

HOPELINK MOBILITY MANAGEMENT

COVID-19 PANDEMIC RESPONSE

An evaluation report detailing the coordinated response to community transportation needs throughout the COVID-19 Pandemic, focusing on community vaccination.



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RARET
Regional Alliance for Resilient and Equitable Transportation

King County
MOBILITYCOALITION

Spring 2022

ACKNOWLEDGMENTS

The coordination efforts detailed in this report are indebted to the countless members, partners, and stakeholders that make up our collaborative partner network. Without our members' input and consistent coordination, we would be unable to gauge and respond to our priority populations' needs so thoroughly. Transportation is an essential resource connecting community members to the care they need; we are tremendously grateful to our region's transportation providers, who responded to this crisis with grace and with a spirit of collaboration.

Thank you to King County COVID-19 Vaccine Mobility Task Force

members and partners for your commitment to an accessible and healthy community!

This report was primarily written by Hopelink Mobility staff, including Bebhinn Gilbert, Program Supervisor for the King County Mobility Coalition. Cassidy Giampetro, the former Program Supervisor of the KCMC was instrumental in the first iterations of this report. Bree Boyce, Senior Manager of Coalitions, and Sara Sisco, Senior Manager of Education and Outreach supported this effort with their departmental expertise. Dean Sydnor, the Coordinator of the Regional Alliance for Resilient and Equitable Transportation, is responsible for many of the details and resources provided in the Event Timeline section. Julio Perez, North King County Mobility Coordinator, is the Vaccine Helpline Data report author.

EXECUTIVE SUMMARY

This report provides a holistic overview of Hopelink Mobility Management's mobilization during the COVID-19 vaccine distribution in King County. It provides situational awareness and context related to transportation as a variable in vaccine dissemination. It details the multiple strategies, partnerships, and approaches that the Hopelink Mobility Management team took to reduce transportation as a barrier to vaccine access.

This report evaluates the efforts of the Hopelink Mobility Management team and its partners to fill needs, influence decision-makers, and contribute to more equitable vaccine access. It serves as an analysis tool to inform future responses.

Hopelink Mobility Management's quick action and prime positionality to facilitate collaboration allowed for improved outcomes in King County – namely, the development of the Vaccine Task Force, service of the Vaccine Mobility Helpline, the Transportation Provider Network, and Vaccine Needs Memo. The diverse purposes of each of the mentioned approaches enabled Hopelink and its partners to act fast and fill needs as they arose. Multiple lessons learned arose during this timeline, all documented in this report.

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EVENT OVERVIEW

In the beginning months of 2020, the COVID-19 virus began impacting King County. Already global, the coronavirus would continue to strengthen in severity and significance, elevating to worldwide pandemic levels and shifting the mode of operations for all people. In late 2020, emergency vaccines were developed to combat coronavirus spread. Primarily at the beginning of 2021, these vaccines began rolling out selectively in King County.

The initial distribution of COVID-19 vaccines in King County began with selective eligibility that prioritized communities most impacted by the pandemic – older adults and healthcare workers. Eligibility grew less restrictive over time. Alongside limited eligibility, vaccine supply was finite and erratic during initial dissemination.

The shared goal of vaccination efforts is to get any willing individual vaccinated. However, even without variables like eligibility and supply, multiple logistical factors contribute to an individual's access to a vaccine. Beyond the element of vaccine hesitation, willing individuals would need to coordinate their work schedules, childcare, transportation, and more to access a vaccine. Especially during the beginning stages of vaccine distribution, they likely needed to be technology-savvy or, at the least, have access to reliable internet to book a vaccination appointment. As Seattle and King County Public Health grew capacity and familiarity within the vaccine distribution space, efforts were made to confront these access barriers.

By mid-April, vaccine eligibility in the state of Washington had expanded from priority groups to include all individuals aged 16+ years old. This was advanced even more in mid-May with the inclusion of those aged 12-15 years old. In the summer months of 2021, Washington State began to reopen and remove some of the restrictions. However, the emergence of the Delta variant paused reopening efforts and prompted the issuance of booster vaccine doses.

As of the writing of this report in the spring months of 2022, the FDA has recently approved a second round of booster doses for older adults (age 65+) and younger people with compromised immune systems. With current cases on a plateau, many restrictions have been phased out. One notable exception is the use of masks on Public Transit, which is a requirement in place until at least April 18, 2022.

SCOPE AND RELEVANCE OF MOBILITY

Lack of access to transportation presented a significant barrier to getting vaccinated. This is especially true for community members with pre-existing transportation challenges, whether due to age, income, ability, or geography.

At the beginning of the vaccine roll-out, options of places to receive a vaccine were very limited. Seattle and King County Public Health initiated mass vaccination sites quickly in areas meant to serve priority populations. These sites were not always planned in proximity to public transportation options. In these beginning stages, the nature of vaccination meant people were tasked with traveling to a fixed location to receive their vaccine. They would also need to return to that location to get their second dose.

In addition to limited locations in the county providing vaccination, scarce supply meant that people were often booking appointments wherever they could find them available. This meant that people were traveling long distances or at different times than they may typically travel.

On top of this, many mass vaccination sites were opened initially as drive-through only. For these sites, individuals *needed* a car to get vaccinated. With only so many sites operating and so many appointments available, this was

another considerable limitation on people's options. Finding a transportation provider who would wait in line for them as they went through the vaccination process was difficult for people without personal vehicles.

Lastly, a lack of coordination with transportation operators existed at this stage of the vaccine roll-out. Many providers were ready to support vaccine travel but unsure about the unique requirements, timelines, or logistics associated with vaccine distribution sites.

As more vaccine sites opened and booking vaccine appointments got easier, transportation remained a crucial factor to access. Transportation barriers that existed before the vaccine context meant people were likely confused about what options were available. Transportation was seldom mentioned on flyers, advertising, or informational marketing related to sites or community events, which meant those with transportation barriers were unaware that they could seek help. Due to this barrier, people without secure transportation to their appointments may have avoided seeking vaccination altogether. There was still a long way to ensure communities were aware of what transportation options existed to help them get their vaccine even after more sites and appointments opened.

Therefore, throughout the process, transportation was a core need in addressing barriers to access to vaccines. These conditions instigated coordination from those in the King County transportation and Public Health fields.

KING COUNTY COVID-19 VACCINE MOBILITY TASK FORCE

The transportation barriers listed above led to the creation of the King County COVID-19 Vaccine Mobility Task Force. Organized by Hopelink Mobility Management, this group sought to convene the most relevant transportation stakeholders to ensure that transportation was not a barrier to vaccine access.

Before establishing the Task Force, transportation providers and agencies were left to discern how to best fit into vaccine transportation independently. This solo work led to uneven distribution of information or inefficient marketing to individuals. The Task Force sought to bring these stakeholders together, alongside Seattle and King County Public Health, to streamline information and intentionally organize options for end-users.

The Task Force agreed on the following goals:

1. Ensure equity in service delivery and outreach, particularly for communities who have been disproportionately impacted by the pandemic.
2. Coordinate and optimize the transportation options by leveraging diverse transportation providers to increase capacity.
3. Support the safety of drivers and riders.
4. Minimize the impact of vaccine transportation on other services such as food delivery.
5. Identify funding and resources to expand options.

The Task Force included consistent partners from:

- City of Kirkland
- Hopelink Non-Emergency Medical Transportation
- King County Metro
- Seattle and King County Aging and Disability Services
- Seattle and King County Public Health
- SHAG
- Sound Generations

- Sound Transit
- Volunteer Services of Catholic Community Services

Other occasional partners included Lyft, Uber, Snoqualmie Valley Transportation, Northshore Senior Center, the City of Seattle, and MV Transit.

