

**Increasing Vaccine Confidence Among Transit Workers Webinar  
Federal Transit Administration (FTA) & Centers for Disease Control and  
Prevention (CDC)  
May 17, 2021**

**SPEAKER:**

Thank you for joining today's webinar. Please stand by, we'll start momentarily.

**HENRIKA BUCHANAN:**

Good afternoon, and welcome to FTA's webinar on how to increase vaccine access confidence among transit workers. I'm Henrika Buchanan, FTA's Associate Administrator for Transit Safety and Oversight and the Agency's Chief Safety Officer. Thank you for joining us today.

Immunization is a critical component of the United States' strategy to re-educate—to reduce COVID-19 related illnesses, hospitalizations, and deaths, to help restore societal functioning. The Biden-Harris Administration has set a goal of getting 70 percent of the U.S. adult population to have at least one vaccine shot and 160 million U.S. adults to be fully vaccinated by July 4th. As of May 1st, all adults age 16 and older have access to the vaccine. And as of May 12th, the Centers for Disease Control and Prevention (CDC) endorsed the use of the Pfizer vaccine for children ages 12 to 15 after the Food and Drug Administration (FDA) cleared the vaccine for use in this age group.

However, despite increased demand for vaccines has declined significantly in recent weeks and many people remain hesitant about receiving the vaccine for various reasons. To drive vaccine uptake, the Administration has invested \$10 billion to expand access to COVID-19 vaccines and build vaccine confidence to better serve communities of color, rural areas, low income populations, and other underserved communities.

In support of the Administration's goals, FTA is hosting today's webinar so that the transit community can hear and learn from our Federal partners from the CDC about vaccine safety, health equity, and how to build vaccine confidence so that we can increase the vaccine uptake within our Nation's frontline transit workers, who continue to reliably serve our communities at great personal risk by providing critical services during this pandemic.

I'm pleased to welcome our speakers from the CDC who will discuss vaccine safety and how we can build vaccine confidence. Before we get started, let me cover a few housekeeping items. As part of the registration process, we received questions in advance of today's session. We will not be taking live questions but you are welcome to submit your questions and comments throughout the session. We will review your questions to help identify any additional information FTA can provide and ways that we can continue to support you. Just select the Q&A bubble on the right side of your screen to submit your comment.

Our first speaker from the CDC is Dr. Cammie Chaumont Menendez. Dr. Menendez graduated from the University of Texas, Houston, School of Public Health, through the Southwest Center for Occupational and Environmental Health Injury Prevention Program. As a Senior Scientist within the National Institute for Occupational Safety and Health Division in the Safety Research,

her work is focused on occupational injuries among transportation workers with an expertise in evaluating interventions, policies, or strategies put in place to promote health and safety.

Her current role supporting CDC's COVID-19 response is serving as the subject matter expert for the transportation, warehousing, and utilities industry sector and sharing CDC's resources for vaccine safety and vaccine confidence. Now, I would like to turn this over to our Federal partner Dr. Cammie Chaumont Menendez. Cammie, thanks for joining us today.

**CAMMIE CHAUMONT MENENDEZ:**

Thank you, ma'am. It's wonderful to be here. Good afternoon. I have really enjoyed working with the FTA on several activities in the past couple of months. I have admired the dedication and persistence my colleagues at FTA have shown in pursuing, not only vaccine uptake in their workforce, but equity in access to vaccines for their workforce and the communities that they serve. Next slide, please.

So, in the almost 17 months since COVID-19 infections were first identified, multiple COVID-19 vaccines have been developed and picked through clinical trials with the support of the U.S. government. So far, three COVID-19 vaccines have received FDA emergency use authorizations from the Food and Drug Administration for use in adults and now young people aged 12 to 15. Vaccination is a critical tool in bringing this unprecedented pandemic to an end. And this slide shows a snapshot of what we have accomplished to date.

So as of May 13th, and that's last Thursday, the U.S. has administered more than 264 million doses and vaccinated at least 35 percent of the population. On the map to the right, the darker shades of blue show higher vaccination rates. This effort has been possible by collective and coordinated action from State and local jurisdictions, Federal agencies, and private partners. CDC continues to work with jurisdictions to understand roadblocks and figure out how to overcome challenges in distribution and administration to ensure that we are getting vaccines into arms as quickly and safely as possible. Next slide, please.

So, the Advisory Committee for Immunization Practices, or ACIP, and CDC make National vaccine recommendations. We understand that there will be a high level of local adaptation. Our guidelines were not walls or barriers between phases but were meant to support prioritizing people at high risk of exposure or high risk of severe disease. So, we always anticipated that there would be overlap between the vaccination phases.

Now, ACIP and CDC have endorsed the guiding principles of efficient distribution as well as the jurisdictional flexibility for the COVID-19 vaccination program. During a pandemic, efficient expeditious and equitable distribution and administration of approved vaccine is critical. And within National guidelines, State and local jurisdictions should have the flexibility to administer vaccine based on local epidemiology and demand.

So, three vaccines have received emergency use authorizations from the FDA. I'm sorry. Next slide, please. One was produced by Pfizer-BioNTech and another produced by Moderna, and a third is produced by Johnson & Johnson/Janssen. The Pfizer-BioNTech vaccine is authorized for persons aged 12 years and older. It is an mRNA vaccine that is given in two doses at least 21

days apart. The Moderna vaccine is authorized for persons aged 18 years and older. It is an mRNA vaccine given in two doses at least 28 days apart.

The Johnson & Johnson/Janssen vaccine is authorized for persons aged 18 years and older. It is a single dose viral vector vaccine. So, one additional note regarding the Johnson & Johnson vaccine, data suggests that the Johnson & Johnson/Janssen COVID-19 vaccine is likely associated with a very rare side effect that involves blood clots with low platelets. These reports occurred in about seven per 1 million vaccinations among women 18 to 49 years of age. CDC recommends that health care providers talk to their patients about the rare potential risks of Johnson & Johnson vaccine if patients are women under the age of 50 years old.

