



RARET Resiliency Roundtable: Transportation During & Beyond COVID-19

Wednesday, September 23rd, 2020
9:00am-12:00pm

Host: Bree Boyce

Presenters: Carrie Diamond (NADTC) and Brian Lagerberg (WSDOT)

EVENT AND PRESENTATIONS

This event featured multiple presentations, starting with a general overview on the Regional Alliance for Resilient and Equitable Transportation (RARET) Workgroup and its positioning to bring together partners from King, Pierce, and Snohomish counties on the topic of emergency transportation management. [View event slides here.](#)

The event's keynote speaker was Carrie Diamond, Training and Technical Assistance Specialist from the National Aging and Disability Transportation Center (NADTC). The National Aging and Disability Transportation Center is a partnership organization between the National Association of Area Agencies on Aging and Easterseals, Inc. Carrie's presentation touched on the importance of and the inherent unexpectedness, and therefore necessary quickness, of emergency response. She provided multiple case studies as examples of fast response and accessibility prioritization. Carrie ended her address with a recommendation to continue preparing for these inevitable but abrupt occurrences through partnerships and a consistent will to address needs.

After Carrie's keynote address, we moved into small group breakout room sessions which focused on four key topic areas, best practices, and how to increase resiliency. After the breakout sessions, attendees were offered the opportunity to share more largely with the group their main takeaways. A networking portion of the meeting occurred after this, where attendees were moved into random breakout rooms with two or three other people and got the opportunity to mingle with new partners. See "Breakout Room Sessions" section below for specific notes from each breakout room.

Before the close of the event, Brian Lagerberg, Director of Public Transportation at the Washington State Department of Transportation (WSDT), gave a more local address. He started by giving a context to WSDOT's historical focus on vehicles, and continued to explain how the agency has now shifted to more human-centered thinking to accommodate the diverse changes to mobility that the pandemic has brought – including an increased focus on neighborhoods, the navigation of freight, active transportation, and beyond. He discussed how

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MEETING NOTES

WSDOT is now brainstorming how to maintain the wins mobility has had during this time regarding getting people off the road and sustaining a human-first approach. One example is WSDOT's commitment to remote work within its own staff. Other examples are the exploration of how WSDOT can support statewide internet broadband and the collection of stories, distributed weekly in Brian's transportation updates, to share about successes and updates happening throughout the state. Brian ended by sharing WSDOT's priority of supporting rural and special needs transportation amongst funding uncertainties.

BREAKOUT ROOM SESSIONS

The RARET Resiliency Roundtable event had a total of six breakout rooms. Each breakout room convened around a topic and brought together diverse cross-sector stakeholders to address a series of questions related to the topic. Breakout rooms lasted one hour and 15 minutes. Attendees were asked to share their thoughts on the past, present, and future contexts around their subject in hopes of creating action items, consensus, and new ideas about resiliency in the future.

To view the notes from each breakout room, click below:

- [Access to Critical Services Breakout Room 1](#)
- [Access to Critical Services Breakout Room 2](#)
- [Equity and Accessibility Breakout Room 1](#)
- [Equity and Accessibility Breakout Room 2](#)
- [Informational Awareness / Education and Outreach Breakout Room](#)
- [Volunteer Driver Breakout Room](#)

For additional questions about this portion of the event, contact Bree Boyce, information listed at the bottom of this page.

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Access to Critical Services #1 Breakout Room Notes

How have we responded to access to critical resources during past emergencies?

- Earthquake in 2001 – difficulty in getting phone connection/reception, those outside the area couldn't get ahold of people for extended period of time
- Accurate information is also a recurring issue – when watching events from outside (i.e. from other states) the message can get distorted compared to the reality.
- People need to be prepared to shelter in place, no one/ no rescue team will be coming for you.
- One thing in Pierce Co. did was to prepare if they were stuck in the building for a couple days (i.e. after snow days) – stocking up on food, and water within building for emergencies

What are critical resources and to whom? What is not a critical resource and to whom?