The Task Force initially met for two hours weekly in late January 2021 and later transitioned to biweekly until the group disbanded in August 2021.

Through these regular meetings and the coordination that occurred as a product of them, the Task Force accomplished several successes to meet the group's vision, as detailed in the remaining report.

The Task Force's mobilization efforts can be found in the sections below.

EVENT TIMELINE

- December 2020
 - The first month that vaccines are introduced in King County.
 - Eligibility: High-risk healthcare workers, first responders, long-term care facility residents, and other healthcare workers.
 - Vaccine supply is low, and demand is high.
- January 2021
 - King County COVID-19 Vaccine Mobility Task Force first meets.
 - Eligibility: All people 70+ years old or 50+ years old who live in multigenerational households.
 - Vaccine supply is low, and demand is high.
- February 2021
 - [King County Vaccine Transportation Needs Memo](#) shared and distributed.
 - Eligibility: High-risk workers who work in congregate settings and are 50+ years old (agriculture, food processing, grocery stores, childcare, teaching, corrections, prisons, jails, detention centers, public transit, law enforcement).
 - Vaccine supply is low, and demand is high.
- March 2021
 - [Coordinated Vaccine Transportation Helpline](#) and Transportation Provider Network are established.
 - Eligibility: People 16+ years old with two or more comorbidities or underlying conditions.
 - Vaccine supply is low, and demand is high.
- April 2021
 - Eligibility: High-risk workers, people with disabilities, and people experiencing homelessness are eligible. Midway through April, eligibility opened to all adults aged 16+ years old.
 - Federal and state governments paused the Johnson & Johnson vaccine distribution, resulting in limited supply and delayed planning.
- May 2021
 - Vaccine supply is plentiful and outpaces demand.
 - Vaccine sites are now accepting individuals to be vaccinated without appointments.
 - Uber and Lyft partner at the statewide and national levels to support vaccine access; Washington State integrates this resource into the vaccine appointment booking process.
 - King County Metro partners with Expedia and the City of Seattle to prop up Lumen Field Shuttle to take transit users to the Lumen Field testing site.
 - Eligibility: Those aged 12+ years old.

- June 2021
 - The State DOH announced a [shift in emphasis from mass vaccination sites to mobile vaccination clinics.](#)
 - The City of Seattle plans to [close all but one of its mass COVID vaccination sites](#), including the Lumen Field site.
 - King County completes 70 percent vaccination for residents 16+ (as of June 15), triggering the end to the initial mask directive on June 29.
- July 2021
 - The [state reopens as of July 1 with some precautions, such as a mask order for the unvaccinated, remaining in place.](#)
 - [The delta variant drives a surge of cases in the state](#); the WA Department of Health (DOH) highlighted on July 27 that they have learned that delta variant cases made up 58% of sequences with specimens collected between June 20 and July 3. Estimates put 92% of Washington's cases attributed to the delta variant by July 19. Health [outcomes are disproportionately adverse for the unvaccinated](#) across every jurisdiction, including King County.
 - Public Health Seattle & King County (PHSKC) de-emphasizes mass vaccination sites; the vaccination model moves toward connecting folks to their primary care provider & pharmacies.
 - [07/19] The Kent mass vaccination site relocates to the Kent Public Health Center.
 - [07/25] The Auburn mass vaccination site relocates to a smaller location within the Outlet Collection Mall.
 - PHSKC [recommends mandatory vaccination for healthcare workers.](#)
- August through November 2021
 - King County Vaccine Transportation Taskforce hosts its final meeting, agreeing to reconvene if needed at a future date.
 - Coordinated Vaccine Transportation Helpline continues operation.
 - Delta variant arises as a dominant strain in the state, prompting the deployment of booster vaccinations for high-risk populations.
 - [The delta variant begins to strain hospital capacity statewide.](#) The DOH states that “prevalence is approaching levels last seen in the winter 2020 surge.” They note that entering August, one in 72 WA residents is estimated to have an active COVID-19 infection.
 - King County Library System (KCLS) partners with PHSKC to host COVID-19 vaccine clinics at multiple libraries.
 - The Transportation Security Administration (TSA) [extends the face mask requirement, initially through January 18, 2022.](#) This requirement was slated to expire in mid-September and applies to individuals across all transportation networks.
 - The [DOH issues an updated mask order effective August 23rd.](#) Face masks are required for everyone over five years of age in most public indoor settings, regardless of vaccination status.
 - The DOH recommends [a third dose of the COVID-19 vaccine for “certain immunocompromised individuals.”](#)
 - Statewide COVID-19 transmission and hospitalization [reach a new all-time high.](#)
 - PHSKC [advocates a “layered” protection strategy to combat the surge, particularly in the context of a return to school.](#)
 - PHSKC's [new data dashboard tracks COVID-19 risks for the unvaccinated and compares that data to vaccinated individuals.](#)
 - PHSKC issues a [Local Health Officer Order, beginning September 7, requiring face masks at any indoor event with 500 or more people in attendance.](#)
 - The state DOH [recommends Pfizer BioNTech COVID-19 vaccine booster doses for specific individuals](#) effective September 24.

- King County announced [a vaccination verification \(or negative test\) requirement to enter certain indoor and outdoor events and establishments](#) in King County beginning October 25.
- December 2021
 - Delta and Omicron variants become the most prominent strains of COVID-19.
 - Booster vaccinations have become approved and recommended for all adults age 16+.

MOBILIZATION EFFORTS

The King County COVID-19 Vaccine Mobility Task Force produced several interventions to reduce transportation barriers to vaccine access in King County. The following section summarizes the significant successes of this collaboration at a high level.

NEEDS MEMO

Soon after convening the Task Force at the beginning of 2021, Hopelink Mobility Management sought to compile immediate needs related to transportation to vaccines in a concise deliverable that could influence decision-makers. With the quick emergence of vaccine sites and opportunities, the Task Force noted numerous transportation barriers that impacted individuals seeking vaccination and providers themselves. The Task Force partnered with the King County Mobility Coalition's Access to Healthcare Committee to leverage their pulse on community needs, provider needs, and transportation expertise to create a memo that detailed these gaps and recommended solutions. View the point-in-time [memo here](#), published in February 2021, and as Appendix A.

The memo identified five main conditions in which transportation was a barrier to securing vaccination to end-users. It included three additional concerns from the transportation provider's perspective. Hopelink Mobility Management was well-positioned to quickly discern end-user transportation barriers through the expertise and community partnerships that existed with the team as mobility managers. The coordination of the Task Force was particularly instructive to validate these needs while elevating the obstacles that transportation providers were facing.

The memo used this understanding of needs to provide four main recommendations: 1) improve transportation planning for large-scale vaccination sites, 2) acknowledge transportation insecurity in the vaccine appointment process, 3) vaccinate drivers, and 4) keep transportation providers informed. These recommendations were progressed at varying paces through diverse partnerships and decision-makers. Beyond the explicit recommendations, the memo aimed to encourage public health officials to incorporate transportation considerations into the vaccine distribution process more explicitly.

The memo was shared with the Washington State Department of Transportation, Seattle and King County Public Health, the Washington State Department of Health, King County Metro, Seattle and King County Aging and Disability Services, and advocacy groups like the Sound Cities Association and the Transportation Choices Coalition. [A blog post was also created](#) on the KCMobility website and shared throughout the King County Mobility Coalition.

The memo received positive feedback from multiple partners and led to productive conversations with multiple agencies. Multiple partners shared the feedback that they were distributing the memo throughout their agencies and facilitating a discussion on solutions. Many of the memo's recommendations would be implemented and needs addressed in the months to come. The memo served as a successful advocacy tool to present gaps and solutions clearly and succinctly.

Lessons Learned:

Mobility and Transportation Advocates need to connect with decision makers early in the planning process. Transportation is often an invisible barrier, an invisible resource. The advocacy for reducing barriers and elevating accessible options needs to happen as soon as possible.