The FDA and CDC will continue to closely monitor the safety of these vaccines. The data show that the vaccine's known and potential benefits outweigh its known and potential risks. The three vaccines were tested in diverse adult populations, including individuals belonging to racial ethnic minorities and also older adults. All of the available vaccines have been proven effective at preventing mild and serious illness, hospitalization, and death from coronavirus disease.

It is currently unknown how long the protection from receiving a COVID-19 vaccine might last. Since vaccination has only recently begun, data to determine the length of vaccine effectiveness are being collected but are not yet available. As data on vaccine effectiveness continues to become available, CDC will provide regular updates with that information. Next slide, please.

So, all of the COVID-19 vaccines currently available are safe and effective. Millions of people in the U.S. have received COVID-19 vaccines under the most intense safety monitoring in U.S. history. All of the COVID-19 vaccines in development are being carefully evaluated in clinical trials and will only be authorized or approved if the benefits outweigh the potential risks. The FDA and CDC will continue to closely monitor the safety of these vaccines.

The surveillance systems that are in place to monitor the safety of COVID-19 vaccines authorized for emergency use are working as demonstrated by both agencies quick work to identify and investigate the rare but serious adverse events from Johnson & Johnson vaccines. So, getting vaccinated can help protect those around you, especially those at increased risk for severe illness. Next slide, please.

We realize that you may have concerns about the safety of these first COVID-19 vaccines because they use new technology. These COVID-19 vaccines were developed based on years of research. While mRNA technology is new, it is not unknown. MRNA technology has been studied for decades in vaccine trials for influenza, Zika, and rabies. Beyond vaccines, cancer research has also used mRNA to trigger the immune system to target specific cancer cells.

Now regarding viral vector vaccine, scientists began creating these in the 1970s. Viral vectors have also been studied for gene therapy, to treat cancer, and for molecular biology research. For decades, hundreds of scientific studies of viral vector vaccines have been done and published around the world. Some vaccines recently used for Ebola outbreaks have used viral vector technology. And a number of studies have focused on the viral vector vaccines against other infectious diseases, such as Zika, flu, and HIV.

Another critical piece has been the investment in manufacturing even before COVID-19 vaccines were proven effective. The U.S. government and vaccine manufacturers invested millions of dollars to scale up vaccine production while clinical trials were in progress, greatly reducing the amount of time between vaccine authorization and vaccine implementation. Because of the great financial risk, the investment in manufacturing normally doesn't happen until later in the development process. mRNA vaccines are also faster and cheaper to produce because they use ready-made materials. The FDA and CDC are working quickly to prioritize review and approval of COVID-19 vaccines during the pandemic. Next slide, please.

So, I wanted to address some of the key facts about COVID-19 vaccination and some of the common myths that are circulating. So, fact number one, getting vaccinated can help prevent you from getting sick with COVID-19. The vaccination works by teaching our immune system how to recognize and fight the virus that causes COVID-19, and this protects you from getting sick with COVID-19.

Fact number two, people who have already gotten sick with COVID-19 can still benefit from getting vaccinated. So due to the severe health risks associated with COVID-19 and the fact that reinfection with COVID-19 is possible, vaccines should be offered to you, regardless of whether you have already had the COVID-19 infection. At this time, experts don't know how long someone is protected from getting sick again after recovering from COVID-19.

So, fact number three, COVID-19 vaccines cannot give you COVID-19. None of the authorized and recommended COVID-19 vaccines or COVID-19 vaccines currently in development in the United States contain the live virus that causes COVID-19. This means that a COVID-19 vaccine cannot make you sick with COVID-19.

Now the fourth fact is COVID-19 vaccines will not cause you to test positive on COVID-19 viral tests. Neither the recently authorized and recommended vaccines nor the other COVID-19 vaccines currently in clinical trials in the United States can cause you to test positive on viral tests. Viral tests are used to see if you have a current infection. If your body develops an immune response, which is the goal of vaccination, there is a possibility that you may test positive on some antibody tests. Antibody tests indicate that you have had a previous infection and that you may have some level of protection against the virus. Experts are currently looking at how COVID-19 vaccination may affect antibody testing results. Next slide, please.

COVID-19 vaccines are being held to the same safety standards as other routine vaccines. Several expert and independent groups evaluate the safety of vaccines being given to people in the United States. Before any vaccines receive authorization or approval, the Federal Drug Administration carefully reviews all of the safety data from clinical trials. And ACIP which is the independent body of experts I mentioned earlier, they review all of the safety data before recommending use.

FDA and ACIP have qualified scientific and clinical experts with minimal conflicts of interest reviewing all of the data. So, after any vaccines are authorized and in use, both FDA and CDC continue to monitor their safety. Existing systems can rapidly detect possible vaccine safety

problems. These systems are being scaled up for COVID-19 vaccine introduction to fully meet the needs of the nation. Additional systems and data sources are being developed to further enhance safety monitoring capabilities.

So, there are systems in place that allow CDC and FDA to watch for safety issues. The first one, which is administered by CDC, is called “v-safe.” It’s a new smartphone-based after vaccination health checker for people who receive COVID-19 vaccines. The CDC and the FDA both administer the Vaccine Adverse Event Reporting System, or VAERS, V-A-E-R-S. This National system that collects reports from health care professionals, vaccine manufacturers, and the public of adverse events that happens after vaccination. VAERS also collects reports of adverse events that are unexpected, appear to happen more often than expected, or have unusual patterns. These are then followed up with specific studies. Next slide, please.