- People need awareness that with limited resources things that seem important, may be prioritized under critical needs (i.e. dialysis treatment)
- Everyone needs to know resources are going to be prioritized, they need to prepare themselves
- Food, water, pharmacy (i.e. medications), shelter (just cover, or does that also mean warmth), dialysis
- Shelter has to be “appropriate” shelter (appropriate to demographic) – i.e. can't take a nursing home resident to a tent or the side of a road
 - If a nursing home has to evacuate, don't have days only have hours until there are consequences. Residents are medically fragile and have some mobility/cognitive limitations
 - Schools would be another example, need to have shelter suited to demographic
 - Need for transportation of the deceased in larger incident – need to understand who is the “go to” for that service
- Important to be self-sufficient, shelter in place. Resources will be scarce and will have to be prioritized.

How does the community access critical resources during blue/grey skies (aka during emergencies and non-emergencies)? How is this different?

- Keynote speaker brought up good point – places like skilled nursing facilities and assisted living homes, rely on “normal” transportation sources but those may not be available

How do we ensure the most vulnerable are being served?

- Developing an emergency transportation plan where you work with neighbors, family, etc.
- Considering hiring buses for heating and respite, especially as day shelters are full and congregate shelters are not recommended by CDC
- Need to have a plan that is equitable across the board (i.e. those that are out in the middle of nowhere). No group should be ignored just because there are less of them. Need to make sure when transportation resources are being allocated everyone has hope that there is a chance (not everyone will be saved)

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MEETING NOTES

- Need to look at worst case scenarios – intention not to overwhelm. Need to make sure plans address the needs of all groups so that no group is forgotten (recognizing not everyone can be saved).

What does increased coordination and resiliency in access to critical resources look like in the future?

How can we coordinate better?

- Certain staff have lots of institutional knowledge “in their head” – need to come up with ways to guarantee continuity and make sure that knowledge is maintained if that person is not available or retires.
- Have procedure manuals, etc. however handing off of programs can result in loss of knowledge, need to find ways to guarantee that information is transferred

Next Steps:

- Communications brainstorm needed on how to set up a communication/phone tree to streamline efforts to contact family, friends, etc who may be worried in the event of a crisis.
 - Work with loved ones and families for assisted living facility and make sure they are aware of the plans and have designated POC for family members for helping to evacuate. Key is to **practice** and make sure that everyone has a copy of the plan
- How do you make preparedness as easy and “stress free” as possible?
 - Making sure to make sure things are bite sized pieces –
 - WA EMD has a great old program for “prepare in a year” – every month you focus on a different task, shows what you do personally to be prepared and to prepare your family so you don’t become a burden.
 - Would love for there to be some kind of incentive to be prepared – prepared people alleviate stress on limited resources in an emergency
 - i.e. some kind of contest at work to help provide folks with resources
- Let’s try to make it fun, also try to make it more equitable since usually getting prepared all at once is expensive
 - How can we leverage existing resources – i.e. have high school seniors collaborate with senior centers on planning efforts.

Access to Critical Services #2 Breakout Room Notes

How are we defining critical services?

Several ideas were listed for critical services:

- Clean water, food
- Access to information and communication
- Medical services such as dialysis, chemotherapy, open wounds, vaccines, and COVID-testing sites
- Shelters (e.g. warm space) or isolation centers

How have we responded to access to critical services in the past? During COVID-19?

There was a wide range discussion on positive experiences when responding to critical services, as well as clear lessons learned.

Some notable positive responses include King County Metro and Seattle-King County Public Health's *Transportation for Pandemic Response* service to support transportation to isolation centers. This partnership met a need sooner than depending on ambulances for transportation. Another positive development was the partnership with food banks and senior centers to deliver food/meals.

Some notable gaps in responses include the consideration of transportation post-emergency. For example, in large-scale evacuations, we don't always consider how we will bring people *back* post-evacuation.

Another gap is the lack of MOUs with existing providers. One attendee held an existing MOU with the American Red Cross to deliver meals, so that's what they relied on in the beginning of the pandemic. But this partnership wasn't scalable nor sustainable. Once the lock-down was lifted, the partner switched to food delivery in partnership with Safeway.

Another challenge was the bureaucracy in some jurisdictions. One example was the delay in enacting outdoor dining guidance. There was consensus that we need to be much nimbler and offer more opportunities for piloting and collaboration so that when the need arises, we have the relationships built in.

What did you wish we had in place to ensure the community had access to the services they needed?

