senior transportation

toolkit and best practices

A publication of the Community Transportation Association of America
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Preface

By now most of us are familiar with the phenomenon of the growing senior population. These Americans, known as the Baby Boomers, are aging: every eight seconds another American turns 50. As the Baby Boomers age, their sheer numbers are sure to put pressure on the vital services on which they expect to rely.

No service will be under more pressure than community and public transportation. The overwhelming proportion of the people turning 50 now and who will be turning 50 in the next three decades live in the suburbs and rural areas. Most of them want to age in the communities where they now live. The generations have enjoyed unparalleled mobility – a freedom of daily travel and movement unknown to previous generations. As they age, they will undoubtedly want to remain active and mobile.

CTAA entitled the recent (Sept/Oct 2002) senior issue of its magazine, “The Gathering Storm.” I remember shivering when I saw that title because it expressed so well my concerns for the future. In Adams County, one of the counties in which our transportation program operates, the number of people over 65 will increase 200 percent in the next eighteen years.

Years of inadequate investment have created huge gaps in community and public transportation. Few communities now have adequate transportation services for their current older residents. In the coming years, communities will have to meet the transportation needs of a steadily increasing population of older persons, and a population with higher needs and expectations than previous generations. It will be up to us, those who work with older persons and in community and public transportation, to ensure that future generations of older people enjoy numerous mobility options that permit them to live productive and independent lives. We will have to create innovative transportation services to demonstrate that community and public transportation can meet the growing and varied mobility needs of older persons; and we will have to be advocates for increased investment in senior transportation so that all older people have access to community transportation services that meet their mobility needs.

This Senior Toolkit provides information about the varied transportation needs of older people, how community and public transportation providers are meeting those needs, and means and resources for improving and creating senior transportation service. The purpose of providing the information is to encourage its users to think further about senior transportation and to create new approaches for meeting the needs and preferences of older persons.

The Toolkit is intended to be an evolving document. We hope it creates an ongoing discussion – that as you have new ideas and develop new services and techniques, you will contact the Community Transportation Association so that your ideas and work can be part of the next edition of the Toolkit.

Jane Yeager
Seniors’ Resource Center, Inc.
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CTAA Upper Midwest Region Board Member
Introduction

Using the Senior Toolkit

The Toolkit is a technical assistance manual designed to help your organization plan and implement transportation solutions for your constituency. The document is organized into specialized sections that can be used individually.

What’s Inside?

Chapter One: An Introduction to Transportation Issues Facing Older Persons
Chapter One provides an introductory overview of the diversity of older people and their transportation needs.

Chapter Two: An Introduction to Community Transportation
Chapter Two familiarizes the reader with the range of community transportation services being used to provide trips for older persons. It also describes the ways in which many communities are funding and planning to meet the transportation needs of older persons. It contains numerous examples of senior transportation services.

Chapter Three: Current Practices: Profiles of Four Transportation Programs
Chapter Three contains descriptions of four transportation providers. One is a social service agency for older persons; two are providers of general transportation; and one is a medical transportation organization.

Chapter Four: Opportunities for the Future
Chapter Four presents steps advocates and agencies working with older persons can take to create better and public and community transportation. It has a brief example of successful community advocacy.

Appendices

Appendix One is the full text of Coordinating Transportation Services: Local Collaboration and Decision-Making, a “How-To” Manual for Planning and Implementation, prepared by Creative Action, Inc., of Akron, Ohio for Project Action, Inc., Washington, D.C.

Appendix Two is a list of publications and resources.

Appendix Three is a glossary of general transit and senior transportation terms and acronyms.

Appendix Four is a brief statement of basic principles of volunteer management.

Appendix Five is a list by chapter of the names of the transportation programs mentioned in the Toolkit.


Appendix Seven contains reprints of two articles from “Rural America Needs Transit,” Community Transportation Magazine, July/August 2002.
CHAPTER ONE

An Introduction to Transportation Issues Facing Older Persons

“The idea of chronological aging is a kind of myth…. There are great differences in the rates of physiological, chronological, psychological and social aging within the person and from person to person…. Older people actually become more diverse rather than more similar with advancing years.” Why Survive? Being Old in America by Robert N. Butler, M.D., Pulitzer Prize-winning author (1976).

Today there are more than 35 million people over the age of 65 in the United States. By 2030, less than 30 years away, the number of people 65 and older will have doubled to 70 million. Sixty-five and older is the fastest growing segment of our population — and 85 and older is the fastest growing subset of that population. The increasing proportion of older persons in the general population is going to change how we look at the needs of older people.

Just the simple fact of the increasing number of people presents a challenge. And this group is as diverse as it is numerous. Sixty-year-olds are as likely or unlikely to have something in common with 45-year-olds as they are with 85-year-olds. Geographic location, income, culture, health and disability status, job status — not age alone — shape the transportation needs and preferences of older persons.

Of all these factors, generally the most important in defining the transportation needs of the 50+ age population is geographic location: small or large metropolitan areas and where they live within those areas — city, close or outer suburbs and rural areas. More than 70 percent of Americans 65 and older live in suburbs or rural areas. And the overwhelming proportion want to stay in their own homes as they age (AARP Housing Study, Fixing to Stay, May 2000).

Most people over 65 have very similar transportation needs to the needs of the general population. The best way for transit providers to meet the transportation needs of most older Americans is to meet the transportation needs of the general adult population. Their needs are similar — shopping, getting to work, medical appointments, going to restaurants and visiting friends — to other age groups.

A recent TCRP Report, Improving Public Transit Options for Older Persons, asks the question: “Are the needs of older travelers different?” and answers, “Not by much.” The Report finds that what older adults are looking for are “travel services that provide what nearly all consumers desire when purchasing most services and products: control, autonomy and choice.”


Rural Older Persons Are a Distinct Group That Need Particular Attention

Approximately 40 percent of rural residents of all ages live in areas with no public transportation. Another 20 percent live in areas with negligible service. This lack or absence of public transportation has a particularly negative impact on older persons, because rural areas tend to have a high proportion of older residents. Older rural residents who do not drive or who have cut back on driving, or who do not have a car are unable to shop for groceries, to go to medical appoint-
ments, to get prescription drugs or just to visit friends and family. Expanding rural public transportation will be a huge step toward providing transportation for significant numbers of older persons.

**Employment Transportation**

One broad statement that can be made about the future transportation needs of the general adult population is that most of them are going to need transportation to work. We can also make the same statement about the 65+ population. Today’s retirees tend to be healthier than earlier generations of retirees, so even if they have no economic need to work, they often want to stay active and productive. Many older persons, however, have an economic need to continue working.

- The eligibility age for full Social Security retirement benefits is increasing by quarter-year steps to 67.
- AARP’s study, *Beyond Fifty: A Report to the Nation on Economic Security* (2001), lists earnings as one of the four pillars of an economically secure retirement.
- In a little more than 12 years (2015), one in every five workers will be 55 or older.
- The number of workers 65 and older will increase nearly 30 per-cent in the next eight years.
- The number of workers 75 and older is expected to increase nearly 14 per-cent.

**The Frail Elderly and Their Special Transportation Needs**

Most Americans are going to have a longer overall life expectancy than driver expectancy. In other words, people will live for a number of years after they cease driving. (See “Driving Life Expectancy of Persons Aged 70 Years and Older in the United States,” by Daniel J. Foley and others, American Journal on Public Health, August, 2002. Requests for reprints should be sent to Daniel J. Foley, MS, Laboratory of Epidemiology, Demography, and Biometry, National Institute on Aging, 7201 Wisconsin Ave, Bethesda, MD 20892 [e-mail: foleyd@gw.nia.nih.gov].)

Within this group of non-drivers, the frail elderly are a substantial subset. Some can use curb-to-curb service by a vehicle that is easy to board. Others, however, need assistance in using curb-to-curb service. Others need door-to-door service — help getting to the bus, then help getting from the bus to their destination, and then the same help for the return trip. Others need through-the-door service — help getting ready to leave, help throughout the trip and then help in getting settled after they return home. For them, escorted transportation is not a luxury: it is essential.

The challenge is to meet the special transportation needs of frail elderly adults so that they can enjoy the last years of their lives — living independently in their own homes and connected to their communities.

We are just now at the beginning of the population growth of older persons. Today public and community transportation lack the capacity to meet the needs both of healthy older persons and the frail elderly, and their needs are now only a fraction of what future needs will be. We need to begin building now the capacity to meet today’s needs so that we will have a sound foundation on which to build for future needs. By building our capacity to meet the needs of older persons, we will be helping ourselves. What is good transportation for older Americans is good transportation for all Americans.
 CHAPTER TWO

An Introduction to Community Transportation

OVERVIEW

This chapter familiarizes the reader with the range of community transportation services being used to provide trips for older persons. It also describes the ways in which many communities are funding and planning to meet the transportation needs of older persons.

It can be difficult to find out about community transportation and the different specialized transportation services. It is even more difficult to figure out how they can fit together. And sometimes, the transportation simply does not exist or does not easily fit together. If your organization is looking for transportation services for your clients, this section can help you explore your options and available services. If your organization already provides transportation for older persons, this section can inform you about new approaches and techniques for providing transportation to older persons.

What is Community Transportation?

Community transportation is a practical alternative to the private vehicle and it builds upon traditional mass transit. It is more a way of innovative thinking about transportation services than it is a single method of providing those transportation services. Community transportation thinks first of the needs of the people who use the system rather than the system. Its aim is to be flexible, innovative, responsive and cost-effective. It is a network of public and community-based agencies and coordinated services that can accomplish many goals. Community transportation can help older non-drivers, to do their own shopping, get to appointments, and run errands on their own. It can provide access to needed medical and social services to those too frail or ill to drive or use regular community and public transportation. Community transportation is not defined by the size of the transit provider. The largest mass transit system can be community transportation if it responsive and innovative in providing service to its community. Having access to community transportation means an opportunity to remain independent and self-sufficient and to participate fully in the life of the community.

For many older Americans, community transportation includes: fixed-route buses, subway, light rail, commuter rail, demand response and vanpool. These services provided a record-high 8.7 billion trips (number of patrons boarding community and public transportation vehicles) in 2000, the latest year for which statistics are available. Upwards of 100,000 million of those trips were provided by rural transit. [Source: Federal Transit Administration’s National Transit Database, www.fta.dot.gov]

Types of Transportation Services

There are a variety of transportation options available to convey people to their particular destinations, including public buses, subways, trains, commuter rail, light rail, taxis, shuttles, paratransit (demand-response transportation) vanpooling, ride-sharing, and walking. Community transportation services are those that address the transportation needs of an entire community, including the special needs like frail older persons, and persons with disabilities. The type of transportation service designed for a community depends on the mobility needs of residents, the availability of funding, existing infrastructure and basic service area geography. Since the scope of transportation services
and transportation funding opportunities may be unfamiliar to many providers of services to older people, this section will provide an overview about how community transportation systems operate. This knowledge will enhance your ability to best determine the community transportation services that fit the needs of participants in your network. There are two main types of transportation services that characterize community and community and public transportation: fixed route and flexible transportation services.

**Note:** Please refer to the Glossary (Appendix 3) for a list of transportation terms.

### Fixed-Route Transit Service

Fixed-route services include any transit service in which vehicles run along an established path at preset times. Trains, subways and buses are the most common examples of this type of service. Typically, fixed-route service is characterized by printed schedules or timetables, and designated bus or rail stops where passengers board and exit. Most cities and some rural areas operate buses along fixed routes because their communities have high population densities, as well as frequently used origins and destinations that are concentrated along main arteries.

The routes and schedules of fixed-route services are frequently designed to meet the needs of working commuters, and do not meet the needs of persons who want to travel at off-peak hours and on weekends who have non-work destinations. Many older persons are in this group.

Because fixed-route bus and rail services do not extend to all neighborhoods, senior centers, and medical facilities, transit providers or community organizations sometimes operate **feeder routes**, also known as **circulator routes**. Feeder services are designed to merge into existing transit routes by picking up passengers from locations in a neighborhood or at a senior center and dropping them off at a stop along the bus or rail line. Feeder routes add another link in the community transportation network and help create a coordinated system of transportation services. Feeder routes, however, often also necessitate a transfer (the switching of a passenger from one vehicle to another, typically to change routes), too many of which can render a transit service less useful to riders, especially the ill or the frail. Transfers can also be problematic when third-party agencies like an HMO reimburse riders for individual trips. For example, some agencies pay for trips by sending tokens. If a trip necessitates a transfer and if a transfer is $0.25 and each token is $1.25, the agency must either overpay by sending two tokens or send tokens and cash. Other variations of fixed-route service include deviated-fixed route, point deviation and service routes, which are described in greater detail below.

Other obstacles that older persons often mention are no sidewalks, having to cross busy intersections that are timed to keep cars moving, not to let pedestrians get across, and bus stops with no seating.

Providing sidewalks, street benches, comfortable bus stops, and pedestrian-oriented intersections can help to make fixed-route buses accessible to older riders — and riders of all ages.

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**Examples from Florida of Feeder Routes and Fixed/Deviation Routes**

Indian River Transit (IRT) provides the IRT Connect, a door-to-door service connecting with its fixed route service for people living at least one quarter of a mile from a fixed-route bus stop. The Indian River Council on Aging provides by appointment connector service. [Source: Karen Wood, Community Transportation Coordinator, Indian River County on Aging, Inc.] St. John’s County Council on Aging has a fixed/deviation route that serves the general public with over 7,000 rides each month.

**Special Needs of Frail Elderly**

Although the number of low-floor buses is increasing, the design of many buses prevents older persons from using them, and many frail elderly cannot negotiate any bus without assistance. Other options discussed later in this chapter are more appropriate for these riders.

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**Modifying the Travel Environment**

In a survey of community transportation by AARP, fifty percent of non-drivers reported that they could not walk to a bus stop, but thirty-two percent of them say “that a resting place along the way would make it possible to do so,” and 27 percent reported that having a bus stop within five blocks of their home would make it possible to do so.” [See Community Transportation Survey by Audrey Straight, Public Policy Institute, AARP (1997), www.research.aarp.org]
Demand-Response Transit Service

“The whole idea of mobility revolves around demand response. People would like to travel when they want and where they want. But paratransit has been developed primarily around transportation to social services.” Professor Joseph F. Coughlin, AGELAB, Massachusetts Institute of Technology.

Demand-response transit services, are often referred to as dial-a-ride services. Transit providers also often use the term “paratransit” to describe demand-response services, especially those services provided for persons with disabilities. Demand-response services are transit services upon request that pick up and transport passengers to and from their destinations. Demand-response service vehicles include small buses, vans and cars. Demand-response services usually, but not always, require advance reservations.

Many communities offer demand-response van service to people with special needs such as persons with disabilities and older persons. Areas with low population density and long distances between destinations where fixed-route service is not viable often operate demand response services for the general population. Demand response services in urban areas are usually reserved for specific populations. Typically, a vehicle may be dispatched to pick up several passengers at different pick-up points before taking them to their respective destinations and may be interrupted en route to these destinations to pick up other passengers.

The number of demand-response systems increased by nearly 26 percent (85 new systems) from 1990 to 2000 reflecting the increasing needs for special transportation of older persons and persons with disabilities. Source: Federal Transit Administration’s National Transit Database, www.fta.dot.gov

ADA Complementary Paratransit
The Americans with Disabilities Act (ADA) requires transit providers who operate a fixed-route system to also provide complementary paratransit service. It is a specific type of paratransit service, aimed at a defined population of eligible individuals who are unable to use fixed route services because of the nature of their disabilities. The service delivery area includes origins and destinations within corridors with a width of three-fourths of a mile on each side of each fixed-route.

This service is typically curb-to-curb and many older persons cannot use it without assistance reaching and departing a vehicle.


Taxi cabs are the most common demand-response service. In many areas, taxis are the only form of available transportation. Though they can be expensive, taxis are a vital means of transport for many medical patients and older persons who cannot navigate commu-
Hybrid Service

When planning transportation options for older persons wishing to reach destinations located “off” the fixed-route line, variations on fixed-route services may be an attractive alternative. Here are three examples of hybrids of fixed-route and demand-response services:

A deviated-fixed route service operates a bus or van along a fixed route and keeps to a timetable, but the bus or van can deviate from the route to go to a specific location, such as a house, area with shopping and medical facilities, or senior center. Once the pick-up or drop-off is made, the vehicle goes back to the place along the route that it left.

Point-deviation services also keep to a timetable, however, vehicles do not follow a specific route. Rather, vehicles will stop at designated bus stops at scheduled times, but during the time between two scheduled stops drivers will pick up and drop off passengers with advanced reservations over a dispersed area.

Deviated-fixed route and point-deviation services accommodate spontaneous unscheduled rides at designated bus stops as well as provide scheduled demand-responsive rides over a larger area. Operating one deviated service rather than two separate services (fixed route and demand response) is a cost-effective transportation alternative.

Service routes are characterized by deviated times, rather than deviated routes. Service routes allow riders to hail a vehicle and request a drop-off anywhere along the route. St. John’s County Council on Aging provides service routes in St. Augustine. Jitney services, which operate along a fixed route but without fixed stops, also provide this type of flexibility.

To the Door and Through the Door Service

For many frail older people, a transportation assistant, escort or attendant is an essential element of accessible transportation: without assistance it is impossible for them to get from their home, on to a vehicle, to their destination and back again.

Specialized Transportation Service

Many human service agencies operate their own transportation services specifically designed for their own clients. Senior Centers are a significant source of senior transportation to their clients. More than 15,000 senior centers across the country provide rides to their clients to and from center activities. Many senior centers operate through the local Area Agency on Aging, but others are independent entities. Senior Centers provide transportation through contract arrangements with transit providers, coordination of service arrangements with other nonprofit agencies, and by owning and operate their own vehicles.
Health Care: Medicaid is a health care program for low-income and other medically needy persons. The Medicaid program pays for emergency ambulance service and transportation to non-emergency medical appointments if the recipient has no other means to travel to the appointment.

Medicaid is jointly funded by state and federal government, and is administered by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services. This agency was formerly known as the Health Care Financing Administration (HCFA). Medicaid-funded transportation is available in every part of the country, and is provided by a large network of for-profit, nonprofit, and community and public transportation providers.

Resources for future information: CTAA's Medical Transportation Toolkit and Best Practices, CTAA's Website, www.ctaa.org/InformationStation

Organizations for Persons with Disabilities

Organizations in your community such as The ARC (formerly the Association for Retarded Citizens), Independent Living Centers, and the Multiple Sclerosis Society may be provide specialized transportation services for their clients. NOTE: This is a general statement. Not every local chapter of these organizations provides transportation. Like programs serving older persons, disability organizations may receive Section 5310 funds from the Federal Transportation Administration (FTA) to purchase vehicles and transport clients to work, workshops, medical appointments or social services.

Faith-based Organizations and Local Congregations

Local units of faith-based organizations like Lutheran Social Services and local churches, often provide some sort of transportation services. For example, Catholic Community Services in southeastern Alaska operates door-to-door transportation for older persons and persons with disabilities. The CCS staff supplements its transportation with an errand service: staff will perform a number of errands including picking up mail, prescriptions, and groceries for older adults. The Memphis Interfaith Association also operates a paratransit service. Other faith-based organizations offer transportation to older persons or persons with low incomes as one of their social services Rochester, New York’s Catholic Family Center provides transportation by car to 1,075 older adults. Four fulltime and five part-time staff drivers, and forty volunteer drivers use their own cars to take older

Example of Ridesharing for Medical Transportation

Western Community Action in Marshall, Minnesota has a ride-share program that uses volunteer drivers to take residents of its rural service area to medical appointments in Minneapolis or across the state line to Sioux Falls, South Dakota. These are long-distance trips that take from two-to-four hours. Without ridesharing and volunteer drivers, the cost of transportation would be prohibitive for many older rural residents or residents of any age needing medical transportation. Source: Jeanette Aguirre, Western Community Action, Marshall, Minnesota

JCA (Jewish Council for the Aging) Connect-A-Ride is a valuable community resource center for older adults in a three-county area. Montgomery County, Maryland and Fairfax and Arlington Counties, Virginia. The program collects information about the cost, eligibility requirements and availability of public and private transportation services, then disseminates that information for free.

Whenever possible, it links older adults to the rides they need and, in some cases, it can help low-income seniors pay for some rides, as well. Example: Connect-A-Ride has a one-year grant fund from the Montgomery County Department of Health and Human Services to provide limited escorted rides for eligible Montgomery County seniors. Example: A grant from the AT&T Family Care Development Fund enables JCA to provide ride-related information to AT&T employees, retirees and others in Fairfax County who are seniors themselves or caring for older relatives, with limited funding for taxicab rides for eligible Fairfax seniors. In addition, Connect-A-Ride helps organizations to design responsible senior transportation services. The program is also supported by the Jewish Federation of Greater Washington.

For more information or to request a free copy of the JCA guidebook entitled “Safe Driving and Other Alternatives for Getting Around” visit JCA’s home page at www.jcagw.org or contact Harriet Shapiro, Program Manager, JCA Connect-A-Ride by phone at 301-255-4207 or by email at hshapiro@jcagw.org. To speak with an Information Specialist call 301-738-3252 in Montgomery County, MD and 703-323-6494 in Fairfax and Arlington Counties, VA; or e-mail connectaride@jcagw.org.
persons to medical appointments, to get their prescriptions, and to go grocery shopping. Clients pay with coupons purchased in advance so that drivers and passengers do not have to bother with cash transactions.

Church volunteers using their own vehicles act as drivers and transportation escorts are an important transportation resource for older persons. Many older people need long-distance medical transportation, e.g., transportation beyond their home county, and church volunteers can often meet that need. While some religious congregations use their vehicles only to transport members to-and-from religious services, others may provide transportation for grocery shopping or pleasure outings. Some also make their vehicles available to other community organizations.

For more information, contact local faith-based organization and congregations in your own area. Sharing vehicles belonging to one of the specialized programs described above might be an option to link your destinations. In fact, many of today’s rural public transit systems began as providers of specialized transportation, but due to the transportation needs of other community agencies these providers expanded their services. OATS (Older Adults Transportation Service) is one example. A profile of OATS appears in Chapter 3.)

Other Transportation Service Types

Employment Transportation (See Chapter 1 for a discussion of older workers)

Older People Who Work - Transportation Service Types That Meet Their Need

The needs of older workers are generally similar to needs of other workers: They need convenient, fast transportation that connects where they live with where they work. Many older workers are part-time and they face the same problems as other part-time and shift workers. They are likely to travel at times when commuter buses and trains run less often or do not run at all so they need special options like employer-supplied shuttles and vans.

Ridesharing involves setting up transportation by combining known passenger groups in a single vehicle. Vehicle options include vanpools, carpools and shared ride taxi services.

Vanpool services are designed to allow groups of people to travel on a prearranged, regular basis by van. Vanpools may be publicly operated, employer operated, individually owned or leased. They can be more readily set up than fixed-route services and are cheaper to operate because the driver is not a paid employee but rather a rider in the vanpool. In an unsubsidized vanpool, operating costs are shared equally among the passengers.

Carpools are similar to vanpools except that because the vehicle is smaller the rider capacity is less. Typically, the driver of the car is the car owner.

Shared-ride taxi service is a service in which riders with similar points of origin and destination group together to share the cost of a taxi trip.

Guaranteed Ride Home Programs, taxi service available to fill in gaps in regular transportation and paratransit service, are attractive to older workers for same reason as other workers. They have a means of departing a work location if they need to leave at times when regular bus and rail service is not scheduled.
Volunteer Transportation

Volunteer transportation is an important component of senior transportation and a useful supplement to public and community transportation. Many older adults’ preferred means of transportation is rides with informal volunteers like friends, neighbors, and family members who can take them to medical appointments, help them with errands and shopping, and bring them to church and social activities. Volunteer programs often provide escort transportation for the frail elderly. Most transportation volunteers are drivers and escorts, but volunteers also serve as board members of social service, transportation, and local, state, and regional planning organizations; and as advocates and spokespersons for their agencies and the transportation needs of older adults.

Using volunteers is an example of innovative funding. National social and health service agencies like the Red Cross, local chapters of Catholic Charities, the Shepherds’ Center of America, and local agencies like Wheels for Wellness (see program description below) have long used volunteer drivers. Community and public transportation systems are also beginning to use volunteers. San Diego County Public Transit uses older volunteers to attract more senior riders. Annapolis Transit (see program description below) is working with Partners In Care, a local volunteer organization to provide escort transportation for frail elderly persons.

Supplemental and Escort Transportation Programs

As the population of older adults is growing, so are the number of supplemental transportation programs that meet the special needs of the frail elderly for demand-response and escort transportation. Many are independent organizations, but many are services operated by or affiliated with and have service relationships with existing social and health service agencies, and community and community and public transportation providers.

Administrative and Legal Issues in Establishing and Maintaining Volunteer Programs

By using volunteers an organization can provide services it cannot otherwise afford to offer, but volunteers are not free — they require general administrative support just as paid staff do. See Appendix 3 for Some Basic Principles of Volunteer Program Management. An organization using volunteers will also have to be sure that it has sufficient insurance to protect itself and individual volunteers.

Resources to Learn About Establishing and Maintaining a Volunteer Program

• The Community Transportation Association (CTAA) provides information and technical assistance on volunteer issues. For information on how to obtain access to its resources including its network of peer experts, contact Jane Hardin, Senior Transportation Specialist, CTAA, 1341 G Street, N.W., 10th Floor, Washington, D.C. 20005; Tel: 202.661-0217. FAX: 202.737-7197. E-mail: hardin@ctaa.org.

• The Nonprofit Risk Management Center, www.nonprofitrisk.org, is an excellent resource for information and technical assistance about liability, insurance, and legal issues a non-profit is likely to encounter in setting up and administering volunteer programs. The Center provides free information online advice on a number of risk management topics and free technical assistance by telephone or email to non-profit staff and volunteers. It also has material that specifically addresses volunteer driver programs.

Resource for Volunteers: The Corporation for National and Community Service

The Corporation for National and Community Service, www.nationalservice.org, administers the AmeriCorps volunteer and Senior Corps volunteer programs. These programs provide volunteers to local non-profit agencies, faith-based organizations, and other public agencies. The AmeriCorps program matches volunteer of all ages. Senior Corps matches Americans age 55 and over. Senior Corps also administers the Foster Grandparent, Senior Companion, and RSVP programs. For more information, go to www.SeniorCorps.org, or call 1-800-424-8867.
Examples of Programs Using Volunteers

Wheels for Wellness, Inc., in Philadelphia, Pennsylvania

For more than forty years since it began in 1959, Wheels, the oldest paratransit service in Philadelphia, has used volunteer drivers. Wheels serves all health institutions in Philadelphia County and also serves Chester County. It provides approximately door-to-door service for 120 daily trips (30,000 annually). Today it has a core of thirty-five volunteer drivers that supplement their five staff drivers. Wheels schedules volunteer drivers by blocks of time. If a volunteer is available between 8 am and 11 am, he or she will be given assignments within those hours, e.g., the driver may take one person to a clinic and then pick up another at the clinic and take him home.

The drivers use their own cars. Their insurance is primary with Wheels’ insurance as secondary. They can be reimbursed 31 cents per mile or receive an end-of-year letter stating miles driven that they can use for tax purposes.

Recruitment and Selection

Wheels recruits primarily through word-of-mouth although it also uses flyers, posters, and public service announcements. Drivers have to have a clean driver’s license and insurance. The screening process is set up to give potential volunteers a realistic picture of the program so that they can intelligently self-select. Potential volunteers have a one-on-one interview with the Volunteer Director. The next step is a road test conducted by an active volunteer who also talks with the potential volunteer about what he or she can expect as a volunteer driver. Wheels has found that having an informal conversation with a current volunteer is an important factor in helping potential volunteers to decide whether they want to withdraw or go forward.

For more information, contact: Kitten Susanin, Volunteer Program Director, e-mail: ksusanin@wheelsinc.org

Annapolis Transit and Partners In Care: A Public-Private Partnership to Provide Rides for Frail Elderly

Annapolis Transit has a Volunteer Coordinator, whose responsibility is to develop transportation services for frail adults and adults with disabilities who are no longer able to use regular community and public transportation. The Volunteer Coordinator is an AmeriCorps volunteer for whom Annapolis Transit staff applied for through Volunteer Maryland. Annapolis Transit staff applied for a volunteer because they recognized the unmet transportation needs of the frail elderly and those with disabilities, but knew they did not have time to develop the services.

Through her research into community resources, the AmeriCorps volunteer identified Partners In Care, a local nonprofit volunteer organization, with whom Annapolis could work. She is now working with both Annapolis Transit and Partners In Care to create Ride Partners, a volunteer transportation program for frail older adults and adults with disabilities, who are no longer able to use regular community and public transportation. The goal of Ride Partners is to provide long distance and recurrent transportation (three or more times a week) for medical treatment such as dialysis or rehabilitation.

