



## **Mobilizing Transit and Public Health Partnerships for Covid-19 Vaccinations**

### **Practical Examples, Part 3**

*April 7, 2021 – 12:00 PM Eastern*

#### **Amy Conrick**

Good afternoon, everybody. Welcome to our webinar, mobilizing transit and public health partnerships for COVID-19 vaccinations. This is a third in our series of practical examples, these quick 45 minute webinars where we are very delighted to be joined by partners from the field. So because after all, they're the ones that are doing all the hard work. So thank you so much for being here. My name is Amy Conrick. I'm the director of the National Center for mobility management, and CMM, as we call it is a Technical Assistance Center funded by the Federal Transit Administration.

Our mission is to work to promote customer centered mobility strategies to advance good health, economic vitality, self sufficiency, and community. And as we strive to achieve that mission, we know that underlying it is the 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 a COVID-19 vaccination.

We're excited to be able to share two examples of how transit is supporting vaccination efforts today at the local level. And as you listen today, I encourage you to think of your own community, and what further steps your agency whether you're from public transportation or public health can take to collaborate and vaccination efforts. Before we get started, just a few logistics, this webinar is being recorded. The recording the slides into transcript will be posted at the URL you see there. Our home URL, you can use either National Center for mobility management.org, or you can use our short URL, [nc4mm.org/covid-19-resource-center](https://nc4mm.org/covid-19-resource-center).

I hope you've had a chance to join us for our previous webinars in February and March. We may be able to add one more to this series. We'll keep you posted on that happened as that happens. And before we go on, I just wanted to give you a screenshot of our COVID Resource Center. There's the URL, you can see it in yellow at the top. Not only this is where you can find all of the archived webinars, but this is also where you can see these quick links.

I wanted to highlight two of the important Quick Links. The first are these series of links to FDA pages and this is a screenshot of just their COVID-19 homepage. But there are also direct links there to FDA regional points of contact for COVID-19 questions, as well as FTS COVID-19, FAQs. I'm also pleased that we're able to link directly to several resources from the CDC, the CDC vaccine key facts. And if you look on the screenshot on the right down toward the bottom, you'll see under communication resources, that CDC also has some really excellent toolkits, using different languages and different approaches to kind of talking about the vaccine.

So before we go further, I do want to welcome our partners from both the Federal Transit Administration and CDC to say a quick word.

### **Danielle Nelson**

And thank you, Amy, for summarizing some of the great resources that are publicly available from the Federal Transit Administration. I just wanted to thank the National Center for mobility management. And then, of course, the speakers today for sharing some of the innovation that's happening to increase access to essential services and vaccines. So with that, I'll pass it to my colleague, Wendy.

### **Wendy Heaps**

Thank you. Thank you, Danielle. Again, also, I'd like to thank everyone for being here today, and especially to FTA in the National Center for mobility management for making these conversations possible. I know my colleagues and I have read a lot from the different examples that we're learning, which you can also find posted on the NCMM website, I'd like to just quickly remind people of a grant that is an opportunity for multi sector collaborations between transit and the health department, the funding does go directly to the health department's but that does not mean you cannot partner with them. And that the average grant is expected to be like \$32 million per award. So it is a fantastic opportunity. And they're expected to be about 108 Awards. So I really encourage you to contact your local health departments. And there's more information about those health department representatives, also on the ncrm website. And you can also go to the nature website with NACCHO, which is the organization that represents local public health departments.

### **Amy Conrick**

Great. Thank you, Wendy. And again, both of those quick links, all those quick links are on our that COVID-19 Resource Center page. So let's dive right into our conversation. I'm delighted to have these three individuals with us today representing two transit systems. First, from Oxford, Ohio, we have Jessica Greene, who's the assistant city manager, and she's joined by Matthew Dutkevich, who is the director of Butler County Regional Transit Authority. And then we also are joined by Harmony Lloyd, who's the chief operating officer from the Mass Transportation Authority in Flint, Michigan. So we're gonna dig right in. But again, please feed your questions into the chat box, or I'm sorry, into the q&a box, and we'll be happy to answer those and feed those into our discussion.

So I'm gonna start right with harmony. Harmony, I know that the Flint MTA has a long standing commitment to getting people to health care appointments, specifically through your rights to wellness program, and more recently to vaccinations, what was the impetus for your work related to the vaccination effort.