TRANSPORTATION PROVIDER NETWORK

The Transportation Provider Network (TPN) is a long-standing goal of the [Regional Alliance for Resilient and Equitable Transportation](#) (RARET) and was piloted in partnership with the Coordinated Vaccine Transportation Helpline during the COVID pandemic. The goal of the TPN is to increase the availability of transportation for special needs populations during adverse weather or emergencies. By having a coordinated and regional TPN, stakeholders and providers are afforded greater predictability in which providers will operate during heightened conditions and their flexibility.

The TPN helps fill transportation gaps during emergencies, such as ensuring transportation is not a barrier to accessing the COVID vaccine by maintaining situational awareness, assessing the transportation network's abilities, and supporting coordination.

RARET began piloting the TPN in King County as vaccines became available and eligibility increased in early 2021. RARET started by seeking non-binding commitments from transportation providers and collecting information such as program services, COVID procedures, flexibility, and other vital information to coordinate vaccine trips.

In total, the following nine transportation programs agreed to participate in the TPN:

1. Catholic Community Services Volunteer Transportation
2. Hopelink Non-Emergency Medical Transportation
3. King County Metro Access
4. King County Metro Community Van
5. Northshore Senior Center Transportation
6. Puget Sound Educational Service District Road to Independence
7. Sound Generations Hyde Shuttle
8. Sound Generations Volunteer Transportation
9. Snoqualmie Valley Transportation

It was determined that RARET would work closely with the Coordinated Vaccine Transportation Helpline to coordinate COVID vaccine trips and leverage the TPN as needed. If the Coordinated Vaccine Transportation Helpline could not fulfill a vaccine trip request or the rider needed assistance booking their ride, the TPN would be contacted to help fill the gap. If all of these options were exhausted, then the Hopelink Mobility Management team was able to provide Lyft, Uber, or another for-profit option to cover the cost of the vaccine trip.

Details related to this TPN and the Coordinated Vaccine Transportation Helpline are highlighted in the following section and fully detailed in Appendix B.

Having learned lessons from this TPN pilot in King County, RARET is now developing plans to expand the TPN to Snohomish and Pierce Counties for various emergencies. For questions or to participate in TPN planning efforts, visit kcmobility.org/raret.

Lessons Learned:

Transportation providers want clarity and to meet the needs of community members. Coordination efforts such as the TPN need to have clear definitions for participants. Partners need to know what they are saying yes to, and point-of-contact need to be bought in to the project and its vision.

COORDINATED VACCINE TRANSPORTATION HELPLINE

Following the establishment of the pilot TPN, and having consent from those partners, the Hopelink Mobility Management team built the Coordinated Vaccine Transportation Helpline. Designed to be a one-stop-shop for finding and securing transportation to vaccine appointments in King County, Washington.

Community members, caregivers, case workers, and medical professionals could use either the online intake form or calling the phone line to receive individualized attention and support for themselves or the rider they were supporting. The goal of this coordinated effort was to support communities who are the most vulnerable and need access to the vaccine sites; this includes BIPOC communities, seniors, immigrants, refugees, and individuals with disabilities. The Helpline was staffed by a mobility team member who was bilingual in English/Spanish, and staff had access to interpretation services at the time of the call.

The Helpline effort was supported through the TPN members, and through funding from All In Washington, WSDOT Mobility Management Grant, and Aging and Disability Services' Community Living Connections. To support day-of requests, the Helpline also partnered with Lyft and Uber using vouchers and credits.

From March 2021 to March 2022, the Helpline served 174 individuals, with an overall success rate of 86%. For a full analysis of who was served by this coordination effort and the providers who completed the trips, please see Appendix B.

Lessons Learned:

There is a strong desire from community members for same-day services. Many of the callers who connected with the Helpline gave less than 36-hour notice and wanted assurance of a ride quickly. The desire for same day and the quick turn around limited options, and often removed many otherwise well-fitting programs from consideration. The need for long advance notice, and strict jurisdictional boundaries frequently presented barriers to connecting a caller to a specialized transportation provider.

As the pandemic continued, and labor shortages increased, there was a particular constraint on specialized and volunteer transportation provider. Fewer drivers led to a greater reliance on for-profit options.

SITUATIONAL AWARENESS

The Task Force accomplished critical situational awareness through the direct communication channel between Public Health and transportation providers. Having these parties at the table mitigated a lack of clarity around information and ensured that transportation providers were cascading appropriate, timely updates. This led directly to developing practical tools for transportation operators from the vaccine site operators. The City of Seattle and Seattle and King County Public Health created resources sheets, including precise pick-up/drop-off addresses, longitude and latitude coordinates, accessibility information, and more for transportation providers to share with their drivers.

There were many times throughout the Task Force convening when the group benefitted from alerts or coordination facilitated by the Task Force space. For example, Public Health would commonly flag upcoming pop-ups or short-term community events for transportation providers to be aware of. There were multiple times in which vaccine sites would have suddenly available vaccine appointments. The Task Force group worked quickly to share the message and organize transportation to these urgent appointments. Partners collaborated to create lists of their drivers who needed to be vaccinated, making messaging easier when transportation operators became eligible for the first round of vaccination. Transportation providers in the Task Force worked to cross-refer clients when vaccine events were happening that their programs could not support. These are just a few anecdotes that occurred during the weekly meetings. Coordination and collaboration consistently led to more efficient and effective partnerships for those involved. Partners regularly brought their questions, concerns, and announcements to the group to gain resolution on issues that were often shared with other agencies in the group.

Lastly, when the Coordinated Vaccine Transportation Helpline resource was developed, the Task Force was instrumental in promoting this resource to partners and integrating it into the vaccine process that everyone personally handled. For example, transportation providers shared information about the resource when confronted with trips or clients their services could not accommodate, while Public Health shared the Helpline flyers and information with their call centers who may have fielded transportation questions.

Lessons Learned:

All mobilization efforts detailed in this report and their successes were predicated on the existence of strong communication networks. This is perhaps the truest for the situational awareness updates. The King County Task Force was a possibility because of the groundwork laid out by the years of coordination done by King County Mobility Coalition membership, and the three-county Regional Alliance for Resilient and Equitable Transportation.

In emergency scenarios such as this pandemic, consistent communication is key.

STAYING INVOLVED

If you would like to stay involved in the discussion of mobility needs and solutions for underserved communities, there are multiple ways to engage. Mobility Coalitions around King County invite cross-sector stakeholders to collaborate, coordinate, and advocate for an improved mobility network.



Coalition members listen to a presentation during a meeting.

The **King County Mobility Coalition** offers a low-barrier platform for diverse partners to convene on mobility topics. Visit [KCMobility.org](https://kcmobility.org) to learn more about the KCMC as well as subregional mobility coalitions. Our subregional mobility coalitions provide similar spaces to discuss mobility equity but within more intentional geographic areas of King County. Hopelink's Mobility Management team supports the following subregional mobility coalitions:

- ▶ **Eastside Easy Rider Collaborative**
- ▶ **North King County Mobility Coalition**
- ▶ **Snoqualmie Valley Transportation Coalition**
- ▶ **South King County Mobility Coalition**

Hopelink Mobility Management also supports the multi-county **Regional Alliance for Resilient and Equitable Transportation** (RARET), focused on the intersection of emergency management, access and functional needs, and transportation.

In neighboring counties, stakeholders can get involved with the **Snohomish County Transportation Coalition** (Snotrac) or the **Pierce County Coordinated Transportation Coalition** (PCCTC) – which parallel the King County Mobility Coalition for their host counties.