Partners In Care volunteers provide various services to assist older adults and adults with disabilities to remain independent in their own homes. Local transportation is one of the services that Partners In Care volunteers provide — for non-emergency medical appointments and grocery shopping. The program operates on a service exchange basis, and volunteers earn a service credit for each service hour. Service credits can be collected and later exchanged for service or donated back to the program for those who need service.
Annapolis Transit is working with Partners In Care to expand its original program as well as creating the new program, Ride Partners. The goal of Ride Partners is to provide transportation service for persons who need to make longer distance trips that may go outside the county, and for those who need recurrent transportation. The Ride Partners program will continue to use the current service exchange system of Partners In Care, but will also provide mileage reimbursement for the volunteer drivers. Passengers will be charged a small fee that will be used to fund mileage-based reimbursement to volunteers.

For more information, contact: Wendy Woods, Volunteer Coordinator. Phone: 410.263-7964 ext 102; e-mail at transtemp@annapolis.gov

**Federal Funds to Support to Transportation Services**

This section provides information about federal funding for transportation, in order to help agencies providing service to older persons understand how transportation services are supported.

**The Older Americans Act**

The Administration on Aging (AoA) was created by The Older Americans Act of 1965. Today the Act, as amended, provides a network of services, supportive services and programs for older people and their caregivers. The Administration on Aging, AoA is in the U.S. Department of Health and Human Services (HHS), and the HHS Assistant Secretary for Aging heads it.

The AoA administers most OAA programs at the federal level. The funds, annual appropriations, are allocated by a population-based formula to State Units on Aging (SUAs) to plan, develop, and coordinate systems of supportive in-home and community-based services. Every state and territory has a SUA. Most states are divided into Planning and Service Areas (PSAs) so that programs can be developed to meet the particular needs of older persons residing in those areas.

Area Agencies on Aging (AAAs) receive funds from their respective State Unit on Aging to plan and develop programs and services. “Area Agency on Aging” is a generic term and names of local AAAs may vary. An Area Agency is primarily responsible for a geographic area that is either a city, a single county or multi-county district. Area Agencies may be categorized as: county, city, regional planning council or council of governments, regional planning council or council of governments, or private non-profit agency. Source: www.AoA.gov and the National Association of Area Agencies on Aging, www.n4a.org.

**Transportation Funding and the Older Americans Act (OAA)**

Area Agencies receive funds under Title III-B of the Older Americans Act for the purpose of providing supportive services, including transportation services, to meet the needs of older individuals. Recipients of III-B funds are also often recipients of FTA 5310 funds (see description below) that can be used for capital investment, e.g., vehicle purchase. The National Family Caregiver Support Program is a recently established program of support services for caregivers of older adults. Transportation services may be included in these support services. The Caregiver Program is funded under III-E of the Older Americans Act.

**Sources for Current Information**

The U.S. Congress is considering the reauthorization of the Transportation Equity Act of the 21st Century (TEA-21) in 2003. For up-to-date information on the 2003 reauthorization, go to CTAA’s website, www.CTAA.org.

The Federal Transit Administration (FTA) publishes its current Fiscal Year transit allocations to states and urbanized areas for its grants programs in the Federal Register. The list is available on FTA’s website, www.FTA.gov.

FTA 5307, 5309, 5310, and 5311 grant programs are administered through State Departments of Transportation. Your state DOT is a good source of information about the availability of funding in your state.
Transportation Equity Act of the 21st Century (TEA-21)

Special Note: The following section on federal investment is derived from the Community Transportation Association’s (CTAA’s) annual guide to help identify the federal government’s investment sources available to help states and communities address their vital transportation needs. For additional information, contact Christopher Zeilinger, CTAA, 1341 G Street, N.W., 10th Floor, Washington, D.C. 20005; Tel: 202.661-0217. FAX: 202.737-7197. E-mail: zeilinger@ctaa.org.

Spending on transportation is guided by congressional authorization language, known as the Transportation Equity Act for the 21st Century or TEA-21. This legislation, which was signed into law in 1998, sets transit and highway spending levels until 2003. TEA-21 assures guaranteed spending levels for public transit and related activities in large- and small-urban (see Section 5307 below) and rural areas (see Section 5311 below). It also authorizes spending for transportation for the elderly and people with disabilities that includes vehicle procurement and the purchase of transportation services (see Section 5310).

One of the notable components of TEA-21 is its latitude on the flexible use of U.S. Department of Transportation (DOT) funds. For example, the Congestion Mitigation and Air Quality (CMAQ) program is a flexible funding program administered by the Federal Highway Administration (FHWA) that funds projects and programs to reduce harmful vehicle emissions and improve traffic conditions. States and urbanized areas may flex CMAQ funds to fund transit projects, rideshare projects, high-occupancy vehicle lanes, or other purposes. Communities in many states have used CMAQ funds to buy buses and vans, subsidize bus operations, set up ridesharing programs, and more.

Another flexible funding program is the Surface Transportation Program (STP). These funds can be used by states and local communities for, among other things, transit capital projects and public bus terminals and facilities.

U.S. Department of Transportation

Annual Appropriations
Since 1964 the federal government has provided funding to support public transit services. This funding and guidance comes from the U.S. Department of Transportation (DOT) through the Federal Transit Administration (FTA). The 10 regional FTA offices and designated officials in each state Department of Transportation provide localized technical assistance, outreach and guidance on the use of these funds.

In a way, programs and activities in federally supported transportation activities are similar to those in the employment and training arena. The U.S. Department of Transportation (DOT) uses regional offices for the delivery of its services. DOT uses the Federal Transit Administration to administer its transit activities. There are cases when it work directly with local providers, e.g., larger transit providers. In other cases, the DOT works through state transportation departments.

Each year, Congress appropriates money to the U.S. Department of Transportation’s FTA to fund the operation and capitalization of community and public transportation systems in the United States. Some FTA funding goes for starting up and operating transit services; other funding is allocated to research and planning. The following is a description of the FTA’s funding programs for which your community may qualify.

Urban Transit Formula Grants (Section 5307):
These are formula-based block grants to public transit systems in all urbanized areas. For areas with populations between 50,000 and 200,000, the FTA awards these funds to states for capital and operat-
Senior Transportation: Toolkit and Best Practices

Senior assistance to small-urban transit systems. Transit systems in areas with populations greater than 200,000 receive their funds directly from FTA and cannot use these funds for operating expenses, except in specific circumstances. Fiscal Year (FY) 2003 funding level: $3.4 billion.

**Major Transit Capital Grants (Section 5309):**
These are congressionally designated grants for capital projects such as bus purchases, bus facilities and rail system construction and improvement. FY 2003 funding level: $3.1 billion.

Capital Grants for Transportation for Elderly and People with Disabilities (Section 5310): These are small formula-based block grants to states for transportation programs that serve the elderly and people with disabilities. States distribute Section 5310 funds to local organizations in both rural and urban settings, who are either nonprofit organizations or the lead agencies in coordinated transportation programs. FY 2003 funding level: $90.7 million.

**Rural Transit Formula Grants (Section 5311):**
These are formula-based block grants to states for capital and operating assistance to public bodies and nonprofits to provide public transit services in nonurban areas with populations of less than 50,000. FY 2003 funding level: $240.7 million. It is likely that some or all of these funds are currently being used in your community.

If your community already receives these funds, your organization can still play an important role in maintaining or expanding transit services. The federal transit grants listed above require matching funds (e.g., state or local funds) to complement the federal funds for a service, project or purchase. These matching funds can come from townships, city and county councils, community-based organizations, and state legislatures, among others. Some funding sources allow services, such as the work of volunteers, to be counted as an in-kind funding match.

Federal programs normally require that local matching funds come from sources other than federal sources.
CHAPTER 3

Current Practices: Profiles of Four Outstanding Transportation Programs

This chapter contains descriptions of four outstanding transportation providers. One is a social service agency for older persons, two are providers of general public transportation and one is a medical transportation organization. There are numerous excellent senior transportation programs that we could have chosen. These particular programs have been chosen for two reasons.

First, they represent a variety of sponsorships — social service agency, medical transportation organization, providers of general public transportation; service areas ranging in size from single county; and urban, suburban and rural populations.

The second criterion for choosing them is their significant similarities:

• They were created by community leaders to meet identified community transportation needs.

• They continue to work with community leaders and community programs and agencies to identify and meet new transportation needs.

• They coordinate with other programs and agencies in providing transportation and in planning for new transportation.

• They complement their operations with volunteers from the community, using them as drivers, transportation escorts, ride coordinators, board members, fundraisers and legislative advocates.

• They encourage innovation and integrate successful innovations into their operations.

Seniors’ Resource Center, Denver, Colorado

Origins and History

Seniors’ Resource Center is a non-profit, multiservice senior organization serving the metropolitan Denver Area. It was created in 1978 when the Jefferson County Commissioners and the Jefferson County Council on Aging saw a need to integrate programs and services for older persons in their county. By creating Seniors’ Resource Center, the founders brought together existing senior services in the community and formed a continuum of service delivery. Older adults and their caregivers could access all services for seniors by calling one number. Seniors’ Resource Center became a One-Stop Center although that term had not yet been coined.

The main Seniors’ Resource Center office is located in Jefferson County, just west of Denver. Today the Resource Center serves Jefferson County and six additional counties in the metropolitan Denver and adjacent rural mountain area: Denver County itself, Adams, Clear Creek, Gilpin, Park and Arapahoe. The Seniors’ Resource Center currently provides six basic services: In-Home Personal Care, Adult Day and Respite Services, Care Management, Volunteer Services, Employment Programs and Transportation. To provide effective service delivery, coordination, and communication, the Seniors’ Resource Center has created four satellite sites. Today it has an annual budget of approximately $7.5 million dollars, $1.5 million of which is for transportation.
Mission

Although the Seniors’ Resource Center has expanded its services and service area, its mission and program focus remain the same. Its mission is to work in partnership with older persons and the community to provide centralized and coordinated service, information, and education; and to provide leadership to assist seniors in maximizing their individual dignity. Its program focus is to be a single point of access for multiple senior services and programs.

Transportation Program’s Goal

The goal of Seniors’ Resource Center’s transportation program is to provide accessible, affordable mobility options to the community. The transportation director describes their work to achieve that goal “as simply helping the client to get from Point A to Point B.” After staff learns where a client wants to go, they work to locate the means — bus, van, taxi, a volunteer driving her car — to get the client to that destination.

Transportation Program Components

The Seniors’ Resource Center’s transportation program has three components: brokerage, direct service and program development. The transportation program already existed as a freestanding program in the community when the Center was formed in 1978: Debbie Corthell, who is still there, was coordinating the schedule of one small bus to meet the service needs of two agencies.

The Seniors’ Resource Center as Transportation Broker

The big change in its transportation program occurred in 1988 when the Center in addition to being a direct transportation provider, became a transportation broker. The Center saw the need for community service agencies and other transportation providers to pool their resources so that they could expand service and make more cost-effective use of those resources. The Center called these groups together and offered to serve as the broker for their transportation programs. The agencies would pay for the brokerage service from their existing program funds. All calls from their clients for transportation would come directly to one central number — the Seniors’ Resource Center. Intake staff, after determining each caller’s transportation needs, would assign the least expensive transportation service available that best met the caller’s need.

The Resource Center’s transportation program today is the same model. It currently brokers the transportation service of approximately ten vendors, and also operates its own direct service transportation service. The vendors include city transportation providers (fixed route and ADA complementary service); A-Lift, Adams County’s transportation service; volunteer driver mileage reimbursement program; human service agencies like the Red Cross; and taxi companies. By brokering such a wide range of transportation providers, the Resource Center is able to provide at least limited service 24-7.

The Seniors’ Resource Center’s Central Access Number

An Example of How It Works
A woman, a resident of Adams County, calls the number to request transportation to a local hospital where she needs to report at 5:30 a.m. for surgery. Intake staff enters the ride request into a scheduling computer, screens the rider by funding source, determines her mobility needs and then places the rider with the provider that can accommodate her needs at the lowest cost. Adams County has its own transportation service, A-Lift, but the woman needs to be picked up by 4:30 a.m., and A-Lift does not operate that early so the intake worker assigns the caller to the local 24-hour taxi service.
The woman makes no payment for her ride, but the taxi service will bill the Seniors’ Resource Center for reimbursement.

**Seniors’ Resource Center’s Direct Service**

The Resource Center provides direct service through two programs: Community Wheels in urban areas and Mountain Wheels in rural mountainous areas. Its direct service has 24 wheelchair-accessible vehicles, 30 paid and volunteer drivers, and six staff members. All of the transportation the Center provides through its own vehicles is door-to-door transportation with driver assistance when necessary. Mountain Wheels provides general public transportation to residents of rural areas, and it is a demand-response service.

Community Wheels provides demand-response service predominantly to older persons, persons with disabilities and Medicaid participants. It provides transportation for medical appointments, grocery shopping, congregate meals and adult day care. Community Wheels has recently started also providing transportation for personal trips. The rider may use the service for any reason such as visiting a spouse in a hospital or nursing home, or going shopping. No third-party agency provides funding for these trips, so the rider pays for the cost of the trip.

The Seniors’ Resource Center receives **funding for direct service** from a variety of sources: The Older Americans Act, Federal Transit Administration 5310, 5311 grants (the numbers refer to sections of the authorizing legislation), local governments, the Regional Transportation District and rider donations and fees.

**The Center’s Role in Transportation Development**

The Seniors’ Resource Center is recognized throughout the state as a leader in developing transportation. It works with communities to develop their own transportation and to coordinate the new programs with existing transportation services.

- When residents of Evergreen, an unincorporated town of 40,000, organized to get the Regional Transportation District to fund a demand-response service, they sought the Seniors’ Resource Center to be the contractor. Mountain Wheels, its rural service, is based in Evergreen, so the Resource Center was well-known in the community. The new Evergreen service has freed Mountain Wheels to expand its service to meet previously unmet needs in further out more distant areas.

- After their non-profit community demand-response transportation went out of business, government officials of Adams County asked the Seniors’ Resource Center to provide interim service and to work with them to create a permanent transportation service. Today Adams County has A-Lift, its own five-bus system that is contracted out to the Resource Center, and that is part of its brokerage.

- The Seniors’ Resource Center is now working with leaders of Clear Creek County, an area with no transportation, to develop a rural general transportation system.

In 2002 the Seniors’ Resource Center received the Colorado Association of Transit Agencies Mid-Transit Award in recognition of its leadership in creating a transportation program that is a model for other agencies and in expanding transportation services to additional communities.
**Treasure Valley Transit, Canyon County, Idaho**

**Origins and History**

Treasure Valley Transit has been an independent, non-profit public transportation company since 1996. Treasure Valley grew out of the efforts of some local human service providers to create a coordinated human service and public transportation program.

In 1991, Canyon County was the largest county in Idaho without any form of public transportation. Although it is the state’s second most populous county, its population is widely dispersed over 583 square miles. Its largest towns are Nampa and Caldwell, with respective populations of 28,000 and 18,000. It had a poverty rate of 25 percent and an unemployment rate of more than 8 percent. Various human service providers like Canyon County Head Start, the Canyon County Organization on Aging (CCOA), the Nampa Senior Center, and Terry Reilly Health Services were providing some transportation for their own clients. These services, however, were uncoordinated. For instance, Head Start and the CCOA on Aging buses were sitting unused for several hours each day.

A coalition of these programs led by Canyon County Head Start formed to develop a coordinated human service and public transportation system. By pooling their resources, they hoped to make more efficient use of their transportation dollars and to provide better service for their clients. Through CTAA Rural Technical Assistance Program, the consortium obtained a consultant who assisted them in planning the steps they needed to take to become an independent public transit system. Their immediate goal was to make full use of the vehicles they already had. As a step towards this goal, the Council on Aging used 5310 money to put radios in their buses so they could connect with the dispatch station in the Head Start building. By coordinating services they were able to serve more older persons and also to offer service to persons with disabilities and the general public who needed access to health and human services.

The Retired Senior Volunteer Program (RSVP) and the Foster Grandparent Program also joined. They sold their vans and turned over their transportation program to the coalition. Neither program had ever wanted to be in the transportation business, but until the coalition was formed, they had had no alternative for providing the necessary transportation to their program participants. The coalition was able to meet the service needs of both programs and to offer additional service as well.

**Present Operations**

Today Treasure Valley Transit has two fixed routes (one in Nampa and one in Caldwell), demand response, and contract services that provide over 150,000 trips annually. It is just starting its ADA complementary paratransit service. Treasure Valley also provides express routes and commuter shuttles connecting the towns of Meridian and Nampa with Boise. These services have significantly increased access to employment for Canyon County residents. Its demand-response service provides long-distance medical trips into Boise, taking seniors to the Veterans’ Hospital and the general public to the larger Boise hospitals for specialized medical services. With a small grant from Nampa, Treasure Valley Transit is able to provide transportation for local youth program activities.

Since its beginning, Treasure Valley has worked with local senior centers to fill gaps in their service. Recently, Treasure Valley has taken over the transportation service of the Parma Senior Center: Treasure Valley has bought the Center’s bus and the driver now works for Treasure Valley. The Mayor of Parma and the Senior Center leaders realized that by funding Treasure Valley, they were maximizing their Older Americans Act dollars and Center participants were getting enhanced service.

Treasure Valley Transit estimates that approximately 8 percent of its services are for seniors, but older people also use its other transportation programs. Because of the transportation services now available to them, older persons in Canyon County are more mobile and independent. They also are
enjoying (along with the other residents of Canyon County) the increased quality of life that access to increased public transportation has created.

Treasure Valley Transit currently has 26 full- and part-time employees. It contracts out for maintenance and has in-house dispatching. Its vehicle fleet consists of 18 light transit buses, one 15-passenger van and two minivans.

Planning for Expansion

Treasure Valley has been growing steadily since its beginning and continues to develop plans to meet increasing demand. It is now exploring the possible expansion to cover a 10-county area. It is planning with local government leaders, and other major stakeholders like the Chamber of Commerce, individual local businesses and private transportation providers from the nine counties.

Funding

Finding funding so that it can meet increasing demand is an ongoing challenge. Treasure Valley is funded from a variety of federal and local funding sources.

OATS, Inc.

Origins and History

The private, not-for-profit corporation OATS was formed in 1973, but its roots go back to 1971. After the 1970 White House Conference on Aging highlighted the serious need for more transportation for older persons, the Missouri Office on Aging granted $60,000 to the University of Missouri to set up a rural-focused project to study the transportation issue. In 1971, $60,000 was enough to purchase several vehicles and start serving people. Quinnie Benton and several other older persons from the mid-Missouri area understood this. They thought older Missourians needed transportation not a transportation study.

Their made their voices heard and the Cooperative Transportation Service (CTS) was born. Three drivers operating three 15-passenger vans began serving eight counties. A manager and part-time secretary set up offices in the women’s lounge at the Callaway County Court house. They began selling cooperative shares for $5.00 and sales were strong. The cooperative was short-lived because the Missouri state statute governing co-operatives did not recognize passenger transportation as a valid co-operative purpose. The co-operative experience, however, had instilled a strong sense of ownership, and co-op leaders and members worked with management to keep that sense alive as they transformed the CTS into Older Adults Transportation Service (OATS).

Present Operations

Since 1980, OATS has served the general public. At that time, management considered choosing a completely new name, but decided to keep the name OATS. It was too well-established a brand name to replace. Today seven regional OATS service areas provide transit for all the state except the southeastern corner. The seven regional offices are anchored by a home office in Columbia. OATS vehicles made 1.5 million trips in 2002, traveling more than 11 million miles.

The mission of OATS is the same as its co-op predecessor CTS: to provide transportation service not to build a system. OATS management and staff have used unique combinations of local community partnerships, contracts, funding sources and volunteer networks to tailor transportation service to the communities served.
OATS serves 87 counties with 550 vehicles across 50,640 square miles. Towns within each county are served by an OATS vehicle on specified days, with schedules and destinations published in The Wheel, OATS' widely distributed newspaper. Service is still door-to-door and still without a required fare. Although contributions are encouraged (costs of trips and suggested contributions are posted on each bus), no one is denied a ride.

Transportation needs vary within OATS's huge service area, and OATS works to develop special services to meet these varying needs. For example, in its Southwest Service Area that has a double-digit unemployment rate, OATS is trying several different approaches to create employment transportation. It is exploring whether Community Development Block Grants and USDA grant funds can be used as matching fund for JARC (Joint Access and Reverse Commute) dollars. To help finance a needed employee shuttle for hospital workers, the OATS van now is adorned with a bus wrap advertisement.

**Coordination with Other Programs**

OATS' configured its seven service areas to be identical with those of the Area Agencies on Aging. In virtually every county, it leverages its limited resources by sharing and coordinating services with other transportation providers. A typical example is Saline County. Under contract with the Special Transportation Coordinating Board, OATS currently provides services to Head Start, Foster Grandparents, Fitzgibbon Hospital, Lafayette County Food Pantry and the Marshall Public Schools. OATS also provides long-distance medical transportation to Sedalia and Kansas City for Saline County residents. This service is funded through a variety of local government entities, FTA 5311 funds, the United Way and user fares.

**Innovations**

The extensive geography covered by OATS includes a large amount of rural territory and long distances, making a central facility impossible. Instead, each driver in these rural areas takes responsibility for his or her vehicle, locating a vendor and scheduling maintenance, keeping the vehicle clean and parking it overnight on his or her property. Drivers on rural routes essentially have their own business, operating like independent contractors.

The local franchise nature of the OATS service enables a community focus, with drivers who are known in their communities and who know their communities.

**Staff (Paid and Volunteer)**

OATS employs a total of 550 employees, 490 of whom are driving staff. Four are administrators, 11 are managers, and the remainder are support staff. The OATS volunteer Board is its policy-making entity, and has steered the corporation since its beginning. Its 16 members are nominated for four-year terms by the County Support Committees. These committees evolved from OATS' cooperative origins. They hold monthly meetings to discuss service and passenger issues and to plan fundraising activities. Each Committee raises $2,000 annually through activities that include quilt and TV raffles, cookbook and bake sales and letter-writing campaigns. Volunteers also serve as local ride coordinators in each county.

**Budget**

OATS has integrated numerous funding sources: OAA III-B, Medicaid, Section 5311 (rural) and Section 3037 (Job Access and Reverse Commute), Missouri Elderly and Handicapped Transportation Assistance Program and other special billings. Each OATS service area diversifies its ridership, with several communities and various passenger populations sharing the same vehicle.
Challenges, Plans for the Future

There is the need for additional funding to replace aging fleet, and the ongoing need to raise money to provide the local match necessary for receiving federal funds.

Note: The primary source of this material about OATS is Mature Mobility, Missouri’s Model for America, by Beth Wilson, pp. 43-50, Community Transportation Magazine, “The Gathering Storm,” September/October 2002. It is reprinted in Appendix 6.

Medical Motor Service (Rochester, New York)

Origins and History

Medical Motor Service was created in 1919 to respond to one of America’s first great medical crises, the influenza epidemic following World War I. The local Public Health Nurse Association founded Medical Motor to transport nurses and doctors to these flu victims, and it was entirely supported through private fundraising and volunteer drivers.

Mission

Its mission is to provide access services for low- and moderate-income people, older persons, and persons with disabilities to health, social, and community services throughout Monroe County.

Present Operations

Medical Motor Service is affiliated with the Al Sigl Center Partnership, (www.Alsiglcenter.org) a group of eight autonomous nonprofit rehabilitation agencies serving persons with disabilities. The partnership was formed in 1968 to provide facility management services and today provides business and fundraising services to the member agencies. Medical Motor Service is governed by a 19-member volunteer Board of Directors.

Programs and Services

Medical Motor Service has three program divisions: direct services, brokerage services and vehicle maintenance. Its direct services include foster care transportation; early intervention and pre-school services for children with disabilities; day treatment transportation; mental health transportation; cancer treatment, dialysis, physical health and senior center transportation. It provides more than a half million trips a year directly, traveling more than 3 million miles. Through its brokerage services it arranges an additional 250,000 trips annually with other community transportation providers, including wheelchair services, taxis, livery companies, other nonprofits and the Rochester-Geneenese Regional Transportation Authority.

Coordination

Vehicle Maintenance, its third division, highlights Medical Motor Service’s coordination efforts. The division provides vehicle repair and maintenance services to Medical Motor and other non-profit agencies with fleets ranging from a few vehicles to almost 100. It offers a reduced labor rate and discounts on parts to lower the overall cost of transportation in the community. The division grew out of the Rochester-Geneenese Regional Transportation Authority’s work with Medical Motor Service as a collaborator to create a vehicle maintenance facility. Medical Motor also contracts for much of
its technology services including a specially developed trip booking and billing system through the Regional Transportation Authority.

Medical Motor Service handles prior authorization and brokering for the Monroe County Department of Social Services: It confirms Medicaid eligibility and medical necessity; and schedules and dispatches trips to local vendors and processes claims for the county. It administers these services 24-7.

It provides a brokerage service to manage Medicaid-funded and non-Medicaid-funded transportation for behavioral health, physical health and dialysis patients. It also brokers service for Medicaid managed care recipients enrolled through the local Blue Cross/Blue Shield HMO.

**Senior Transportation Services of Medical Motor Service**

**Coordination of Senior Services**

Just as it coordinates its medical transportation programs, Medical Motor Services coordinates its senior transportation with organizations serving older persons in Monroe County. They pool resources to reduce program expenses and to increase the transportation options available to older persons. By using vehicles for multiple programs, the costs of operation, maintenance and insurance can be spread to a variety of funding sources making the transportation more affordable.

**Senior Center Transportation**

In 1978, Medical Motor Service first contracted with the Monroe County Office on Aging to provide transportation to its senior centers. The Centers’ main need for transportation is to bring older persons to and from the Centers for all-day activity programs. Medical Motor Service is able to match resources with fluctuating program demands among the centers so that their transportation needs are met and no vehicles are underused. Under its contract with the local Office on Aging, Medical Motor also provides transportation service targeted to especially needy frail elderly persons living in the central city so that they can attend social day care.

Medical Motor Service now has expanded to other transportation services specifically for older people. It provides valuable medical transportation to older residents of nursing homes. It also provides transportation to older persons who live independently in their own homes. For these older persons, it provides transportation for activities like grocery shopping and medical appointments.

**Creative Use of HUD Community Development Block Grant (CDBG) Funds**

Medical Motor Service provides demand-response transportation to income-eligible older persons and persons with disabilities living in towns located in distant rural areas of the county that have no public transportation of any kind. Residents can call Medical Motor Service to have their eligibility determined. Eligible persons can buy coupons from Medical Motor that they use for transportation. It will either provide transportation directly or through its brokerage service. A rider pays $3.00 per trip and HUD CDBG funds make up the difference. The CDBG funds can also be used to purchase vehicles that provide the service. Program spending is limited to an annual cap.

**Service to Local Nursing Homes**

Medical Motor Service provides transportation for the Jewish Home of Rochester and St. Ann’s Home. For both facilities, it provides medical transportation for facility residents and it provides transportation to older persons living in the community so that they can attend day services at the facilities.

- For the Jewish Home, it uses nine vehicles to provide 2,000 to 3,000 monthly trips for day medical services. Medical Motor Service serves as transportation coordinator for Jewish Home
residents. A staff person is located at the Home and floor staff call the coordinator who arranges transportation for all medical appointments, e.g., doctor’s appointments, dialysis treatment.

- Medical Motor Service also has program with St. Ann’s Home. It helps with its day program for community residents, supplementing service provided by the Home’s own vehicles. St. Ann’s has its own vehicles through Medicaid funding for medical transportation, but it contracts with Medical Motor Service to provide medical transportation to older persons who live outside St. Ann’s service area.

**Vehicle and Service Exchange: Creating Transportation for Older Residents** (medical and day programs) for older persons still living in their own homes in the Town of Irondequoit. The Social Ministry has obtained capital funding from the State Office on Aging for one bus, but no funds for operation and maintenance.

Medical Motor Service has entered into a vehicle and service exchange with the Irondequoit Social Ministry. It will provide service based on its regular hourly rate for other senior organizations up to the value of the bus. By the time that limit is reached, the Social Ministry hopes to have raised sufficient additional funds to cover operating and maintenance costs. In the interim because of the vehicle-service exchange, older residents of Irondequoit will have access to transportation for day programs and medical appointments.

**Bus Service to Buy Groceries and Prescription Drugs**

Medical Motor Service has joined with Wegmans, a local grocery chain, and LifeSpan, a local non-profit senior service agency, to provide a shuttle bus service to buy groceries and prescription drugs. The program is providing and arranging bus service to 900 older persons living in 56 senior high rises and senior complexes.