So, to explain a little bit further, v-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check ins after you receive a COVID-19 vaccine. I used this one myself after my vaccines, and the text reliably came every day at exactly the same time. And there were just a few questions that you had to answer. The whole thing took really less than 30 seconds.

Through v-safe, participants can quickly tell CDC if they have any side effects after getting the COVID-19 vaccine. So, depending on the answers, someone from CDC may call to check on you and get more information. V-safe will also remind you to get your second COVID-19 vaccine dose if you need one. We encourage everyone who receives a vaccine to participate in v-safe. All you need to do is register on your smartphone. You can talk to your vaccine provider about enrolling when you get your vaccine, or you can visit CDC’s website for more information. Next slide, please.

So, before vaccination, you should learn more about the different types of COVID-19 vaccines and how they work. We’ve provided some of this information earlier in this presentation when I went through all three of them. During your vaccination appointment, you should receive a paper or an electronic version of a fact sheet specific to the COVID-19 vaccine that you are being offered that contains information to help you understand the risks and benefits of receiving that specific vaccine.

After you’re vaccinated, you should be given a vaccination record card that tells you what COVID-19 vaccine you received, the lot number, the date you received it, and where you received it. Your provider may also give you information about how to enroll in v-safe. Again, it’s the free smartphone-based tool that uses text messaging and web surveys to provide a personalized health check in, and that check in is reliable. This program will help CDC monitor safety of COVID-19 vaccines. And you can opt to stop whenever you’re done. I think it’s been four weeks for me, and I still get the weekly text.

It’s important to continue using all the tools available to help stop this pandemic. So, depending on your vaccination status and the rules and regulations in your jurisdiction, continue to cover your mouth and nose with a mask when you’re around others, stay at least six feet away from others, avoid crowds, and wash your hands often. Next slide, please.

So, the COVID-19 vaccination is a safer way to build protection. Getting the virus that causes COVID-19 may offer some natural protection known as an antibody or immunity, but the experts don't know how long this protection lasts. The risk of severe illness and death from COVID-19 far outweighs any benefits of natural immunity. COVID-19 vaccination will help protect you by building immunity without the risk of severe illness. Next slide, please.

So, the COVID-19 vaccination can protect you, your family, your friends, your co-workers, and your community. Please choose to get vaccinated. Participate in v-safe and help CDC monitor for any health effects after vaccination. Share your experience with your co-workers, friends, and family, and visibly show that you received a vaccine by wearing a sticker or a button. You have a role in increasing confidence in COVID-19 vaccination so sharing your experiences may influence those you care about. Next slide, please.

CDC's COVID-19 Chief Health Equity Officer Unit developed a health equity strategy that addresses health disparities and inequities in a holistic way. As we continue to learn more about the impact of COVID-19 on the health of different populations, immediate action is critical to reduce the growing COVID-19 disparities among the populations known to be at disproportionate risk. Our guiding principles are to reduce health disparities, use data-driven approaches, foster meaningful engagement with community institutions and diverse leaders, lead culturally responsive outreach, and reduce stigma, including the stigma associated with race and ethnicity.

We have four strategic priorities to reduce the disproportionate burden of COVID-19. CDC intends to partner with physicians, epidemiologists, researchers, public health practitioners, and State and local health department officials to continue implementing the health equity strategy. We continue to strive to expand the evidence base to increase our understanding of the impact and the factors that led to the disproportionate burden of COVID-19, to expand testing, contact tracing, isolation options, and care reaching populations that have been put at increased risk, to expand intervention activities to support essential and frontline workers to prevent transmission of COVID-19, and to expand an inclusive workforce equipped to assess and address the innate needs of an increasingly diverse population.

Looking ahead, we will continue to monitor the work and progress of health equity initiatives and projects, provide technical assistance, consultation and training, and amplify the strategy across the response and through external partners. We encourage you to learn more about the COVID-19 health equity strategy by visiting our website. So, trusting all three of these items will help a person feel fully confident in their decision to get vaccinated. The foundation of trust is critical and this is something that must be built over time. Next slide, please.

So, making COVID-19 vaccination part of your workplace wellness program offers many benefits to you and your employees. To keep your workplace healthy, consider offering free on-site COVID-19 vaccination at your business locations. Employers considering implementing a workplace COVID-19 vaccination program should contact the health department in their jurisdiction for guidance.

Workplace vaccination works best for those employers who have a large number of workers on-site with predictable schedules. These programs also work best when the location has space to stand up a vaccination clinic where physical distance can be maintained throughout the process. The planning process should include input from management, human resources, employees, and labor representatives, if present. Employers should offer the vaccination no charge and during work hours.

Employers should also offer more than one chance for employees to get vaccinated. It is possible that workers who are hesitant about getting vaccinated will become more confident if they see and know others who have gotten the vaccine. And employers should also offer flexible paid leave policies for those workers that may experience post-vaccination symptoms. Next slide, please.

So, although we are excited to have vaccines available, it will take time to vaccinate all people living in the United States. There will be challenges along the way, but CDC is committed to working with partners to find solutions. While the vaccines are being delivered, it is important that everyone continue to take all the steps to prevent the spread of COVID-19. So especially if you're not vaccinated, continue to cover your nose and mouth with a mask and avoid close contact, wash your hands, and clean and disinfect frequently touched surfaces. Stopping a pandemic requires using all the tools we have available.

It is also important to remember that workplaces—sorry, that workplace safety and health protections previously implemented to protect workers, such as barrier protections, need to remain in place post-vaccination. We know many of you are interested in learning more about how to coordinate with your State and local health departments about vaccine rollout. We suggest you continue to visit your State health departments COVID-19 vaccine website for additional information and points of contact as this varies by State. Next slide, please.