Other venues to get involved with mobility conversations include:

- ▶ **City of Seattle Transit Advisory Board**
- ▶ **King County Metro Advisory Groups** (including the Access Paratransit Advisory Committee and the Transit Advisory Commission)
- ▶ **Puget Sound Regional Council's Special Needs Transportation Committee**
- ▶ **Sound Transit Panels and Committees** (including the Citizens Accessibility Advisory Committee)

If you need specific help or want to learn more about mobility in our region, contact mobility@hopelink.org to be fielded to the right person.

APPENDIX A: TRANSPORTATION NEEDS MEMO

KING COUNTY COVID VACCINE TRANSPORTATION NEEDS MEMO

Published: February 2021

Transportation is essential to ensure the most vulnerable residents of King County receive vaccinations. Those without secure transportation experience insecurity, confusion, and complexity when arranging transportation to vaccination sites, especially when they must travel outside of their local areas. This challenge is particularly poignant for older adults and people with disabilities who lack support systems. These vulnerable populations deserve the highest priority.

Transportation can be a barrier to securing vaccinations for many reasons.

- **Travel Distances:** Individuals may need to travel longer distances, sometimes beyond their familiar neighborhoods and across county lines, to receive their vaccine. This requires them to have a transportation option that can take them long distances.
- **Inflexible Appointment Times:** Complex schedules and inflexible vaccination appointments require individuals to arrange transportation multiple times. When considering carpooling or shared rides, there is no existing mechanism to help find other riders getting vaccinated within the same timeframe.
- **Complex Transportation Options:** Individuals are forced to wade through a complex set of transportation options. Without a working knowledge of these options, finding one that works for them can be insurmountable. Outreach, education, and up-to-date information on transportation options is essential to assist individuals with anxiety and confusion about how to navigate transportation choices for their vaccinations. Connecting those who seek vaccinations to those who know transportation resources is crucial in getting people vaccinated. The intricacy of understanding what transportation options are available is even more difficult when resources are not communicated in culturally inclusive ways, like by being translated and shared in community information networks. Similarly, without coordination and outreach to educate people on their options, riders may end up incurring or being inhibited to seek vaccinations if the only transportation option they know of is one where they must travel farther and cover the full cost of the trip.
- **Public Transit Availability:** Vaccine sites are not always nearby or accessible for individuals using public transit. When some transportation services are closed or on reduced schedules during the weekend and evenings, getting to appointments is even harder. Even when sites are near public transit, their location and availability may not be well advertised and understood by the public.
- **Perceived Risk and Safety:** People seeking transportation to vaccine sites may be afraid for their health and safety due to COVID-19. They must be assured that protocols for social distancing, sanitation, and cleansing are rigorously observed before they are willing to book a ride and travel.

Furthermore, transportation providers also experience obstacles when providing services.

- **Cannot Accommodate Drive-Through:** Drive-through only vaccine sites do not allow for drop-offs or walk-ups. This severely limits available transportation options such as public transit, paratransit, and transportation network companies like Uber and Lyft. When transportation providers are unable to remain on-site for the duration of a rider's vaccination and after-care, drive-through only sites restrict access for many people seeking vaccines.

- **Vehicle Capacity Constraints:** Social distancing requirements limit the number of passengers providers are able to transport at the same time.
- **System-Wide Capacity Constraints:** Transportation providers are stretched thin. They may lack funding when trying to accommodate additional people needing rides to vaccine sites. Many providers in our region are constrained by a lack of resources to get people to vaccination sites. Without additional funding, expanding services is difficult or impossible. Providers struggle to balance the call to increase capacity while maintaining regular service.

With all these transportation barriers, marginalized groups are excluded from receiving their vaccines.

Strengthening transportation accessibility and resources is essential as King County plans for the imminent arrival of a greater supply of vaccines and the opening of more large-scale vaccination sites. Those seeking vaccinations and transportation providers seeking to assist them require special consideration from Seattle, King County, and Washington State Department of Public Health to meet the needs of the most vulnerable.

In response to these challenges, below are recommendations for filling gaps related to transportation to vaccination sites. The King County Mobility Coalition's Access to Healthcare Committee makes these recommendations to both the Washington State Department of Public Health and local public health departments. We believe that, when implemented, these recommendations will reduce and remove transportation barriers to better serve people most in need of vaccines.

- **Improve Transportation Planning for Large Scale Vaccination Sites:** All vaccine sites should accommodate walk-ups. Drive-through-only sites significantly limit access. For sites without walk-up options, barriers can be reduced by offering shuttles to house walk-up clients while waiting for their vaccinations and being monitored during post-vaccination. Express lanes and/or private entrances for transportation providers would enable efficient rider delivery, drop-off, and return trips without vehicles delayed in long wait lines. Large scale sites should be located close to public transit options. Walk-up sites should designate pick-up spots for riders waiting for their rides after receiving their vaccines. Transportation providers need short turn-around times to serve the largest number of riders.
- **Acknowledge Transportation Insecurity into Vaccine Appointment Process:** In the current system, individuals with transportation barriers either do not seek vaccination or are tasked with figuring out their transportation issues on their own in an already fragmented process. This procedure means it is difficult to gauge just how prevalent transportation barriers are to vaccine access. More importantly, the burden of securing transportation is placed on individuals themselves without assistance. With more opportunity to field transportation needs when booking vaccine appointments, individuals could be referred to a single source to coordinate a transportation solution specific to each client. During intake, Public Health staff and medical providers should work with those seeking vaccinations to find transportation through this referral process.
- **Vaccination for Drivers:** Paid and volunteer drivers perform essential services by transporting eligible riders to their vaccine appointments. As they provide this service, they must protect their health and safety. We recommend the inclusion of paid and volunteer drivers in the early phases of vaccine access alongside other essential worker groups.
- **Keep Transportation Providers Informed:** Transportation providers must be informed about planned vaccination sites, projected openings, and infrastructure, including pop-up sites, new clinics, and large-scale vaccination locations. Public Health should notify transportation providers as soon as details are known and contracts signed. Lead time is essential for providers to integrate their services with outreach, publicity, and preparing their staff to serve people seeking transportation to these new sites.

Mobile clinics have been a successful mode of vaccine distribution that mitigates transportation barriers for vulnerable communities. Increased mobile clinics represent a valuable opportunity to meet people where they're at and best serve needs.

Hopelink Mobility, the King County COVID-19 Vaccine Mobility Task Force, and the Access to Healthcare Committee are committed to working with relevant partners to ensure transportation is not a barrier. We will continue to collect information on needs, coordinate solutions, and advocate for equitable vaccine access. We find solutions and pilot initiatives in collaboration with public health officials, medical providers, and mobility stakeholders to build the most efficient and caring system for people with special needs. We are grateful for the collaboration of stakeholders in our region and believe we can address unmet needs through these coordination efforts.

To provide feedback or get involved in the King County COVID-19 Vaccine Mobility Task Force, contact Staci Sahoo at ssahoo@hopelink.org.

The King County COVID-19 Vaccine Mobility Task Force includes representation from the following agencies:

- Catholic Community Services
- City of Kirkland
- Hopelink Mobility Management
- Hopelink Non-Emergency Medical Transportation
- King County Metro
- MV Transit
- Seattle and King County Aging and Disability Services
- Seattle and King County Public Health
- Sound Generations

APPENDIX B: COORDINATED VACCINE TRANSPORTATION HELPLINE DATA

The data used in this report has been cleaned. Thirty-five inquiries have been omitted from this report. Overall, there were 132 inquiries submitted from March 2021 to February 2022.