Wegmans pays for the shuttle service, and Medical Motor Service furnishes the transportation. LifeSpan, which has RSVP volunteers, provides escorts for the passengers. LifeSpan anticipates that the older persons and the escorts will develop a friendship. Over time, the escorts will learn about other needs of the older persons and will be able to help them through LifeSpan’s case management program.

**Staff (Paid and Volunteer)**

In direct services, it employs 154 people working as drivers, attendants, schedulers, call takers, trainers and administrative and clerical support personnel, and eight people in the maintenance facility. In brokerage services, Medical Motor employs six call takers and a supervisor.

**Transportation Budget**

Medical Motor Service receives funding from county, state and federal resources for its medical transportation. It also contracts with the Office for the Aging, Department of Social Service, and third parties; and receives funding from the United Way and miscellaneous sources.


*Editor’s Note:* If you know of senior transportation programs that you want to see written up, please contact CTAA, e-mail Jane Hardin, hardin@ctaa.org. We will prepare descriptions for the Senior page of CTAA’s website and for supplements to the Senior Toolkit.
CHAPTER 4

Opportunities for the Future

In Chapter 1 we looked at the enormous diversity of older people and saw that there is no average older person. In addition, we saw that geographic location not age is usually the key factor in determining a person's transportation needs. Job status and income, health and disability status and culture are also determining factors.

We also saw that within the huge diversity of older persons and their transportation needs, it is possible to make a few broad generalizations:

- Most people 65 and older have very similar transportation needs to the needs of the general population.
  - Within that group, a substantial number need, and an increasing number will need, employment transportation.

- The transportation needs of older persons living in rural areas is more dire. Because approximately 40 percent of rural residents of all ages live in areas with no public transportation. Another 20 percent live in areas with negligible service.

- There is a growing subset of frail elderly who have very special transportation needs. They can no longer drive, most frail elderly persons will be unable to use regular public transportation, and many will be unable to use any transportation without someone to assist them.

Steps Advocates and Agencies Working with Older Persons Can Take to Create Better Public and Community Transportation

In Communities with Local Public and Community Transportation, Advocates and Social Service Agencies Can:

- Build or strengthen relationships with transit providers.
  - Raise their awareness of the needs and preferences of older persons.
  - Draw their attention to specific problems and gaps in service and offer to work with them on finding solutions.

- Listen to older persons (and their caregivers) to learn their needs and preferences.
  - Conduct focus groups with older persons and their caregivers to learn their needs.
  - Perform needs assessments.

- Work with local governments to create safe street-crossings at bus stops.

- Conduct leadership training for older persons on transportation issues so that they can participate in public hearings, and serve on transportation advisory committees and boards.

- Nominate older persons for citizen positions on transit boards, planning committees and citizen advisory boards.
• Form coalitions with other organizations interested in better public and community transportation and improving the pedestrian environment.

• Support local transit providers in seeking additional funding.

Specific Steps Senior Advocates Can Ask Transit Providers to Take:

• Market the availability of existing services and how to use them, and where to get more information on how to use the system.
• Provide easily available maps and schedules that are easy to understand and read. (Make large-type versions available.)
• Have information explaining the system available to riders.
• Provide one central number for all transportation services.
• Improve reliability.
• Provide low-floor buses or buses with lifts.
• Have bus drivers call out stops.
• Provide sheltered, well-lighted bus stops with places to sit.
• Develop service and feeder routes.
• Develop demand-response services and coordinate them with fixed-route transportation.
• Develop routes that provide intra-community service and schedule service throughout the day.
• Work with local governments to create safe street-crossing at bus stops.
• Appoint older persons to transit boards, planning committees and citizen advisory boards.
• Conduct focus groups and needs assessments of older persons and their caregivers to learn their needs.
• Build or strengthen their relationships with local senior advocates and agencies older persons.
• Support community efforts to improve the pedestrian environment by building sidewalks and providing pedestrian benches along routes to bus stops.
• Co-sponsor programs with local volunteer organizations that can supplement public transportation by providing transportation escorts and volunteer drivers for the frail elderly.
• Create a transportation mentor program using older volunteers to help older persons who are first-time riders.
• Partner with local merchants, medical facilities and high-rise apartments with high concentrations of older residents to provide special bus and van service.

Universal Design is defined as changes that are targeted to persons with special needs but that are of general benefit. Universal Design originated in the late ’70s with the efforts to design housing and products that were accessible to persons with disabilities. After a few years, as people recognized that these new designs could make life more convenient and comfortable for everyone, mainstream consumers also began using them. Curb cuts (also called curb ramps) are a good example. They were introduced for wheelchair users and people who have difficulty with steps. Mothers with strollers, people with luggage or grocery carts and bicyclists all use and benefit from them. Low-floor buses are another example. These buses have been introduced to help persons with disabilities and older persons. They, however, make boarding easier for all passengers, especially people with baby strollers or with shopping bags or luggage or people with temporary injuries that make it difficult to climb steps.

[These points and similar ones are in Improving Public Transportation Options for Older Persons, TCRP Report 82, (2002) by Jon Burkhardt, Adam T. McGavock, Charles A. Nelson, and Christopher G. B. Mitchell; and Designing a Senior-Friendly Transit Service by Amy Ostrander, Rose Community Foundation (November 2000).]

Transportation Improvements That Help Older Passengers Also Help All Passengers
Almost all of the design and service changes to meet the transportation needs and preferences of older persons will improve public transportation generally and are likely to attract more riders of all ages. These changes can also have long-run benefits for public transportation because people
Advocacy Pointer

The fact that these changes help all passengers is an effective point in building widespread community support for them.

Fundamental Changes That Transportation Providers Can Make

“Transit agencies wishing to respond to the changing needs and demands of tomorrow’s older persons will need to reconfigure their operations and services.” The Executive Summary of TCRP Report No 82, Improving Public Transit for Older Persons (reprinted in “The Gathering Storm,” Community Transportation Magazine, Sept/Oct 2002). The Report lists five areas where fundamental improvements are required of transportation providers if they are to meet the changing needs and demands of tomorrow’s older consumers: consumer orientation, agency responsibilities, customer choice, fare strategies and advanced technologies.

Many Improvements Are Already Being Implemented

These improvements are fundamental and it will require considerable effort to make them widespread, but virtually every one is already being implemented somewhere. Chapters 2 and 3 contain numerous examples of public and community transportation and human service agencies already implementing these improvements: mobility management, fare strategies with non-operative agencies, non-cash financial transactions and advanced technology for scheduling.

Example of Mobility Management: The Seniors’ Resource Center in Colorado

The Senior Resource Center’s transportation program (described in Chapter 3) is a model of the new transportation organization that functions as a functions as a mobility manager as well as a transportation provider. The goal of its transportation program is to provide accessible, affordable mobility options to the community through its own services or other services that it brokers. Seniors’ Resource Center offers one-call access to a variety of public and private transportation services. After Center staff learn where a client wants to go, they work to locate the means — bus, van, taxi, a volunteer driving his or her car — to get the client to that destination.

The Importance of Learning the Needs of Potential Passengers

IndyGo in Indianapolis, Indiana wanted to attract Spanish-speaking residents. They learned that many newcomers were unfamiliar with fixed-route transportation and regular bus stops. They were accustomed to service routes — buses that stopped whenever a person waved for service. IndyGo then rewrote their brochures to describe how their bus service operated before they translated them into Spanish.

Mobility Management and Coordinating Transportation Services of Human Service Agencies

Mobility management, organizing a spectrum of kinds and levels of services to meet the needs of individual consumers, is based on coordination. The mobility manager may offer some services directly, but often contracts with multiple other transportation providers for other services. The effectiveness of a mobility management program is directly related to the range of transportation services it coordinates.

Fundamental Improvements That Advanced Transportation Providers Will Make

Consumer Orientation: Transportation providers will tailor transportation options to the wishes of individual customers.

Agency Responsibilities: Agencies will shift their focus to mobility management, finding means to help individual customers reach their destination. Advanced transportation organizations will be seen primarily as travel facilitators, not service providers; organizing but not operating public transit services.

Customer Choice: Providers will recognize that no one solution fits all travel needs so they will need to offer “multiple service types at varying prices.”

Fare Strategies: “Future transportation providers will focus on full cost recovery for trip; non-operative agencies could assume responsibility for providing subsidies for those eligible for them.

Advanced Technologies: Consumer-oriented technologies can provide real-time information. Low-floor vehicles will be emphasized, as will non-cash financial transactions. The source for this section on fundamental improvements is TCRP Report No 82, Improving Public Transit Options for Older Persons.
In areas where there is no public transportation system, human service agencies can combine services by creating a brokerage system using existing agency services like the Seniors’ Resource Center in Colorado or a public transportation provider like Treasure Valley Transit in Canyon County, Idaho. Treasure Valley Transit, a public transit system serving the general public and human service agencies in Canyon County, Idaho, was created by a coalition of six human service agencies led by the local Head Start. (See Chapter 3 for a description.) By creating Treasure Valley, the agencies were able to access increased funding and to make more efficient use of their transportation dollars. Treasure Valley Transit was able to provide better, increased service for their clients; to expand its service area and to create new transportation options for the general public.

In areas where there is a public transportation provider, the economic benefits of coordination can be even greater. The public transportation system’s existing infrastructure creates enormous potential for cost reduction. Human service agencies can benefit from reduced unit costs, generally improved cost effectiveness and increased efficiency. The great social benefit is creating a system that is easily accessible to older persons and that increases their mobility options.

**In Communities With No Local Public and Community Transportation: What Senior Advocates and Agencies Working with Older Persons Can Do**

Here is a systematic process for developing transportation services (reprinted from CTAA’s *Linking People to the Workplace*, Rev. January 2000).

**Building Transportation Services: A Strategic Process**

**Formalize a transportation taskforce**
- Identify stakeholders,
- Find a committed leader,
- Build a common mission,
- Understand and address the motivations of stakeholders,
- Overcome barriers to successful collaboration, and
- Cultivate the partnership for ongoing effectiveness.

**Assess transportation needs**

**Conduct an inventory of transportation resources**

**Evaluate the mobility needs based on available resources**

**Determine the plans and approach for initiating new or expanded services**

**Secure commitments to fund the services**

**Implement solutions**

**Continuously monitor and evaluate community needs, resources and services**

To see two actual examples of how the process works, turn back to Chapter 3, Current Practices, and read the descriptions of Treasure Valley Transit and OATS Transit, Inc. A coalition of social service providers started Treasure Valley and senior advocates started OATS.

Also keep the outline of the systematic process in mind, as you read about how community advocates and Seniors’ Resource Center worked together in Evergreen, Colorado.
Evergreen, Colorado: Senior Advocacy Brings Public Transit to Their Community

Evergreen, Colorado is an unincorporated town of 40,000 located in mountainous terrain (7,500 feet above sea level) that lacked local public transportation until 2002. An informal group of retired men, the self-named Curmudgeons, meet every Thursday in a town bookstore to discuss local issues. The idea of getting a bus service just evolved from their discussions about traffic congestion.

Evergreen is part of the Regional Transit District that covers the Metropolitan Denver Area and that receives significant funding from the sales tax. One of the Curmudgeons’ first steps was to contact Stephen Millard, the area representative on the board of the Regional Transportation District. Citing unmet mobility needs, the Curmudgeons proposed a local service, and set out to demonstrate community support for a local transit option. They conducted resident surveys, did needs assessments, met with the PTAs, talked with the Audubon Society and reached out to residents in retirement communities. Older residents who no longer drive but can ride on a bus without assistance welcomed the idea.

Millard supported their efforts, and arranged a meeting with Regional Transit District staff. After determining service needs, Regional Transit District officials proposed a demand-response system with a cost-saving innovation — the drivers would be their own dispatchers.

The Curmudgeons proposed the Seniors’ Resource Center as a potential transportation provider. The Seniors’ Resource Center, a local non-profit agency, was already operating Community Wheels, a transportation service for frail elderly and persons with disabilities in three counties. Under a new contract with the Regional Transit District, the Resource Center began the demand-response service, Call-n-Ride in March 2002. Call-n-Ride provides curb-to-curb service Monday through Friday, 5:30 a.m. to 8 p.m., and Saturday, 9 a.m. to 7 p.m. The Curmudgeons carried out the marketing for the new bus service, and their members were the nucleus for the Regional Transit District’s Advisory Committee.

If you are interested in starting a public or community transportation service in your community, you can contact the Community Transportation Association for more information and technical assistance. Association staff are available to talk with you and the Association has a peer network of transportation experts who are available to provide technical assistance and information. Our website, www.ctaa.org has considerable information about start-up and it has information on how to contact CTAA staff. For senior transportation issues, contact Jane Hardin at hardin@ctaa.org.
Coordinating Transportation Services: 
Local Collaboration and Decision-Making

A “How-to” Manual for Planning and Implementation

Completed as Part of the Project:
Model Procedures for Coordination among Transportation Providers:
The Key Role of Local Collaboration and Decision-Making

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INTRODUCTION

This handbook has been developed through a demonstration project entitled “Model Procedures for Coordination among Transportation Providers: The Key Role of Local Collaboration and Decision-Making.” The project was designed to develop, evaluate and document model procedures for coordination of transportation services among various transportation providers within a community. In addition to this handbook, two other reports have resulted from the project:

*Project Technical Report: Model Procedures for Coordination among Transportation Providers: The Key Role of Local Collaboration and Decision-Making*

and

*Transportation Services and the Functional Capabilities of People with Disabilities*

BACKGROUND

Through this demonstration project, model procedures for transportation coordination have been developed. The model is grounded in collaboration. Satisfying customer needs for accessibility and mobility provides the framework for transportation service development. In this perspective, people with disabilities are always customers. They are customers of the local public transportation system, of other agencies engaged in the collaboration process, and agencies potentially involved in the coordinated delivery of transportation services. Other clients of agencies involved in the collaborative process are also customers, as is the general public.

This demonstration project was completed by developing and testing the model coordination procedures in Mahoning County, Ohio in collaboration with the Western Reserve Transit Authority (WRTA), Mahoning County Commissioners, and agencies in the county. When the project began, WRTA and the other Mahoning County agencies were in the pre-planning stages of organizing to coordinate transportation services in the region. Through the development and testing process, the Mahoning County transportation providers working together were able to make true progress toward the coordination of transportation services.

BENEFITS

These tested model procedures enable and empower local officials and representatives of public transportation interests, disability and other customer interests, and others to collaboratively find ways to more effectively use limited resources. They also promote the use of previously untapped resources to increase the service capability of public transportation systems.

Application of the model procedures permits communities to meet the travel needs of people with disabilities and achieve compliance with the accessibility and complementary paratransit requirements of ADA. Through effective coordination of transportation services, mobility is improved for people with disabilities, older adults, and others who have difficulty using current modes of public transportation to get where they need or want to go.

The project has demonstrated that representatives of public transportation systems and the disability community, along with other concerned agencies and individuals can work together
effectively. Further, it has shown that groups with diverse interests in improving local transportation services can be effectively included in the process, as should be the case.

This handbook presents tools and techniques that will enable local officials and decision-makers to more efficiently and effectively deliver local transportation services. Application of the procedures can result in significant coordination of community transportation services. The amount and timeliness of service improvement depend on the extent to which key individuals are ready for change.

COLLABORATORS

Key individuals in the coordination process include both stakeholders and leaders. Stakeholders are those individuals in human services agencies, charitable organizations, transit systems, and private industry who have an interest or role in the transportation services of their area. These individuals have—or perceive that they have—something to gain or lose in transportation service coordination. Key leaders are individuals who are in a position to contribute resources and funding, and make policy recommendations and decisions about transportation service coordination. They may include elected officials, agency directors, local government department staff, economic development personnel, planners, and executives in public transit, taxi companies, private transportation companies, or ambulance services. These groups and individuals are not mutually exclusive. In fact, it is very likely that some leaders will also be stakeholders.

TURFISM

“Turfism” is an issue that often surfaces in discussions about transportation coordination. Simply defined, “turfism” means “This is my program, my funding, my clients, etc., and nobody, especially you, can do a better job of providing transportation services than I.” This attitude presents a challenge to those seeking to coordinate, but it can be overcome. The key to changing this thinking, and the way in which community transportation services are delivered, rests with the people who are responsible for meeting transportation needs of the general public and groups of people who have specific needs and wants. The procedures presented in this handbook focus on enabling and empowering people to think differently, openly, and creatively. These techniques assist users in finding solutions that many may have recognized, but have been unable to implement.

PHILOSOPHY AND APPROACH

The methods presented in this handbook are grounded on the premise that local officials, people and organizations that serve and/or advocate for specific groups of people, and the customers of transportation services themselves must understand transportation issues and concerns within their community. Further, they must work together to identify common interests and diverging views. They must work to reach consensus about where agreement is and what can be changed. Finally, they must reach consensus on what is difficult to change or what cannot be changed at the present time.

A key to successful collaboration and decision-making is to define a coordinated transportation system that can be achieved in the near term, recognizing that transportation will, and should be, viewed as a dynamic “work in progress” that will evolve, change, grow, and strengthen over
time. One of the greatest threats to effective coordination is to decide or conclude that not enough agencies are ready to begin coordinating transportation services. The reality is that some agencies may not be ready at a given point in time, and that is okay. A group of agencies must reach consensus, decide on a plan of action, and begin to coordinate transportation services. Other agencies can join later. It is not worth waiting for those one or two agencies if waiting may jeopardize initiating others to coordinate.

The central philosophy presented is that people can work together under difficult circumstances. Conflict is not necessarily the natural consequence of efforts to find solutions to difficult problems. In fact, people can overcome difficult times and unsuccessful experiences. The procedures take a marketing approach to transportation coordination. Here, marketing is defined as creating and offering services to satisfy peoples’ travel needs.

To that end, marketing involves the following:

• Identifying, or “targeting,” individuals and groups in the community,
• Identifying their transportation needs, and
• Working toward meeting their needs through the coordination of transportation services.

This handbook stresses ongoing communication through various methods in order to expand the market. It is essential to educate and inform the key public in the community about the features of the new coordinated transportation system and how these will benefit the users of transportation services.

TRANSPORTATION COORDINATION: CONCEPT AND KEY ELEMENTS

Transportation coordination means different things to different people. In the context of this handbook, transportation coordination means that two or more providers of transportation services work together under specific circumstances to pool physical and/or financial resources, combine transportation capabilities, and improve the capacity of services to meet travel needs.

Communication is central to the successful, on-going coordination of transportation services. Communication is talking about issues and presenting points of view. It is about listening carefully to other views, concerns, and arguments. It is about developing an understanding of why people believe and feel the way they do and how those feelings and beliefs may impact efforts to coordinate transportation services.

The following illustration captures the approach to coordination of transportation services developed in this project. Central to successful coordination is the recognition that, in the end, what matters most is delivery of service to a customer with a travel need.
Key players in making coordination work include:

• Social service agencies that provide service to and advocate for particular segments of the population.

• Transportation providers that are in a position to help people and the agencies meet travel needs.

• Elected local, state, and federal officials who are in a position to offer program and financial assistance.

Local collaboration, communication, and decision-making is essential for coordination to succeed. These three groups must put the pieces of the coordination puzzle together. Key players and stakeholders need to understand and respect each other’s interests and views. Further, it is essential that key players and stakeholders never forget that it is the customers of the coordinated transportation services who matter most.

In our illustration, the customers are clearly the focal point. Transportation services are for them. If transportation services are not meeting their needs, then services should be evaluated and redesigned to do a better job. Like it or not, in today’s local marketplace transportation services are not going to be self-sustaining. Therefore, elected officials at all levels of government are key to success. It is through programs and funding that they make available that local transportation services are to be put in place.
The real work, on a continuing basis, rests on the shoulders of those who provide transportation services and those who advocate for or provide social services for people who are unable to adequately meet their travel needs. In any local area, providers whose sole business is to run transportation service may provide transportation services. Usually, agencies whose real purpose is to provide social service programming to people also provide transportation services. They do this because their clients also happen to have difficulty meeting their travel needs. As a consequence, many of these agencies have gotten into the business of transportation by necessity. They have felt that providing transportation services is essential to ensuring that people can gain access to their program services.

For coordination of transportation services to work, the transportation providers must understand the interests, concerns, and objectives of those who are providing social services. In like manner, the social service agencies must understand the interests, concerns and objectives of those who are providing transportation services. In other words, it is essential, that transportation providers put themselves in the shoes of the social service providers and vice versa. The result is a better common understanding of issues, concerns, and objectives. Through this kind of collaborative thinking, issues and conflicts can be resolved pro-actively rather than reactively. Turf need not be protected. Walls need not be built in the first place.

**“HOW TO” MODULES**

Five “how to” modules are presented in this handbook. Although each module is self-contained, it is recommended that the procedures and techniques in all five be followed. The modules are:

**GETTING STARTED**—Current Circumstances, Common Concerns and Issues

**MOVING FORWARD**—Collaborative Thinking and Consensus Building Setting Direction and Taking Action

**UP AND RUNNING**—Developing and Implementing a Plan for Action

**DEALING WITH THE ROUGH SPOTS**—Persevering

**LOOKING BACK**—Reviewing Progress

The names of the “how-to” modules describe the focus of each of five major areas of concern in coordination. The module names also illustrate positive thinking and viewpoints, which are important themes throughout this handbook and the coordination process. A principal objective is to encourage the user to think in new and non-traditional ways about the way in which transportation services can be provided. Expect the unexpected, because the path to coordination can be unpredictable.

This handbook is targeted to individuals who are prepared to work with others to form the necessary organization to bring about coordination. This handbook is unique in that it presents coordination as a group endeavor. Activities described in this handbook are to be applied in group settings or as part of a collaborative effort. They are designed to create group consensus for development and implementation of coordinated transportation services. Coordination can only happen within the context of collaboration and consensus among group
members. Outcomes will vary from one community to another. However, the approach presented in this handbook is designed to be transferable and replicable in local urban, suburban and rural areas across the United States.

Some may say: “We tried coordination before and it didn’t work.” Or, as we have often heard: “Coordination won’t work in this community. We’ve tried everything and nothing has changed.”

**CHANGE CAN OCCUR**

The change can be revolutionary or more likely, evolutionary. Change can grow out of any set of local circumstances. But first, key leaders and stakeholders need to take risks, be open to failure, look past problems, and think about solutions. The old adage that says, “If you are not part of the solution, you are part of the problem” holds true here. A central theme of this handbook is that, while it is okay to disagree, people need to work together to build consensus. It doesn’t just happen.
GETTING STARTED

After reading this module, you will be able to:

• Identify and share important information about community transportation needs

• Identify leaders and stakeholders in the community who are or should be involved in the coordination of transportation services

• Carry out one–on–one interviews with key leaders and stakeholders whose opinions and actions will shape transportation service coordination

• Carry out a survey of local transportation needs and resources to further identify and verify important issues and information about coordination in your community

Getting started means just that. Many times, this can be a most difficult step, especially if previous attempts at coordination have resulted in failure. Failure and the conflict that may have accompanied it can make it difficult to pick up the pieces and try again. In any event, there needs to be a decision to begin or revisit the coordination process. Usually, something will trigger such a decision. For example, federal and state mandates and inducements may force action, or a local transportation need may surface. The first step is to find out what information is needed and who in the community is most essential to starting a group process. Identifying information needs, key players and “hot” issues will lay the groundwork for coordination.

GOAL AND OBJECTIVES

The goal of this module is to provide tools to establish key contacts, bring individuals and groups together to begin the dialogue and gather information on concerns, resources, and needs as they relate to transportation services within a local setting.

FRAMEWORK FOR COORDINATION ACTIVITIES

Understanding the Local Setting
Local settings will differ. However, the process presented in this handbook is designed to be universally applicable.

Groundwork is needed before key contacts can be made, and the concept of transportation coordination must be introduced into the local or regional agenda.

This groundwork means understanding the following:

Local political structure—What are the arrangements that define the roles, responsibilities, and powers of elected and appointed officials as they appear in constitutions and statutes at the state level, and charters at the local level?

Recent local history—Has some form of coordination been tried in the past? What were the results?
Transportation resources—Who are the transit providers, including human services agencies, taxi companies, and private bus companies?

Community educational resources—What colleges and universities, consultants, interest groups and other resources are available in the community to provide information and guidance?

Local political economy—What is the role of business in the local policy process?

Establishing Contacts and Bringing People Together

As you begin your coordination effort, there will be a core group of interested individuals—people who have a concern about transportation services, and a desire to do things differently. The number of people who fit into this category will vary from one local setting to another. Some of these individuals may have already started to discuss with each other their concerns and ideas about improving the situation as they see it. At first, they will probably represent many different viewpoints and will be far from reaching consensus. The task at hand is to connect with these folks and begin the networking process.

The established transportation providers are obvious contacts. But that should only be the beginning. Think about agencies with an interest in improving transportation services. Key leaders and stakeholders in transportation coordination will differ from community to community, and so will the desire to work toward change.

Your core group will be a unique mix of people from a variety of sectors, including the following:

- Individuals and groups that advocate for older adults, people with disabilities, and people living in poverty
- Charitable organizations and religious institutions
- Local government
- Colleges and universities
- Business community (employers, mall owners, etc.)

Rather than setting out right away to form a committee, the best approach is to let the group come together informally. You, as facilitator, should be impartial and objective in bringing people together. Arrange informal meetings to start the dialogue process. Invite people who represent a diversity of perspectives, opinions, and ideas. The point is to identify people who are interested in working toward change, not to sell them on your vision of coordination. You will also be creating awareness about problems and opportunities for change. As you network, additional names of key individuals and potential contacts will emerge. Once a few contacts are made, others will follow as transportation coordination takes its place on the local or regional agenda. The process should be allowed to evolve. As interest in coordination builds, participation should be encouraged and welcomed in the group. Some people may choose to stay outside the process or join later. Some may decide that they are not ready for coordination. Nevertheless, it is important to keep moving forward despite a disappointing level of interest at first. Many times,
a key individual or agency that is initially skeptical or negatively predisposed about coordination will join in when they see the effort building momentum and becoming successful.

**Organization**

As you begin bringing together individuals interested in coordinating transportation services, you will have the nucleus of a decision–making body. However, there is no single way of organizing that works best for coordination in all communities. Instead of following a rigid structure, the organization should be allowed to take shape and evolve naturally. Your organization will become more complex, and achieve greater formalization as it evolves. Without knowing what the local circumstances are, it is difficult to say what an organizational structure needs to be.

Three hypothetical counties are referred to throughout this handbook to illustrate how structure conforms to local circumstances. Although the counties (Muskmelon, Peach, and Mango) are hypothetical, the examples are true and are based on events that occurred in communities in which coordination has taken place to some extent. Each example represents a unique scenario, demonstrating how a coordination effort may play out differently in a variety of environments and under different circumstances.

**GATHERING INFORMATION**

**Personal Interviews with Key Leaders and Stakeholders**

Interviewing key community leaders is a valuable, momentum–building step in the coordination process.

It serves two purposes:

1. To formulate the concepts, concerns, opportunities, and threats to coordination that will determine later discussion.

2. To follow up on the interest generated by bringing community leaders into the idea–formation process.

Interviewing key leaders and stakeholders is a form of participatory research, a dynamic data collection process. Participatory research involves introducing individuals to the concept of transportation coordination and gaining their insight through an exchange of questions and answers. The process gives people the opportunity to express their ideas in a confidential setting, which is conducive to identifying conflicts and problems that might not emerge in a group setting. Discussing in a group setting the issues identified through the interview process is an excellent way for participants to share, and build upon, their insights.

Because you will be working with a diverse group, interest and willingness to participate will vary. Many of the key leaders and stakeholders who participate in interviews will continue to be active in the process. Others will participate sporadically, or drop out of the effort altogether. Therefore, it is important that the process remain open to those who wish to contribute now as well as later, and that you continue to look for participants.
How Many Key Leaders and Stakeholders should be Interviewed?
Fifteen to thirty interviews should be sufficient, depending on the number of key leaders and stakeholders in the community. More important than the number of people you interview, however, is the process of recruitment. A good way to begin is to generate a master list of individuals who qualify as key leaders and stakeholders. Many of these individuals will come to mind immediately. Collaborators can help to suggest names. By inviting everyone on your master list, you will end up with an acceptable number of completed interviews.

Contacting Potential Participants
The master list may not contain all necessary information. To prepare for key leader/stakeholder interviews, you will need to have as much complete information as possible about each one. Telephone numbers for key stakeholders in government, private industry and human services agencies can be found in the telephone directory. Many agencies publish their own directories, which often include the name of a contact person. Some areas have an information line or other central source of social services agency names, addresses and telephone numbers. Some directories, such as the standard phone book, do not include names and titles of potential interviewees. This information can be found by calling the agency, office or company and speaking to an administrative assistant or receptionist.