So here is one of our web pages. You can get more information on the COVID-19 vaccine web page with key things to know regarding your vaccination. You can always go to [cdc.gov/coronavirus](https://cdc.gov/coronavirus), and that's where you see these tabs right here with the Home, Your Health, Vaccines, Cases & Data. All of these provide pretty much all the information you need to know.

The “YOUR VACCINATION” button includes information, including finding a COVID-19 vaccine near you, preparing to get the vaccine, and then what to expect after you've been vaccinated. For example, possible side effects. The “WHEN FULLY VACCINATED” button provides information on how you can continue to protect yourself and others after you've been fully vaccinated, as well as what things you can start to do that you stopped doing because of the pandemic.

Also, on the web page is a link to the vaccines.gov website. Vaccines.gov helps people find providers who offer select vaccines. It also allows health care providers to list their vaccination locations in a centralized searchable database and track vaccine supply. Next slide, please.

And here's another web page so that you can see there are more CDC resources. I was just speaking with Liz before this talk. We pretty much have a web page for every need for everyone

during the pandemic. So please go to [www.cdc.gov/coronavirus](https://www.cdc.gov/coronavirus), and go through the website looking for things that pertain to you. Thank you very much for your time. Next slide, please.

We thank you very much for your time and for having us.

**CANDACE KEY:**

Thank you, Dr. Menendez. My name is Candace Key and I'm the Director of FTA's Office of System Safety. I definitely learned a lot from that first presentation. And I'm happy to announce our next speaker, Ms. Elisabeth Wilhelm.

Elisabeth is the Co-lead of the Vaccine Confidence Team on the CDC Vaccine Task Force. Since 2016, she has supported vaccine implementation research, national immunization programs, and outbreak response efforts globally with a focus on vaccine acceptance and demand, crisis communication, infodemic management, and behavior change community strategy development.

In her current position of Vaccine Confidence Team Co-lead, she spearheads efforts to build vaccine confidence through the three pillars of building trust, empowering health care personnel, and engaging with communities and individuals so that everyone can feel fully informed and confident in their decision to vaccinate. Elisabeth holds a Master of Arts degree from Johns Hopkins in communication.

And Ms. Wilhelm, the floor is yours.

**ELISABETH WILHELM:**

Thank you, and good afternoon, everyone. I'm Elisabeth Wilhelm and I will be talking to you about the CDC vaccine confidence strategy and how it might help you answer some questions that you might have, and how it can help you build vaccine confidence in your workplaces and among your colleagues. Next slide, please.

So first of all, let's define what is vaccine confidence. Vaccine confidence is the trust that patients, parents, or providers have in three things, the vaccines that are recommended, the providers who administer the vaccines such as nurses or doctors, or your health care provider, and the processes and policies that lead to the vaccine development, licensure, manufacturing, and recommendations for use. So, what this boils down to is that we need people to trust the vaccine, the people providing them the vaccine, and the system that it came from. And without that trust, it can be very difficult to move people to be confident in those vaccines. So, everything that we are doing is to build that trust and to build that confidence. Next slide, please.

So, this is a small graphic from the Kaiser Family Foundation COVID-19 Vaccine Monitor that really illustrates this point that vaccine confidence has increased but demand may be slowing. So, since December, as you can see, there's an increasingly large grouping of that dark blue where 56 percent of respondents say in April that they've already gotten the vaccine. Nine percent say they still want to get it as soon as possible. And about 15 percent they say they want to wait and see.



And right now, this is getting smaller and smaller even in May, but just to say that more and more people are choosing to get vaccinated. And the movable middle, so that slice in the middle that has not yet vaccinated but wants to be, is getting smaller and smaller. And so, what we want to do is to help address the questions and the concerns, and the vaccine confidence challenges that might be still facing those folks who have not yet made the decision to vaccinate. Next slide, please.

So, let's just talk about vaccine confidence among essential workers. So, as you can see, this is from Morning Consult, and this is from the 22nd of April. But you can see a breakdown of people's willingness to get vaccinated depending on the industry that they're in. And so, you can see transportation is highlighted there in the blue. And according to this, 39 percent of people who took this poll said that they have gotten vaccinated, 25 percent plan on getting vaccinated, 15 percent are uncertain, and then 22 percent are unwilling to get vaccinated.

As you can see, there's a bit of difference depending on industry, but just to say that every community, every industry, every group of people, every State, every jurisdiction will have a different make up of people with different concerns, questions, feelings about the vaccine perceptions. And ultimately, what we need to do is meet people where they're at and ensure that they have all the information they need to make a fully informed decision to vaccinate. Next slide.

So, the willingness to accept a vaccine falls on a continuum. And so just recognizing that most of the time, we are in the middle of this diagram. On the far left-hand side is vaccine refusal. There are very, very few people in the United States or in the world that totally refuse all vaccines. Most of us got vaccines when we were kids, and just to say that it is a social norm for people to get themselves vaccinated or to vaccinate their kids.

But recognizing that we really want to have people move to the right-hand side of this diagram for demand. We want people to really go out and seek those vaccines and feel good about the decision to get vaccinated. But we also recognize there are folks who are in this middle, this wait and see group, what we call the movable middle. People who are maybe interested in getting vaccinated but haven't got yet or not so sure, who are fence sitters. And just recognizing that we need to make a concerted effort to move people to the right-hand side of this diagram. And that requires increasing that confidence in the vaccine, the vaccinator, and the health system. Next slide, please.

So, this is a very, very busy slide. But just to say that there are a lot of social behavioral factors that drive COVID-19 vaccine uptake. It's about things that people think and feel, about social processes, about motivation, practical issues. And there's a lot of things that need to go right in this diagram in order for someone to get vaccinated. So when we're talking about, for example, what people think and feel, that yellow box in the top left, if people's confidence in the benefits of vaccination, their confidence in the safety of the vaccine, the perceived risk to self or to others about getting the disease if they don't get vaccinated, seeing negative information or misinformation, for social processes, this is where a lot of that workplace and social influences come into play.