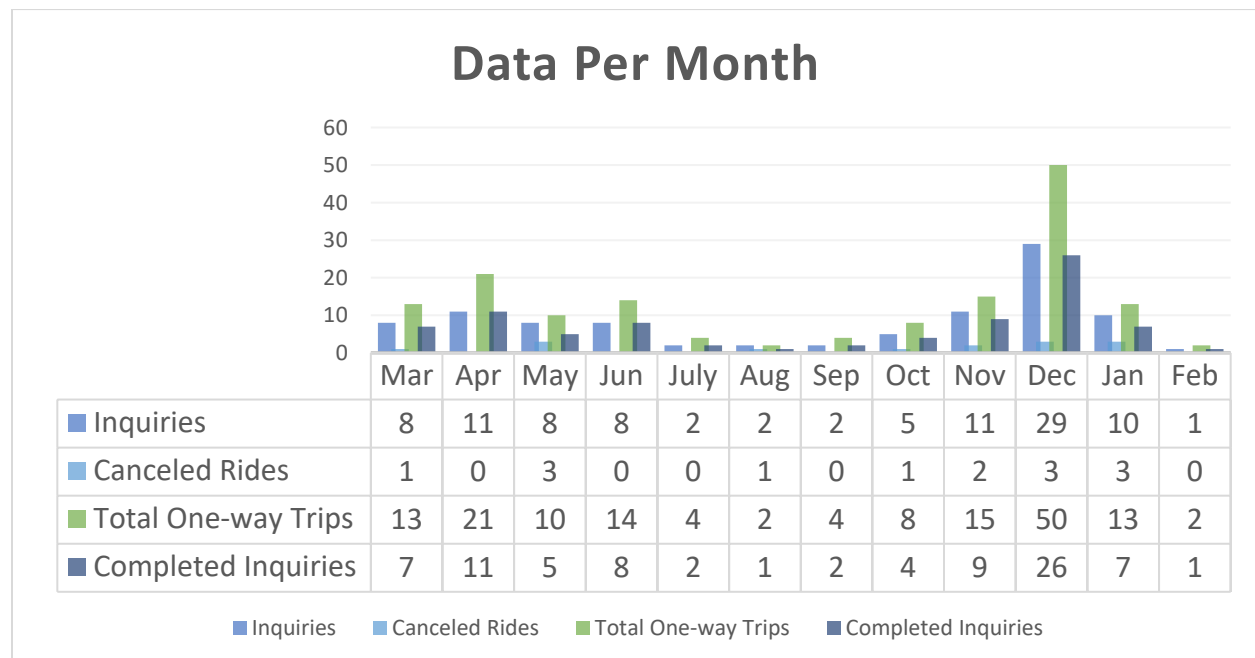
The 35 omitted inquiries are cancellations out of the Mobility Program Specialist control. Examples of uncontrolled cancellations include:

- Not responding to calls, texts, or emails
- Incorrect contact information
- More than one Coordinated Vaccine Transportation Helpline entry per household
- Requesting a ride during non-business hours
- Sought to book a vaccine appointment

By omitting these cancellations from the final report, data calculations are more accurate.

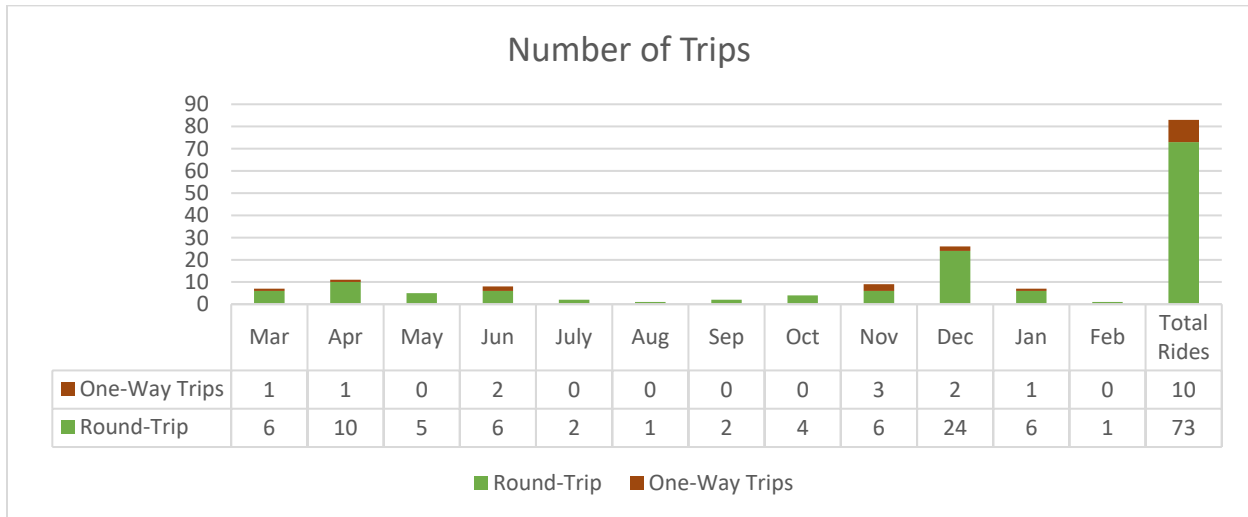
DATA PER MONTH

Total one-way trips are the number of trips booked each way. When a client needs a trip to and from a vaccine appointment, it is considered two trips. To see round-trip and one-way trip data separately, see the Types of Trips chart.



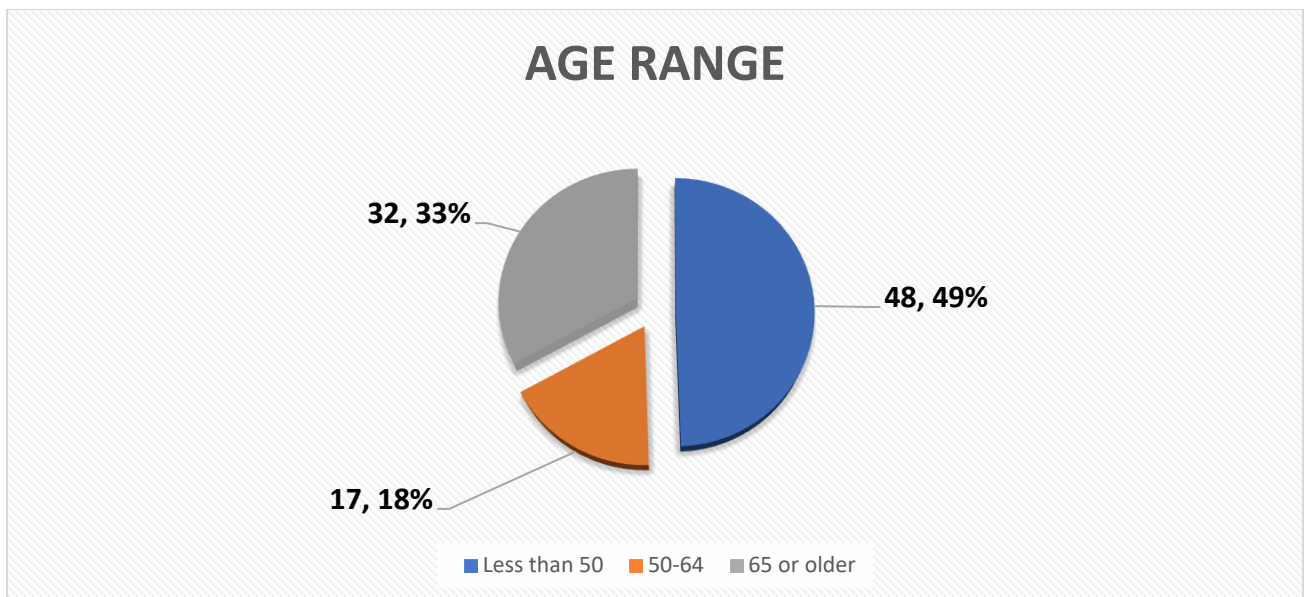
TYPES OF TRIPS

When clients request a ride, trips are either one-way or roundtrip. By multiplying Total Roundtrips by two and adding 10 (one-way trips), we can calculate how many rides were booked each way. From March 2021 – February 2022, there was **156 one-way trips** booked.