Working Out the Logistics
Place
Interviews may be held at a central location or the interviewee’s office. What would be convenient for you, the interviewers, and more importantly, the interviewees? The interview setting should be a pleasant environment located nearby and easy-to-reach. A downtown office, boardroom, conference room, or other quiet area will work just fine as an interviewing facility. Many stakeholders and key leaders, however, prefer to be interviewed in their own offices. This may be the most feasible option for interviewing individuals whose availability is very limited. The goal is to make the interviewee feel comfortable as this helps the dialogue flow more easily.

Time
It is a good idea to have at least one week blocked out for conducting interviews. In this way, you will be able to schedule the key leaders and stakeholders at their convenience. Of course, the more options that you can offer, the more likely it will be that these leaders agree to an interview. In addition, having two to four trained interviewers available helps contribute to flexible scheduling.

Develop a Telephone Guide
Key leaders and stakeholders are often away from their desk or office when you call. Getting through may take some persistence. Leaving detailed voicemail messages or scheduling an appointment through an assistant is often necessary. A telephone guide helps in making phone calls and leaving messages. This helps ensure you leave sufficient information consistently. The guide should include an introduction, explain the purpose of the call, and request for an interview or a return call. (See Figure 1).
Telephone Guide  
For Scheduling Interviews with  
Key Community Leaders

Hello. May I speak with ________________. This is ________________, with _________________. We’re working on a coordination project funded by ________________ to broaden the scope of transportation service coordination in ________________ by including leaders in local government and area agencies in this process. So, we’re calling to schedule a one-on-one, half-hour interview with ________________ to get [your/his/her] perspective on transportation service coordination issues.

[IF USING A CENTRAL LOCATION(S)]:

The interviews are being scheduled for [DATES] from ___AM to ___PM at:

[LOCATION NAME 1]  
[ADDRESS 1]

[LOCATION NAME 2]  
[ADDRESS 2]

What location and time would ____ prefer?

[REFER TO SCHEDULE SHEET]  
We will be sending you a fax (or letter if no fax machine) confirming the time and location.

[IF INTERVIEWING AT HIS/HER OFFICE]:

What time would be convenient?

[REFER TO SCHEDULE SHEET]

[IF NECESSARY]: Where are you located?

________________________________________________________________
________________________________________________________________
________________________________________________________________

We will be sending you a fax (or letter if no fax machine) confirming the interview time.  
Thank you for your participation.

The best approach to securing an appointment for an interview is to quickly and persuasively present the necessary information. It is best to sound conversational when calling, not as though reading from a script. You should be prepared to repeat and expand upon the details you present over the telephone, depending on whom you are addressing. It is important to design the telephone guide not as a script but as a source of access to all pertinent information.
You will find that some individuals want a lot of detail about the project, while others do not. Have on hand a one-page background sheet that provides these details for elaboration if necessary. You can use this as a talking piece, or mail or fax it upon request. Also helpful for ensuring that appointments are kept is a reminder sent by fax or mail containing all of the details, maps and directions. Figure 2 shows a sample a follow–up reminder that provides information about the time and place of an interview.

**Figure 2—Sample Interview Appointment Reminder**

```
Interview Appointment Reminder

Thank you for agreeing to participate in the Transportation Coordination Project in (your community). We have scheduled you for a one-on-one interview on Wednesday, January 21 at 2:15 PM in room _______ of:

[LOCATION NAME]
[ADDRESS]
[DIRECTIONS]

We are grateful for your time and look forward to gaining your perspective on public transportation service coordination issues in (your community). If you have any questions, please do not hesitate to call _____________ at ______________.

Thank you for your participation in this important coordination project!
```

**Developing Your Interview Guide**

The personal interview with key leaders and stakeholders is your opportunity to begin to uncover the issues that will frame the transportation coordination discussion as it proceeds. Therefore, it is essential that the questions be worded as openly as possible, and that they evoke a detailed response. Often, a general question is best for getting the stakeholder to give you a thoughtful answer. Questions that can be answered “yes” or “no” should be avoided.

By the time you reach this stage of the coordination effort, you will have uncovered several facts and issues that should help in formulating the questions for the interview guide. For example, you may wish to add questions about the services of a local transit authority or other public transportation provider. A good practice, however, is to move from the general to the specific. This allows the leader or stakeholder to define the transportation issues as they see them. A useful closing item for your discussion guide is a question that gives the individual a chance to revisit or elaborate on an earlier point, and add final thoughts, concerns, and insights. Figure 3 provides an example of an effective interview guide. It is helpful to space out the questions to give the interviewer plenty of room for writing. You will find that some interviewees will give more detailed and complete responses than others. Include probing questions in your interview guide that can be used to draw out a more complete response, if necessary.
**Interview Guide**

**Mango County Coordination Project**

**Introduction**
1. Please tell me a little about your agency (community). What is your mission? What types of services do you provide? Who do you provide your services to?

**General Transportation**
2. In what ways are transportation services important to your agency (community) mission? The services you offer? The people you serve?

3. What are your perceptions of [TRANSIT PROVIDER] in helping _______residents meet their travel needs? Strengths? Weaknesses?

4. What are your perceptions of other agency and private transportation services available in Mango County? Strengths? Weaknesses?

**Coordination of Transportation Services**
5. How do you believe coordination can help in maintaining and improving transportation services in Mango County? What opportunities does it present? What threats does it present? How can the threats be overcome?

6. Which agencies or individuals do you believe should be involved in transportation coordination? How should they be involved?

7. In what ways do you believe your agency (community) can be involved in efforts to coordinate transportation services?

8. How should leadership responsibility for transportation coordination be organized? Is there a logical organization or agency that should have this leadership responsibility?

**Final Observations**
9. Are there any final observations or insights that you would offer for improving transportation services in Mango County?

To ensure that the leaders and stakeholders are open and honest in their responses, they must understand that their responses will be held in confidence. In other words, in reporting the results of the interviews, especially hot issues and major concerns, references to who says what are omitted.

Interviewers need to be as accurate as possible when writing down the responses of leaders and stakeholders. Similar themes and responses to questions will surface as more and more individuals are interviewed. However, at the risk of biasing the results, it is critical that the interviewers listen carefully to the responses of each individual, and consistently record responses as accurately as possible.
Compiling Results

Create a Text File

A useful way to begin to compile all the data from the interviewers is by entering your notes into a text file in a spreadsheet application program. Create a matrix where the first column is an identification number (ID) that is assigned to each stakeholder, and each successive column contains his or her responses. The first row will contain column headings, such as ID, Question 1, Question 2, and so on. (See Figure 4).

Figure 4—Sample Data File Configuration

If the spreadsheet is set up in this way, responses may be typed in each cell. There is no need to be concerned about grammar, style and form. Some cells will contain very long, detailed responses, while others may contain a short phrase. These verbatim responses are the “raw data.” Having the data in this form will enable you to analyze and present it in a variety of ways.

Analysis

In analyzing the information you have gathered, look for prevailing themes, ideas, myths, biases, opportunities, threats, concerns, and insights from leaders and stakeholders that will begin to shape the ongoing discussion about transportation coordination. For example, if several stakeholders mention that the reluctance to give up some control of clients and resources is a threat to coordination, it suggests that “turfism” is a relatively important issue, and should be discussed with existing and potential coordination participants. Another approach is to look at positive versus negative statements by type of organization and geographical location. This will help to determine where the challenges lie, and where the base of greatest support is likely to exist. The interviews will also provide a focus for survey research and subsequent discussion.

Presentation

Deciding how to present the results of key leader and stakeholder interviews will depend on individual circumstances. In some cases, a written report will be preferable. In others, a simple visual presentation may suffice. The idea is to capture interest and attention while generating discussion and feedback.

Preparing a Written Report

There are different views on how to organize a report. You may already have a preference or idea about how to organize a written report based on results of the interviews. However, if you
do not have a formalized plan in mind, then you will want to review some reports written by colleagues or mentors to develop ideas about what would work best in your situation. Clear, straightforward language and strong visual impact are essential when writing for decision-makers. The former can only be achieved through a careful editing process. The latter involves using quotes, tables, pictures, and graphs.

Preparing a Visual Presentation
Sometimes a simple visual presentation with key points in bold print arranged in order of prominence, emphasized by underlining or bulleting, makes an effective visual presentation. Figure 5 illustrates a similar approach that works well. In practice, overheads were printed in a larger font with two to three items on each.

It is helpful to get out on the table for discussion all of the issues offered by key stakeholders, both positive and negative. Discussing these in a non-threatening group environment, such as an informal workshop, allows potential coordination participants the opportunity to think about their own ideas and opinions regarding transportation coordination. Moreover, the group will be able to expand upon positive and constructive ideas of leaders and stakeholders, while also considering their common concerns and fears.

Figure 5-Sample Summary Presentation
Survey Research
In this stage of gathering information, you will be developing an understanding of the transportation needs, existing resources, level of interest and willingness to participate in moving the coordination concept forward. Results of key leader interviews will have produced a general understanding of the priority issues. However, you do not know how strong the issues are within the community or among specific groups. Because you want to build consensus for coordination, it is important to find out, among a broad range of people and/or groups, where consensus on issues exists and where it is lacking. Results of survey research will provide this information.

Survey research is conducted to achieve two key objectives:

- To determine the transportation services and resources that are available
- To determine key issues, concerns, and interests related to coordinating transportation services

Who Should Be Surveyed?
By this time it should be well established that coordination requires collaboration and consensus–building. The best way to achieve this is to include as many types of agencies as possible. To this end, having a sample of convenience is recommended, rather than by randomly selecting a sample. In the former, participation from the entire population is invited. In the latter, you randomly select a sample from and then make statistical inferences about the population. For a convenience sample, participation is sought from a broad array of agencies, companies, and organizations representing urban, suburban and rural communities. Interest in shaping the local community’s transportation coordination effort will affect an individual’s willingness to complete a survey.

The survey should not be limited to agencies known to provide transportation services. Some agencies may purchase transportation services from others. Agencies that do not provide or receive transportation service may need service and may become key players in developing coordination.

Suggestions for Survey Topics
In formulating a survey, questions should be based these issues. The goal is to gain detailed information that will be critical in the planning and decision–making process. There will probably be unique issues specific to your community that you will want to address in a survey questionnaire.

The following are some general topics for you to consider in designing the survey questionnaire:

- What is the name of the agency, community, or company?
- What is the address?
- What is the phone and fax number?
- Who is the director or chief executive of the agency, community, or company?
• What is the nature and type of transportation services offered, if any?
• Do they operate their own vehicles, provide bus passes to their clients, etc?
• Does the service operate door-to-door? Is it fixed route?
• What days of the week they provide transportation services?
• What are the eligibility requirements for using transportation services?
• What is the geographical area of service?
• What are the special needs of passengers?
• Do they own or lease their vehicles?
• Do they have paid or volunteer drivers?
• Do they perform their own vehicle maintenance or contract it out?
• How many vehicles do they have in their fleet?
• How many passengers do these vehicles hold?
• How many vehicles are equipped with wheelchair lifts?
• What is the condition of their vehicles?
• When are the vehicles scheduled to be replaced?
• What are the yearly expenditures on transportation?
• How many miles per year do their vehicles operate?
• How many unduplicated passengers do they transport per year?
• What are the transportation needs specific to the agency or community?
• What are the transportation needs of the County or broader region targeted for transportation service coordination?
• What areas of transportation service coordination are of interest to them?

* Joining a network of transportation service providers
* Pooling financial resources
* Sharing of vehicles among agencies
* Cooperatively purchasing vehicles
* Centralized fueling, scheduling, operation
* Contracting to purchase or provide transportation service
* Consolidating services to a single provider

**Mail Versus Telephone**
For this type of survey, mailing will get the best results. The survey asks for detailed information that few people have at their fingertips and would be willing or able to give over the telephone. Mail enables individuals to respond more thoughtfully, and at their convenience. Of course, this may take longer, but the data will be much more complete. The mailing will be discussed in greater detail later in this chapter.

**Questionnaire Design**
The survey is intended to gather information needed to frame a serious discussion of transportation coordination. By working together with core participants gaps in information can be identified. Ideas for survey questions will emerge. The key to a good questionnaire is organization, flow, and a logical pattern for the questions (See Figure 6).

A basic questionnaire structure begins with the following:

- *An introduction that states the purpose of the survey*
- *Information about where to send it when it is complete*
- *A date by which the survey should be returned.*

The first items on the questionnaire should focus on general information about the agency or organization. Some of these agencies and organizations will provide transportation services and some will not. From the transportation providers, you want to learn among other things the nature of services they provide, when they provide services, whom is eligible to use these services, the geographic area covered, the cost of services. Again, it depends on what information you need in order for good coordination planning and decision–making to take place.
Transportation Coordination Survey

The purpose of this Survey of Transportation Services and Interest in Transportation Coordination is to develop baseline information about transportation services available in ____________. This survey is being conducted as part of the ____________ Transportation Coordination Project. It is a key element in our planning for broader coordination efforts next year. Your cooperation and assistance is appreciated. If you have questions about the survey, please call _________, at _________.

Please complete and return your survey by _____________, or as soon thereafter as possible, to:

_____________________________________________
_____________________________________________
_____________________________________________

GENERAL INFORMATION
1. Agency, Community or Company Name
_____________________________________________

2. Street Address
_____________________________________________

3. City, State, Zip Code
_____________________________________________

4. Telephone Number ________________________________

5. FAX Number ________________________________

6. Name of Agency Director
_____________________________________________

7. Telephone Number (if different)
_____________________________________________

Construct the survey so that individuals can answer only the questions that apply to their agency or organization by including instructions to skip questions and move to other sections where appropriate. (See Figure 7A).
Figure 7A–Sample Question: Skips

7. Which of the following best describes your situation with regard to transportation services? (Please check one box below)

- We offer no transportation services.
- We offer transportation services.
- We would like to offer transportation services in the future in some way.

[If you offer no transportation services now, please skip to Question #19.]

Open–Ended Questions
Open–ended questions allow the individual completing the survey to write a response in his/her own words. (See Figure 7B). This type of question is useful when you expect a great deal of variation in responses. For example, if you are asking for expenditures on transportation services, figures can vary considerably. Open-ended question wording is also helpful if you want to gain a depth of understanding, or if you want to learn the words people use in describing situations or concerns. Wording questions in an open-ended manner is particularly useful for topics in which you are just beginning to form an understanding.

Figure 7B—Sample Question: Open–Ended #1

14. Thinking of your agency or community, what transportation needs are not being met adequately? Please be as specific as you can. (Please include any special needs or requirements your clients or passengers may have.)

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Closed–Ended Questions
Closed–ended questions, in which individuals choose one or more answers, are easy to analyze. (See Figure 7C). If you feel that there is nothing to gain by asking the question in open–ended form, then omit them. Include a last item for “other” responses to capture unique responses.
Figure 7C—Sample Question: Closed–ended

8. In which of the following ways do you provide transportation service? (Check all that apply)

- We operate our own vehicles
- We contract with someone else who provides transportation service for us
- We purchase and provide transit authority tickets and passes for our clients
- Some of our clients reach our services using transit authority fixed route service
- Some of our clients reach our services using transit authority paratransit service
- Some of our clients reach our services using other transportation services
- We provide no transportation services to our clients
- Other (please explain) ______________________________________

Some numeric information, such as vehicle fleet size, cost information, dates, and so on lends itself to a closed-ended question format in which ranges are provided from which to choose.

The Mailing
Making Your Mailing Look Official

Unfortunately, poorly done and frivolous surveys have created a great deal of cynicism and apathy toward the most legitimate survey research. It is important that this mailing stands apart from “junk mail” surveys. A very inexpensive way to help ensure a high rate of completed and returned surveys is to use official envelopes and letterhead. It is a good idea to enclose a cover letter along with the questionnaire. The letter should be authoritative, yet friendly, and neatly printed on official stationery. The letter should clearly and concisely explain in friendly, everyday language the purpose of the survey, why it is important, and how it will be used.

Typed or laser–printed envelops look very official. However, pre–printed address labels, while somewhat less official–looking, are convenient for saving time and effort. Major word processing software packages include address label and mail merge features. Using large, metered envelopes further contributes to the official look, and is an obvious time saver.

Self–Addressed, Stamped Envelope

An expensive but very effective way to further ensure a high rate of return is to enclose a self–addressed, stamped envelope. This makes it easier for individuals to return their survey, and further impresses upon them the seriousness and importance of the effort. Business reply mail or other postal procedures may be worth looking into as well. Relative costs usually need to be considered in deciding which method to use.

Following Up

It is important to follow up and remind agencies and others to complete and return the survey. There are several ways that this can be done.

Send a Post Card

Sending a post card is the least expensive way to follow up and increase the number of completed surveys. The card can simply state a reminder about the survey and a number to call or fax in case additional information or another survey is needed.
Give Them a Call
Calling agencies that have not sent back surveys is more expensive and time-consuming, but it’s the best way to find out the reason that a survey has not been returned. For example, some agencies that don’t provide transportation services may think that the survey is not intended for them. They need to be assured that their information is important, relevant, and appreciated. When talking to these individuals on the telephone, you can make sure that they actually have a copy of the survey at hand. Surveys sometimes end up buried on someone’s desk, or get misplaced or misrouted. It is a good idea to have extras ready to send out. A local university student or group of volunteers might be willing to assist in making these calls, thereby reducing costs and saving staff time.

Compiling and Analyzing Data
Setting Up a Database
The raw data that is returned in the form of completed surveys will be in the form of numbers and text. Choosing the right software for entering and analyzing your data will largely depend on what types of output you wish to obtain. Spreadsheet and statistical packages generate statistics and graphs. These software packages vary as to speed, complexity, and quality of output produced, i.e., tables and graphs.

Analyzing Text
Survey data will contain written responses to open-ended questions. This text should first be entered in a database or spreadsheet. Then a matrix table can be set up with names of agencies or individuals listed in the left column and then corresponding responses to the open-ended question across each row. Responses can then be sorted in alphabetical order, separating transportation providers from non-providers, by type of agency or organization, or by whatever categories provide a good first look. This will help in deciding where to take the analysis from there. For example, the degree to which responses to a given question are similar suggests a level of agreement. This information will prove useful in understanding the key opinions, issues and attitudes in the community pertaining to coordination.

If it appears that there are many similar responses, then response categories can be created. This provides a systematic way of counting the number of similar responses to a question, which can then be presented as a table or graph. Response categories should be unique and exhaustive. Each response must be assigned to a category, but only a single category. Many responses will be too unique or unusual to be categorized specifically. These responses are best assigned to the catch-all “other” category. Written responses sometimes contain multiple thoughts or ideas. Look for the statement that is dominant in the response. If there are many responses that contain different thoughts or ideas, then may assigning the response to multiple categories is probably best.

Creating a master list of categories helps maintain consistency. For example, if there are two questions dealing with transportation needs, the same set of categories should be used for both. Recall the sample question (page 35, figure 7B)) that asked about the transportation needs specific to the customers of agencies or organizations. In Figure 7D below, Question #20 asks about transportation needs in the county as a whole.
20. Please describe other transportation needs in the County that you feel need should be addressed?

_________________________________________________________
_________________________________________________________
_________________________________________________________
_________________________________________________________

Figure 8 shows a set of categories that were developed from the responses to the previous questions.

**Figure 8—Sample Transportation Needs Code Sheet**

<table>
<thead>
<tr>
<th>Transportation Needs Code Sheet</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Coordination</td>
</tr>
<tr>
<td>2. Eliminate public transportation inefficiencies</td>
</tr>
<tr>
<td>3. Expanded hours of public transportation service</td>
</tr>
<tr>
<td>4. Expanded geographic service area</td>
</tr>
<tr>
<td>5. Greater transportation resources for agencies</td>
</tr>
<tr>
<td>6. Lower cost public transportation</td>
</tr>
<tr>
<td>7. Reduce waiting time for a ride</td>
</tr>
<tr>
<td>8. Special needs individuals with low incomes</td>
</tr>
<tr>
<td>9. Special needs of children</td>
</tr>
<tr>
<td>10. Special needs of older adults</td>
</tr>
<tr>
<td>11. Special needs of people with disabilities</td>
</tr>
<tr>
<td>12. Weekend service</td>
</tr>
<tr>
<td>13. Other</td>
</tr>
</tbody>
</table>

**Presenting Results**

Participatory research means including the audience in the process. This helps to generate further interest in coordination because it ultimately helps leaders and stakeholders “buy in” to the process and its outcomes.

It is recommended that a draft report of survey research be distributed to the committee or core group for review and comments. This is most effective if done about a week before a scheduled meeting. Include a cover letter requesting comments and suggestions. An essential feature of participatory research is inviting feedback. When the survey results are presented to the core group participants, they will have read the draft and formulated comments, questions, and suggestions. These should be incorporated into the next draft. By providing their input, core participants are more apt to be guided by these objective research results—instead of old biases—when making coordination decisions.

When presenting survey results in a group setting, it is important to convey the information as quickly and as clearly as possible. The use of visuals, such as overheads or blown-up diagrams and graphs, is very helpful in achieving this goal. When using visuals, it is also a good practice
to distribute individual copies. This will allow participants the opportunity to jot down notes and review the material later. Figure 9 presents hypothetical data in a simple bar chart that can be used as an overhead or slide presentation of results to Question #20.

**Figure 9—Sample Bar Chart Presentation**

![Sample Bar Chart](image)

**CONCLUSION**

In this module, you learned how to:

• Identify and share important information about community transportation needs,

• Identify leaders and stakeholders in the community who are or should be involved in the coordination of transportation services,

• Carry out one–on–one interviews with key leaders and stakeholders whose opinions and actions will shape transportation service coordination, and

• Carry out a survey of local transportation needs and resources to further identify and verify important issues and information about coordination in your community.
MOVING FORWARD

After reading this module, you will be able to:

• Bring people together to think creatively about local coordination issues and share their ideas and opinions

• Discover multiple viewpoints in a non–judgmental setting

• Build understanding and trust among diverse individuals and organizations

• Collaborate with leaders and stakeholders toward overcoming conflict and building consensus

GOAL AND OBJECTIVES

The goal of this module is to provide strategic group discussion methods and techniques to enable you to understand areas of agreement and disagreement among collaborators. Such an understanding is key to broadening support and building sufficient consensus for moving the coordination effort forward.

COLLABORATIVE THINKING AND CONSENSUS BUILDING

Effective collaboration and consensus–building involves thinking creatively, generating ideas, and gaining support among leaders and stakeholders for participating in the process. Unanimous agreement is not necessary in order to move forward. Along the way, the number of active participants may increase, then become smaller as you approach consensus. The key is to know when you have a consensus sufficient for moving forward. For example, someone that you perceive as important to have in the group may decide to sit out. This need not stall the coordination effort. He or she may decide to join later in the process, as is often the case. Many leaders and stakeholders are skeptical of efforts to bring about change. They may feel that coordination is a good idea, but difficult to achieve. They have to “see it to believe it.” Because these individuals do not want to be associated with failure, they prefer to see some signs of success before they participate actively. This is an attitude that must simply be accepted without letting it impede progress.

Group Discussion

Collaboration and consensus building starts with discussion. This module presents creative group discussion techniques. When individuals come together in a non–judgmental group setting where they are free to express their views, barriers start to break down as common ground is uncovered. As this occurs, interest in working together to coordinate transportation services will grow. It is neither realistic nor necessary that everyone agrees at this stage. However, It is essential that group discussion begins and continues, recognizing that opinions will differ along the way.
A neutral facilitator from outside the group may be valuable in creating a non-threatening, non-judgmental environment conducive to openness and trust. It is well to keep in mind that individuals and organizations, who may or may not have a history of seeing eye–to–eye, are being asked to come together to express their feelings and ideas. Perceiving that the facilitator does not have a vested interest in coordination outcomes, leaders and stakeholders will feel more comfortable expressing themselves freely in a group setting.

Leaders and stakeholders have unique perspectives that will affect their opinions on coordination and their openness to collaboration. Getting them to see the ways in which everyone can benefit—the “win/win” outcomes—is an important step toward building consensus on transportation coordination. Such outcomes cannot be imposed. They are achieved when group members perceive benefits and positive outcomes for themselves.

The neutral facilitator will need one to three assistants to help with setting up the room, greeting participants, guiding discussion, and dealing with handouts, pens, markers, and other materials.

<table>
<thead>
<tr>
<th>Materials Needed for Creative Group Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitator(s)</td>
</tr>
<tr>
<td>Room large enough to accommodate 12-25 people</td>
</tr>
<tr>
<td>Name tags</td>
</tr>
<tr>
<td>Sign-in sheet</td>
</tr>
<tr>
<td>Chairs and tables arranged for groupings of 3-5 participants</td>
</tr>
<tr>
<td>Easels and newsprint pads for each table</td>
</tr>
<tr>
<td>Variety of colored magic markers for each table</td>
</tr>
<tr>
<td>Large expanse of wall to display about 8-10 large sheets of newsprint</td>
</tr>
<tr>
<td>Masking tape</td>
</tr>
<tr>
<td>Adhesive dots in a variety of colors for prioritizing issues and ideas</td>
</tr>
<tr>
<td>Refreshments to last for the duration of the session</td>
</tr>
</tbody>
</table>

**Recruiting Participants**

The master list of stakeholders and leaders contains the potential invitees. This list should have all of the information necessary to recruit creative discussion participants. If you decide to invite participants by telephone, prepare a guide that briefly identifies the purpose of the creative discussion, why it is important that they attend, and information about time and place. (See Figure 1, page 22). Also mention the type of refreshments that will be provided—for example, a continental breakfast, light lunch, or whatever is appropriate for the time of day. Prepare a follow–up letter to serve as a reminder to those individuals that you have contacted. If you
decide to recruit participants by mail, write a letter of invitation to potential participants in
creative discussion sessions and include the same information. Enclose a self–addressed,
stamped post card so that invitees may let you know if they will or will not be attending. It will
probably be necessary to make follow–up telephone calls for a reminder and/or to confirm
attendance.

Sending a letter to those who attend thanking them for their participation helps to build goodwill
and continuity. Both are needed if you are to make progress toward transportation coordination
goals.

**Brainstorming**

Effective group discussion involves a structured process designed to generate creative thinking
and expression of ideas. Most commonly referred to as brainstorming, this type of creative group
discussion is a valuable step in the coordination planning process. Brainstorming brings issues
and attitudes out for discussion that might otherwise remain hidden. Identifying and discussing
biases, mistrust, misperceptions, and other barriers in a creative, non-threatening environment, is
an important first step toward changing some of these views that stand in the way of progress
toward successful coordination. In all local areas, there are barriers that must be understood
before meaningful change can occur. One common barrier is “turfism,” discussed earlier in this
handbook. Another may be mistrust among agencies, local government, and business interests.
There are unique problems and issues in all local areas that create barriers to progress.
Brainstorming brings out such barriers for consideration by the group. Solutions can then be
explored in a creative, judgment-free, and non-threatening way.

Brainstorming is an interactive technique that relies upon participants’ teamwork to identify
opportunities and solve problems. Brainstorming represents a small group dynamics approach to
strategy development for transportation coordination. Participants, including transportation
providers, social service agency personnel, community leaders and consumers are recruited to
work together as a team. The process creates a highly supportive, task-oriented, interactive
climate to identify issues and opportunities, then focuses on realistic, actionable solutions that
will achieve coordination.

The value of brainstorming is that it provides the opportunity to tap into the widespread resource
potential that typically exists in groups but is often hampered by societal constraints, structured
thinking and an attendant lack of spontaneity. Through this process, creative solutions are
generated by the individuals directly affected. In this way, participants are able to articulate and
develop their own definition of and response to coordination, the framework of relationships
necessary to achieve, along with the policies and procedures for establishment and
implementation.

Twelve individuals from a wide variety of constituencies make the ideal sized group for
creativity and idea generation. Participants begin as a whole group, divide into four groups of
three for many ideation activities, and finish as a whole. More than one session may be required
to include all relevant organizations or individuals.

**IDEATION:** a group process technique that enables a group to take an issue in need of
rethinking, rethink it in a creative, fresh way and then evaluate the practical implications
of the ideas
Brainstorming provides an excellent opportunity to begin building consensus. Ideas, problems, and solutions are contributed by the group and written down by the group members or the moderator. These thoughts are written or posted on large sheets of flipchart paper, which are then placed on the wall with masking tape. The result is that the group can see all of the thoughts and ideas that were generated. This is when the consensus building begins. Individuals can vote for the thoughts and ideas they feel are most important. The group decides which issues and ideas are key. An easy and fun way of “voting” is to use colored adhesive dots, available at any office supply store.

Analysis of ideas provided by brainstorming reveals the collective creativity of the group. Combined with other information, these results indicate areas of consensus and the best solutions to the issues at hand.

**Preparing a Creative Discussion Guide**
A guide is essential for conducting group ideation. Basically, an effective discussion guide will help the facilitator move the group through various exercises in the time allotted. A discussion guide should contain thought-provoking scenarios and ideas for opening up the creative thinking process.