### **Harmony Lloyd**

So I'm just going back for a minute. Starting in 2015, we created rights to wellness, which was a health and wellness transportation program that we say combine the best of public transportation and the convenience of ride hailing services. And we had done a lot of work around dialysis and the Flint water crisis. So we learned a lot through that public health emergency that really put us in a good position to respond when COVID began last year.

And specifically related to the COVID-19 vaccinations who have been your key partners on that. We've partnered with our county health department, and then our two federally qualified health centers, so that all three of those organizations can offer free transportation through rights to wellness to anyone in our county, who needs transportation to a vaccine appointment.

### **Amy Conrick**

And were those which of those partnerships, if any of them were pre existing for COVID.

### **Harmony Lloyd**

Um, we had worked to some extent with the federally qualified health centers. We were also very involved as stakeholders and a lot of the health related committees here in town, I've said on the COVID recovery committee, so I think that those relationships helped and as soon as the vaccination started coming, we got the call that said we need to figure out a way to help us with transportation. And so because they knew the work we had done, we were able to get that up and running in just a couple of weeks.

### **Amy Conrick**

That's great. Because I think one of the things we've definitely heard from systems is that right when COVID really hit is when they started reaching out their public health department, and we know public health firms were just scrambling, and that it was very difficult for them to get a foot in the door. So I applaud you guys for having that relationship in place. I think that's probably really made things a lot easier.

### **Harmony Lloyd**

It's so critical and so important. And I would encourage anyone, even as we move past this, this crisis to really establish those relationships, because they do take a long time to build between two entities that maybe haven't always worked together.

### **Amy Conrick**

Excellent. Okay. Thank you, Jessica, let's turn to you guys. So you're the city's assistant city manager in a community of about 22,000 people. Yet, you've recognized that even within a small community, there were people who may have difficulty sign up for the vaccinations. Can you talk a little bit more about who you felt were most vulnerable in that sense?

### **Jessica Greene**

Thank you. Hi, everyone. My name is Jessica green. And as she said, I'm from Oxford, Ohio, is in southwest Ohio, about an hour away from Cincinnati. And we're a college town. So we're the home of Miami University. We have a lot of young people who live here. But then college towns also attract a lot of seniors. And so we have a lot of elderly who live here. And just outside of town, to say we're surrounded by miles of generational family farms, which is rural, okay, there's lots of farms here, and people live really far apart. We have a very rural school district.

And we started getting phone calls. This was back when the vaccines were first being released. And our county health department were part of the county health department, we don't have a city health department in the county health department had set up a vaccine clinic at the County Fairgrounds, that's 30 minutes away. And you had to sign up online. So that was it. And we were getting phone calls from people saying, well, wonderful, very nice, elderly people in our community, I don't have a computer, I don't know, my email address. I think I have email, you know, and so then we were like, trying to sign them up for them. And it just these phone calls came through a little bit at a time and the story was the same each time. I don't have a computer. I don't I don't know how to check my email. I don't remember my email password like so clearly, they had one set up at some time. But it became very apparent to us that we had to do something.

### **Amy Conrick**

So basically, you're saying that a lot of the people who you have figured might be having difficulty sign up for vaccinations were older adults, older adults.

### **Jessica Greene**

And Yep, older adults without access to the internet. And we learned quickly that without access to children, or young people to help them navigate the systems. So that was the number one phone call we were getting. were people who didn't have a younger support team to help them navigate the online systems.

### **Amy Conrick**

That's excellent. Okay, it's very good. It gives us a sense of who those people were. Matthew, let me turn to you. So what's been your role in terms of working with Jessica and her team and because you're with the county, in terms of transportation related to vaccination efforts .

### **Matthew Dutkevicz**

So we actually, like you said, we serve the entire county, but a good portion of our fixed route service operates at Miami University within the City of Oxford there. You know, we serve about half a million rides a year and student population about 18,000. So we have a good presence in the city. And we spend a lot of time conversing with the city folks and some of our other regional partners. And we operate a bit of regional service in and out of the city as well, that connects with our other municipal hubs. In the county, rather than kind of being a county with one big municipal have, we actually have like, three or four, probably. So there's a lot of connecting between those areas. You know, our role has really been, you know, how do we move people? We're not a large agency, we're about a \$6 million year budget.