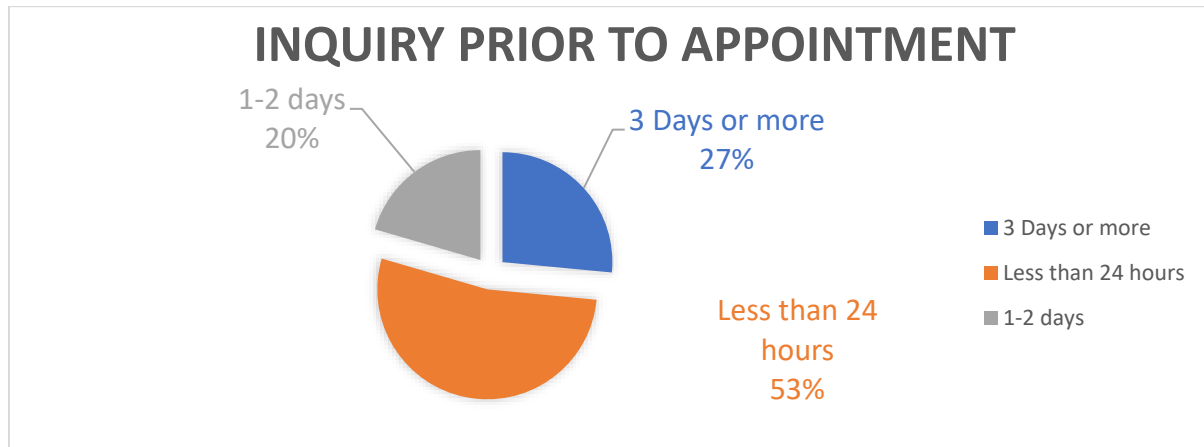


AGE RANGE

Age range captures the approximate age of the clients who submitted a ride request via phone or the online form.

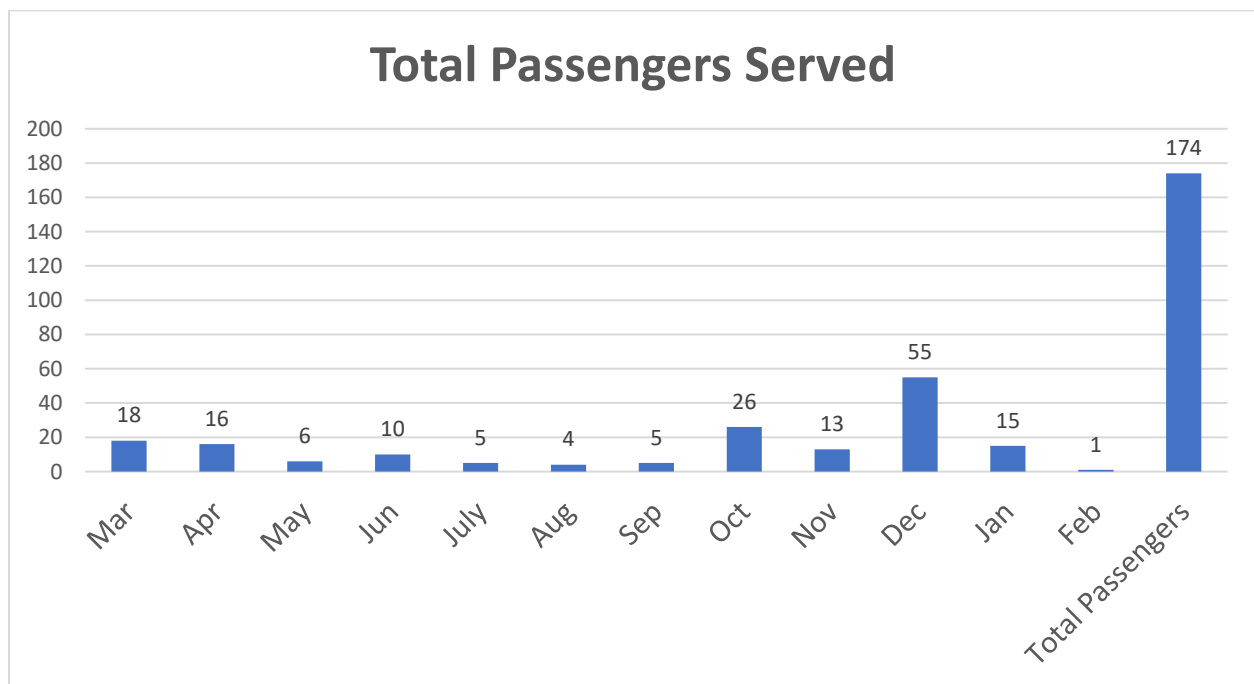


INQUIRY PRIOR TO APPOINTMENT



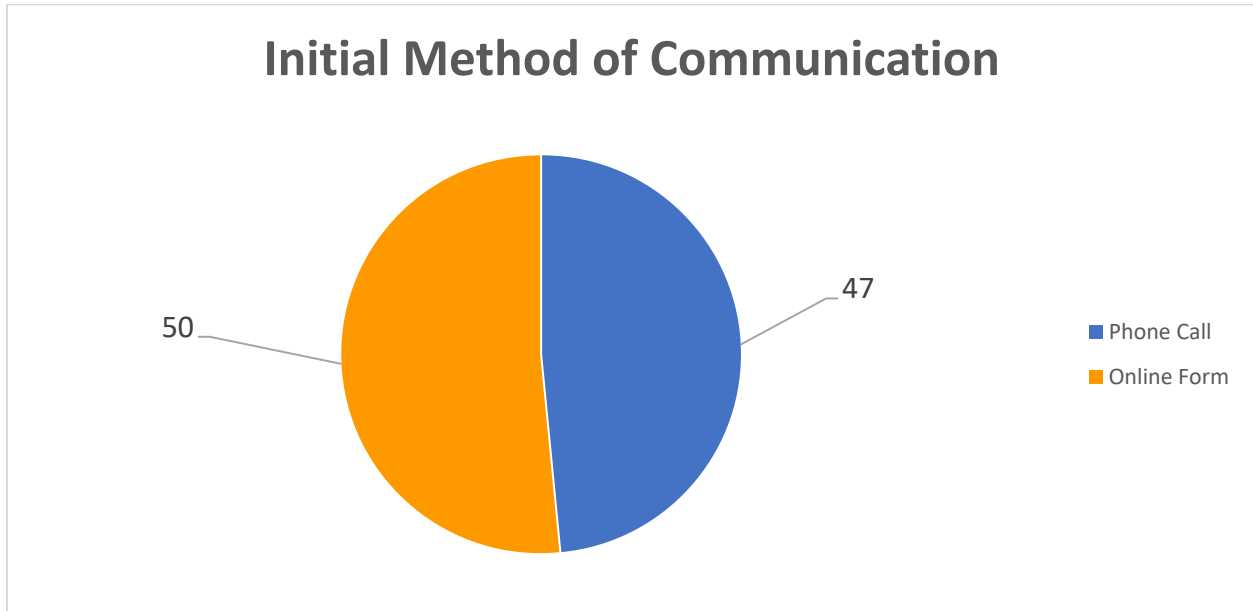
TOTAL PASSENGERS SERVED

Total passengers served is the number of passengers transported to and from a vaccine appointment. Occasionally a household or assistor would request transportation for more than one person.

