary care</td>
<td>11%</td>
</tr>
</tbody>
</table>

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

- Emergency responders | 77% | 97%
- Hospitals | 74% | 94%
- Physician practices/medical groups | 46% | 97%
- Mental health/substance abuse providers | 62% | 92%
- Community health centers | 57% | 99%
- Veterinarians | 72% | 74%
- Health insurers | 39% | 72%

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

- K-12 schools | 71% | 98%
- Media | 21% | 96%
- Community-based non-profits | 62% | 92%
- Colleges or universities | 62% | 88%
- Faith communities | 46% | 87%
- Businesses | 48% | 87%
- Cooperative extensions | 45% | 82%
- Libraries | 25% | 74%

#### Government partners

- Criminal justice system | 47% | 84%
- Local planning | 41% | 84%
- Economic and community development | 39% | 79%
- Parks and recreation | 35% | 78%
- Housing | 31% | 77%
- Transportation | 29% | 71%
- Total government | 18% | 35%

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*Source: National Association of County and City Health Officials (NACCHO) 2019 National Profile of Local Health Departments*
Strengthening Public Health Systems and Services through Building Capacity for Local Health Department Immunization Programs to Address Vaccine Preventable Diseases
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;
Local Public Health Initiatives to Increase 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 popular public health measures available to populations worldwide, with an unparalleled record of disease reductions and public health benefits. However, recent trends indicate that coverage levels for recommended vaccines have led to an increase in preventable diseases and significant reductions in immunity. Community-based, scientifically based vaccine safety systems carefully monitor, evaluate, and report vaccine safety and efficacy. Despite the success and strong safety record of vaccines, vaccine hesitancy continues to pose a significant public health threat by preventing an important component of vaccine preventable disease Nativity among under-vaccinated individuals and communities.

What is Vaccine Confidence?

Vaccine confidence is defined as the trust that parents, patients, or providers have in recommended vaccines provided by, administered by, and received and utilized by health departments, manufacturers, and recommendations for use. In contrast to vaccine confidence, vaccine hesitancy is defined as the delay in acceptance or refusal of vaccines despite availability of vaccination services. 1

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 professionals, sources for health information, and many other potential confounding factors. Vaccine hesitancy occurs on a continuum ranging from a lack of confidence in all vaccines to waning confidence in specific vaccines and even specific indications. Vaccine hesitancy occurs when vaccines are not administered on time, when a scheduled vaccination is delayed, or when individuals refuse vaccination entirely. Factors associated with vaccine hesitancy include health system factors such as a lack of confidence in the vaccine, lack of communication, lack of parents or caregivers, and lack of access to vaccines. Vaccine hesitancy is also influenced by societal factors such as misinformation, perception of vaccine safety, and perceived vaccine risks. The extent of vaccine hesitancy varies across different countries and communities, and it is not limited to any particular group or demographic. It is a significant public health concern that needs to be addressed in order to ensure the successful implementation of vaccination programs and the protection of public health.
NACCHO COVID-19 Response Efforts

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

- 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

- 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 1a, 1b, 1c
- January 2021 Local health departments that are engaged in vaccine delivery have started to share COVID-19 Vaccination Plans
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

Understand Local Health Departments

- **National Profile of Local Health Departments**
  https://www.naccho.org/resources/lhd-research/national-profile-of-local-health-departments

- **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

- **NACCHO Directory of Local Health Departments**
  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

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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

- Hospitals: 96%
- Local/regional public health: 95%
- Emergency management: 88%
- Emergency Medical Services (EMS): 87%
- Long term care facilities: 78%
- Federal healthcare facilities: 23%
- Primary care providers: 25%
- Public works: 17%
- Support service providers: 16%
- Tribal health: 13%

Source: National Association of County and City Health Officials (NACCHO) 2018 Preparedness Profile Assessment
Working with Local Public Health to Address COVID-19

Work with NACCHO

- **NACCHO 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
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 at 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

NCMM
National Center for Mobility Manage
As we close . . .

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

Examples of Transportation’s Role in Vaccination Efforts

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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