The group wanted to see several key situations available at the start of a pandemic or future emergency):

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MEETING NOTES

- Know which transportation providers are available to transport specific riders (e.g. COVID-positive patients to their dialysis and chemotherapy appointments).
- Connecting with all relevant transportation providers to learn best practices in modifying their programs (e.g. for food delivery).
- Speedier approval processes from funders/key decision makers. There was agreement that WSDOT reacted quickly but that they served more as an exception to the norm. There is a need to support inter-local agreements ahead of time in addition to being flexible in program service model given the context.
- A one-stop-shop hub to access services in a crisis. Offer it in person, online, via phone, etc.
- Continue to support all-hazards and all planning, including individual preparedness. Continue to use Ready.gov and discuss continuity of operations.
- Offer a centralized location for partners to make requests of transportation providers (e.g. transportation during wildfires).

Finally, there was acknowledgement that transportation needs do not exist in a vacuum. For our community, there was a significant amount of unemployment claims which compounded other issues and needs. There needs to be greater compassion and patience when serving those in need during a crisis.

High-level takeaways

- Continue to test plans; set standards for tabletop exercises.
- Create and promote the One-Call/One-Click. Also ensure this platform plugs into existing one-stop-shops.
- Encourage people to have a transportation plan in place for individual preparedness.
- Facilitate MOUs/MOAs with agencies so providers are ready to mobilize quickly.
- Have high-level conversation with decision-makers so they can be more bought into this work.
- Better connections between what the end user needs and what's available. Access to information is critical.

Equity & Accessibility #1 Breakout Room Notes

What are the unique needs of vulnerable populations normally? How does this change during an emergency?

The participants noted the complex nature of vulnerability both in and outside of an emergency situation. Vulnerability means that these members of our community are already in a state of emergency while the rest of the community is in “status-quo”. A participant mentioned the helpful framing provided by Maslow’s hierarchy of needs, many community members who are vulnerable to the most intense effects of an emergency are already struggling to provide for their basic and crucial needs. In an emergency it is crucial to center the experience of the most vulnerable, and provide support for those same groups, as that will benefit the whole community.

“Vulnerable populations” is a broad term which encompasses many expressions of diversity. We need to be specific with our language and our tactics.

Many community members who experience vulnerabilities or isolations are often disconnected from information streams. These become especially relevant in an emergency. With Covid-19 we have seen the move of many informational streams to almost exclusively virtual, which presents an access issue. How can we make information more accessible?

Investment in our existing infrastructure such as 211 and Community Message Boards is needed.

How did you respond to equity and accessibility matters during COVID-19?

The conversation for this topic focused on efforts to connect people to information. One program provided cell phones for clients who otherwise did not own a form of personal contact. Other programs focused on answering the immediate needs of their clients: rental assistance, grocery delivery.

One participant mentioned that this crisis, and others, have informed a shift in how they evaluate programs. That participant mentioned that equity, as a lens through which to evaluate plans, programs, and outreach has become a more central focus in the last few months.

What have we learned from this emergency about how we define vulnerability?

This question again led to a conversation of the broad term of “vulnerability” and the need to engage community members when responding to, and anticipating their needs. “Vulnerable” can mean many things, and may not be the preferred term for many people who may fall under that category. To that end, engaging with diverse stakeholders and allowing for them to label themselves and name their needs is crucial to equitable outreach.

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Regional Alliance for Resilient and Equitable Transportation

MEETING NOTES

Some discussion was held regarding the intersectional nature of identity. Many community members identify across categories. This intersectionality is important to remember while working with community members, both from the standpoint of cultural competency and trauma informed engagement, but also from the perspective of network building and resource sharing.

This crisis also reminds us that one event, one emergency affects everyone differently. The analogy of “different boats in the same storm” was presented in order to illustrate this point.

What does increased coordination and resiliency in equity and accessibility look like in the future? How can we coordinate better?

For this portion of the conversation, participants shared that they would benefit from sharing information and staying connected. Staying connected was one way to be prepared. Another discussion topic was centering the experience of communities experiencing vulnerabilities in all aspects of planning. To this end Matthew Kenna shared his contact information for those who would like to participate in small group work for the statewide Human Services Transportation Plan kennama@wsdot.wa.gov

Equity & Accessibility #2 Breakout Room Notes

How have you responded to equity and accessibility matters in the past? Particularly during emergencies?