So you know, expanding to deal with vaccination, transportation has been difficult from a staffing perspective for us. So we've been trying to be as smart and lean about it as we can. Our preference at first was to do group trips. And when the city started talking to us about well, how do we get 30 miles down the road for these folks who are having trouble getting in, it seems like a really good fit. I know one of the challenges we've been dealing with is coordinating with all the different vaccines resources in the county, the health department is one. And as somebody else mentioned, I think they're so busy getting that done, they really haven't had a lot of time to coordinate with transportation.

We're also working with nonprofit vaccine providers, we're working with multiple health departments. It's not just the county that Jessica works with, we're also working with two other municipal health departments to try and connect. So it's a lot of silos to work through for sure.

### **Amy Conrick**

Let me ask you, same question I asked Harmony. So I think you were saying that what may be different from what Harmony said is that your relationships with the public health and your different municipalities in the county is a newer relationship? Would that be correct?

### **Matthew Dutkevicz**

Yeah, you know, we haven't. Like I said, we're a small agency, most of our relationships are focused with the university, the City of Oxford, since they're, they're close with the university, we have some other municipal relationships, but um, you know, we've dipped our toe in what do they call it? Some of the programs are for neonatal education, I guess, and, you know, birth rates and trying to deal with that we worked with some of our

nonprofit providers, but we haven't had a particularly close relationship with any of our health departments. So this was kind of like, setting up something new for us.

We had worked, we've been doing some transportation in coordination with our Emergency Management Agency for folks who are homeless and the transportation to quarantine. So that was actually one of our first ventures probably last year. And then we did jump in on that one. Yeah, it was an experience. We do that for the university as well, actually, for student housing. So it's an interesting relationship. And it's a piece of work we don't have experienced doing, but there was really nobody else to do it. They were trying to reach out to private providers to do this type of thing last year, and they couldn't get anybody to step up to the plate.

### **Amy Conrick**

Okay. Jessica, you started saying talking? I know you've got a good story to tell about your hotline. So you started saying that in the beginning, when the news first came out, there were calls? Can you tell us a bit more about how that all evolved?

### **Jessica Greene**

Yeah, so I knew we had to do something. And I have to give credit to West Virginia, I heard a story from their COVID director about how they were reaching rural communities. And they mentioned a hotline. And I literally woke up at like, 430 in the morning, and I was like, we can do a hotline. And I waited until 7:15 am to text the Health Commissioner, and I said, Hey, like, this is what I want to do. And so we wanted a hotline, I wanted a set number of appointments that I could schedule, I didn't have to go through her. I wanted my own appointments that I could help people with. And then my next phone call was to Matt, and I was like, Hey, can you help us do this? And that's great. We do have an existing relationship. And wonderfully, he was like, yeah, let's do something. Let's make it work. And, and we did you know, and do me talk with the hotline now.

So my idea was a hotline, we took my co workers phone number that we put this together in like two days, your co worker know this beforehand. I asked him about it before we went live. And I said, so I want to use your phone number to do this. And you're okay with it. Right? And he's like, yeah, it's a good thing. And we thought we were going to be busy. I'm like, a little bit busy, like 20 calls a day or something.

And what we did is we made who it's kind of hard to see, we made like door hangers that to say need a vaccine need arrive, you know, don't have the internet and we put these door hangers and all of our marginalized communities, we put them we put them in Meals on Wheels, deliveries. We sent it out to all of our nonprofits. And then we made sure we were all we had a little Google Sheet with our 20 spots each day that we were ready, you guys.

Well, we had 600 phone calls in a day and a half. Like there are three of us on our staff. It was literal insanity. We had people calling from New York, we had people calling from like, another city in the county and we were like, Wait, what? Just got out that fast. But people were desperate for a human and that's what I learned very quickly is they didn't want to have to go on their website. And we were apparently the only one in the county who would said we'll take your phone call. And I'll tell you what we did. It's going much more smoothly now. We've made it work

### **Amy Conrick**

So you were overwhelmed to start with. But I think it's a really interesting point, you know that people wanted to talk to a human.

### **Jessica Greene**

So they really wanted to just, and we realize a lot of it was generational. So at the time, when we started this, we were dealing with 80 year old, 70 year old 65 year olds, and they, generationally are the people who make their appointment by the phone, they don't want to go on and make their appointment. And so even people who had access to the internet, even people who knew how to use their email, they still just wanted to call.

And so we were trying to sign up everybody. And I will say, I put out a quick call to our community. We have a group in Oxford called Age Friendly Oxford, which is an elderly advocacy group. And I said, I need volunteers now. If they sign and I made like a volunteer signup, and I had volunteers booth within a day, I had volunteers in our conference room answering our COVID Oh, fantastic. And we use a good old fashioned Google Sheet.