**Consider the following elements in developing a discussion guide:**

- Introductory statements
- Facilitator instructions for forming small groups
- Creative exercises with small groups that use hypothetical scenarios to stimulate creative thinking
- Real world application of creative thinking that focuses on the issues of transportation service, needs and solutions
- Full group exploration of issues and potential solutions
- Setting priorities for issues and solutions
- Review of results

**Strategic Discussion**
Strategic discussion helps to further build consensus toward coordination. Depending on time constraints, this can be part of a single group session or workshop that includes the creative thinking exercises detailed above. However, you may wish to schedule a separate workshop for discussion only. Strategic discussion centers on the following five general questions:

- Where are we now?
- What are our strengths?
- What are our weaknesses?
- What is working?
- What is not working?
• What is missing?
• What are the opportunities?
• What are the threats?

Questions should be worded in a way that is specific to the local situation. For example, you might ask:
• What are we now doing in Mango County to provide transportation services?
• What works well in meeting the transportation needs of the county’s residents?
• What does not work well?
• What is missing that, if present, would improve the way transportation services are provided in Mango County?

The issue of coordination will most likely emerge out of a general discussion about transportation. However, you may want to steer the discussion in that direction by specifically mentioning transportation coordination.
• What opportunities exist for successfully coordinating transportation services in Mango County?
• What are the threats to the successful coordination of transportation services in Mango County?

Figures 10A and 10B give examples of brainstorming discussion guides. Notice that they contain a script, facilitator prompts, and directions.
Creative Discussion Guide to Thinking Creatively

What Animal Are You Today?
[ASK EACH PERSON TO DRAW AN ANIMAL]. Give it a name. Tell the group why you drew it, and why you gave it this name. Now draw a group animal, combining the best parts of your individual animals. Give it a group name. [ASK EACH SMALL GROUP TO EXPLAIN ITS ANIMAL TO THE LARGE GROUP]

Now, we travel to the moon in a spaceship, each group lands on the moon in a different location. We are all looking for adventure. The future is now.

Each group needs to meet basic needs. Each spaceship has different supplies. One group has the food, one the medical supplies, one the money, one the sports and recreation equipment, one the services dry cleaning, lawyers, accountants, one the retail businesses stuff, one the manufacturing stuff.

Each group is isolated from the others. There is no way to get around. How do you feel?

Draw a picture of your group that shows what you are experiencing and how you are feeling. Now, write somewhere on this picture the words that describe how you feel?

Luckily, we have discovered that previous inhabitants left behind inflatable moon rovers. The moon rover allows you to get around. But there are not enough to one for each group.

Remember, no group has all the resources it needs to exist and survive. What are the problems you face? How does your group survive? What do you have to do?

Draw a picture of how you survive. Get food, medical supplies, and things like that.

[TELL HALF OF THE GROUPS THAT THEY HAVE A MOON ROVER AND THE OTHER HALF THAT THEY DO NOT. SWITCH ROLES IF TIME PERMITS] How do you feel about your circumstances?

[TELL SELECTED GROUPS THAT THEIR MOON ROVER HAS JUST FAILED AND IS NO LONGER OPERABLE.] How do you feel about your circumstances now? Write down the words about surviving and how and what you are doing.

Now, we are still on the moon, and we want you to develop a way to get around, to solve this problem. How do you solve the problems you face? Think about how you get the job done.

[ASK GROUPS TO DRAW A PICTURE OF THEIR SOLUTION] [FACILITATORS MAKE SUGGESTIONS TO INDIVIDUAL GROUPS]
What are the needs?
What people do you put in the picture?
What resources do you put in the picture?
What structure do you put in the picture?

[ASK EACH GROUP TO SHARE ITS SOLUTION AND HOW THEY FEEL ABOUT IT]
[AFTER TRIP TO THE MOON]
One morning we wake up and we are all back in Mango County.

[ASK SMALL GROUPS TO DRAW A PICTURE OF TRANSPORTATION IN MANGO COUNTY] Draw what is good about it. Draw what is not so good about it.

[FACILITATORS MAKE SUGGESTIONS TO INDIVIDUAL GROUPS] What are the needs? What people do you put in the picture? What resources do you put in the picture? What structure do you put in the picture?

[MODERATOR ASKS] What words describe your picture and how you feel about transportation for people in Mango County?

Now put together a list of the elements and features that you need for transportation to work better. Where will you get them? Who has them?

[ASK EACH GROUP TO SHARE ITS IDEAS]

[THE LARGE GROUP DESIGNS THE IDEAL TRANSPORTATION SYSTEM AND ADDRESSES THE FOLLOWING QUESTIONS]

Who are the customers?
What are their travel needs?
What is the structure of this system?
What kind of organization does it have?
What resources do you need?
Where do you get them?
What do you need to know?
How is the system run?
Who should provide the leadership?
Who should set policy?
How do you make this happen?
What procedures should be used?

[WRITE RESPONSES, IDEAS, THOUGHTS ON LARGE NEWSPRINT SHEETS AND POST THEM ON WALLS]

[WHEN DISCUSSION IS FINISHED, ASK GROUPS TO PRIORITIZE THE ELEMENTS OF THE IDEAL TRANSPORTATION SYSTEM POSTED. DISTRIBUTE AN EQUAL NUMBER OF RED AND BLUE ADHESIVE DOTS TO EACH INDIVIDUAL AND ASK THEM TO VOTE BY PLACING RED DOTS NEXT TO THE TOP PRIORITIES AND BLUE DOTS NEXT TO THE SECONDARY PRIORITIES.]
What would you call this system?

To wrap up, if you could tell Mango County officials only one thing, what would that be?
In facilitating strategic group discussion, it is important to allow participants’ ideas and thinking about the future to develop spontaneously. Unlike the creative thinking exercises that require a detailed script, strategic discussion relies on the group to guide its own thinking. (See Figure 11.) Markers and index cards can be placed on each table for participants to write down their thoughts as they occur. A large newsprint pad on an easel is helpful for arranging and categorizing thoughts and ideas of participants as they are recorded on the index cards.

**Sharing Thoughts and Ideas**
The group facilitator should begin the discussion session with some introductory statements. If this strategic group discussion is the second in a series of workshops, then the facilitator should first update participants on results and outcomes of earlier sessions. It is important for the facilitator to brief participants on the judgment-free expression ideas necessary for a successful discussion. A simple rule to emphasize is that all ideas are good. Next, the facilitator asks a question such as those listed above. Participants then write each individual idea on a separate index card. After everyone is finished writing, participants take turns sharing their ideas. A discussion emerges as the group explores and builds upon these ideas.

**Prioritizing Ideas**
By voting for the most important thoughts and ideas, group participants express their opinion and priorities in a non-judgmental way. By examining the results of this voting, clustering or scattering of thought may be revealed. This provides a basis for determining the issues on which you have consensus and begin to get an idea about how strong the consensus is. In addition, you will have a greater understanding of where the challenges lie, and where work needs to be done.

*Figure 11—Sample Strategic Discussion Guide: Agenda Format*

<table>
<thead>
<tr>
<th>Strategic Discussion Agenda</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Second Workshop on Transportation Coordination</strong></td>
</tr>
<tr>
<td><strong>Wednesday, May 16, 2001, 1:30 PM</strong></td>
</tr>
<tr>
<td>Papaya Center</td>
</tr>
<tr>
<td>Kumquat State University</td>
</tr>
</tbody>
</table>

1. **Summary of Results from the Creative Group Discussion**

2. **Strategic Discussion of Transportation Services in Mango County**
  - Strengths
  - Weaknesses
  - Opportunities
  - Threats

3. **Developing a Shared Vision of Success**

4. **What Comes Next?**

5. **Agenda for the Future**
CONCLUSION

In this module you learned how to:

• Bring people together to think creatively about local coordination issues and share their ideas and opinions,

• Discover multiple viewpoints in a non-judgmental setting,

• Build understanding and trust among diverse individuals and organizations, and

• Collaborate with leaders and stakeholders toward overcoming conflict and building consensus.
UP AND RUNNING

After reading this module, you will be able to:

• Organize a formal group to plan and implement a coordinated transportation system

• Create a business plan for every facet of coordination

• Develop a marketing and public relations program for your community’s coordinated system

GOAL AND OBJECTIVES

The goal of this module is to provide guidance for organizing, planning for coordination, and developing a marketing and public relations program to ensure the continued success of the coordinated transportation system in your community.

PLANNING FOR COORDINATION

Structuring a Formal Organization
The eventual goal is to have transportation providers carrying out the day to day work of providing transportation through a coordinated system. However, to get the system up and running, authoritative decisions about planning and implementation must be made at this stage. A formal organizational structure will be needed to take responsibility for developing and carrying out this collaborative and mutual vision of successful transportation coordination.

Elements of a Formal Organization
Formalizing the coordination process means organizing in a way that allows one or more parties to enter into contracts, obligate funds, spend money, secure the necessary capital equipment, and see that transportation services are provided. However, this should evolve informally through a discussion process rather than being arbitrarily constructed.

A major focus of earlier sections of this handbook is on understanding the local environment. That includes learning what kinds of informal structures or relationships exist, and whether or not there are organizational commitments of any kind. Through brainstorming, you will develop a sense of where people feel the leadership should be vested. Who should be in a leadership role? Should there be a lead agency? How much centralization of functions should there be?

Leadership may come from a variety of sources with broad community jurisdiction such as county government, city government, a transit authority, a metropolitan planning organization (MPO), or social service agencies. These entities vary from state to state in terms of their authority to tax, enter into contracts, and perform other governmental functions. They may also vary from county to county within a state. All of this will affect how you look at organizational options. Again, the core group must work this through in the coordination process to determine what kind of a structure will fit into what is in place, and what they want to create. It is not
enough to simply have an organizational structure in place. The goal is to have an organizational structure that can effectively take action.

In an effective organization, there is division of labor. Ordinarily this is achieved through the assignment of key functions to various subcommittees. Standard functional areas in coordination include planning, service development, ways and means, capital development, and public relations and marketing. Using these as a guide, the group can decide how to define its own functional areas and divide the various tasks involved in coordinating transportation services. Approaches may vary depending on the size and urban/rural character of the community to be served.

Planning
Planning for coordination should focus on how to implement various tasks necessary to run a coordinated transportation system. Thus it is necessary to develop plans that focus on service and operations, capital resources, finance, marketing, public relations, and evaluation. A service and operations plan should focus on the implementation of coordinated service delivery through contracting with various providers. Developing a capital plan provides an understanding of the amount and condition of capital resources that are currently available, and those that need to be acquired, such as vehicles, computer hardware and software, radios, etc. The plan considers what is available, assesses the condition of capital resources and considers sources of funding to upgrade or acquire new vehicles and support equipment. A financial plan must consider both operating funds and capital funds. Different agencies have access to various sources of capital dollars through granting agencies at the state and federal levels. In terms of the financial plan for operation, the perspective is simply that there is no free lunch. If an agency wishes to participate as a user of services, that agency will have to pay for those services, which is part of the reason why contracts need to be in place. It’s not necessarily a matter of going out and finding the money, but pulling together the resources that are available to the participating agencies, so that the services can be covered in a predictable and defensible way. A marketing and public relations plan should first determine who are the customers of a coordinated transportation system. The plan should recognize that there is not a single public, but rather several publics within every market. These publics include users, agencies, and political leaders, among others. An evaluation plan focuses on tracking progress and performance of all aspects of the coordinated system so that timely corrective action can be taken if necessary. The evaluation plan should also provide a structure for generating data for reporting to various granting entities.
Mango County, U.S.A.

An early attempt at transportation coordination in Mango County began with a formal committee, established under the Board of County Commissioners and the region’s Metropolitan Planning Organization (MPO). The “top down” approach failed because the coordination effort did not seek to establish a broad base of ownership and support, which is best achieved from the “bottom up.” The opportunity to revisit the coordination concept came with a state funded coordination grant that grew and evolved beyond the focus of that specific project. As coordination started to re-emerge on the public agenda, an informal group started to meet periodically. The approach of the group was to be open to participation and inclusive of anyone interested in the effort. The structure that had been created in the previous coordination effort was used as the basic framework for group activity. It became clear to the broadening group that a committee structure was needed to divide tasks and allow smaller groups to focus on specific coordination issues and tasks. As part of working through the issues, the committee structure was modified and amended, gaining formalization along the way.

One unsuccessful attempt did not discourage the county and those organizations that were still interested in coordinating transportation services. The second try resulted in a base of involvement from the bottom up allowing the process to evolve naturally – and successfully.

Peach County, U.S.A.

In Peach County, there was a long-standing organization, which included the Transit Authority, that wanted to provide improved transportation service, but was unsuccessful at doing so. Eventually, leaders emerged and began the coordination planning process. Soon after, the organization received a special project grant, and organized an advisory committee in a very open and inclusive way. The leadership used that committee to work on service-related issues. Along the way, the organization pursued and received a Demonstration Grant, which provided the opportunity to broaden its base of involvement and support. Peach County had the public transportation provider that wanted to do more, and through several projects, started to deal effectively with transportation issues. Thus a forum for addressing issues was created where no effective forum had existed in the past. Although it was an informal committee, it served to form the basis for a coordinating structure.

Coordination began to take shape with a contract between the local Board of Mental Retardation/Developmental Disabilities (MR/DD) and the Transit Authority for transportation services. Recognizing a need for ongoing communication, an informal group was formed that included representatives of the MR/DD Board, the Transit Authority, and other agencies to monitor progress and address issues as they arose.
Preparation of a Business Plan

Several functional areas need to be addressed in setting up coordinated services. These include planning, service development, ways and means, capital development, marketing, and public relations.

A business plan is key to organizing to provide coordinated transportation services. The business plan should contain the following functional areas:

• Create an organizational structure for management
• Prepare a service development and operations plan
• Prepare a capital facilities and equipment plan and program
• Prepare operating and capital budget including sources of revenues
• Formulate a marketing and promotional program
• Monitor, review, and report on performance of services

**Organizational Structure and Management**

For successful coordination of transportation services, it is necessary to set in place an organizational structure with the legal capacity to:

• Enter into contracts for services and funding
• Provide the necessary staffing
• Set policy and establish procedures for doing business
• Formalize inter-agency relationships
• This section presents the organizational structure and management through which coordinated transportation services will be provided.

**Important elements of a business plan include the following:**

• Statement of mission, vision of success, and service objectives
• Market development strategies
• Service development, delivery, and pricing projections
• Capital facility and equipment requirements
• Inter-organizational relationships and requirements
• Organization, management, and staffing requirements
• Operating and capital program budgets
• Marketing and public information.
**Service Development, Delivery, and Pricing**

Planning involves developing and putting in place the details of coordination, and how it will be implemented and monitored. Service development involves taking the actions necessary to implement service. These may include developing the process for receiving and evaluating proposals from service providers, and making recommendations about contracting. The guiding principle for coordinated transportation services should be customer service. Customer service means understanding the mobility needs of customers and developing and maintaining transportation services that are responsive to those needs. This recognizes that resources are limited and that coordinated transportation service providers will not be able to be all things to all people.

In developing and delivering transportation services, it is necessary to focus in the following areas:

- Providing a family of transportation services responsive to customer needs
- Creating an effective system for providing accurate and timely information on services
- Developing a system for monitoring and evaluating the delivery of transportation services
- Setting the cost of services to customers

**Capital Facilities and Equipment**

Ways and means deals with money issues including sources of revenues, cost levels, and the kind of cost structure that exists or needs to exist for agencies to contract with transportation service providers.

Development of capital resources over time will be essential to the continuing strength of coordinated transportation services. It is important to understand the condition of the existing fleet of vehicles that is available for coordinated transportation service delivery. A schedule for replacement and expansion of the vehicle fleet is required.

Capital development should be organized as follows:

- Vehicles
- Vehicle-related equipment
- Operations support equipment
- Facilities improvements
- Other equipment

Sources of funds should be organized as follows:

- Purchasers of service
- Units of government - local, state, federal
- Businesses
- Other organizations

**Annual and Projected Operating Budget**

Capital development involves meeting the equipment-based needs for providing services, such as vehicles, computer hardware and software, support equipment, and other items requiring capital expenditures.
Coordination of transportation services will require a detailed operating budget that establishes expense levels by functional categories as well as by traditional line items. Further, for coordination to be successful, participating agencies will need to pay for transportation services and, therefore, will comprise a significant source of revenues to support coordinated transportation service. An operating budget that includes the agencies centralizing transportation services will need to be developed.

Functional expense categories should be organized to report the following:
- Management and administration
- Operations
- Service contracting
- Maintenance
- Marketing and public relations

Revenue categories should be organized to report the following:
- Units of government - local, state, federal
- Purchasers of service
- Businesses
- Other organizations

Marketing and Public Relations Program
Marketing and public relations focuses on ways to develop and package information about the coordinated system and communicate it features and benefits to customers, political leaders, agencies and other targeted public.

Marketing and public relations activities will be important to help agencies understand the benefits of coordination and the costs of not participating and to encourage agencies and others to join the coordination network.

Communicating the benefits and costs of coordination will be important for involving the following groups in coordinated transportation services:
- Providers of transportation services
- Purchasers of transportation services
- Customers who are using transportation services
- Other key interest groups that have a stake in the success of the coordination of transportation services

Outreach and education are important to make certain that people and organizations are aware of and understand what is being done and accomplished to coordinate transportation services. The following groups need to be kept informed:
- Providers of transportation services
- Purchasers of transportation services
- Customers who are using transportation services
- Other key interest groups that have a stake in the success of the coordination of transportation services
- Residents of county
- The business community
- Local, state, and federal elected officials
Program Performance, Review, and Reporting
For coordinated transportation services to operate cost-effectively and cost-efficiently, the periodic review, evaluation, and reporting of performance is essential. This review should be conducted on a monthly, quarterly, and annual basis.

This review should encompass the following areas and dimensions within those areas:
- Operating standards and performance
- Financial standards and performance
- Performance review and evaluation
- Service, operations, and performance reporting

This review and reporting should enable participants in transportation coordination to maintain an understanding of service-effectiveness, cost-effectiveness, and cost-efficiency. Further, it provides the basis by which providers of transportation can evaluate services. Finally, it provides the means by which agencies purchasing transportation services receive the service and performance reports that they require for reporting.

Meetings of the Organization
Through your collaboration and consensus–building efforts, you will gain an understanding of the issues to be discussed and the work that needs to be done. Setting up regular meetings is critical for moving forward toward achieving your coordination goals.

Setting an Agenda for Action
It is important to set an agenda that will include the important issues and points of business that the steering committee or other organization will address and about which they will make decisions. Specific agenda items will vary from place to place; but there are some general areas that the organization will need to consider.

In developing a coordination plan, the organization should focus on transportation service needs and the role of the various agencies and other local entities in meeting these needs through the planning, management, and operation of transportation services. The organization should consider perceptions about the effectiveness and efficiency of currently available transportation resources and explore ways to pool these services and resources. It is also necessary to weigh the strengths and weaknesses of alternative service implementation approaches and organizational structures to best carry out coordination objectives.

The organization will need to assess the appropriateness of using local public and agency funds to help support services financially. It will also need to evaluate existing attitudes toward the use of these funds. The organization should explore potential state and federal funding sources to establish, enhance, improve, or expand coordinated transportation services.

Issues involving the policy, regulatory and institutional environment in which coordination will occur are important and should be incorporated in the formal discussion and planning of coordination.

These issues include the following:
• Agreements and relationships between organizations, agencies, and companies providing transportation services;
• State and federal laws, statutes, regulations, and rules pertaining to public and agency transportation services;
• State and federal sources of funding available for organization, management, and capital development for transportation services;
• Statutory provisions that address options for organizing the management and delivery of coordinated transportation services.

The organization should work to bring together the collaborative thinking and representative wisdom and commitment of stakeholders and leaders to prepare a business plan for coordinating transportation services.

Once coordinated transportation services begin, the agenda for meetings will include a review of services provided, and operating and financial characteristics. In addition, meetings provide a continuing forum for discussion of services and operating issues.

**IMPLEMENTING A COORDINATED TRANSPORTATION SYSTEM**

To begin implementing a coordinated system, formal agreements must be in place. Many different opportunities for formalized agreements will present themselves as the coordination process unfolds. Decisions must be made and agreements reached about service operation, oversight, sources of funding, and other major issues necessary for providing service through the new coordinated system. Formalization is necessary whether it is for joint use, vehicle sharing, centralized dispatching, joint purchase, or any other type of coordination arrangement.

Formalization involves contracts between agencies or between a lead agency and a unit of government. Formalized arrangements also occur through resolutions or other legislative action. It can simply be an agreement to let an agency store a vehicle in a garage. It can be an agreement to enable an agency to purchase low-cost fuel at a central agency. It can be a lead agency with a fleet of vehicles entering into a contract with other agencies to let them use those vehicles on an occasional basis. Or it could be an agreement between a central agency and a service contractor to use those vehicles in the provision of coordinated service.

Whatever your vision of coordination, agreements need to become formalized. If the movement is toward centralizing services under a transit authority, it will take the form of several agreements between the transit authority, the county, and agencies. On the other hand, it may only be necessary to contract between the RTA and the county for just one particular element of service. Agreements between lead agencies and other agencies that want to purchase transportation services may be required. Other agreements may exist between a transit authority serving as lead agency and other agencies that want to provide transportation services. Formal agreements should include specific details such as the number and type of available vehicles, the days and times at which they are available, the length of time they’re available, and cost reimbursement details. Contracts and agreements will, in the end, provide the solid framework necessary for sustaining the new coordinated system.

It is frequently necessary and usually helpful to engage outside expertise to assist in working through this formalization process. For example, a consulting firm can help in developing the coordination plan, and putting the other pieces together that need to be in place for implementing coordinated service. You may have a core group of people who can accomplish this within your
coordination network. However, a consultant can assist by bringing focus and commitment to doing what needs to be done. An outside consulting group might take the lead responsibility for bringing the group along. Or, you could engage a consulting firm to provide advice and counsel to people or organizations that are taking on some major staff responsibilities. It is conceivable that the community’s leaders and stakeholders are willing to roll up their sleeves and make it happen. However, if the process gets complicated with too much conflict, distrust, and turfism, help from some outside entity may be needed to offer advice, strategies, and experience. It may be helpful simply to have someone guiding the discussion. In short, doing the work of coordination involves various roles, functions and tasks. The decision of who performs which tasks will vary among communities. The model presented here is adaptable and can be tailored to the unique local setting.

DEVELOPING A MARKETING AND PUBLIC RELATIONS PROGRAM

Marketing goes hand in hand with all stages of the coordination process. Classic marketing principles and strategies permeate every section of this handbook. However, in this section, we will focus on developing a strategy for keeping the coordination effort on track, maintaining and increasing ridership, bringing agencies into the system, opening up funding opportunities, achieving self-sufficiency, and increasing awareness about the benefits to the community that transportation coordination provides. Public relations is the communications side of marketing. Marketing focuses on the goals of the organization and seeks to influence the behaviors of targeted markets in order to meet those goals. Public relations encompasses such functions as assessing the preferences and attitudes of targeted customers and other important “publics” within the community, and developing ways to gain their acceptance and understanding. Public relations uses communications and education as tools to accomplish its objectives of influencing attitudes. (Kotler & Andreason, 1996, 542, 3).

Influencing attitudes and understanding is critical for gaining public support and bringing organizations into the coordination effort. Positive attitudes are essential to the long-term success of a local coordinated transportation system. Marketing and public relations increase awareness about the benefits of coordination for those who use transportation services. This awareness is crucial for gaining voter support needed to pass levies that help fund transportation services and for increasing and maintaining revenues through ridership and fares.

A marketing strategy should be tied into coordination planning. The idea is to raise the visibility of the coordination effort to targeted groups, individuals, and organizations that are important to making the system work. These may include any or all of the following:

- Transportation service users
- Agencies and companies that provide transportation services
- Agencies that do not provide transportation services
- Leaders and stakeholders in business, local government, and non-profit organizations
- News media
- Funding agencies at the local, state, and federal levels
- Voters
Once targets are established, the next step is to formulate the messages that you want to communicate about the coordinated system.

**Transportation service users:**
How are transportation services improved with the new system?

Does service cost more? If yes, what do service customers get for their money?

**Agencies and companies that provide transportation services:**
What are the benefits of contracting to purchase services through the coordinated system?

What are the benefits of contracting to provide services through the coordinated system?

What does it cost to purchase transportation service for clients in the new coordinated system?

What kinds of savings can be realized by purchasing rather than providing service?

What revenues can be derived from providing transportation services in the new coordinated system?

**Agencies that do not provide transportation services:**
What are the benefits of contracting to purchase services through the coordinated system?

What does it cost to purchase transportation service for clients in the new coordinated system?

**Leaders and stakeholders in business, local government, and non-profit organizations**
What are the economic benefits of a coordinated system, both from an individual and a community perspective?

What are the political and public relations benefits of supporting a coordinated system?

**News media**
What are the impacts of coordination on key groups in the community?

What does the coordination effort say about the community’s leaders?

What should the public know about coordination and those who made it happen?

**Funding agencies at the local, state, and federal levels**
How does coordination contribute to the efficient use of resources?

What lessons can other communities learn from the coordination effort?
Voters

What are the economic benefits to service users and the community?

What are the quality-of-life benefits to service users and the community?

Are the benefits worth the costs?

Developing Marketing and Public Relations Materials

There are several marketing tools that will help achieve marketing and public relations objectives. It is best to approach the use of these materials strategically, carefully considering each target group and what will work best given available resources. The time invested in developing elaborate marketing materials should not detract from the overall goal of providing better transportation services in your community. In developing your public relations and marketing materials, focus on communicating the features and benefits of the coordinated transportation system, educating the targeted users about how to take advantage of services, and promoting the benefits of participation to agencies and companies.

Naming Your Coordinated System

Collaboration is again the key when naming the new coordinated system. Responsibility for coming up with a name is logically delegated to the marketing and public relations subcommittee, or its equivalent in the organizational structure. Ideally, a name should be easy to pronounce and remember. A good name will create a favorable first impression with someone who knows nothing about the coordinated system or what it does.

Creating a Logo, Stationery, and Business Cards

An effective logo and stationery will contribute to the coordination effort by fostering favorable impressions in the community. The logo will become the visual symbol of service coordination in the community. Ideas for an effective logo can also be generated collaboratively. However, it is worth investing in the expertise of a graphic designer to create a professional looking logo. Graphic designers have the skills to produce a logo that visually reinforces the name. Once the organization has a name and logo, the marketing and public relations subcommittee (or equivalent) can work with a professional printer to produce stationery and business cards that create a strong visual impact. This element of marketing is especially important for generating interest among agencies that are being asked to for their participation and/or cooperation. A name, logo and stationery provide concrete evidence that coordination is a reality, which is valuable in gaining the participation and support of initially skeptical agencies and individuals.

Networking and Presentations

Continuing the networking process is a necessary approach to marketing and public relations. As the coordination effort grows and develops, it is important that your coordination leadership continues to communicate with members of the community to keep the issue of improved transportation services on the local agenda. Maintaining communication with existing contacts while developing new ones, and delivering periodic presentations to significant community groups is an effective way to reach leaders and stakeholders in the community.

In making presentations it is essential to consider the audience, which will vary in terms of their knowledge of public transportation and coordination. Suppose, for example, that the speaker is going to address a group of voters about an upcoming local election to influence them to support a tax levy that will help fund the coordinated transportation system. While some voters will be
familiar with public transportation service issues, the majority will not. The reality is that a large majority of individuals do not use public transportation. Therefore, it is important that the presentation is designed to create awareness and influence behavior. First, avoiding all jargon, it must communicated to the voters how, by improving transportation services, the whole community benefits. Your style of presentation in this scenario should be one that grabs attention and keeps the audience interested.

If the audience is an informed public, the approach will be more businesslike and include detailed information on such items as progress to date, people served, revenues, costs, and benefits. For example, you might have the assignment of presenting to the county human service board to inform them of the progress of the coordination effort and to gain their continued support. In this case, a brief presentation delivered in a professional style will be most effective. It is also important to be prepared to answer very specific questions in as much detail as possible.

There are clearly several audiences that fall between these two extremes. Whoever the audience, the following points need to be considered in developing a presentation:

• What stake, if any, does the audience have in this topic?
• What do you hope to achieve by this presentation?
• How informed is the audience?
• How much time is allotted for the presentation?
• What messages will be most effective for this audience?

Advance preparation should also include consideration of other details such as the place of the presentation, the materials you will need, including charts, graphs, handouts, overheads and/or audio–visual equipment. An important step in preparing for any presentation is practice, which helps a speaker be more relaxed and affective in your delivery.

**Issuing a Press Release**

The goal of issuing a press release is to gain free publicity from the local news media. Essentially, a press release contains information that you desire the news media to report to its readers, viewers, and listeners. (See Figure 13).