So, thinking about the influencers in your life that support vaccination or don't, thinking about the norms in your community for vaccination, workplace norms for vaccination. So, for example, in hospitals, it's quite common that many health care staff receive flu vaccinations on the regular as part of their job. So, there might be a higher norm there for offering COVID-19 vaccines because it's part and parcel of being a health care professional.

Trust in vaccine providers is also really critical. The most trusted relationship people have is the trust between themselves and their health care provider, whether it's a doctor or nurse, or a pharmacist. And we can really leverage that trust that people have. And then when it comes to motivation, thinking about, do people intend to get vaccinated and are they willing to recommend it to those around them?

Then there are practical issues or what you can say are access issues. When the vaccine is available, where is it available? Is it easy to get to the place where the vaccine is available? Is it offered at a trusted and preferred site? So, it's not just having trusted vaccinators or trusted people to talk to about the vaccines, it's also having trusted spaces.

So, to give you an example, in many communities, fire departments have created pop-up vaccination sites at the fire departments because everyone knows where the fire station is, everyone likes firefighters, and they're often tend to be the EMTs as well. And so that just seems to be a good natural place where it's not just trusted people offering the vaccines, but it's also offered in a trusted space. And so that can go a long way into making it easier for people to get vaccinated. Next slide.

So high uptake of COVID-19 vaccines requires adequate supply meeting sufficient demand, mediated by access, equity, and vaccine confidence. Right now, we're in this place where we have a lot of vaccines. Anybody who wants a vaccine can get one in the United States, no matter where you are. And that we recognized in the first few months there's very, very high demand for COVID-19 vaccines and now we're starting to see this tapering off in a lot of places.

And so, it just means that we need to work harder to reach the folks who might have different types of barriers that might make it more difficult than others to go get vaccinated. So, you're thinking about access, physical proximity, how close are you to the vaccine? Equity, are you prioritized for vaccination? Is your health department making extra efforts to reach you? And then vaccine confidence, trust. And you need to have all three of these ingredients to have high uptake.

So, I'll give you an example. You might have a community that might have low uptake of a vaccine and then the local health department is trying to figure out why. One of the indicators they use to try and identify access issues is in this population in a community, what percentage of people are within five miles of a vaccine? Well, you might have a place that has 100 percent of people living within five miles of a vaccine but if there's no public transportation to those vaccination sites, and if you rely on public transportation as your only method to get to the vaccine, just because you're within five miles, it might as well be 50 or 500 miles away. So just recognizing that physical proximity is only a piece of it. We also have to make sure we're making extra efforts to reach folks where they're at and to prioritize those that have been

particularly disproportionately affected by COVID-19, and to ensure that we're building those trusted relationships with communities. Next slide.

So, this is the "Vaccinate with Confidence" strategy that CDC has put out. And it's really around these three pillars that was mentioned in my bio building trust, empowering health care personnel, and engaging communities and individuals. And this building trust is everything that I think we're doing at CDC and that FTA is doing around sharing clear, complete, and accurate messages around COVID-19 vaccines and taking visible actions to build trust in the vaccine, the vaccinator, and the system, in coordination with Federal, State, and local agencies and partners.

And so that is really about transparent clear communication. Communicating what is known and what is not known, communicating about the benefits and the safety of the vaccines, and also addressing misinformation. There's a lot of misinformation circulating around COVID-19 vaccines, and a lot of that is spread because people who see stuff online that causes an emotional reaction, usually fear or anger, you're much more likely to spread that.

So just to recognize that we're in this time where people are very anxious. We're all still living in the middle of a pandemic and people are looking for information. And how do we make sure that we're offering them the information they need where they look for it?

Empowering health care personnel is really critical. We need to have health care staff all confident in their own decision to be vaccinated if we expect them to recommend vaccination to others. And then helping bridge this gap between the health system and communities, and other systems that people are part of to ensure that we're offering vaccines where people are at.

And then finally and very crucially, engaging communities and individuals in a sustainable, equitable, and inclusive way using two-way communication to listen, build trust, and increase collaboration. What it comes down to is having conversations. No one wants to have messages blasted at them one way and assuming that that is going to be sufficient. People have questions and it's entirely natural to have questions about COVID-19. And so there should be places where you can get your questions answered. And like Cammie mentioned before, there is a web page for you if you have a question about anything related to COVID-19 vaccines at [cdc.gov](https://www.cdc.gov).

And most importantly I would like to go to this last bullet point, collaborate with trusted messengers such as faith-based and community leaders to tailor and share culturally relevant messages and materials to diverse communities. No one community is a monolith and we really need to, not just meet people where they're at, but also communicate with them in a way that makes sense and that addresses their needs and their concerns. Next slide.

So, I just wanted to highlight this, building trust in vaccine confidence among people disproportionately affected by COVID-19 is critical to high vaccine uptake. You can address information gaps and build vaccine confidence through clear and consistent communication. Next slide.

Here are some tips on how to do this. So first of all, building trust is a process, not an end state. Just like if you get married, a marriage is—a happy marriage is not an end state, it is a process,

like all relationships, and just recognizing that we need to constantly communicate, we need to constantly engage the people around us and build that trust. We need to earn that trust.

And it is our job to let communities know that it is OK and valid to have questions, especially for those that have been hurt by societal systems. Systemic racism is real. It continues to affect communities of color all across the United States and disproportionately affected communities. And we need to do more to gain that trust again if we expect folks to be fully confident in their decision to be vaccinated. Next slide.