And what the Health Commissioner gave me 20 spots on Wednesdays and 20 spots on Fridays. And then we had a local nonprofit health provider give us 50 spots also on Wednesdays, oh, wow, we filled those instantly. And we just kind of kept adding weeks. And then what we did is we just asked questions. Do you need an appointment? Yes. Do you need transportation, sometimes. And what we found is that almost everyone just wanted an appointment. Most people could get there. But about three to five people a week in my size town needed a ride. And that's where Matt's team came in. And also our Oxford senior center would literally go to their apartment or their house, or sometimes they were homeless, like we would get them out of the hotel or whatever they were staying in to the bus. And then down to the fair County Fairgrounds for their shot. And then back. And Matt's team has just been amazing to work with. We tell them the day before we have three, we have five, we have seven, we have none. And they've been totally cool to work with. The volunteers have been great.

### **Amy Conrick**

All right, great. So I think the big lesson here is that you went from using your staff to really kind of calling on your community partners at that advocacy group for older adults to run the hotline. So that's really cool.

So, Harmony. I think one of the most innovative parts of your rights to wellness programs, your scheduling system, and you've now adapted that to the vaccination efforts. Can you talk a little bit about that?

### **Harmony Lloyd**

Sure. Um, so while we recognize that people love to talk to someone on the phone, we've also learned that caseworkers love to use an online scheduling system, it makes it much easier for the jobs that that they have to do. So we created an online system where all of the partner agencies that we work with, have their own individual portal, and they log in it's cloud based, and a of the caseworkers or navigators that are on the healthcare side. And they are able to request the ride either immediately, or for some time in the future and schedule that ride. It's a very simple process, minimal information that they have to put in and it takes only about three to four minutes, once they've learned this system, that ride eat goes right into our scheduling system. So it's not a matter of a going to a person on Rn, and then that person has to put that ride into this system, it shoots right to it, and it's assigned to a driver immediately.

So we were able to set up portals for the health department and for both of the federally qualified health centers that I mentioned, they each have their own individual portal. So no one's seen the other person's information about passengers. And what they're doing is when the health department calls the person to say that their vaccine is available and schedule that appointment, they ask them if they need transportation. And if they say yes, they schedule the transportation at the same time, they're scheduling the appointment, and that person has provided a trip and it's all free to the passengers.

### **Amy Conrick**

Wow, what an amazing system. Do you know what kind of confirmation the individual gets on the ride.

### **Harmony Lloyd**

So um, because they're doing such a quick turnaround right now typically the appointments are scheduled the next day or within two days. So it's all happening really fast. So there isn't, there isn't an email or any sort of confirmation because they're confirming that right when that makes sense, right when it's booked, because it's usually the next day.

### **Amy Conrick**

So what would that look like? If you hadn't been able to give these case managers access to your scheduling system? What would that have looked like for your staff?

### **Harmony Lloyd**

Hectic, I think that I think it would have, you know, increased our call volume. Just immensely. And I think that it would have made things challenging because the person would have been given an appointment time now they're calling, you know, somebody in our dispatch or call center. They're trying to coordinate that appointment time, this is all going very quickly. Like I said, it's same day or next day, usually. And so I think that I think we wanted to have seen as many people utilize it, and I don't think we would have gotten the buy in from the health department workers if we didn't have the online option.

### **Amy Conrick**

Okay, yeah, no, as the seamlessness is amazing. So, um, real quick, I'm going to ask one more question going back to Jessica, and allow you guys to kind of talk you in match about your trips to the fairgrounds? I don't know Matt, or Jessica, if you want to take that question.

### **Matthew Dutkevicz**

I don't know what kind of specifics everybody's interested in, you know, it's we basically organized it as a group trip, it's very easy for us to do we have a county wide general public dial ride system anyway, that you can schedule via or you can actually call in, in this case, the city was scheduling. On behalf of the folks getting vaccinated, it is about a 25-30 minute trip.