The following are a few rules of thumb for creating an effective press release:

Print your press release on your letterhead

Double space your text and use wide margins to facilitate editing

Use a plain serif font

Avoid graphics

Keep the length to a maximum of two pages

Proofread the release and eliminate all typos and errors of any kind
Developing a Brochure
A brochure can be an effective marketing and public relations tool to educate potential riders about how to use the new services. It can also advertise services and inform targeted publics about features and benefits of the coordinated system. Brochures are very useful as a direct mail piece. Your marketing and public relations subcommittee (or equivalent) should collaboratively decide what the content should be to accomplish its objectives.

To create a professional-looking and effective brochure requires a certain level of skill in graphic design. There are software packages on the market that make it relatively easy to produce quality brochures. Perhaps there is someone on your committee with the skills and software to create a high quality brochure. If not, you may wish to use the services of a professional graphic designer.

The following elements have been used by coordinated transportation systems in developing their brochures:

- Organizational Name and Logo
- Mission statement
- New (coordinated) service concept
- Types of services offered (e.g., fixed route, flex route, demand responsive service)
- Map of the service area
- Where to call for services
- Date of brochure

A small booklet is an alternative to a brochure. Some coordinated transportation systems distribute these to provide more detailed information about their services than can be contained
in a brochure. Other systems produce a map of their service area that doubles as a brochure, containing relevant information about the services and how to use them.

Using the Internet and E-mail
The Internet has opened up a new medium for marketing and public relations. Having a website is a powerful tool for doing business and providing information in the global economy, which may or may not be useful to your organization. Consider the costs and benefits of this technology in developing a marketing and public relations program. E–mail is an effective way to reach key leaders and stakeholders for the purpose of staying in touch. It is becoming more and more common as a way to communicate and exchange information. Although it lacks the personal quality of communication face-to-face, and even by telephone, e-mail can enhance your ability to convey information conveniently and immediately, at low cost.

Issuing a Newsletter
Another way to distribute timely information about the new coordinated system is to produce a newsletter. The newsletter should be thought of as a way to maintain the coordinated system’s relationship with its customers. It can provide information such as updates on service features, benefits, changes, and successes. In short, a newsletter can help build support.

CONCLUSION

In this module, you learned how to:

• Organize a formal group to plan and implement a coordinated transportation system,
• Create a business plan for every facet of coordination, and
• Develop a marketing and public relations program for your community’s coordinated system.
DEALING WITH THE ROUGH SPOTS

After reading this module, you will be able to:

• Recognize that problems will arise despite the most careful planning
• Apply techniques for overcoming problem areas in a group setting and one to one

GOAL AND OBJECTIVES

The goal of this module is to provide an understanding of problems that often occur in the ongoing operation of coordinated transportation, and techniques and guidance for avoiding and overcoming problem areas.

PERSEVERING

A reality of working with diverse groups and individuals in a common venture is that conflict will occur. Conflict in the coordination process is not inherently bad. However, the way in which the organization deals with these conflicts can make a big difference in the outcome. Conflict can be effectively overcome and may even lead to a stronger coordinated system. On the other hand, it can be poorly managed or left unresolved, creating resentment and stalemating the process.

In addition to conflicts between groups and individuals, other “rough spots” that you can expect are policy changes that affect public transportation needs and resources. For example, the Americans with Disabilities Act placed new service requirements on public transportation systems receiving federal funding through Federal Transit Administration County departments of human services experienced changes in policy related to Welfare to Work legislation that required them to find ways to move individuals into the work force and deal with new issues such as transportation and day care. Such policy changes may present barriers, but also opens up new opportunities. Welfare reform brought mandates that challenged local transportation service providers. It also opened up new funding opportunities for providing services to accommodate new demand for public transportation services.

Another potential rough spot is getting local matching funds. Often granting agencies require that a share of funds be provided locally in order to qualify. However, “local share” does not always have to be in the form of cash. It can often be in the form of vehicles or other capital equipment.

An important part of overcoming crises is being adaptable to change and responsive to agency and individual needs as they arise. Evaluation and reporting needs, for example, may be covered for all agencies that are coordinating their transportation services. What happens when a new agency joins the fold with additional needs?

Turnover in personnel is a potential rough spot. To counteract this, it is important to have an organizational structure in place that is permanent and ongoing, and not one that is merely based on informal relationships among key leaders and stakeholders.
Mechanisms for Solving Problems
Mechanisms for problem solving should be part of organizational structure and procedures. These should enable the organization to bring the necessary people together to address problems effectively. In a coordinated setting it is often easier to point fingers, but the bottom line is that for a system to continue to function, it is important to work out issues of conflict as they occur and move on.

Another example of a problem solving mechanism is an ombudsman or advocate to serve as a representative or spokesperson for groups that have the greatest stake in the transportation service. In particular, older adults and people with disabilities require such a mechanism for addressing complaints and concerns. Individually, older adults and people with disabilities often hesitate to make their concerns known for fear of losing service or appearing ungrateful.

By having reporting procedures in place, problems can be effectively addressed and prevented from becoming major issues. For example, what is the follow-up procedure if somebody doesn’t get picked up on time, gets dropped off too early, or falls while riding the bus?

Some problems are best dealt with on a one–to–one basis. An impartial consultant or ombudsman can help resolve conflicts and solve problems.

CONCLUSION

In this module you learned how to:
• Recognize that problems will arise despite the most careful planning, and
• How to apply techniques for overcoming problem areas in a group setting and one to one.
LOOKING BACK

After reading this section, you will be able to:

• Recognize the rationale for evaluation and monitoring in improving the coordinated system

• Understand how evaluation and monitoring assist in reporting

• Identify the key variables and data needs of all participants in the coordinated system

• Design evaluation and monitoring procedures that meet the needs of participating agencies and companies, and the coordinated system as a whole

GOAL AND OBJECTIVES

The goal of this module is to provide an understanding of the need for monitoring and evaluation, and to examine the procedures and processes that are in place to track and review progress.

REVIEWING PROGRESS

In the planning stage, it is important that procedures be in place to track what is occurring in the coordinated system. Specifically, this falls under the general function of “program evaluation.” Program evaluation is approached in a variety of ways, depending on the organizational setting in which it is performed. As discussed earlier, agencies have different reporting requirements that they must fulfill in order to satisfy state and/or federal requirements. Each of these agencies will have its own ideas about evaluation, and require recipients of funding to supply a variety of data. Beyond the need to comply with the requirements of granting agencies, evaluation is sometimes used as a basis for determining the effectiveness of a program and making decisions about whether or not to continue funding. In the case of transportation service coordination, evaluation should be thought of as a means by which processes and procedures for delivering services can be improved to perform more effectively and efficiently.

It is important to set up an information system for gathering, analyzing and disseminating data. This is best accomplished collaboratively. Review of progress should take place on a monthly, quarterly, semi-annual, or annual basis because agencies have different reporting needs and time frames. Further, an evaluation system should provide sufficient data on performance and demographic variables to generate needed statistics.

These variables might include the following:

• Use of service
• Number of people served
• Number of trips
• Travel patterns
- Time of day trips are taken
- Financial data
- Revenues
- Expenditures
- Types of trips
- Work
- Medical appointments
- Personal business
- Service efficiency
- Number of vehicles in service by time of day
- Hours of service per day
- Miles of service per day
- Operating costs
- Customer satisfaction
- Number of complaints
- Types of complaints

These evaluation measures should be taken into consideration during the planning process. An effective information system is mandatory for having statistics available for those agencies that need them when they need them. Also, in terms of evaluating the coordination effort itself, performance objectives will be set during the planning process. As the system becomes operational, data will be available for determining whether or not these objectives are being met.

The purpose of monitoring the coordinated system is to discover problems and make necessary changes. For example, it is important to keep an eye on costs. If agencies discover that it is cheaper to provide services outside the coordinated system, they may opt not to participate. Looking at the data, you may discover, for example, that there are too many vehicles going out in the morning. There may be too many vehicles hanging around in the evening. There may be more vehicles out in the middle of the day than are needed to meet customer demand at that time. Once a problem is discovered, it is then necessary to have enough flexibility in the way services are scheduled to make the changes necessary to increase efficiency and lower costs. Again, it is better to address this need during the planning process, so that changes can be made smoothly without jeopardizing any of the arrangements and relationships that make up the coordinated structure.

**Ongoing Market Research**
Data on customer satisfaction should be gathered periodically to suggest service improvements that might not be discovered through other data collection methods. Market research techniques discussed earlier including surveys, group discussions, and personal interviews, are effective ways of gaining a depth of understanding about how well the coordinated system is functioning and serving the markets to which it is targeted.

**Advisory Committee**
Having an advisory committee is helpful for keeping the discussion alive and keeping performance issues on the table. Armed with essential information described above, an advisory committee would ideally meet on a regular basis, review progress, and make suggestions for improvement to the coordinated transportation system.
CONCLUSION

In this module you learned how to:
• Recognize the rationale for evaluation and monitoring in improving the coordinated system,
• Understand how evaluation and monitoring assist in reporting,
• Identify the key variables and data needs of all participants in the coordinated system, and
• Design evaluation and monitoring procedures that meet the needs of participating agencies and companies, and the coordinated system as a whole.
Appendix 2

Resources and Publications

General Aging

Why Survive? Being Old in America by Robert N. Butler, M.D.
A seminal study on aging. Winner of the 1976 Pulitzer Prize for non-fiction.

Transportation

TCRP Report 82 – Improving Public Transit Options for Older Persons
Two volumes by Jon E. Burkhardt, Adam T. McGavock, Westat, and Charles A. Nelson, Creative Action, Inc., and Christopher G. B. Mitchell (on the second volume). This report describes exemplary transportation services and innovative transportation alternatives designed to enable older persons to maintain independence. It is an excellent resource for anyone interested in improving public and community transportation for older persons.

A complimentary copy of most TCRP publications may be ordered from the Transit Cooperative Research Dissemination site at www.tcrponline.org.

Driving Life Expectancy of Persons Aged 70 Years and Older in the United States, article by Daniel J. Foley and others. American Journal on Public Health, August 2002. Requests for reprints should be sent to Daniel J. Foley, MS, Laboratory of Epidemiology, Demography, and Biometry. National Institute on Aging. 7201 Wisconsin Ave., Bethesda, MD 20892 (e-mail; foleyd@gw.nia.nih.gov).

Who’s Going to Drive Miss Daisy? This study’s findings suggest that the answer to this question could become a critical one. The study’s statistical analysis of data gathered in 1993 and 1995 shows that the average number of years a person continued to drive – the driving expectancy – was significantly less than the overall life expectancy. The gape between driving expectancy and overall life expectancy means that older men and women who outlive their ability or willingness to drive will be dependent on alternative transportation.

Caregiver Transportation Toolkit: Video, informational booklet and a list of helpful products and resources for family caregivers and volunteer drivers of older adults with cognitive and/or physical impairments. The material is focused mainly on drivers who use their own vehicles to provide transportation for their loved ones, but it can be helpful to any drivers of older passengers with impairments. ($5.00 shipping/handling charge) For questions regarding toolkit, visit www.easter-seals.org or e-mail Lisa Peters-Beumer at lpeters@easter-seals.org.

The executive summary and full document are available on AARP’s website, www.aarp.org.

An examination of how older individuals travel in their communities, how much they travel, and the problems they perceive with their various transportation mode choices.


This study is based on data gathered from 236 supplemental transportation providers (STPs). It presents one-page profiles of eleven STPs, program reviews of five, and detailed case reviews of six. It applied the criteria of the Five A’s (Availability, Acceptability, Accessibility, Affordability, Adaptability) for its evaluations. The study is available on the web at [http://www.seniordrivers.org/research/](http://www.seniordrivers.org/research/)


A report on how drivers and non-drivers age 75 and older regard their transportation options and how they stay connected to their communities as they age.

**Transportation Coordination**


A valuable and thorough study of state and local coordination planning activities.

**Transportation Disadvantaged Populations, Many Federal Programs Fund Transportation Services, but Obstacles to Coordination Persist,** GAO Testimony before the Committees on Transportation and Infrastructure and Education and the Workforce, House of Representatives, Statement of Katherine Siggerud, Acting Director, Physical Infrastructure Issues, May 1, 2003, [www.gao.gov](http://www.gao.gov)

In her testimony, Acting Director Siggerud reported that the GAO Report found 62 federal programs that fund a variety of transportation program services. Although the full cost is not known, GAO was able to document that 28 programs spent at least $2.4 billion on transportation services in Fiscal Year 2001. The full GAO Report will be published in June 2003.
Appendix 3
Glossary and Acronyms for General and Senior Transit

AAA
An Area agency on Aging is a generic term. Specific names of local AAAs may vary. AAAs are the local components of the aging network created by the Older Americans Act. An AAA is a public or private non-profit agency designated by the state to be responsible for a geographic area that is a city, a single county or a multi-county district. An AAA coordinates Older American Act funds; coordinates and supports a wide range of home and community-based services; and serves as a single point of information for older persons and their caregivers.

AARP formerly the American Associations of Retired Persons
A nonprofit, nonpartisan membership organization for people 50 and over. It has over 34 million members. It provides information and resources; advocates on legislative, consumer and legal issues; and is active in every U.S. state and territory. For more information, see www.aarp.org

Access Board
Common name for the Architectural and Transportation Barriers Compliance Board, an independent Federal agency whose mission is to develop guidelines for accessible facilities and services and to provide technical assistance to help public and private entities understand and comply with the Americans with Disabilities Act (ADA).

Access to Jobs
Federal funding for programs to increase work-related transportation available to low-income individuals.
Authorized in TEA-21. Non-profit organizations and municipalities can apply to FTA for funding.

Accessibility
The extent to which facilities, including transit vehicles, are barrier-free and can be used by people who have disabilities, including wheelchair users.

Administrative Assistance
Funding that supports the administrative costs related to a program activity, such as office expenses, insurance,
legal expenses, bookkeeping, and administrative staff expenses.

**Alternative Fuels**

Vehicle engine fuels other than standard gasoline or diesel. Typically, alternative fuels burn cleaner than gasoline or diesel and produce reduced emissions. Common alternative fuels include methanol, ethanol, compressed natural gas (CNG), liquified natural gas (LNG), clean diesel fuels and reformulated gasoline.

**ADA**

Americans with Disabilities Act: Passed by the Congress in 1990, this act mandates equal opportunities for persons with disabilities in the areas of employment, transportation, communications and public accommodations. Under this Act, most transportation providers are obliged to purchase lift-equipped vehicles for their fixed-route services and must assure system-wide accessibility of their demand-responsive services to persons with disabilities. Public transit providers also must supplement their fixed-route services with paratransit services for those persons unable to use fixed-route service because of their disability.

**American Society on Aging**

A national nonprofit organization of over 6,000 members working on virtually every aspect of aging. For more information, see [www.Asaging.org](http://www.Asaging.org)

**Appropriation**

The step at which a legislative body and chief executive have agreed and signed into law an approval to spend public funds on specified programs and projects. Within the federal government, no funds may be spent unless their appropriation has been approved by Congress and signed into law by the President.

**AoA**

Administration on Aging was created by the Older Americans Act of 1965 (OAA). The agency of the U.S. Department of Health and Human Services, is headed by an Assistant Secretary for Aging. AoA is the federal focal point and advocacy agency for older persons as mandated by the Older Americans Act. It provides leadership, technical assistance and support to the national aging network of State Units on Aging, Area Agencies on Aging, and tribal organizations. For more information, see [www.aoa.gov](http://www.aoa.gov)
Assisted Living Facility

A facility that provides a special combination of housing, personalized supportive services and health care designed to assist those in need of help with activities of daily living (walking, toileting, bathing, etc.) but who do not require the skilled medical care provided in a nursing home (skilled nursing facility).

Authorization

The legislative step by which a government approves the concept of spending funds on certain categories of programs and projects. Note that most authorizing legislation does not specify program funding amounts; instead, it either authorizes “such sums as may be necessary” for a program, or sets guidelines that may be subject to change depending on outcomes of the appropriations process.

Average Trip Length

The average distance ridden for an unlinked passenger trip by time period (weekday, Saturday, Sunday) computed as passenger miles divided by unlinked passenger trips.

Block Grant

Also known as formula grants, these are funds that an agency allocates to pre-determined grantees on a mathematical basis, without requiring the submission of competitive grant proposals. Many federal grants and other forms of financial assistance are awarded as block grants to state agencies that actively administer the funded activities according to state plans, procedures and priorities.

Bond

A three-party agreement providing legal assurance of contract. A transit provider may request/require prospective contractors to provide a bid bond - a guarantee that the bidding party will fulfill the terms of the bid, and if not, that a third party (usually an insurance company) will pay any cost difference bond that ensures restitution should the winning contractor fail to perform in accordance with specific contract terms.

Brokerage

A method of providing transportation where riders are matched with appropriate transportation providers through a
central trip-request and administrative facility. The transportation broker may centralize vehicle dispatch, record keeping, vehicle maintenance and other functions under contractual arrangements with agencies, municipalities and other organizations. Actual trips are provided by a number of different vendors.

**Bus Testing**

Originally drafted in 1989, the Federal Transit Administration (FTA) Bus Testing regulations mandate that all transit vehicle models purchased with FTA money must undergo testing at FTA’s Altoona, Pa. bus testing site.

**Buy America**

Federal transportation law which requires that all purchases of vehicles, equipment or any other manufactured item be of US-made and assembled components, unless the purchase price is less than $100,000 or the DOT has given the purchaser a Buy America waiver.

**Call-a-Ride**

Generic term for demand-response transportation service.

**Capital Assistance**

Funding that helps acquire, construct, or sometimes maintain facilities and equipment, such as real estate, buildings, vehicles, or transportation facilities.

**Capital Costs**

Refers to the costs of long-term assets of a public transit system such as property, buildings and vehicles. Under TEA-21, FTA has broadened its definition of capital costs to include bus overhauls, preventive maintenance and even a share of transit providers= ADA paratransit expenses.

**Clean Air Act**

Federal regulations which detail acceptable levels of airborne pollution and spell out the role of state and local governments in maintaining clean air.

**CDL**
Commercial Drivers License: The standardized driver’s license required of bus and heavy truck drivers in every state. Covers drivers of any vehicle manufactured to seat 15 or more passengers (plus driver) or over 13 tons gross vehicle weight. The CDL is mandated by the Federal government in the Commercial Motor Vehicle Safety Act of 1986.

Community Transportation
Transportation services that address the transit needs of an entire community, including the needs of both the general public and special populations.

Complementary Paratransit
Paratransit service that is required as part of the Americans with Disabilities Act (ADA) which complements, or is in addition to, already available fixed-route transit service. ADA complementary paratransit services must meet a series of criteria designed to ensure they are indeed complementary.

CMAQ
Congestion Mitigation and Air Quality Project: A flexible funding program administered by the Federal Highway Administration (FHWA) which funds projects and programs to reduce harmful vehicle emissions and improve traffic conditions. CMAQ funds may be used flexibly for transit projects, rideshare projects, high-occupancy vehicle lanes or other purposes.

Coordinating Council on Access and Mobility (CCAM)
The CCAM was created in 1986 by a memorandum of understanding between the U.S. Department of Transportation and the U.S. Department of Health and Human Service to be a forum for where coordination of the departments’ transportation programs could be pursued to achieve the basic objectives of improving mobility. For more information, see www.ctaa.org

Coordination
A cooperative arrangement between transportation providers and organizations needing transportation services. Coordination models can range in scope from shared use of facilities, training or maintenance to integrated
brokerages or consolidated transportation service providers. For more information, go to www.ctaa.org

Curb cut

The elimination of a step at a curb. The slant acts as a ramp for wheelchairs and other activities that are hindered by steps. Is of ten cited as an example of universal design: a feature that although designed for persons with disabilities benefits other users.

Curb-to-Curb Service

A common designation for paratransit services. The transit vehicle picks up and discharges passengers at the curb or driveway in front of their home or destination. In curb-to-curb service the driver does not assist the passenger along walks or steps to the door of the home or other destination.

CTAA

Community Transportation Association of America. A national nonprofit organization professional association of organizations and individuals committed to removing barriers to isolation and to improving mobility for all people. For more information, see www.ctaa.org

CTAP

Community Transportation Assistance Project. This program of the U.S. Department of Health and Human Services offers training materials, technical assistance and other support services for community transportation providers across the country. CTAP services are currently delivered by CTAA through the National Transit Resource Center.

Demand-Response Service

The type of transportation service where individual passengers can request transportation from a specific location to another specific location at a certain time. Transportation vehicles providing demand-response service do not follow a fixed route, but travel throughout the community transporting passengers according to their specific requests. Can also be called “dial-a-ride.” These services usually, but not always, require advance reservations.
Demonstration Grant
Funding that is awarded to demonstrate a new strategy in achieving a program’s objectives, to test innovative approaches in program delivery, or as an adjunct to applied research in a certain topic. Most demonstration grants are intended as one-time events, either to test a new program concept that may not be continued, or as “seed money,” whereby a successful demonstration can prove its long-term sustainability through other funding sources.

Deviated Fixed Route
This type of transit is a hybrid of fixed-route and demand-response services. While a bus or van passes along fixed stops and keeps to a timetable, the bus or van can deviate its course between two stops to go to a specific location for a pre-scheduled request. Often used to provide accessibility to persons with disabilities.

Dial-a-Ride
Generic term for demand-response transportation service.

Directly Generated Funds
Any funds where revenues are generated by or donated directly to the transit agency, including passenger fare revenues, advertising revenues, donations, bond proceeds and taxes imposed by the transit agency.

Disabled/person with disability
Any person who by reason of illness, injury, age, congenital malfunction or other permanent or temporary incapacity or disability is unable, without special facilities, to use local transit facilities and services as effectively as persons who are not so affected.

Discretionary Grant
Financial assistance that is awarded on the basis of competitive merits from among proposals that are submitted. Even in cases where projects are identified, or “earmarked,” by members of Congress, grant-making agencies generally will require recipients to file applications and abide by the procedures of what was designed as a competitive grant-making process.

Door-to-Door Service
A form of paratransit service that includes passenger assistance between the vehicle and the door of his or her home or other destination. A higher level of service than curb-to-curb, yet not as specialized as a door-through-door service.

Drug and Alcohol Testing Regulations

DOT implemented the Omnibus Transportation Employee Testing Act in December 1992. The act requires drug and alcohol tests for all safety-sensitive employees of agencies receiving Section 5307, 5309 or 5311 funding (Section 5310 agencies are not included), including drivers, maintenance workers, dispatchers and supervisors.

Economic Development

The improvement of an area’s employment, production or industrial well being. The availability of public transit can play an important role in economic development.

Elder Care Locator

A toll-free number, 1-800677-1116, and website for identifying the information and referral services for ZIP code in the country. It is a public services of the U.S. AoA, administered by the National Association of Area Agencies on Aging in cooperation with the National Association of State Units on Aging. For more information, see www.eldercare.gov

Employment Transportation

Transportation specifically designed to take passengers to and from work or work-related activities.

Escort see Escorted Transportation

Escorted Transportation

Transportation for frail elderly and persons of any age with disability who need a person to assist them when traveling. See Curb-to-curb, Door-to-door, and Door-through-door service.

EZ/EC

Empowerment Zones/Enterprise Communities: These areas, so designated by the Department of Housing and Urban Development (HUD) and the Department of Agriculture (USDA), are eligible for preferences and flexibility in many federal grant programs. EZ/ECs are chosen competitively based on community poverty characteristics and
local strategic planning processes.

**Fare Box Revenue**
A public transportation term for the monies or tickets collected as payments for rides. Can be cash, tickets, tokens, transfers and pass receipts. Fare box revenues rarely cover even half of a transit system's operating expenses.

**FHWA**
Federal Highway Administration. A component of the U.S. Department of Transportation, provides funding to state and local governments for highway construction and improvements, including funds must be used for transit.
FHWA also regulates the safety of commercial motor vehicle operations (vehicles which require a CDL to drive).
FHWA is the lead agency in federal intelligent transportation activities and regulated interstate transportation.

**Fixed Guideway**
A mass transit facility using and occupying a separate right-of-way or rail for the exclusive use of mass transportation and other high-occupancy vehicles; or using a fixed catenary system useable by other forms of transportation.

**Fixed-route**
Transit services where vehicles run on regular, pre-designated, pre-scheduled routes, with no deviation. Typically, fixed-route service is characterized by printed schedules or timetables, designated bus stops where passengers board and alight and the use of larger transit vehicles.

**Frail**
Generally applied to a vulnerable elderly person (usually age 75 or older) whose special physical and/or mental condition results in needing particular assistance and services. Most frail elderly need escorted transportation to-the-door or through-the-door.

**FTA**
Federal Transit Administration (before 1991, Urban Mass Transportation Administration). A component of the U.S. Department of Transportation that regulates and helps fund public transportation. FTA provides financial
assistance for capital and operating costs and also sponsors research, training, technical assistance and
demonstration programs. FTA was created by the passage of the Urban Mass Transportation Act of 1964.

**Geriatrics**
The branch of medicine that deals with the diagnosis and treatment of diseases and problems specific to the aged.

**Gerontology**
The scientific study of the biological, psychological, and sociological issues associated with aging.

**Grant**
The award of government funds to an entity. Federal funds are typically awarded either as formula (or “block”) grants, where a predetermined legislative process establishes the level of funding available to an entity, or discretionary grants, where the funding agency is free to determine how much (if any) funding an entity will be given based on the relative merits of the proposal. Private foundations also give grants based on their own criteria.

**Guaranteed Ride Home**
Program that encourages employees to carpool, use transit, bike or walk to work by guaranteeing them a ride home in case they cannot take the same mode home (e.g., if they need to work late or if an emergency occurs).

**Head Start**
A program of comprehensive services for economically disadvantaged preschool-age children. Services, including transportation, are provided by local Head Start agencies and are funded by the Administration for Children and Families, part of U.S. DHHS.

**Human Services Transportation**
Transportation related to the provision of human or social services. Includes transportation for the elderly and people with disabilities when the transportation is provided by an arrangement other than the public service available to all.

**Intercity Transportation**
Transportation service between two urban areas. Under FTA’s Section 5311 (f), intercity transportation service
must receive no less than 15 percent of each state’s total Section 5311 funding, unless a state’s governor certifies
that these needs are already being met.

**Intermodal** (APTA)

Those issues or activities which involve or affect more than one mode of transportation, including transportation
connections, choices, cooperation and coordination of various modes. Also known as “multimodal.”

**Jitney**

A privately-owned small vehicle that is operated on a fixed route but not on a fixed schedule.

**Leadership Council of Aging Organizations (LCAO)**

The LCAO represents national organizations whose goals are concerned with the welfare of older persons. For more
information, see [www.lcao.org](http://www.lcao.org)

**Mass Transportation**

Transportation by bus, or rail, or other conveyance, either publicly or privately owned, providing to the public
genral or special service (but not including school buses or charter or sightseeing service) on a regular and
continuing basis. Also known as “mass transit”, “public transportation”, and “transit”.

**Match**

State or local funds required by various federal or state programs to complement funds for a project. A match may
also be required by states in funding projects which are joint state/local efforts. Some funding sources allow
services, such as the work of volunteers, to be counted as an in-kind funding match. Federal programs normally
require that match funds come from other than federal sources.

**Medicaid**

Also known as Medical Assistance, this is a health care program for low-income and other medically needy persons. It is jointly funded by state and federal governments. The Medicaid program pays for transportation to non-emergency medical appointments if the recipient has no other means to travel to the appointment.
MPO

Metropolitan Planning Organization

The local bodies that set coordination standards and select projects in urban areas to be funded by TEA-21

MRO

Medical Review Officer. An accredited physician who can review the results of drug and alcohol tests for transit employees. A MRO is mandatory for certain transit agencies under the DOT Drug and Alcohol Regulations. The definition and qualifications for a MRO are included in 49 C.F.R. Part 40.

National Association of Area Agencies on Aging (N4A)

The membership organization of Area Agencies on Aging. The Association is a national focal point for its members. Its principal activities are to advocate for its members; to promote the critical roles the members play in helping older persons and their families; to improve the capacity of its members to perform their services; and to facilitate cooperative arrangements. It administers the ElderCare Locator service. See ElderCare Locator For more information, see www.n4a.org

National Association of State Units on Aging (NASUA)

NASUA is a national membership organization made up the 57 state and territorial government units on aging. It is the national voice through which these units can articulate the policies and programs, public and private, that are responsive to the needs of older persons. For more information, see www.nasua.org

National Council on Aging (NCOA)

Founded in 1950. The NCOA is a national nonprofit membership organization of over 3,500 professional and organizations working in the areas of senior centers, employment services, adult day care centers, health centers, and senior housing. It is a national advocate for the concerns of older people. For more information, see www.ncoa.org

National Transit Database Reports

Annual reports formerly known as ASection 15, report financial and operating data, required of almost all recipients of transportation funds under Section 5307.
Nonprofit
Typically, an incorporated entity whose mission does not include reporting profits from its business activities; in the context of this guide, many non-profit entities for whom federal programs are pertinent are organized for educational, charitable, philanthropic or cultural purposes. Most, but not all, non-profits are exempt from federal corporate income taxes under Section 501(c)(3) of the Internal Revenue Code; this status may or may not be a determining factor in a non-profit’s eligibility for certain federal funds; if concerned, you should check directly with the federal funding agency for its guidelines.