One attendee shared that back in the day she worked at the Oso landslide. During this disaster the road was pretty washed out, which made it very difficult to get accessible transportation to the area. To this point, strong partnerships before a disaster are always essential, so you know who can provide what service. Several attendees in the group agreed with this statement.

What are the unique needs of vulnerable populations normally? How does this change during an emergency?

One emergency manager in the group expressed that all she is doing right now is related to COVID. She is funded through the Department of Homeland Security so she has regional obligations.

Communications, and a lack thereof was a huge issue for them, especially during the beginning of the crisis. In the early months changes were being made every day, so it was very difficult to keep track of everything, even as an emergency management professional. It is hard to imagine how the public must have felt. Additionally, it was mentioned that the accessibility of these communications was also an issue. Things like Twitter and Facebook tend to work with screenreaders and other adaptive technologies, but forms and online maps are not as great. That being said, the issue of language translation was fairly well addressed. Thus, during normal times we may have time to plan and strategize our outreach to vulnerable populations, but in an emergency the speed at which things change make it very hard to communicate with vulnerable populations on the fly.

Another specific example of unique needs was brought up by one attendee who works as a nurse. She noted that COVID testing access was confusing for people who are blind because a lot of the messaging made it seem like you needed a car to drive up to the testing site. Even though at the meeting it was clarified that this was not the case, the confusion probably remains for many people who do not have access to high level groups such as RARET. Additionally, the expense of cabulances was brought up. There should be a way to transport COVID positive patients who cannot drive at a reduced cost.

What does increased coordination and resiliency in equity and accessibility look like in the future? How can we coordinate better?

One attendee talked about the national guard, and the lack of communication between state and service providers. She believes we need to do better on this topic. The governments are trying to reach people without robust success and the people don't know how to reach them, so there is a communication issue on both sides. Another attendee noted that in every disaster this problem tends to

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MEETING NOTES

arise for people with disabilities. Even though the ADA requires accessibility, during a disaster people have a lot on their plates and accessible communication is often put on the backburner.

Several members also expressed interest in the need for more for more emergency drills. No one was prepared for a pandemic. So many vulnerable communities are the last to know about services, so more drills should be done focusing on involving these communities in the procedure that will occur during an emergency. Other ideas included: bringing more clients/community members to the table, a better one-call one-click service, and a more robust compensation system for community advocates. Asking social service agencies and community members to constantly volunteer their time for government needs and projects is a lot to ask when these groups already have a lot on their plates.

Next steps: Continue to utilize RARET as a way to facilitate conversations across agencies. Try to include more community members in emergency planning processes and compensate them for this work.

Informational Awareness / Education and Outreach Breakout Room Notes

How have you communicated critical information in the past during emergencies?

A wide variety of topics were discussed, we took a look back at how agencies had coped with emergencies in the past. There were a vast number of challenges that were identified. Depending on the agency, the response was different. Some were able to use websites and social media to communicate to their clients. Some were able to deliver emergency manuals in the past to make sure they were able to get information out to their clients and partners.

One big topic that was discussed was both looking back at past emergencies and at the current climate was that seniors are often unable to leave their buildings for even something as simple as going to the grocery store. Many senior living facilities open food pantries to try to offset the fact that many seniors don't feel safe leaving. They also needed to set up a clear communication to the seniors on what was safe to do and what wasn't safe to do. One thing that was also prominent was that staff needed to be able to take home their laptops so that they can continue to communicate with their clients and end users.

In addition, several transit agencies noted the following;

1. Pierce Transit: Transportation is essential. Making sure people are able to get to/from their destination safely. For people experiencing homelessness it's very challenging. Try to provide resources to connect people to critical services.
2. Community Transit: Non-destination riders. Partner with local agencies to connect those riders with human services. Transit becomes a hub of information. Social media train source to communicate.
3. Try to deliver information to participants in the best way they understand. Adapt the information to make sure people get the accurate information to make decisions. Find the right channels to communicate and deliver information.

How do you communicate information, education, and outreach during normal operations? How does this change during an emergency such as COVID-19?

The focus of our discussion was really emphasizing how we can operate in our new normal and ensure that clients and end-users are getting up to date information. Pierce Transit identified that they are incorporating PPE into all of their outreach. They are also focusing on having virtual training, recording sites, presenting to participants (virtual trips), as well as doing phone interviews, applications to fill out online, and tools to help them with their needs.