One of the challenges for us is that vaccine site is drive through only. That's been one of our challenges with the public health vaccine clinics in our county is that their drive through, it worked out great In this scenario, it's one of the reasons I think this was so successful is that we were getting a large group together, multiple people and we're able to take them through. And so bringing the bus through the drive thru line wasn't really a big deal. Because we could dedicate resources for that many people. And we've struggled, you know, with individual reservations, getting some people to some of those clinics just because of our staffing level and letting dial ride man sit in the line for 15 or 40 minutes. If there's only one or two people on board can be very time consuming and really hurt our productivity and keep other people from getting rides. So there isn't as much availability.

### **Jessica Greene**

So this has been a great solution to solve all those problems and help get people through those lines. And then I'll just find out if some of the people we're serving, especially early on, were extremely marginalized, like extremely, and they don't have printers at home and those kinds of things. So we literally printed their vaccine paperwork for

them, took it to the bus. And then like our Vice Mayor rode the bus with them down, made sure that they got their paperwork to the health professionals and then they came back. But yeah, the first day we sent the bus, they weren't quite ready. And they were like, wait, there's a bus. We're like sending one of the minivans are something and I was like, no. So they adapted quickly. Thank you health commissioner. But now one each day before I call her and I say okay, we're sending a bus, we're sending the shuttle, we're, you know, we're not sending anyone transportation this week. And then they're ready when we because we're always the same time each week.

We're one o'clock on Wednesdays, we're one o'clock on Fridays. And we have 20 spots each day. So those are hours. And it's it's wonderful that we just have the flexibility to know that those are our 20 spots and our time.

### **Will Reckley (NCMM)**

So I mean, it seems like you guys are doing some pretty innovative efforts to reach people in your community, or is there anything you're doing specifically to help homebound residents get to the vaccine?

### **Jessica Greene**

Yeah, so we're providing transportation, transportation from their home to the bus to get down there. And then looking ahead, you know, our next steps are, will be we're working with the nonprofit health clinic to do mobile vaccine clinics at some of our like section eight housing or local churches where we'll set up a clinic and we're going to just bring the vaccines to them, but that's in the future. Right now. What we're doing is, if they're able to get out of their home, we'll drive them from there. Home to the bus.

And then in some cases, we've been able to find like a nurse practitioner to go into the home. Those really homebound cases, we handle case by case, but we have a wonderful relationship with all of our nonprofits in town. And so we're just, we're calling people we know I mean, we're doing a little bit of case management as government workers, but hey, that we exist to serve. So let's do it. I mean, just put your creative hat on, and we'll figure out a way.

### **Amy Conrick**

So let's just just to confirm then for those residents who, so your bus picks up from a central site in Oxford, correct? Yes. And you still have to get people there. So how are you getting people to that central site?

### **Jessica Greene**

So we actually use our federal CARES fund to buy a minivan for our senior center. So I was like, I paid for your minivan, I want you to pick people up. And they were like, Yeah, okay. And at first, they were like, we're, our drivers do, like, they're at risk. And we're nervous about this. And, and I kind of was like, I will find you drivers, like, you know, what do you need? And then they came back and they said, Okay, we'll do it. Like we have enough drivers who were already vaccinated, or, you know, things like that. So at first, it was a little trepidation about the safety of the drivers. But we were able to overcome that. And I do think that's the value of an existing relationship, that we were able to pull on that relationship and be like, I need you to figure this out, like, come on. And we were able to do that. Okay, great.

### **Amy Conrick**

And Matt, I can imagine I made your job a lot easier.

31:31

### **Harmony Lloyd**

### **Matthew Dutkevicz**

Yeah, it certainly does. Um, we've talked a little bit about doing some pickups, you know, school bus style. That's not really the business we're in. And we've been using, because of the volume of riders and things. We've been using some of our bigger equipment. So we have a little trepidation about going door to door to pick people up. But um, it's not out of the question. But Jessica and her team have been doing a great job getting people to the central pickup spot, which helps us make more use of our resources and be a little bit more efficient.

### **Jessica Greene**

So if I could just share, we had to set a parameter on it, because we were getting calls from like, Kentucky, Trenton and other places. And then we instantly put a filter on our hotline, that's like, do you live in the tele juanda School District, which is a City of Oxford in in plus a little bubble? And we're willing to transport from your home to the bus location in that little gotcha all around us? Yeah, that makes sense. Kind of that geo fences really important.

### **Will Reckley (NCMM)**

Are there any? Have you taken any steps to overcome language barriers? Or have you noticed that there have been any issues with language barriers?