No Show
A passenger scheduled for a demand-responsive trip does not appear at the designated pick-up point and time and does not cancel the trip in advance. Frequent no-shows can hurt the efficiency and effectiveness of the service.

NTRC
National Transit Resource Center: Provides technical assistance, information and support to the community transportation industry. Most services and materials are available at no charge. Funded in part by the U.S. Department of Transportation, the U.S. Department of Health and Human Services and the people and members of the Community Transportation Association of America.

Nursing Home see Skilled Nursing Facility, Assisted Living

OAA
Older Americans Act of 1965, as amended, created the primary vehicle for organizing, coordinating, and providing community-based services for older Americans and their families. The act established a network of services and programs for older people through the Administration on Aging (AoA), state units on aging and Area Agencies on Aging. This network provides supportive services, including transportation and nutrition services, and works with public and private agencies that serve the needs of older individuals and their family caregivers. In FY 2001, the National Family Caregiver Support Program was created.

Operating Assistance
Funding that helps support the day-to-day costs of operating or providing services; in transportation settings, this category often includes driver salaries and operating staff expense, as well as fuel, and other routine, ongoing costs of having and operating a transportation service.

**Operating Costs**

Non-capital costs associated with operating and maintaining a transit system, including labor, fuel, administration and maintenance.

**Paratransit**

Types of passenger transportation that are more flexible than conventional fixed-route transit but more structured than the use of private automobiles. Paratransit includes demand-response transportation services, subscription bus services, shared-ride taxis, car pooling and vanpooling, jitney services and so on. Most often refers to wheelchair-accessible, demand-response van service.

**PIC**

Private Industry Council. See Workforce Investment Board.

**Planning Assistance**

Support for the planning and design, but not the actual creation or operation, of a service.

**Pre-Award/Post-Delivery Audit Requirements**

Since 1991, FTA has required recipients of Sections 5307, 5309, 5310 and 5311 funds to carry out audits of vehicles and other rolling stock purchased with FTA money. These audits are to ensure that vehicles are manufactured according to specification and comply with applicable Buy America and Federal Motor Vehicle Safety Standards.

**Public Body**

Most frequently, this term refers to units of state and local government, or entities established by state and local governments.
Public Transit Agency
A public entity responsible for administering and managing transit activities and services. Public transit agencies can directly operate transit service or contract out for all or part of the total transit service provided.

Reverse Commute
Commuting against the main directions of traffic. Often refers to the central-city-to-suburb commute.

Rideshare/Ridematch Program
A rideshare program facilitates the formation of carpools and vanpools, usually for work trips. A database is maintained for the ride times, origins, destinations and driver/rider preferences of users and potential users. Those requesting to join an existing pool or looking for riders are matched by program staff with other appropriate persons. In rural areas, a rideshare program is often used to coordinate Medicaid or volunteer transportation.

Risk Management
An element of a transit system’s safety management program. Includes identification and evaluation of potential safety hazards for employees, passengers and the public.

Rolling Stock
The revenue vehicles used in providing transit service for passengers. The term revenue vehicles includes the body and chassis and all fixtures and appliances inside or attached to the body or chassis, except fare collection equipment and revenue vehicle movement control equipment (radios). For rubber tired vehicles, it includes the cost of one set of tires and tubes to make the vehicle operational, if the tires and tubes are owned by the transit agency.

Section 5307
The section of the Federal Transit Act that authorizes grants to public transit systems in all urban areas. Funds authorized through Section 5307 are awarded to states to provide capital and operating assistance to transit systems in urban areas with populations between 50,000 and 200,000. Transit systems in urban areas with populations greater than 200,000 receive their funds directly from FTA.
Section 5309
The section of the Federal Transit Act that authorizes discretionary grants to public transit agencies for capital projects such as buses, bus facilities and rail projects.

Section 5310
The section of the Federal Transit Act that authorizes capital assistance to states for transportation programs that serve the elderly and people with disabilities. States distribute Section 5310 funds to local operators in both rural and urban settings, who are either nonprofit organizations or the lead agencies in coordinated transportation programs.

Section 5311
The section of the Federal Transit Act that authorizes capital and operating assistance grants to public transit systems in areas with populations of less than 50,000.

Senior Transportation Task Force
A group founded in June 2002, the Task Force is made up of organizations focused on aging, disability, health care, faith-based, transit, labor and other issues with a common interest in promoting senior transportation policies in Congress. It is convened by the United Jewish Communities (UJC). See United Jewish Communities.

Service Route
Another hybrid between fixed-route and demand-response service. Service routes are established between targeted neighborhoods and service areas riders want to reach. Similar to deviated fixed routes, service routes are characterized by flexibility and deviation from fixed-route intervals. However, while deviated fixed routes require advanced reservations, service routes do not. A service route can include both regular, predetermined bus stops and/or allow riders to hail the vehicle and request a drop-off anywhere along the route.

Skilled Nursing Facility (SNF)
A residential facility providing housing, personalized supportive services and health care for those persons who need skilled nursing care.

Solicitation
The process by which funding agencies invite potential grantees or recipients of funds to submit proposals, applications, etc. Frequently, federal agencies announce their grant solicitations through Notices of Funding Availability (NOFA’s), which are published in the Federal Register, as well as posted to the agencies’ own websites.

**State Unit on Aging (SUA)**

Generic term for state agencies on aging. The agency are sometimes combined with disability services. They design, administer, manage, and coordinate programs for older persons and their families. They receive Older Americans Act funding through the U.S. Office on Aging. The amount is determined by a formula based on the number of the 60 and over population in the state.

**TANF**

Temporary Aid to Needy Families. Created by the 1996 welfare reform law, TANF is a program of block grants to states to help them meet the needs poor of families. It replaces AFDC, JOBS, Emergency Assistance and some other preceding federal welfare programs. Because of TANF-imposed time limits, states trying to place TANF recipients in jobs as quickly as possible, often using program funds to pay for transportation, child care and other barriers to workforce participation.

**TEA-21**

Transportation Equity Act for the Twenty-first Century. This 1998 legislation authorizes approximately $217 billion for highways, highway safety and mass transportation until Fiscal Year 2003.

**Technical Assistance**

Non-financial support to help accomplish program goals, such as training, consulting, research or evaluation.

**Title III**

Title of the Older Americans Act enabling expenditures for legal assistance, nutrition, transportation, etc., in programs serving older persons.

**Transportation Disadvantaged**
Those persons who because of physical or mental disability, age, or income status, are unable to transport themselves or to purchase transportation.

**Tribal Entity**

In most cases where federal funding is involved, "tribal" refers to the governmental entities of federally recognized Indian tribes (including Alaska natives and native Hawaiians), as well as those corporate entities established by the governments of federally recognized tribes.

**Trip**

A one-way movement of a person or vehicle between two points. Many transit statistics are based on “unlinked passenger trips,” which refer to individual one-way trips made by individual riders in individual vehicles. A person who leaves home on one vehicle, transfers to a second vehicle to arrive at a destination, leaves the destination on a third vehicle and has to transfer to yet another vehicle to complete the journey home has made four unlinked passenger trips.

**Triple A See Area Agency on Aging**

**Trolleybus**

Electric rubber tired passenger vehicles, manually steered and operating singly on city streets. Vehicles are propelled by a motor drawing current through overhead wires via trolleys, from a central power source not on board the vehicle.

**Unlinked Passenger Trips**

The number of passengers who board public transportation vehicles. Passenger are counted each time they board vehicles no matter how many vehicles they use to travel from their origin to their destination.

**United Jewish Communites (UJC)**

Represents 156 Jewish Federations and 400 independent communities across North America. Through the UJA Federation Campaign, UJC provides humanitarian assistance to those in need, and translates Jewish values into social action. Convenes the Senior Transportation Task Force. For more information, see [www.ujc.org](http://www.ujc.org)
**Universal Design**

A term applied to architectural features and products that, although originally designed for persons with disabilities, are useful to all users.

**Urbanized Area (UZA)**

An area defined by the U.S. Census Bureau that includes 1 or more incorporated cities, villages and towns (central place) and the adjacent densely settled surrounding territory (urban fringe) that together have a minimum of 50,000 persons. The urban fringe generally consists of contiguous territory having a density of at least 1,000 persons per square mile. UZAs do not conform to congressional districts or any other political boundaries.

**USDA**

United States Department of Agriculture. Among its many other functions, USDA is the federal government’s primary agency for rural economic and community development. See for more information.

**U.S. DHHS**

United States Department of Health and Human Services. Funds a variety of human services transportation through AOA, Head Start, Medicaid and other programs. See for more information.

**U. S. DOL**

United States Department of Labor. See for more information.

**U. S. DOT**

United States Department of Transportation. See for more information.

**User-Side Subsidy**

A transportation funding structure in which qualified users (usually economically disadvantaged persons) are able to purchase vouchers for transportation services at a portion of their worth. The users then may use the vouchers to purchase transportation from any participating provider. The vouchers are redeemed by the provider at full value and the provider is reimbursed by the funding agency for the full value.
Vanpool

A prearranged ridesharing service in which a number of people travel together on a regular basis in a van. Vanpools may be publicly operated, employer operated, individually owned or leased.

Vehicle Hours

The hours a vehicle travels from the time it pulls out from its garage to go into revenue service to the time it pulls in from revenue service. It is often called platform time. For conventional scheduled services, it includes revenue time and deadhead time.

Vehicle Miles

The miles a vehicle travels from the time it pulls out from its garage to go into revenue service to the time it pulls in from revenue service. It is often called platform time. For conventional scheduled services, it includes revenue time and deadhead time.

Workforce Investment Act

This 1998 legislation consolidates the former Job Training Partnership Act (JPTA) and many other federal job training programs into state-managed block grants. This law also replaces Private Industry Councils (PICs) with Workforce Investment Boards.

Workforce Investment Board

Formerly known as Private Industry Council (PIC). Workforce Investment Boards are concerned with training and developing workers to meet the needs of local business. They are responsible for most local job training programs and related welfare-to-work efforts.
Some Basic Principles of Volunteer Program Management

The same principles that apply to hiring, training, and keeping good paid staff apply to volunteer staff:

**Job Descriptions** Volunteer positions need to have job descriptions that state job responsibilities and tasks, necessary skills, person to whom volunteer reports, reporting requirements, hours of work, and place of work.

Preparing a job description serves two purposes: It helps an agency to think through exactly what it wants a volunteer to do; and it lets potential volunteers know exactly what is expected of them.

**Recruitment and Training** Volunteers have to be recruited, trained, and supervised, and integrated into an organization. By targeting and planning recruitment, an agency can attract a pool of potential volunteers who are a good match for its volunteer needs. Many agencies find that word-of-mouth recruiting by current successful volunteers is one good method.

**Supervision and Recognition** Volunteers who are supervised and integrated into an organization are more likely to perform well. If volunteers have a supervisor to whom they can ask questions or seek direction, an agency can keep many problems from arising or resolve them quickly. A supervisor is able to evaluate which volunteers are doing well and should be recognized, which volunteers need some assistance, and which ones are not working out.

**Discharging a Volunteer** Coordinators of volunteer programs almost always list discharging a volunteer as their hardest task. The best way to avoid having to discharge a volunteer is to have a well-run program; one in which the volunteers are carefully recruited and trained; in which volunteers know at the beginning what is expected of them; and are supervised. Even in a well-run program, however, there will be times when a coordinator has to help a volunteer to self-select and to find other volunteer work. Although that approach usually works, a coordinator may occasionally have to ask a volunteer to resign.

An organization using volunteers will also has to be sure that it has sufficient insurance to protect itself and individual volunteers. It will also need to learn about tax and labor laws that may be applicable.

**Resources to Learn About Establishing and Maintaining a Volunteer Program**
- The Community Transportation Association (CTAA) provides information and technical assistance on volunteer issues. For information on how to obtain access to its resources including its network of peer experts, contact CTAA, 1341 G Street, N.W., 10th Floor, Attention: Senior Transportation Specialist, Washington, D.C. 20005; Tel: 202.661-0217. FAX: 202.737-7197
Transportation Programs in Senior Toolkit

Chapter Two
Annapolis Transit, Maryland*
Brazos Transit District and Friendship Center (Texas)*
Call-n-Ride, Evergreen, Colorado
Catholic Community Services (CCS), (sixteen-community service) Juneau, Alaska
Catholic Family Center, Rochester, New York
Elder Services of Merrimack Valley, Inc., Lawrence, Massachusetts*
Indian River Council on Aging, Vero Beach, Florida
Jewish Council for the Aging Connect-A-Ride, (three-county service) Bethesda, Maryland*
Memphis Interfaith Association, Tennessee
Montgomery County Taxi Voucher Program, Bethesda, Maryland*
Partners In Care, Annapolis, Maryland*
St. John’s County Council on Aging, St. Augustine, Florida
Western Community Action, Marshall Minnesota*
Wheels for Wellness, Inc., Philadelphia, Pennsylvania*

Chapter Three
Medical Motor Service, Rochester, New York*
OATS Transit, Inc., (statewide service) Columbia, Missouri*
Seniors’ Resource Center, (multi-county service area) Denver, Colorado*
Treasure Valley Transit, Canyon County, Idaho*

Chapter Four
Call-n-Ride, Evergreen, Colorado*
IndyGo, Indianapolis, Indiana*
OATS Transit, Inc., (statewide service) Columbia, Missouri
Seniors’ Resource Center, (multi-county service area) Denver, Colorado

* denotes programs that are described in detail
FEATURES

A Profile of Older Americans – Seniors are a dynamic group. Today’s seniors are different from yesterday’s, and tomorrow’s will be distinct in their own right. Before we chart a course to address seniors’ mobility needs, we need a roadmap. Where are our seniors living? How are they living? What are they doing and where are they going?
Administration on Aging, U.S. Department of Health and Human Services

Benefits of Transportation Services to Health Programs – Great advances in healthcare mean little to those who can’t access them. The Medicare program’s restrictions on transportation expenses have resulted in reduced access to medical services and preventative care, increased use and expense of emergency room care and the unintended consequence of isolation for seniors on fixed incomes.
By Jon E. Burkhardt

Placing Transportation on the Aging Policy Agenda – Living longer is a reality. Living better is the challenge for public policy. Healthcare costs and retirement concerns tend to crowd out the interconnected issue of mobility. All levels of government must place lifelong transportation at the top of their agenda to ensure healthy aging and strong communities.
By Joseph F. Coughlin

Improving Public Transit Options for Older Persons – America’s seniors today have been defined by five decades of automobile culture, a growing geography of transit-deficient suburbs and rural populations aging in place. Educated, healthier and more active than previous generations, they have high expectations of transit service. Providers must respond to their customer-oriented demands, offering a wider range of mobility options.

Executive Summary of TCRP Report 82

Mature Mobility: Missouri’s Model for America – Missouri circa 1970. As a community pondered how to better address its seniors’ needs, seniors went ahead and did it. Their volunteer-supported transit service has expanded to serve all members of the community — and by doing so, leverages more resources to keep Missouri’s urban and rural seniors connected.
By Beth Wilson

Reaping a Bright Future for Rural Seniors – Small-scale mobility has wide-reaching impact. Just ask the residents of David City, Nebraska. One volunteer-operated van and one county bus driven by two part-time drivers connect residents to medical services, local merchants and social activities, and contribute to the small town’s continued growth.
By Chris Zeilinger

Coordination in the Commonwealth: Pennsylvania’s Winning Strategy – Pennsylvania is betting on senior mobility to keep both its urban and rural communities connected. Using lottery proceeds and coordinated service, two senior transit programs are winning accolades.
By Jane Hardin

From the Senate Floor: A Discussion on Senior Transportation – As communities strive to improve mobility for their aging members, their local efforts will be greatly influenced by decision making in Washington. Senators from Iowa, Montana and Wyoming stress transit’s critical role in seniors’ lives, and plan to address mobility needs through legislative channels in the 108th Congress.

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EDITOR’S NOTE

The Gathering Storm

They’ve played by the rules their entire lives. They’ve paid taxes, fought wars, built communities and raised families. They’ve lived the American Dream, and in doing so have redefined what it means to be an American.

The Americans who will become seniors in the next 30 years, the so-called Baby Boom generation, are beginning to move into their 60s. And as they do, their sheer numbers are sure to strain many of the vital services that they hope to rely upon. Every generation of Americans has had its own rendezvous with destiny. The Baby Boom generation now faces a gathering storm.

Nowhere is the forecast for seniors more dire than in public and community transportation, where years of inadequate investment have left gaping holes, on the other side of which lie isolation, poor health and a diminished quality of life. The burgeoning population of older Americans, people like Faye Thompson (page 16) and Arlene McCabe (page 84) — our parents, grandparents, friends and neighbors — deserve better.

This issue of Community Transportation chronicles the impact that older Americans are having on public and community transportation today, and how their increased numbers will affect transit in the future. It includes a seminal report by Jon Burkhardt on non-emergency Medicare transportation that discusses the potential cost savings and health benefits of offering improved transportation.

We have included the best research available in the field, including a population trend analysis from the U.S. Administration on Aging, a report on rethinking the aging transportation policy agenda and a look at public and community transportation’s role in serving seniors. We hear from three key U.S. senators on the importance of transportation in the lives of older Americans, and cover the Pennsylvania lottery program that is helping fund senior transportation services throughout the Keystone State.

Transit operators who are successfully and innovatively serving seniors find their way into the pages of this issue, as well, with dynamic profiles of the mammoth OATS, Inc., which services 86 urban and rural counties throughout the state of Missouri, and a tiny two-vehicle operation that meets older residents’ needs in David City, Nebraska.

The gathering storm for senior citizens is likely to change the way we all think about older Americans. The coming generation of people soon to be seniors have lived their entire lives enjoying a degree of mobility the world has never known. Anywhere they’ve wanted to go, generally speaking, they’ve gone. These folks are not likely to give up their mobility easily because they understand, better than most, the connection between mobility and freedom. It is up to all of us to ensure that these Americans have the choices they need to continue to live the American Dream.

How can we avoid the storm? We all need to act now to ensure that investment in senior transportation is a key part of the next highway and transportation reauthorization, and that Medicare begins to include non-emergency transportation.
To the Editor:

I just received my July/August 2002 issue of Community Transportation magazine. This issue is the best you and CTAA have done. What a wealth of information and stories that touch the heart of mobility. Great job!!!

I received two copies of the magazine, so I'm circulating one around the office and putting the second copy in my desk for future use.

Darrel Feasel
Virginia Department of Rail and Public Transportation
Richmond, Va.

To the Editor:

Over the summer, I had the opportunity to testify before the Senate Environment and Public Works Committee at a field hearing at the Vermont State House. Because most of my testimony dealt with the need for increased investment in rural transit, I thought I'd share it.

Senator Jeffords and members of the committee, the Vermont Public Transportation Association members include the municipal, nonprofit general public and paratransit providers throughout the state of Vermont. I am the Executive Director and have been with the Association since 1995. We have been very grateful for the support and ongoing interest that you have taken in rural public transportation, and we are very pleased to have the opportunity to submit written remarks for the record.

Across the nation, the low level of Federal budgetary support for rural public transportation is an ongoing problem. Most unit costs of transportation, whether of personal vehicle use, highway construction and maintenance, or of public transportation services, are higher in rural areas than in cities and suburbs. Distances are greater, and lower population densities suggest that utilization rates (both for highways and transit) are bound to be lower in rural areas. But that should not mean that rural businesses or residents should not have access to markets, goods and services. Federal funding formulas are unfortunately in favor of urban needs.

Population-based Federal 5311 formula funds are minimal in Vermont. The lack of financial support is particularly acute in its impact on the disabled, low-wage workers (often single parents)—who must not only seek job-related transportation but also work out the logistics of getting children to and from childcare—and our elderly population, who can no longer drive their own vehicles. Many of our citizens most in need of services and economic opportunities are dispersed into communities outside city centers where housing costs are more affordable. Thus, the need for adequate transportation that provides mobility and access to goods and services is more acute in our rural areas.

In Vermont, the Job Access and Reverse Commute funding has provided the first opportunity for expansion of services in nearly four years. The funding that you have provided in an annual earmark has been central to providing community bus service to areas previously underserved and in some cases forms the locus of service for an entire community, i.e., Middletown. Although this initiative has targeted a need for transportation for low wageworkers, it has provided additional and expanded service that has been of benefit to the entire community, including disabled citizens and the independent elderly.

Vermont's Federal formula appropriation for 5311 and 5310 are minimal. The 5310 program, essentially a capital program, is used in Vermont for both vehicle purchases and for the purchase of services through public transportation operations. Although the State Agency of Transportation has flexed a significant amount of funds to enhance the 5310 program, many needs continue to be unmet. And the opportunity to use funds for vehicle purchases is often passed over because neither human service nor non-profit transit organization can meet the requirement for 10 percent match, and contracting requirements under purchase of service provisions have created some obstacles to the use of federal funds.

Because the federal formula provides so little, our additional revenue is obtained through the flexible use of STP funds (one of the benefits of ISTEA and TEA-21). But this also puts all public transportation services in direct competition for the same funds that are used for roadway projects. The state public bus transportation budget for FY 2003 (excluding passenger rail) is about $13 million dollars. This represents just 4 percent of the entire state transportation budget of $330 million in combined state and federal funds. Despite efforts in both ISTEA and TEA-21 to insure a multimodal transportation infrastructure for the future, public transportation in rural areas continues to be inadequately funded. It is clear that both new funding and stronger guidance to states are needed.

We have heard it rumored that the administration is exploring the idea or intends to propose a change in the cost-sharing requirements for all transit funding from the current 80/20 to 50/50. This change would have disastrous consequences for public transportation in Vermont. The requirement that either the state or local communities contribute additional resources will be next to impossible. At the state level, the demands for road maintenance and construction always eclipse transit. At the local level there is, with a few minor exceptions, no revenue source but the already over-extended property tax available for increased cost sharing.

We have also heard that legislation has or will be introduced that would provide a $5 million dollar state minimum for all 5311 programs, a $5 million dollar minimum for small urban systems (50,000 - 200,000 population) and a $1
million minimum for the 5310 program and provisions that would allow the 5310 program funds to be used for operating expenses. This holds the promise of some much needed additional federal support for transit in rural states and it will certainly improve our situation in Vermont if used to enhance the current level of state funding.

A funding scheme that provides for opportunity to serve across programs and meet broader community needs rather than serve discrete groups (including coordination of services to benefit the entire community and elimination of arbitrary restrictions of services by groups such as the elderly, the disabled, TANF recipients, low-wage workers, or school children) has the greatest potential for efficiently and effectively meeting demand, as well as furthering the public policy objective of maximizing public investments in transportation systems.

Senator, as you are well aware, our population is aging. Federal accident statistics indicate that while safer vehicles have reduced highway fatalities, the number has risen among people over 70 by 39 percent during the past decade. No amount of roadway or safety improvements can protect drivers whose reactions and vision may be diminished by the natural aging process. By 2020, one in five drivers will be over the age of 65. The demands for public and paratransit services increase each year. Yet, if Vermont is any indication, state public transportation budgets cannot be expected to keep pace with these needs.

In rural areas, the loss of the ability to drive means not just a loss of independence, but total isolation and the potential for earlier institutionalization. Many of our senior citizens would voluntarily (and gratefully) relinquish their driving privileges if they were offered the option to take readily available public transportation and the same holds true for individuals for whom physical or mental disability prevents them from driving a private auto. Sadly, that choice does not exist in much of rural America at this time.

It is within your power to change that picture by outlining a new scenario for public transportation options in the future. In doing so, you will improve not only the quality of life for Americans living in rural areas, but contribute to environmental protection and decreased dependence on foreign oil. By reducing the number of vehicles on our roads through expanded availability and use of public transportation you can implement the most effective strategy available for achieving significant energy savings and environmental gains without imposition of new taxes or burdensome regulations on industry.

In closing, we want to again thank you, Senator Jeffords, and the members of your committee for this opportunity. We look forward to working with you as you proceed in the reauthorization process.

Respectfully submitted, Patricia C. Crocker, Executive Director

Correction

In our Rural issue, on page 22 and 26 of her article, “Facing Societal Challenges: The Need for New Paradigms in Rural Transit Service,” Dr. Sandra Rosenbloom references CARTS, when the Brazos Transit District, headquartered in Bryan, Texas, is the actual operator.
Mr. President, I rise today to introduce a bill to help rural America. Now, I'm always trying to help Montana, but this bill will help every state. Today I introduce the MEGA RURAL ACT — Maximum Economic Growth for America through Rural Transportation Investment. Quite simply, there are rural transportation needs not being met nationwide. This bill addresses those needs.

This is the eighth bill in a series of bills that Senator Crapo (Idaho) and I are introducing to highlight our proposals on reauthorization of TEA 21 — the Transportation Equity Act for the 21st Century.

So far we've introduced a series of MEGA ACTs, Maximum Economic Growth for America, through different types of investments and policy changes. In the past six months I have introduced MEGA TRUST, MEGA RED TRANS, MEGA FUND, Parts I and II, MEGA SAFE, MEGA STREAM and MEGA INNOVATE. Today it is the MEGA RURAL ACT.

The first provision in the MEGA RURAL Act will help states overcome certain rural hardships. In the same manner as the MEGA FUND ACT addresses this, the MEGA RURAL ACT would create a new program, at $2 billion annually, to assist states in dealing with certain economic and demographic barriers. This would be a new type of program, not subject to the minimum guarantee, that is not keyed to specific project types but to types of problems facing states. States with low population density, or low per capita incomes, for example, face real challenges. While the provision also addresses some problems faced by non-rural states, this new section will give real help to rural states.

The different approach of this program lets states facing those problems receive funds and pick the projects. Every one of the 50 states would receive significant funding under this program every year. Just as the MEGA RED TRANS ACT does, the MEGA RURAL ACT would ensure that, as federal transit programs are reauthorized, increased funding is provided to meet the needs of the elderly and disabled and of rural and small urban areas.

There is no question that our nation's large metropolitan areas have substantial transit needs that will receive attention as transit reauthorization legislation is developed. But the transit needs of rural and smaller areas, and of our elderly and disabled citizens, also require additional attention and funding.

The bill would provide additional investment in a way that does not impact other portions of the transit program. For example, while the bill would at least double every state's funding for the elderly and disabled transit program by FY 2004, nothing in the bill would reduce funding for any portion of the transit program or for any state. To the contrary, the bill would help strengthen the transit program as a whole by providing that the Mass Transit Account of the Highway Trust Fund is credited with the interest on its balance. This is a key provision in the MEGA TRUST Act, the MEGA RED TRANS Act, and now the MEGA RURAL ACT.

Specifically, the bill would set modest minimum annual apportionments, by state, for the elderly and disabled transit program, the rural transit program, and for states that have urbanized areas with a population of less than 200,000. It would ensure that each state that has a small urbanized area receives a minimum of $11 million for these three programs. It is not a large amount of money, but for my state of Montana, it is double what we get for those programs currently. For some other states, it is more than four times what they receive.

The bill would also establish a $30 million program for essential bus service, to help connect citizens in rural communities to the rest of the world by facilitating transportation between rural areas and airports and passenger rail stations.

I am very aware of the role that public transit plays in the lives of rural citizens and the elderly and disabled. When most people hear the word “transit” they think of a light-rail system. But in rural areas, transit translates to buses and vanpools. It’s about time that these issues are being addressed for rural America. Thank You.

For a complete copy of Senator Baucus' MEGA RURAL Act, go to http://www.ctaa.org/federal/TEA21Reauthorization.asp
How We Assure Senior Mobility

At last count, there were 35 million Americans over the age of 65. They made up more than one-eighth of the country’s population in the 2000 Census.

How do we use federal funds to assure that older people can get around to all the places they want, or need, to go? To be blunt, we address seniors’ mobility needs through a lot of back door approaches, burying transportation expenses under other categorical services, and often acting as if policymakers simply preferred not to acknowledge that older people have transportation needs, and that many of these transportation needs cannot be met simply through the construction of more appropriately designed roads and highways.

There is a tremendous disconnect between the federal programs acknowledged as resources for senior mobility, and the programs whose funds actually pay the most for transporting seniors to vital services and activities. The primary legislative vehicles for senior mobility are: (1) the transportation and mobility programs authorized under the Transportation Equity Act for the 21st Century (TEA-21), (2) the various services for older persons authorized by the Older Americans Act (OAA), and (3) a number of programs within the Social Security Act, including the Medicare and Medicaid programs. Despite the programmatic disconnectedness that have plagued efforts to coordinate these activities over the past 30 years or more, there are some strategies to assure these resources are marshaled in ways to improve senior mobility in the 21st century.