It will take more than one conversation to change minds. We know this. Vaccine hesitancy, especially when it's rooted in lack of trust rather than lack of information, is best addressed through trusted messengers and trusted spaces. So just like that example I said to you about firefighters and fire stations, that's where people are really trusted. Next slide.

Trusted messengers, and this is where you come in. This is where you are all trusted messengers. You can help effectively deliver messages and strategies, validate the credibility of information, address mis- and disinformation, help create a feedback loop for addressing concerns and questions, and bridge that gap between health care providers and patients. And a lot of that comes down to workplace vaccination and making sure that we're leveraging our workplaces as places where people can learn more about vaccination, can get their questions answered, and can get vaccinated. And if we can do that, we're much more likely to have higher uptake of vaccines. Next slide.

So, when it comes to building vaccine confidence, we want to recognize that just because you're confident doesn't actually shorten the distance between you and the vaccine. So, we all need to be prepared to address equity and access barriers that are identified. And the way we can do this is by encouraging two-way dialogue and allow space for people to ask questions and be heard. And there will be multiple tools and resources available to you from the FDA and from CDC that will help you do this.

Again, it comes down to having conversations. We need people to feel heard and answer their questions and meet them where they're at. And without that, it's going to be very, very difficult to build confidence or address their concerns effectively. Next slide.

So here are some things we can think about, about building vaccine confidence in transit agencies. Number one, encourage senior leaders to be vaccine champions. Host discussions where personnel at different levels can provide input on how to build vaccine confidence. Everybody has some great ideas about how can we build vaccine confidence here, and there's some things that we can do to do this together as a team. And then share key messages with staff by using multiple communication channels. Next slide.

So, there are a few more ideas that you can also leverage when it comes to building vaccine confidence. Educate those at your agency who are responsible for communicating with employees about COVID-19 vaccines, how they're developed and monitored for safety, and how teams can talk to others about the vaccines. And then create safe spaces for staff to get answers

to their vaccine questions. Like I said, it's entirely normal to have questions. And so, everybody should have all of their questions answered before they should feel ready to get vaccinated.

And then make the decision to get vaccinated visible and celebrate it. So, to give you an example, one of my favorite examples most recently is that in New York City, they started offering vaccines under the big giant blue whale at the Museum of Natural History. And so, people got vaccinated, but then they were able to enjoy a little bit of the museum at the same time. And it this very joyful celebratory moment where you had all these New Yorkers coming together under one roof just to get vaccinated, but also to take in a bit of culture.

So just thinking that this is something that's very unique, you had people taking selfies of themselves and sharing that with their family and friends. And I think this is really important. Everyone's reason for getting vaccinated can look different. It's vaccinated to protect your colleagues, to get vaccinated to protect your kid, it's getting vaccinated to be able to hug Grandma again. These are all completely entirely valid reasons to get vaccinated. To vaccinate to go travel, to go back to school on campus. And there are—

Everyone has a different reason why and they're all entirely valid. And then what you can do is when you decide to get vaccinated, is share your experience and your stories with your family members and friends, and colleagues about why you chose to get vaccinated. That's going to be far more powerful than a press release that says, you should go get COVID-19 vaccine. It comes down to personal stories, personal connections, and making it clear your decision-making about why you chose to get vaccinated. Next slide.

So, we have a few communication resources. And Cammie touched upon some of these, but I'll go a little bit more in-depth. Next slide.

So, you can go to the website. This is updated on an hourly basis of all things related to COVID-19 vaccines. And I'll walk you through some of the resources. Next slide.

So, we have a Resource Center that includes communication toolkits, vaccine social media toolkits, every single possible resource you can imagine from PowerPoint presentations to stickers to fact sheets. But we also have fact sheets in multiple languages as well. I think we have upwards of 50 different languages that our basic fact sheets are now available in. And so please avail yourself of these resources. They're there for you. Next slide.

So here are just a few examples of what you can find in the vaccine toolkit for essential workers. We have a specific toolkit for essential workers and you can take these, download these, use them. You can do a lot with these to promote vaccine uptake and confidence, and to help you have these conversations within your workplace, with family members, with friends, and with their communities. Next slide.

So, we have coming soon is a guide for how to build transit workers confidence in COVID-19 vaccines, including a conversation starter and a vaccine in confidence readiness checklist. And this will be distributed by our Federal Transit Administration colleagues very shortly. I just want to highlight here that we built this conversation starter and this vaccine confidence readiness

checklist originally back in November, and it was for our health care colleagues working in health systems, hospitals and health centers, and clinics. And so now we've taken this and we've built up with the FTA, a version that is for all of you specifically. So, we're really excited about that. And we hope that you find this useful and helpful to you. Next slide.

And you can always go to [vaccines.gov](https://www.vaccines.gov) if you want to learn where is the closest place you can get the vaccine of your choice and to get your basic questions answered regarding COVID-19 vaccines, in addition to the CDC website. Next slide.

And that's all I have. Thank you so much for your time. I'm honored and privileged to be able to speak to you today about vaccine confidence and looking forward to hearing more.

**CANDACE KEY:**

Thank you Ms. Wilhelm. I definitely learned a lot from your presentation as well. Now I would like to transition to some Q&A and I will start with our Chief Safety Officer, Ms. Henrika Buchanan.

Henrika, are FTA resources available to provide incentives to transit workers to get vaccinated?

**HENRIKA BUCHANAN:**

Thank you for the question. The answer is, it depends. A bonus or incentive compensation to an employee is an operating expense that's eligible for Federal reimbursement under the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. And sometimes we call it Super Circular. Sometimes we call it Common Grant Rule but is the Federal grant requirements. And they're eligible when the overall compensation is reasonable and paid based on accrued based on an agreement entered into before the services are rendered.