### **Jessica Greene**

We have had a few calls of people who do not speak English as their first language. And it's been a struggle, but we were able to get it done. But I did not have the resources for like interpreters. That's not true wearing University count. If I really had to, it was it became a huge need, we could reach out to the university for assistance. But it's been one or two phone calls out of 1,000s. And we've been able to make it work.

### **Amy Conrick**

Harmony, what about you?

### **Harmony Lloyd**

We have a relationship with one of the nonprofits in town that serves primarily Spanish speaking clients. And we work with her with them to provide services and I know they've done a lot of outreach with in the Latino community in our county. And I know it even came up that one of the first vaccine clinics that was held was at a Catholic church or Lady of Guadalupe, which has a heavy Spanish population that goes there. And when they did the vaccine clinic, they didn't have any of the people that got vaccinated, or church members or came in are qualified. And so that became a really important conversation that the health department and some of the other you know, organizations in town said we have to be more focused on outreach and so they did that. So we're seeing that evened out a little bit.

### **Matthew Dutkevicz**

Yeah, much we haven't experienced too much of it. We, you know, part of our title six plan we keep a translator on call. So Jessica, when you get those calls, nice. Patch them through and we'll hook you up with whatever you need. And so yeah, we don't have too much of it. We have it's not been a big issue, but I suspect that Not because it doesn't exist. It's just because we're not hearing from them. Yeah. Okay.

### **Amy Conrick**

And we've also heard good things in different communities about Language Line, I think it's a phone service you can use for interpretation.

**Will Reckley (NCMM)**

So this one's for harmony. I mean, can you just speak a little bit to who is the funding source for these trips that you're providing?

**Harmony Lloyd**

Sure, it's, uh, we have two private foundations in town. And they both have a COVID focused funds. And so they were very proactive and reaching out and saying, if you as transportation, and you, as a health department come up with something, we will fund it. And so they've been very generous, they put forth the money to fund about 3000 rides. And they said that if we use it up, come back, and they'll give us some more. So we're really fortunate.

**Amy Conrick**

So they reached out to you first?

**Harmony Lloyd**

Yes. Again, it was because of the relationships because, you know, we serve on the COVID recovery Task Force, because we are at the table for so many of these health related conversations. The President and one of the foundations, when she called me, she said, you know, we we just we were thinking about transportation as a barrier. And we knew rights to wellness could figure this out. So, you know, right, as a proposal and get it into us, and within a week, we had the check.

**Will Reckley (NCMM)**

And then this is for anyone. Have you guys been utilizing 211 services to help out in any of these efforts? from United Way? Yeah.

**Harmony Lloyd**

We have not.

**Harmony Lloyd**

**Jessica Greene**

We have not, we have a 211. But we're not as locally connected to them as we are with our own local service providers. So we reached out to them instead.

**Amy Conrick**

Okay, great. So one of move on to data. What kind of data are you guys gathering on vaccine trips? and Harmony I imagine you have reporting requirements for your foundations.

**Harmony Lloyd**

Yeah, we, you know, obviously, number of trips, we track by zip code. So we're tracking across the county who's using the service by age, gender. And then one of the pieces that I'm interested to see is how many people are new to transit service or to our system? How many have used it before? And how many are people that become connected because of the vaccination and because of the health department or clinic, so we'll be looking at that as it comes in.

**Amy Conrick**

Okay. I'm sorry, I'm not. I didn't mean to show these pictures. I'm glad I accidentally clicked on them. So Harmony, this is Flint. Can you tell us a little bit about what we're seeing here?

### **Harmony Lloyd**

Sure. So um, so that on the last day was the current one of the clinics I was talking about, Our Lady of Guadalupe bays is one of the sites and it is in a lower income area. And then you can see that the picture in the middle is the portal. And if you can, if you look right up in the left corner, you see Genesee County Health Department. So that's their portal and shows them that they are confirming a trip you can see on the in the right corner, it says request a new trip, that's where they would click on and they start that process. So very, very intuitive, very easy to use.

And then at the bottom is just a picture. And I wanted to mention that when we first started talking with the health department, we also made a point of saying, you know, if we're going to do this with you, we need to have priority with, you know, vaccination drive thru lines that way, even at when the passengers get there, because and we have explained a little bit about how transportation works. And say, we can't have a driver sitting there for 45 minutes, you know, we need them in the shot and they wait that 15 minutes, and then they're out in that 20 minute time frame. And, and they understood and they've been really great about it. So that picture is one of the clinic volunteers taking the temperature of a passenger to get them ready to get the vaccination.