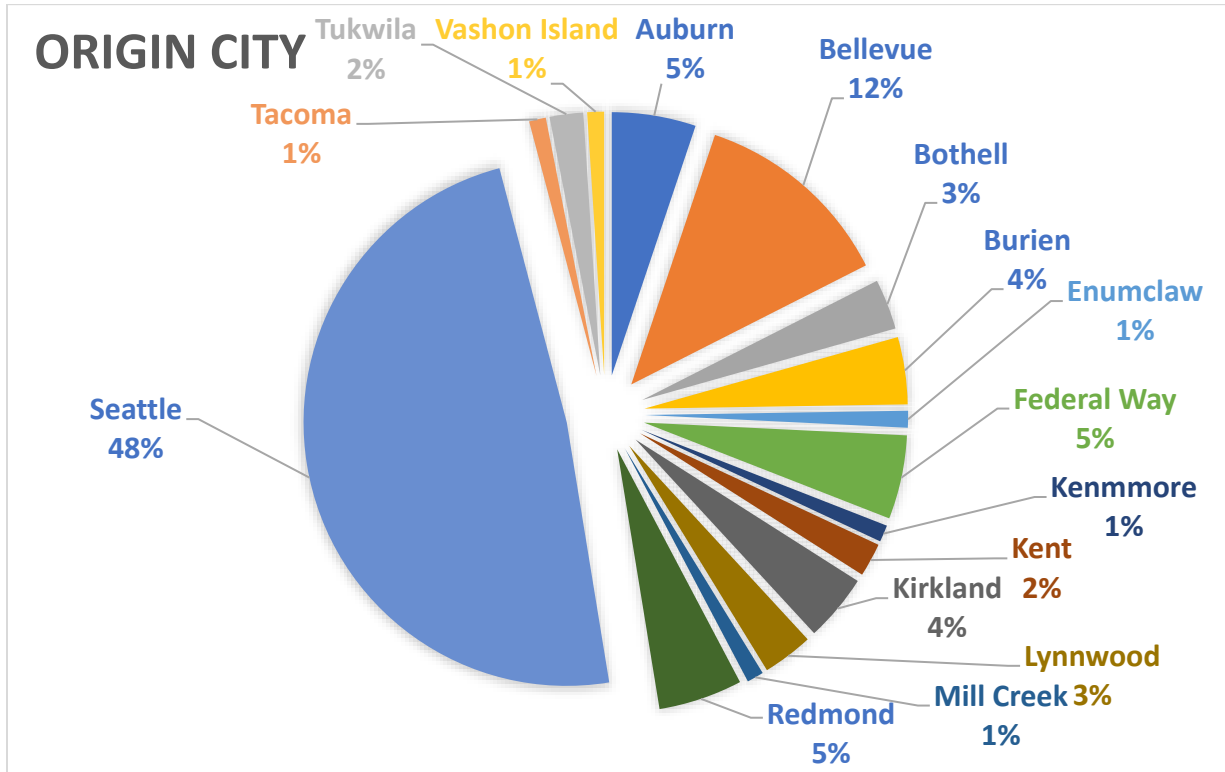


INITIAL METHOD OF COMMUNICATION

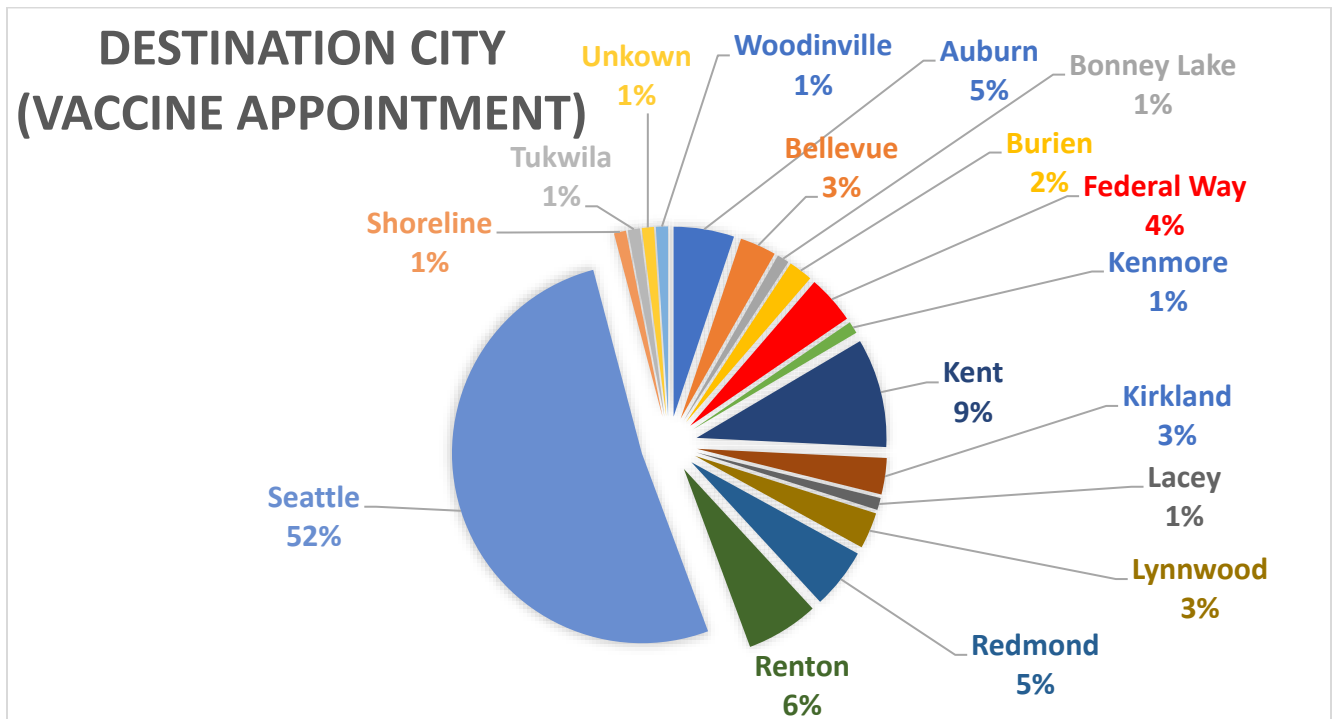
Clients could submit a ride request using two methods: the online form or by calling. The online form was the preferred intake method by clients. After the intake, communication would alternate between Short Message Service (SMS) or phone calls.



ORIGIN CITY



DESTINATION CITY (VACCINE APPOINTMENT)