So, if a grant recipient does not have such an agreement in place, they may need to create one. That would allow payment of a bonus or incentive pay from that point forward, but it would not be able to receive Federal reimbursement for bonus work performed prior to having an agreement in place that were—or to employees that were vaccinated prior to the agreement.

So, I'll add that the CDC has issued guidance on vaccination programs for essential workers, which recommends that employees establish supportive policies and practices to help increase vaccine uptake among essential workers.

**CANDACE KEY:**

Thank you, Henrika. Our next question is for Ms. Wilhelm. How can transit agencies address misinformation that may be circulating among their employees?

**ELISABETH WILHELM:**

That's a great question. So, we know from psychology and behavioral science that in a crisis or an emergency, or in a pandemic, we don't generally process information very well. We tend to believe the first thing we hear. We tend to search for additional information if we don't find what we're looking for right away. And we can also find it difficult to really process complex information. So, all that can lead to—make it very easy for misinformation to spread.

Like I said, there's a lot of research to show that the reason why we see vaccine misinformation showing up on social media is because it pushes our buttons emotionally. And sometimes, it can be helpful to take a minute and pause, and think about why is this causing such a strong emotional reaction to me? Do I need to share this? Do I want to share this? And so just taking a beat if you see something that seems shocking or concerning because there are credible sources of information you can consult, including there's a myths and facts page on the CDC website that addresses the most common types of misinformation that are circulating.

But what transit agencies can do if there's misinformation circulating, it usually points to the fact that people have questions or fears that have not been addressed fully. And I feel like that's an opportunity to have a conversation. And so, we know that there's a lot of concerns or a lot of different kinds of misinformation that are floating around. And what you can do is just start a conversation by listening with empathy, asking open-ended questions, understanding where this information came from. Because usually when someone is sharing misinformation, it is out of the goodness of their heart. They're like, I found this information and it concerns me, and I want to share it with you because I want you to be safe and I think you need to have this information.

So, recognizing that the vast majority of people who are sharing misinformation are not doing it out of spite or malice, they think that they're sharing something really, really important and really, really true with you. And so, having a conversation with them. And then when you're listening to them and listening to their fears and their concerns, you can also ask permission to share information that you have and you can say, well, I found this resource on the FTA website or here's a resource that I found on the CDC website that answers your question.

And then just have a conversation with them and just recognize that people are usually sharing misinformation out of a place of fear or emotional upheaval, and it's totally normal. We've been living in this pandemic for over a year now. And so just recognizing that it's an opportunity to listen, to offer higher quality, credible information from credible information sources, and to use that as a starting point for conversation.

If a specific piece of misinformation really seems to be gaining traction and circulating a lot in your office or in your community, it might point to the fact that there might not be sufficient accurate, credible information available on this topic. And that might be a great opportunity to offer a listening session or having a vaccine expert come in and answer the questions that employees or community members might have about a specific issue.

So, I hope that gives you a few ideas of what you could do to address misinformation successfully.

**CANDACE KEY:**

Thank you, Ms. Wilhelm. And now, I'll turn to Dr. Menendez for the next several questions. First question, how can transit agencies learn more about how to host on-site vaccination events?

**CAMMIE CHAUMONT MENENDEZ:**

Thank you so much, Candace, for sending me that question. I am dropping a link right now into the chat for the folks who are on the webinar so that they can see. We have a web page for that and it focuses just on workplace vaccination programs. We want to know what—we want workplaces to know that it is a possibility that they can get a workplace vaccination program, and how to learn more about it.

So, the planning process for hosting a workplace COVID-19 vaccination program should include input from management, human resources, employees, and labor reps, if they're present. So, employers considering implementing a workplace COVID-19 vaccination program should first contact their health department in their jurisdiction for guidance. And let me go ahead and I'm also going to drop—it was in the presentation but I'm also going to drop a link for that website. It's a directory where they can look and see, look up the—sorry, the health departments in their jurisdiction.

Employers may want to engage a community vaccination provider or vendor. These providers typically—they've typically delivered your worksite flu vaccination services in the past and they're now expanding to provide COVID-19 vaccinations. They have trained nursing staff available in all jurisdictions. They can build insurance for administration fees and they can report vaccine administration data to immunization registries.

So, in an effort to standardize the process of holding clinics in non-traditional settings, the National Adult and Influenza Immunization Summit developed tools your organization can use when organizing satellite, temporary, or offsite vaccination clinics. And let me get the—here is a website for this. This time I'll do a better job of copying the hyperlink. And here is—yeah, there's the hyperlink for finding more information for that. And next question.

**CANDACE KEY:**

Great. Thanks. So next question, some of our transit workers have existing health conditions. Where can they find more information about what getting the vaccine means for them personally in light of their medical conditions?

**CAMMIE CHAUMONT MENENDEZ:**

Thank you so much for raising that. That's a very important question. And many of us have people in our lives, not to mention co-workers, who meet these criteria and we want to make sure they're protected. So, we really want to underscore that immunocompromised people need to consult with their health care provider about interim public health recommendations for fully vaccinated people, even if they are fully vaccinated because they may still need to be careful. And we want to make sure that they are taking all of the safety measures that they need to.

And I've dropped this link for this web page into the chat. But adults of any age with certain underlying medical conditions or maybe taking certain medications are at increased risk for severe illness from the virus that causes COVID-19. So, the vaccines are recommended for and can be administered to most people with underlying medical conditions. The list of high-risk medical conditions that put people at increased risk for severe COVID-19 associated illness, it's updated routinely as new data becomes available.



So, we have a web page called Vaccine Considerations for People with Underlying Medical Conditions. We want to make sure people are fully informed. We want to reiterate to talk to your health care provider. But again, here's a link. It's a website at CDC where it lists all the different medical conditions. And there are also some medications that can also make you immunocompromised so that you can review those and be even more informed when you go to consult with your health care provider. So next question.