### **Amy Conrick**

And actually, I was gonna mention that when you were talking Matthew, we heard the same thing in Florida, where they were able to create a relationship with the public health department and allow the buses to bypass the line. Of course, that was when in Florida, they just had everybody stand on long line. But I think that's that's been really helpful and sounds like Jessica, you and Matthew to work that out.

And as we are on images, Jessica and Matthew, would you like to talk to us a little bit about we're seeing here?

### **Jessica Greene**

Yeah, so that was our first week down. So we had like, I think it was four riders who got on the first week, it was what I call the big bus. And then that's the one that surprised the health clinic a little bit, but got down there. They came onto the bus. And so you can see the public health official got on the bus, it's a, they gave the shots right there to people on the bus, and then they then they got off the bus. And so no one ever had to kind of get out of their seat for their vaccine.

### **Amy Conrick**

Nice. Fantastic. Okay, and then did I'm sorry, did you get a chance to answer that question on data? Is there anything you want to add on that? Matt, did you want to talk about data you're collecting?

### **Matthew Dutkevicz**

I don't think so. You know, um, you know, we're collecting some of the basic stuff we collect for our general public service. I think we're not too granular. But we are interested in demand location, origin and destination data. So we take that and, of course, we tagged them as vaccination trips so that we can keep an eye on them.

We're trying to we're still in the process of figuring out how to deal with some of the individual trips outside of what we're doing with Oxford. The governor and state of Ohio has appropriated money to all the transit systems,

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specifically for what they're calling rides to community immunity. So that's paying for these rides, and it's going to pay for individual rides as well.

#### **Amy Conrick**

Okay. All right. Great, thank you. And I'm wondering too, with if you're using cares act dollars, or what have you to, to cover those trips, how much you have to?

#### **Jessica Greene**

Well, we were gonna start with paying using CARES Act to pay for the trips. Like we were just like you said, we were like a group ride reservation. And I was like, we have enough CARES Act left, that will we'll make it work. And then Matt, I think you've got a grant that covered it. So then we didn't have to worry about that. We did use CARES Act to go ahead and buy like, a simple little laptop just to keep it for our volunteers. And then because of the volume of calls, a headset, so we bought a headset and a laptop to help us facilitate taking the calls from the people coming in from the community.

#### **Will Reckley (NCMM)**

Okay, great. Um, well, you have a question for Harmony. Can you speak a little bit to the software you use to schedule these rides? Is there anything specific you can share?

#### **Harmony Lloyd**

Sure. So it's the software that when we started back in 2015, nobody in transit was doing kind of the model that we had created, where it was a blend of non-emergency medical, transportation, public transportation, with all the data we're required to collect, and a dynamic routing software more like Uber, and Lyft. So we had to create something. So we throw in our process, partner with an IT company in Michigan, and they have been on this journey with us for the past five years. And we created we built the software from the bottom up. Now there are quite a few transit. It companies that make software similar to this, but ours was really customized initially, but it is available. It's a company called Kevidaya. It's located in Michigan, and it's called the Rides to Wellness software. So they have started to license it to some other transit agencies in Michigan. And everybody's been really happy with it. So I would encourage you to look into it if it's something that you're interested in. Okay, thank you.

#### **Amy Conrick**

So, we have a question from Victoria.

#### **Victoria Wright (audience member)**

Question for everybody, I guess. Um, I know a lot of this free rides, there's like timelines, um, do you know how long you're going to start provide? I mean, keep providing this free rides, and then how will you know that all those older adults, especially people with disability has been covered with a vaccination.

#### **Jessica Greene**

I'll jump in we we've scheduled out to the end of April. So if you scheduled with us your first vaccine, we went ahead and worked it out with the Health Commission to get their second vaccine. So we're through the end of April with the wider spread of vaccines now. And like every pharmacy and everything that our call volume is starting to decrease. And so I want I kind of think it might pitter itself out a little bit. And we'll continue to maybe offer services on a case by case. I imagine by the end of April, we'll see. And then that's where we're switching in the future. To this more of this, we're going to come to you model where for people who haven't signed up on their own volition like, Can we do door hangers and certain apartment complexes and things and sick or certain churches, we're going

to be here on Sunday, you know, we're going to do vaccines, or we're going to be here in two days come out to the parking lot, we're going to have a trailer setup. So that's the model we're looking at transitioning to as we had into May.