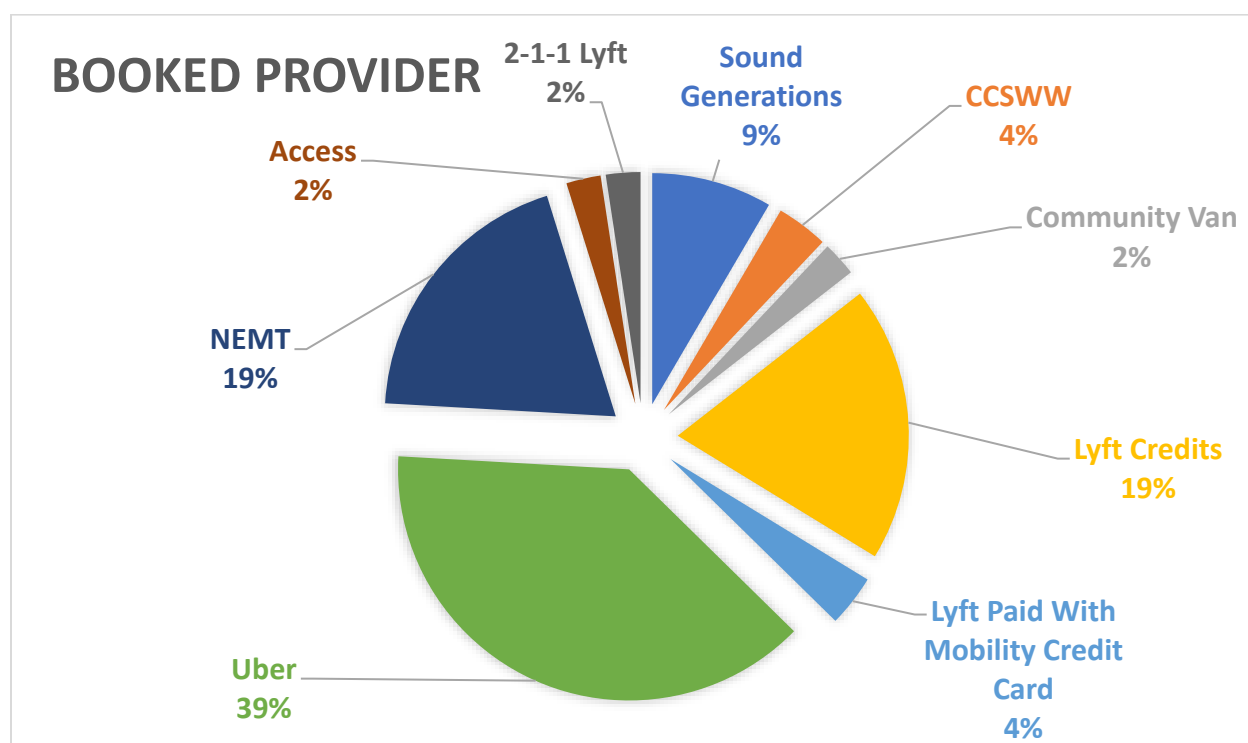
BOOKED PROVIDER

Due to the pandemic and ongoing driver shortages, it has been difficult to find transportation partners who can help book rides for clients. Some transportation services ask that rides be booked 48 hour or more in advance. Seventy-three percent of clients provided less than a 48-hour notice, and fifty-three percent are same-day rides.

Sixty-four percent of the providers booked were on-demand services; Uber and Lyft. On-demand services ensure same-day requests or rides with less than two days' notice are fulfilled.

Lyft was booked using three different methods:

1. *Lyft credits* – Credits given to the Mobility Management (MM) department that clients could redeem via the Lyft app to pay for their ride.
2. *Lyft Paid with MM card* - When the MM Lyft codes expired in January, MM paid for the Lyft ride using the MM credit card.
3. *United Way 2-1-1 Lyft* – A Lyft partnership with United Way to offer free on-demand rides to King County Residents.

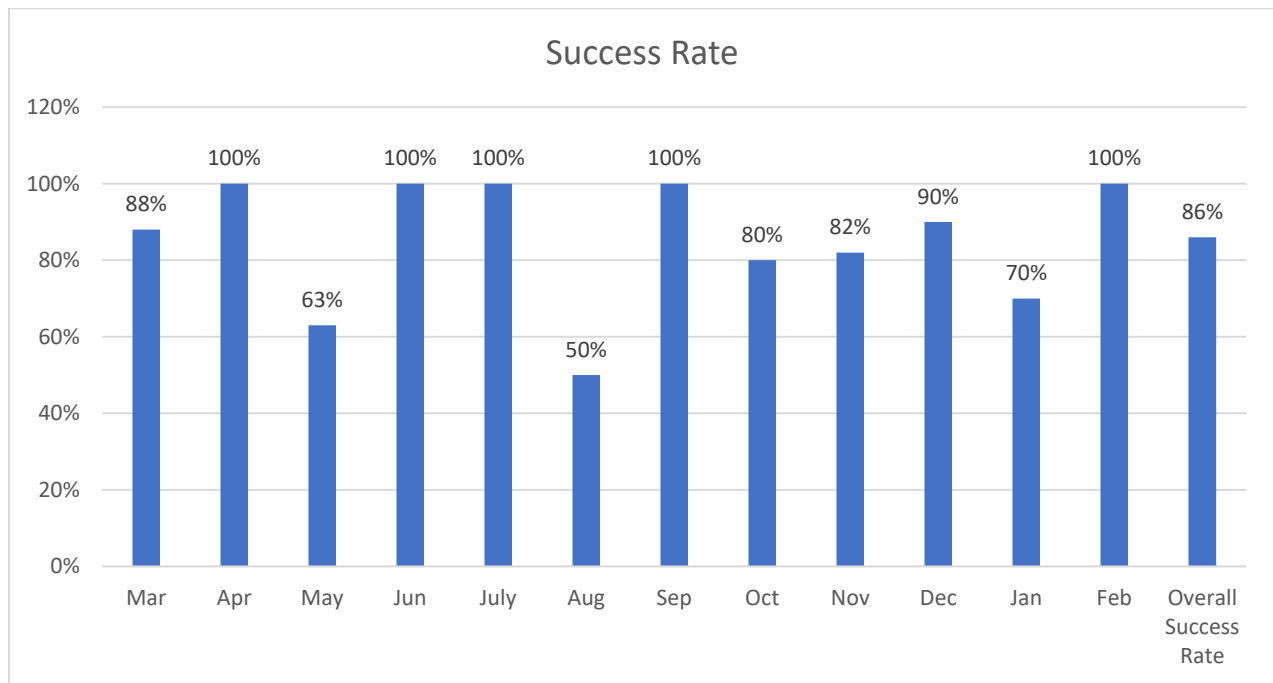


HELPLINE SUCCESS

The Helpline was a remarkable community resource. Clients frequently showed their gratitude for helping them get vaccinated.

Overall, the success rate for the Helpline was 86 percent. To calculate success rate, divide Rides Completed by Inquires.

The Helpline also had a secondary effect, connecting clients to other resources they might need. While there is no data to illustrate this secondary effect, I can say with certainty that the Mobility Program Specialist was able to connect clients to other resources on more than one occasion.



APPENDIX C: GLOSSARY AND TERMS

Access and Functional Needs: This term describes individuals who require unique support to make use of services. This includes needs related to physical, developmental, or intellectual conditions as well as other limiting factors like language, age, and income.

Information and referral systems: Information and referral systems are programs that provide solutions for user-cases by either offering information or connecting users to resources or other services that can more appropriately help them.

Fixed-Route or Fixed-Transit: This refers to services with set schedules and routes where the stops never change.

Limited-English Proficiency: This a term used in the United States that refers to a person who is not fluent in the English language, often because it is not their native language.

Medicaid: Medicaid is the federal low-income insurance option. Locally, many people may know about the Washington equivalent, AppleHealth. Molina is another common sub-contracted insurance for Medicaid recipients. Anyone mentioning these is generally referring to Medicaid.

Mobility network: The mobility network refers to all modes of transportation – fixed-route, on-demand, personal, public, private, active, and beyond – that serve as options for individuals to get from one place to another. These options work together and separately to fulfill transportation needs.

Priority populations: This is a qualifier used to group the communities that the King County Mobility Coalition elevates when assessing needs – including but not limited to people with disabilities, older adults, immigrants, refugees, youth, Veterans, and low-income populations.

Regional Alliance for Resilient and Equitable Transportation (RARET): Regional Alliance for Resilient and Equitable Transportation – Hopelink staffed workgroup whose goal is to increase the life-sustaining transportation services available to seniors, people with disabilities, low-income individuals, and other vulnerable populations in the event of a major emergency in the Central Puget Sound region.

Specialized transportation: This term refers to transportation services that provide a unique service often defined by scope through eligibility, trip type, or service area.

Transit: Transit is commonly used to describe public transportation or mass transportation. It includes bus, light rail, commuter train, ADA services, and other public transportation services.

Transportation network companies (TNCs): Also known or better described as on-demand transportation companies, these are private providers like Uber and Lyft.

Transportation-Disadvantaged: This term describes individuals who experience barriers to services or aid that impact transportation and mobility access.