**CANDACE KEY:**

Yes. So, the next question. We've actually received quite a few related questions during this webinar, but can you please explain what the difference is between emergency authorization and the regular authorization process for vaccines?

**CAMMIE CHAUMONT MENENDEZ:**

Thank you. We actually have a fact sheet, a video on YouTube that folks can look at and also a web page. So, after initial development, vaccines go through three phases of clinical trials to make sure they are safe and effective. All vaccines go through this. For other vaccines routinely used in the United States, the three phases of clinical trials are performed one at a time. So, you finish one then you go to the next. You finish that and you go to the third.

But during the development of COVID-19 vaccines, these phases for these different clinical trials, they've overlapped to speed up the process. So, the vaccines can be used as quickly as possible to control the pandemic. So, no trial phases have been skipped. There was some overlap between each of them to speed up the process. Not the safety, but the process. Before vaccines are made available to people in real world settings, FDA assesses the findings from clinical trials.

And then the EUAs have allowed the vaccines to be quickly distributed for use while maintaining the same high safety standards required for all vaccines. And you can learn more in this video about EUAs. And I'm copying the hyperlink. It's a YouTube video. I find it very informative.

A lot of us at CDC we've learned a lot about this process as well. There's a fact sheet by A-S-T-H-O, that's the American State and—no, sorry—the Association for State and Territorial Health Officials.

It's a fact sheet, and it's the COVID-19 vaccine approval process. It's an overview. And this is also a really good document to have. It's very informative. I just dropped this in the chat. And then if you want more information beyond what I just answered, we have one of our web pages on the CDC website. It's called Developing COVID-19 Vaccines, and it takes you through that process. And I've just dropped that link into the chat as well.

**CANDACE KEY:**

All right. And last question, which both you and Ms. Wilhelm covered, but it doesn't hurt to mention it again. Where can we find the latest news about vaccine safety and effectiveness from CDC?

**CAMMIE CHAUMONT MENENDEZ:**

Thank you. Thank you for asking this question because it's something I stay abreast of as well. Liz too. We're going to our web pages on a daily basis as well, as they're updated. So here is the website for that. It's called Safety of COVID-19 Vaccines. It's for CDC. But we just want to reinforce and reiterate that the COVID-19 vaccines, they are safe and they're effective. They're effective at preventing mild and severe disease, hospitalizations, and deaths. They're effective against the variants that are currently circulating in the U.S., and they're effective at preventing the transmission of any infection that someone might have if they're fully vaccinated.

They were evaluated in tens of thousands of participants in clinical trials. They met the FDA's same rigorous scientific standards for safety, effectiveness, and manufacturing quality needed to support emergency use authorization. Millions of people in the U.S. have received COVID-19 vaccine since they were authorized for emergency use. They've undergone and will continue to undergo the most intensive safety monitoring in U.S. history. This monitoring includes using both established and new safety monitoring systems that I covered to make sure that COVID-19 vaccines are safe. And those of you who get the vaccines, can play a role in this by logging onto v-safe. And that's pretty much all I have to say on that.

**ELISABETH WILHELM:**

And maybe just to add, over the past few weeks, cases have continued to fall dramatically in the United States. And a growing number of studies have shown three big things. Our vaccines are working in the real world. Studies show them to be more than 90 percent effective in real world settings in preventing mild and severe disease, hospitalization, death. Our vaccines have proven to be effective against SARS-CoV-2 variants currently circulating in the United States.

And if you're vaccinated, you're less likely to spread the virus. A growing body of evidence suggests that fully vaccinated people are less likely to have asymptomatic infection and to be able to transmit SARS-CoV-2 to others. That means for vaccinated people, life can begin to return to normal, and you've started to see some of that updated guidance come from CDC in the last week. And you'll continue seeing more guidance and more information available over time, particularly from our FDA colleagues on this.

**CAMMIE CHAUMONT MENENDEZ:**

Thank you, Liz.

**CANDACE KEY:**

Thank you both so much for all of that great information and sharing the links. So, we have dropped the links into the Q&A pod so you all should be able to see those. We also will follow up with this webinar by posting a recording and also the slides, and also sending out a GovDelivery with all of the links that were shared today so that you all have that.

I want to pose one final question to all of you that are listening in today. And so, you can put your response to the question in the chat pod, and its, how can FTA and our Federal partners further support your workers' confidence in getting vaccinated? So please take a moment to

submit your questions, your comments, and thoughts in the Q&A pod. We really appreciate your feedback and we want to do what we can to support you and transit workers.

So now, I will turn it back over to Henrika Buchanan who will conclude our webinar today with some final remarks. Henrika.

**HENRIKA BUCHANAN:**

Thank you, Candace, and thank you to our speakers today, Dr. Cammie Menendez and Ms. Elisabeth Wilhelm. As we heard from our CDC partners, there are many ways to build vaccine confidence if we take the time to listen to concerns and questions, meet people where there are in their hesitancy, and share clear and accurate vaccine information. We heard a lot of great ideas about how our industry can join with trusted health industry partners to build vaccine confidence. It's about empowering people with knowledge about the vaccine so that they can make the decision to get vaccinated. That shot in the arm can literally protect you, your friends, your family, and your community.

Thank you to all of you for joining us today. I hope that you can take some of these ideas and turn them into plans for educating your workforce. Getting more transit workers vaccinated will positively impact your community because vaccination is the key to getting past the pandemic. Under Secretary Buttigieg's leadership, the Biden Administration has made safety the number one priority throughout the transportation industry. At FTA, we are dedicated to keeping transit workers and the public safe.

So, thank you again for joining us today. Please be well and stay safe.

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