### **Amy Conrick**

Okay, are so we're just about out of time, I'm going to ask one last question I want to make one more point, though, is I think both Harmony and Jessica and Matthew, all three of you have really hammered home, the importance of having relationships in place

So last question is, what continuing challenges Do any of you this for all three of you see going forward, that still need to be solved? Jessica, you may have started to allude to this and something I've been thinking about, you know, you've got the that big first wave of people can I'm so excited get the vaccine, I'm signed up on there, I get it. But there's gonna be a lot of people who aren't in that first wave. I think so anyway, so what kind of challenges do you guys see going forward?

### **Jessica Greene**

I think that on our end, the biggest challenge is balancing, getting the word out and promoting that it's available with the vaccine availability. So we don't want to do this huge marketing push that transportation is available, because we live in a much bigger community, you know, it's 400,000 people. And right now, the health department's still getting only about 3000 vaccines a week. So, wow. So I think that started to I know that that is 32 to rise, but it's that challenge of tell people, we want them to know about it. But we don't want to tell it's so many people that they call and there's no vaccine for them. And they get discouraged. And they don't call back again. So trying to find that balance of of getting the information out there that transportation is available when you have a vaccine available.

### **Amy Conrick**

Yeah, that makes good sense. Harmony, at least your ability for the case manager schedule, the transportation at the time of the appointment helps a little bit with that.

### **Harmony Lloyd**

Definitely. Yeah. Okay.

### **Amy Conrick**

And Jessica, Matthew, what about challenges? Are you guys still seeing we have some of the same issues for us?

### **Matthew Dutkevicz**

Yeah, one of the big helps with the relationship we have with Oxford and Jessica was that they got a bucket of appointments and vaccines. And I know talking to a lot of our riders and constituents, finding the vaccines still continues to be a problem because it sounds similar to Harmony where the health department, it's here seems like they're still struggling to get vaccines. There are vaccines available through, you know, your Walgreens CVS, but there's so many of them and trying to chase them down and get people to the right places. You know, it's not particularly coordinated. We don't know where they're at. We don't know when they're there. So trying to book transportation. And also, you know, it's great that we have a relationship so you can book your appointment and transportation at the same time with the city. But we don't have that luxury with a lot of these other outfits, which I think just raises the barrier for those folks.

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### **Jessica Greene**

And then I'll I'll just kind of chime in with like two existing challenges. One is, you know, we were allotted 20 spots a day, Wednesday and Thursdays and we wanted to, we wanted to take anyone who called us within that Telangana school district and the health commissioner actually called me and was like, stop, I only want you to take people who are extremely marginalized, and I will.

And so it, I had to find a way to like vet need and I wish I could have just said if you call me you get an appointment. I don't care if you drive a BMW or if you are homeless, or if you're homebound. You know, I wanted to be able to help anyone. And I hope we can get there. Her reasoning was that she felt like she was giving preference to our community and not others. And she felt very sensitive about that because no other city had a hotline, and so I could understand where she was coming from, but it still hurt my heart a little bit. So there's one I'd like to be able to just set anyone up for an appointment for one of our 20 spots, if they want help.

The other is I think we're entering into the phase of vaccine trepidation from some of our communities, especially in the rural community. They may not want to get it the They may not trust it. And so from a city administration side, we're shifting into Who are those church leaders, those trusted individuals who can set up the clinics. And then because they're doing it, they might be able to bring other people to the table. That's a phase that I think we're entering into here.

### **Amy Conrick**

Interesting. Yeah. And again, it goes back to relationships. But you know, this trust, we've heard that before. And I'm so glad you said that. That intermediary, that trusted intermediary is going to, as I said, as we get through that first wave, and you know, kind of go more to the people who, as you say, have some trepidation. I think that's alright, so we're at time.

So Jessica, Matthew, Harmony, thank you so very much, I really appreciate you giving time from your day to kind of join us. I people have been really receptive to these webinars, I think, because you guys have such good examples to share. So I want to thank you very, very much. And Wendy and Danielle, thank you very much for joining us today. And everybody else who's attended again, we will have this. Let me just show a quick few slides. Again, we have this rolling table. Matthew, make sure we have you on the table. It's this just a screenshot of all of the vaccination efforts by transit systems will make sure you're in there. And again, here's where you can find us if you need help, and you can email me So thank you, everybody have a wonderful spring day. It's there's a lot of hope in the air. And, and we hope to see you guys on a future webinar. Thank you again.