Some communities also have command centers to have a central hub for communication and to ensure the safety of all community's members.

The Center for Independence noted that they really struggled being able to communicate with individuals who are in institutions. They had to find new ways to communicate and find new sources of

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RARET

Regional Alliance for Resilient and Equitable Transportation

MEETING NOTES

transportation for them. Mailing new referrals. People coming out of institutions have to be tested and quarantined.

All participants noted that the most important thing was to use technology and keep in mind equity.

How do we ensure the most vulnerable populations are able to access critical information? How do we know it's received? Who can we work with to better understand these processes and needs of vulnerable populations?

During this question, we discussed how to customize the information getting out to clients to ensure they are able to make educated decisions. This is especially important because many end users and clients don't have access to technology get information and so communication had to be through text messages and phone calls or sending paperwork/forms by mail. It was also clear that all messages needed to have follow up contact information attached to them and that sharing as much information as possible was key. Highlight important information on the forms.

What does increased coordination and resiliency in information sharing look like in the future? How can we coordinate better?

Throughout this question, it was clear that the key to sharing the right information and doing the best outreach was through building and maintaining relationships. All partners in the room acknowledged that we need to continue to build on existing relationships and learn from each other. We also need to continue to share information and lean on each other. We are constantly finding ways to adapt and do a better job.

It was also acknowledged that there have been many opportunities to do things better and grow and learn from this experience. It was also noted that great information sharing comes from community meetings and the RARET transportation coordination.

Volunteer Driver Programs Breakout Room Notes

What is a volunteer's role in regards to transportation and emergencies? What is NOT a volunteer's role?

Attendees shared that their overarching concern related to volunteers was recruitment. Between programs that are indefinitely on hold and volunteer-pools that have drastically reduced due to COVID-19, volunteer driver programs are worried about recruiting volunteers to meet increasing demand for trips and how to retain working volunteers. Many of the individuals volunteering for these programs fell within the high-risk category themselves and did not feel comfortable continuing to work. However, providing personal protective equipment (PPE) and setting COVID-19 safety standards, in addition to adjusting service to avoid physical interactions, has allowed volunteers to feel more comfortable when restarting to volunteer. There has also been a consistent issue in allowing volunteer to assist in picking up and delivering food for clients using EBT. This is an example of a limiting role of relying on volunteers that needs to be sorted in order to serve more clients in a future emergency.

How have volunteer roles and responsibilities changed in response to COVID-19? What worked well and what didn't? How will those changes impact you moving forward?

A representative from Sound Generations discussed their volunteer driver program's reliance on Uber, which jumped from 15% to 40% during COVID-19. This program sought to fulfill rides that the volunteer network could not accommodate. With the loss of volunteers, usage of the Uber partnership skyrocketed. Overall, programs tended to be working with only around 1/3 of the volunteers they had pre-COVID. Some programs shared about the adjustments they have made to their programs to adapt to needs – like food or pharmacy delivery and making calls to regular clients. These programs agreed that offering volunteers options to continue contributing while not engaging in person-transport helped keep their volunteer-force engaged.

What does increased coordination and resiliency in volunteer driver programs look like for the future?

One volunteer driver program manager mentioned that the niche group of volunteer driver program support staff in King County used to meet quarterly and share best practices, updates, and more. They found this very useful and see it as a potential platform to continue coordination in the future. Another recommended pursuing avenues that would help volunteers get insured and sustaining flexibility around food, pharmacy, or other kinds of delivery. This agency flexibility invites new volunteers who are hoping to contribute without risking public exposure. One attendee brought up the idea of having a shared volunteer pool between programs in order to best accommodate requests; other breakout room participants were hesitant about this idea due to difficulties in standardizing eligibility, volunteer training, software, and other factors.

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MEETING NOTES

How can we coordinate marketing strategies?

Attendees liked the idea of meeting on a regular basis between volunteer driver program coordinators. They felt this can strengthen each agency's efforts to better serve their clients. They also felt that coordination can work to better refer riders who are ineligible for programs to other services, ensuring people get their rides while bolstering the volunteer driver program network. The group discussed the value in sharing recruitment tools.

Next Steps:

- Process feedback through Hopelink Mobility Management on the possibility of supporting volunteer driver programs through organizing meetings or sharing recruitment strategies