Public Transportation and Older People

This year, the federal government will spend close to $40 billion on surface transportation investments. More than $7 billion of that total will be spent on various public transportation projects and services. Within the federal public transit budget, $90.7 million will be allocated to the unique transit needs of seniors and persons with disabilities.

This small program, known by its authorizing legislation as Section 5310, represents 2.4 percent of the Federal Transit Administration (FTA) formula grants program, and must cover a tremendous territory of need with its scant resources. For starters, approximately 40 percent of rural America’s population, and nearly 25 percent of the population in cities of less than 200,000, have no public transportation available, period. Where it does exist, transit in these smaller towns and cities can be very limited in its availability (e.g., in some rural areas, where the “transit” program may be one van, three days a week), or may not be accessible to all the potential passengers with disabilities in the community. Even in larger cities, public transit is not uniformly available and accessible to many of those who most depend upon it.

Over its long history, the Section 5310 program, known to some as Sec. 16(b)(2) for its former home in the Urban Mass Transportation Act, has acquired several unique facets. Its original, and continuing, primary mission is to assure mobility for seniors and persons with disabilities whose transportation needs are not adequately addressed through the traditional public transit programs funded through Sections 5307 and 5311. Moreover, Sec. 5310 focuses on transportation services provided by the private nonprofit sector, and its funds are intended to provide capital assistance. Most of this assistance has been, and continues to be, the purchase of vans, small buses and other vehicles for use in transporting seniors and persons with disabilities.

It’s important to note that Sec. 5310 funds are allocated to each state on the basis of its populations of seniors and persons with disabilities. Each state then sets its own rules, guidelines and procedures for distributing Sec. 5310 resources to local partners, who technically are referred to as subrecipients.

There is so much variation in how states operate their Sec. 5310 programs that it sometimes seems that the really is a network of 56 separate, federally assisted mobility programs operated by states, territories and other federal possessions.

Since 1991, with amendments made in the Intermodal Surface Transportation Efficiency Act (ISTEA), Sec. 5310 acquired additional flexibility. Its resources can be awarded to public bodies, if they are the lead agencies in coordinated transportation arrangements, or if there are no nonprofits in a specific area capable of using these funds to fulfill the program’s mission.

Another facet that ISTEA carved into the program is the ability to use Sec. 5310 funds for purchase-of-service agreements or similar contracts between eligible nonprofit subrecipients and third-party providers of transportation.

Describing the Section 5310 Network

Even though Sec. 5310 sub-recipients make up the vast majority of FTA’s local transit partners, little is known about this network. Its annual federal appropriation has grown from $20 million in FY 1975 to an anticipated $91 million in FY 2003. In recent years, Sec. 5310 funds have been used to purchase approximately 2,000 vehicles a year, with fewer than 1,500 individual...
subrecipients actually acquiring Sec. 5310 assisted vehicles in any given year.

In addition to the annual Sec. 5310 appropriation, states have been supplementing their resources with funds transferred from their federal highway allocations under the Surface Transportation Program (STP) and the Congestion Mitigation and Air Quality improvement program (CMAQ), to the tune of between $30 and $40 million per year.

If you define the Sec. 5310 network as all those organizations operating vehicles acquired with Sec. 5310 assistance in which there is a remaining federal financial interest (i.e., vehicles still within their anticipated useful life), then the last data collected by the Community Transportation Association suggest that the network embraces nearly 4,000 agencies and organizations, that the nation’s Sec. 5310 vehicle fleet is approximately 12,000 vehicles, and that these transportation providers operate an additional 13,000 or more vehicles that were not acquired with Sec. 5310 assistance.

While the Sec. 5310 program continues to be regarded as a transit capital assistance program, FTA data show that a third of its dollars — $37 million in FY 2002 — are used for purchase-of-service agreements across the country. Of the Sec. 5310 funds used for vehicle purchases, FTA reports that 75 percent of these dollars are used to replace older Sec. 5310 vehicles that must be retired from service. These uses leave only a sixth of the program, or a little over $15 million, available to capitalize any expansion of transit services for seniors and people with disabilities.

### How Seniors Fare in the Rest of the Transit Program

It would be a mistake to assume that Sec. 5310 is the only transit resource affecting the mobility of older people. Many older people rely upon the more conventional public transit programs financed by FTA’s Sec. 5307 and 5311 programs in urban and rural areas, respectively.

According to the American Public Transportation Association, seniors account for 7 percent of the annual urban transit ridership, with seniors’ use of transit more than twice as prevalent in cities of less than 1 million as in the country’s largest metropolitan areas.

The Community Transportation Association’s most recent data show that seniors account for more than 30 percent of transit utilization in rural areas and cities of less than 50,000.

In rural areas, there is an almost symbiotic relationship between the Sec. 5310 and Sec. 5311 programs. Approximately one-fourth of all rural public transit providers rely on Sec. 5310 for some of their capital assistance, and Sec. 5310 now accounts for 17 percent of all capital investments made by rural public transit providers.

Beyond this occasional use of Sec. 5310 to help capitalize some rural public transit services, how does the federal government expect Sec. 5311 and 5307 transit providers to address senior mobility?

Seniors with disabilities may be eligible for their communities’ paratransit services required under the Americans with Disabilities Act; many seniors — even those without disabilities — also benefit from the accessibility features required in all buses, rail cars, buildings and other aspects of transit service.

In urbanized areas, seniors who ride fixed-route bus or rail services are entitled to reduced fares in off-peak hours.

That looks like a short list, doesn’t it? Fortunately, many transit providers do much to serve their senior customers as best they can, well beyond these baseline federal requirements. This is especially true in rural areas and small- to mid-sized cities, where the transit systems recognize and value the fact that seniors represent a large share of their current and prospective customer base.

### Transportation and the Older Americans Act

Many older people, their advocates, and the providers of their services recognize that an entire federal agency exists with the sole purpose of addressing many of the needs of America’s seniors. This is the Administration on Aging (AoA), a semi-autonomous unit of the U.S. Department of Health and Human Services, and it oversees most of the administration of programs authorized under the Older Americans Act (OAA).

With between $700 and $800 million in annual funding, the Older Americans Act includes programs for senior centers and supportive services, nutrition programs, in-home services, disease prevention, family caregiver support, promoting seniors’ legal rights.
and protecting vulnerable seniors from abuse. Also within the OAA fabric are special programs for Native American elders’ services, a program of research and demonstration activities, and a program to help provide employment for older persons. All of these programs are administered by AoA, except the employment program, which is administered by the U.S. Department of Labor.

For the most part, transportation falls within the OAA’s program category of “Supportive Services and Senior Centers,” authorized by Title III-B of this act. Out of the annual federal appropriation of just over $300 million to Title III-B, AoA estimates that $70 million is spent on transportation services. Additional, but small, amounts are spent on transportation through the Title VI Native Americans program, and through the Title V senior employment program.

Title III funds are allocated to each state’s designated statewide unit on aging on a formula basis. The state units on aging then are responsible for determining the intrastate formulas they use for divvying up these and other OAA funds among the Area Agencies on Aging (AAAs) that are within every state and U.S. possession. The AAAs have primary responsibility for identifying and prioritizing the senior services needs within their areas, and for planning and programming funds in suitable ways to address these needs. As many advocates know, this process — and the meager resources of Title III-B — often compels individual AAAs either to stay out of the transportation business (they simply can write off transportation as an “unmet need” in their area plans for aging services) or to attach many restrictive conditions on the use of their funds, in an effort to stretch the program dollars just a little bit further.

Sleeping Giants in the Social Security Act

The Social Security Act contains many programs that affect senior mobility. No doubt, the cash benefits paid to individuals through Social Security benefits to retirees and their survivors, Social Security Disability Income, and Supplemental Security Income influence these persons’ transportation and resource choices. However, it is close to impossible to assess these programs’ direct influence on public or community transportation.

This act’s programs for low-income families and children, such as Temporary Assistance to Needy Families (TANF), Maternal and Child Health grants, and states’ Children Health Insurance Program grants, all have major transportation aspects, but these tend not to have an exclusively senior component, except to the degree that grandparents and other elderly family members increasingly are becoming involved in the care and maintenance of low-income, poverty, and at-risk families.

The major potential for senior transportation lies in the Medicare, Medicaid, and Social Services Block Grant programs (sometimes known by their homes in the Social Security Act as Titles XVIII, XIX, and XX, respectively). The Medicaid and Medicare programs were reviewed in some detail in a previous issue of Community Transportation, so here are just a few highlights from these programs.

Medicare is a federal health insurance program for seniors and some persons with disabilities, with no state or local government involvement in determining its scope of services or payments. Aside from a few demonstration programs, the only current transportation benefit within Medicare is for ambulance-provided transportation, primarily for emergency medical transports. Recent data from the federal Centers for Medicare and Medicaid Services indicate that the Medicare program spends between $2 and $3 billion every year on ambulance transportation, half of which is for non-emergency medical trips.

Medicaid is a federal-state partnership to provide medical assistance to low-income individuals of all ages. The federal government establishes many of the categories of eligible beneficiaries and allowable medical services for these beneficiaries. States may provide coverage to additional categories of people, and may provide additional benefits beyond the federal requirements. States also may cut back from federally defined eligibilities, but only with a waiver issued by the Centers for Medicare and Medicaid Services. The states are the active managers of the Medicaid program, and are reimbursed by the federal government for a share of their Medicaid expenses. This federal reimbursement is on a sliding scale, based roughly on the state’s relative share of persons living in poverty.

Some time ago, federal courts determined that both emergency and non-emergency transportation had to be a feature of states’ Medicaid programs, because participating states were required by law to make Medicaid-assisted services available to all eligible individuals throughout each state. As a result, transportation has become a constant feature within Medicaid. For many years, the Centers for Medicare and Medicaid Services have required every state to address transportation services in their annual state medical assistance plans they submit to the federal government. The Community Transportation Association and others...
have estimated that the federal share of Medicaid non-emergency transportation now amounts to roughly $2 billion a year.

Prior to the 1996 federal welfare reforms, the Social Services Block Grant program was the only major program of flexible federal assistance to meet the needs of states’ more vulnerable populations. It continues to play an important role, especially as TANF and related post-1996 programs are focused on families with children, unemployed persons who need to enter the workforce, etc. After having suffered funding reductions that somehow were linked to Congressional passage of TEA-21, this program now receives $1.7 billion a year. In the most general terms, states may use their Social Services Block Grant allocations to promote self-sufficiency and reductions in individuals’ dependence on “welfare” benefits. To a very large degree, this program has helped address the social and supportive service needs of people such as zero- and low-income seniors and other adults in poverty. Several years ago, the federal Administration on Children and Families, manager of this program, estimated that 1.5 percent of its funds (roughly $25 to $30 million) are used on various transportation services.

The greatest issue, of course, is one of resource scarcity. Rules, restrictions and requirements are guaranteed to abound when communities simply cannot receive enough funds to perform an adequate job, and many of the long-lamented “barriers to coordination” are the result of trying to address the mobility needs of 12 percent of our country’s population with only a couple hundred million dollars.

It is possible that the resource constraints can be eased through increased funding for public and community transportation and allowing better management of the billions of dollars spent on Medicare transportation. The fact that Older Americans Act and Social Services Block Grant funding levels, along with other potentially valuable senior mobility programs (e.g., the National Senior Service Corps and supported housing for senior citizens), remain essentially unchanged since 1994 or earlier certainly hasn’t helped matters in the least.

There is another aspect to solving this puzzle that remains largely untapped. Every state and every urbanized area in the country is required to prepare short- and long-range transportation plans; these plans are the foundation upon which local highway and transit funding decisions are made. The bodies that develop these plans are required to consider the needs of an area’s local governments, its natural environment, its low-income and minority populations, and its traffic patterns and congestion. Transit labor and Indian tribes are required to have input into the transportation planning and programming process, but no one is expected to consider the needs of an area’s older population, whether in road and highway design or in the provision of transit services. Perhaps that should be changed.

Another feature of the bodies that develop metropolitan transportation plans is that they tend to serve the same geographic areas as the bodies that develop area-wide plans for aging services, or the boards that supervise the planning and delivery of workforce development and other federally assisted programs to “transit-dependent” populations. Often, these planning functions are performed by different staff members in the same agency. How often do various planners develop consolidated, or simply coordinated, plans for a community’s mobility, taking into account roadway and other infrastructure needs, various elements of transit demand, the extent to which aging services meet seniors’ mobility needs, or a region’s changing employment patterns for both working age and older workers? It almost never happens, yet almost all these programs’ local service providers complain about the difficulty of coordinating what they do.

Such coordinated planning doesn’t occur for a simple reason. It’s not encouraged to occur, as different federal programs continue to require their own plans, channeled through their own bureaucratic processes, with little opportunity for involvement by other programs.

When TEA-21 was enacted, a step was made in an interesting direction, by asking federal human services programs to coordinate their activities with the projects identified in state and metropolitan transportation plans. Interesting possibilities could arise if state and area agencies on aging, state and local workforce boards, state TANF agencies, state Medicaid agencies, etc., took heed of this call.

For more on Senior Transportation go to www.ctaa.org/ntrc/is_senior.asp

For more on Medicare go to www.ctaa.org/ntrc/medical/medicare.asp
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VOICES FROM THE COMMUNITY

By Jane Hardin

What’s Good for Older Americans is Good for ALL Americans

We hear a lot about the aging of the Baby Boomers — every seven seconds another American turns 50 — and the huge increase in the number of older people that we can expect in a few years, but let me provide some context for those figures:

• Today there are approximately 35 million Americans 65-years-old and older.

• In less than 30 years, the number of people 65 and older will have doubled to 70 million.

• 65 and older is the fastest growing segment of our population — and 85 and older is the fastest growing subset of that population.

Just the simple fact of the increasing number of people presents a challenge. And though we are all working to increase federal investment in public and community transportation, it is likely not going to grow as fast as the population of older Americans. Now, and in coming years, transit providers will need to seek new sources of money — creating private/public partnerships and leveraging the dollars they have.

This older population is a huge and disparate group. Some of the assumptions we’ve long held about the nature of seniors will have to be rethought. Sixty-year-olds are as likely or unlikely to have something in common with 25-year-olds as they are with 75-year-olds.

Transportation Needs

Regarding transportation issues, we can divide this population of older adults into two large groups, although there are numerous differences within these groups.

In one group there are a growing number of frail elderly with special transportation needs. Some will require curb-to-curb service by a vehicle that is easy to board. Others will need door-to-door service — and likely help getting to the bus and then help getting to their destination. Some will need through-the-door service — help getting ready to leave, help throughout the trip and then help in getting settled after they return home. In other words, they will need escort transportation. For many frail elderly, the escort is not an extra; it is an essential element of transportation.

Within the group of frail elderly, the rural elderly need our particular attention. Today 40 percent of rural residents live in areas where there is no public transportation, and 28 percent have negligible access. A substantial number of elderly people live in rural areas, and without public transportation they are isolated — unable to shop for groceries, to go to medical appointments, to get prescriptions from the drugstore or just to get out of the house for a change of scenery and the chance to say hello. By expanding public transportation to rural areas, we will take a huge step toward providing transportation to many elderly rural residents.

The best way for transit providers to meet the transportation needs of the second group — most older Americans — is to meet the transportation needs of the general population. Their needs — shopping, getting to work, medical appointments, going to restaurants and visiting friends are similar — to other age groups. If they are to leave their cars and use public transportation, they will need to have access to convenient and affordable transportation — just what Americans of every age need and want.

A light-hearted example of the similar needs of transportation users is a survey I once saw that concluded that older customers do not like complicated telephone menus. My reaction was: What age callers do like complicated phone menus?

There are changes that transportation providers can make to help older people and everyone else.

• Low-floor buses. They help anyone with knee or lower-back problems, with grocery bags or luggage and mothers with strollers.

• Seats at bus stops.

• Bus stops that are well lighted.
Readily available and clear and easy-to-read route maps and schedules.

These changes are analogous to curb cuts. They were put in to benefit wheelchair users, but they help mothers with strollers, bikers and anyone with a suitcase.

**Employment Transportation**

The 50 and older age group is made up of many groups with diverse needs. Where they live (small or large metropolitan areas, close or outer suburb, rural areas), their income, where they work and what work they do — all define their transportation needs.

What we know or what we can reasonably guess about this huge population is that most of them are going to need transportation to work. We can also make the same statement about the 65 and older population.

Here are some more statistics:

- Eligibility for full Social Security retirement benefits is inching up to 67 years.
- In a little more than 12 years (2015), one in every five workers will be 55 or older.
- The number of workers 65 and older will increase nearly 30 percent in the next eight years.
- The number of workers 75 and older is expected to increase nearly 14 percent.

According to an important AARP retirement study, the old stool with three legs (Social Security, pension and personal savings) has been replaced with four pillars: Social Security is one, pension and personal savings combined is the second, health insurance is the third and the final is retirement earnings. Earnings will be an important source of retirement income.

Retirees tend to be healthier than in earlier generations, so even if they have no economic need to work, they often want to stay active and productive. To attract these older workers away from their cars, public transportation is going to have to provide convenient transportation such as:

- Routes that connect where workers live to where they work.
- Flexible scheduling with early-bird and owl shifts.
- Guaranteed Ride Home programs.
- Smooth connections between buses and light rail and subways between suburban and city buses and
- Adequate parking lots at light rail and subway stops.

These features will — of course — be attractive to all workers, not just the 50 and older ones.

**Older Non-Drivers**

We still need to look at the older-old person's transportation needs — especially the non-driver. One study a few years ago found that 86 percent of non-drivers 75 and older do not use public transportation. To make sense of that figure it helps to look at some of the reasons the non-drivers gave for not using public transportation:

- One-third prefer rides with friends and families.
- Another good-sized segment said they did not use public transportation because there was no public transportation available.
- Others said public transportation is inconvenient.
- Others said individual physical problems kept them from using it — the public transportation vehicles and system were not adaptable.
- Fifty percent said they cannot walk to a bus stop. Some said that a bus stop within five blocks of their home would make a difference.
- Some said a resting place along the way would make a difference.

Other reasons, not in the study but that we often hear, are:

- No sidewalks.
- A route to the bus stop that includes busy intersections with traffic lights that are timed to keep cars moving, not to let pedestrians get across — especially those who move slowly.

These changes, here again, are changes that are likely to attract riders of all ages — the mothers with strollers, anyone carrying packages or anyone who gets tired or who walks at a slow pace.

The challenge to the public transportation community is to attract riders from the young-older group with improvements that will attract riders of all ages, and to provide transportation that meets the special needs of the frail elderly.

Jane Hardin joined the Community Transportation Association staff in August as our Senior Transportation Specialist. She previously worked with AARP.
Hop Aboard!

Ms. Thompson testified before the Senate Banking, Housing and Urban Affairs Committee last July to discuss the importance of public and community transportation to our nation's older citizens. At the end of her testimony, much of which follows, Sen. Daniel Akaka of Hawaii asked her what members of the committee could do for the older residents of West Virginia in terms of transportation. Ms. Thompson answered perfectly, "We need more money." - ed.

It is an honor to talk about something that is dear to my heart — transportation and its impact on seniors, like myself. First, let me tell you something about myself. My late husband and I raised three sons, and that was an experience in itself. After my children got into school, my husband, who was employed by the Norfolk and Western Railroad, went to work and I started back to school to become an elementary school teacher in a one-room schoolhouse in rural Appalachia, West Virginia.

I saw the many challenges of the rural Appalachian people up close. Being a teacher, we often felt like we were teaching a different kind of three "Rs" — reading, writing and Route 64, which was the road many in our community took to leave to find jobs, education and opportunity. I wanted to help address some of these challenges in rural West Virginia, so I changed careers and became a social worker for the Department of Health and Human Resources.

Throughout my career, I worked with low-income families, and one of the biggest obstacles to obtaining vital services was the lack of transportation. At that time there was no public transportation in Wayne County. Throughout my 22 years in my career, there was always a need for individuals to access services. Throughout my life, I have been a very independent person, as you can see, raising a family, starting not just one career but two in my life, and having the privilege of having my own transportation. Most of us take for granted picking up our car keys, going out of the house and going anywhere we want to go.

Even though I have always recognized the need for rural transportation, I never thought that it would be something that I would need. After my husband passed away, I lived alone in my home. I then downsized to an apartment. I was still able to go to my homemaker meetings, church activities, volunteer work and continued to meet my friends for lunch and social activities.

But then my physician informed me that I was going to have to have both of my knees replaced. He added that after my surgery and rehabilitation I would need to go to physical therapy three times a week for several weeks. My two eldest sons both live out of state, and my youngest son works full-time and was therefore unable to take me to my therapy sessions. I realized that I was one of the people who needed transportation. I was no longer independent, and this was quite a shock to me. Thanks to public transportation I was able to obtain the medical services that I needed.

Being a member of Wayne County Community Service Organization, Inc. Board of Directors, I know how important our county's public transit system is to local residents. I know it enables them to access needed services. I know because I ride.

Wayne X-Press Public Transit System provides transportation services to people for medical appointments, to jobs, job interviews, job training, social activities, senior citizen centers, adult day treatment programs, general education training, parenting classes, etc. Transit is the lifeline for the public, especially here in rural West Virginia and for our oldest citizens. So if you're ever in Wayne County, West Virginia, I invite you to do like I did and hop aboard the Wayne X-Press.

For more congressional testimony on public and community transportation, go to www.ctaa.org/fednews/testlist/testimonylist.asp.
The older population—persons 65 years or older—numbered 35 million in 2000. They represented 12.4 percent of the U.S. population, about one in every eight Americans. The number of older Americans increased by 3.7 million or 12.0 percent since 1990, compared to an increase of 13.3 percent for the under-65 population. However, the number of Americans aged 45-64 — who will reach 65 over the next two decades — increased by 34 percent during this period.

In 2000, there were 21 million older women and 14 million older men, or a ratio of 143 women for every 100 men. The female to male ratio increases with age, ranging from 117 for the 65-69 age group to a high of 245 for persons 85 and over.

Since 1900, the percentage of Americans 65+ has more than tripled (4.1 percent in 1900 to 12.4 percent in 2000), and the number has increased 11 times (from 3.1 million to 35.0 million). The older population itself is getting older. In 2000, the 65-74 age group (18.4 million) was eight times larger than in 1900, but the 75-84 group (12.4 million) was 16 times larger and the 85+ group (4.2 million) was 34 times larger.

In 2000, persons reaching age 65 had an average life expectancy of an
additional 17.9 years (19.2 years for females and 16.3 years for males).

A child born in 2000 could expect to live 76.9 years, about 29 years longer than a child born in 1900. Much of this increase occurred because of reduced death rates for children and young adults. However, the past two decades have also seen reduced death rates for the population aged 65-84, especially for men — by 19 percent for men aged 65-74 and by 16 percent for men aged 75-84. Life expectancy at age 65 increased by only 2.4 years between 1900 and 1960, but has increased by 3.7 years since 1960.

Over 2.0 million persons celebrated their 65th birthday in 2000 (5,574 per day). In the same year, about 1.8 million persons 65 or older died, resulting in a net increase of approximately 238,000 (650 per day).

There were 50,545 persons aged 100 or more in 2000 (0.02 percent of the total population). This is a 35 percent increase from the 1990 figure of 37,306.

(Data for this section were compiled primarily from Internet releases of the U.S. Bureau of the Census and the National Center for Health Statistics.)

**Future Growth**

The older population will continue to grow significantly in the future (see Figure 1). This growth slowed somewhat during the 1990s because of the relatively small number of babies born during the Great Depression of the 1930s. But the older population will burgeon between the years 2010 and 2030 when the baby boom generation reaches age 65.

By 2030, there will be about 70 million older persons, more than twice their number in 2000. People 65+ represented 12.4 percent of the population in the year 2000 but are expected to grow to be 20 percent of the population by 2030.


**Living Arrangements**

Over half (55 percent) the older noninstitutionalized persons lived with their spouse in 2000. Approximately 10.1 million or 73 percent of older men, and 7.7 million or 41 percent of older women, lived with their spouse (Figure 2).

The proportion living with their spouse decreased with age, especially for women. Only 28.8 percent of women 75+ years old lived with a spouse.

About 30 percent (9.7 million) of all noninstitutionalized older persons in 2000 lived alone (7.4 million women, 2.4 million men). They represented 40 percent of older women and 17 percent of older men. The proportion living alone increases with advanced age. Among women aged 75 and over, for example, half (49.4 percent) lived alone.

About 633,000 grandparents aged 65 or over maintained households in which grandchildren were present. In addition, 510,000 grandparents over 65 years lived in parent-maintained households in which their grandchildren were present.

While a relatively small number (1.56 million) and percentage (4.5 percent) of the 65+ population lived in nursing homes in 2000, the percentage increases dramatically with age, ranging from 1.1 percent for persons 65-74 years to 4.7 percent for persons 75-84 years and 18.2 percent for persons 85+.
Geographic Distribution

In 2000, about half (52 percent) of persons 65+ lived in nine states. California had over 3.6 million; Florida 2.8 million; New York 2.4 million; Texas 2.1 million; and Pennsylvania 1.9 million. Ohio, Illinois, Michigan, and New Jersey each had well over 1 million (Figure 5).

Person 65+ constituted 14.0 percent or more of the total population in nine states in 2000 (Figure 3): Florida (17.6 percent); Pennsylvania (15.6 percent); West Virginia (15.3 percent); Iowa (14.9 percent); North Dakota (14.7 percent); Rhode Island (14.5 percent); Maine (14.4); South Dakota (14.3); and Arkansas (14.0 percent). In 14 states, the 65+ population increased by 20 percent or more between 1990 and 2000 (Figure 4): Nevada (71.5 percent); Alaska (59.6 percent); Arizona (39.5 percent); New Mexico (30.1 percent); Hawaii (28.5 percent); Utah (26.9 percent); Colorado (26.3 percent); Delaware (26.0 percent); South Carolina (22.3 percent); Wyoming (22.2 percent); Texas (20.7 percent); North Carolina (20.5 percent); Idaho (20.3 percent); and Georgia (20.0 percent). The 11 jurisdictions with the highest poverty rates for elderly over the period 1998-2000 (Figure 5) were Mississippi (17.7 percent); Louisiana (16.8 percent); District of Columbia (16.7 percent); Alabama (15.3 percent); Tennessee (15.2 percent); Arkansas (15.2 percent); New Mexico (14.5 percent); Kentucky (13.3 percent); West Virginia (13.2 percent); New York (13.1 percent); and Texas (13.0 percent).

Most persons 65+ lived in metropolitan areas in 2000 (77.5 percent). About 50 percent of older persons lived in the suburbs, 27 percent lived in central cities, and 23 percent lived in nonmetropolitan areas.

The elderly are less likely to change residence than other age groups. In 1999 only 4.2 percent of elderly households had moved since 1998 (compared to 16.5 percent of persons under 65). Among the movers, home ownership declined from 60 percent to 48 percent.

(Data for this section were compiled primarily from Internet releases of the U.S. Bureau of the Census.)

Income

The median income of older persons in 2000 was $19,168 for males and $10,899 for females. Real median income (after adjusting for inflation) fell by 2.8 percent for men and by 3.6 percent for women since 1999.

About one of every eight (12.1 percent) family households with an elderly householder had incomes less than $15,000 and 46.8 percent had incomes of $35,000 or more (Figure 6).

For all older persons reporting income in 2000 (33.9 million), 33.9 percent reported less than $10,000. Only 23.9 percent reported $25,000 or more. The median income reported was $13,769.

The major sources of income as reported by the Social Security Administration for older persons in 1999 were Social Security (reported by 90 percent of older persons), income from assets (reported by 62 percent), public and private pensions (reported by 43 percent), and earnings (reported by 22 percent). In 2000, Social Security benefits accounted for 38 percent of the aggregate income of the older population. The bulk of the remainder consisted of earnings (21 percent), assets (20 percent) and pensions (19 percent).

Figure 3: Persons 65+ as a Percentage of Total Population – 2000

(Based on Census 2000 data from the U.S. Bureau of the Census.)

Figure 4: Percentage Increase in Population 65+ – 1990 to 2000

(Based on Census 2000 and 1990 Census data.)
### Figure 5: The 65+ Population by State – 2000

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(Compiled by the Administration on Aging from Table DP-1, Profile of General Demographic Characteristics for the United States: 2000; poverty data is from the Current Population Surveys.)
Poverty

About 3.4 million elderly persons (10.2 percent) were below the poverty level in 2000. This poverty rate was not statistically different from the historic low reached in 1999. Another 2.2 million or 6.7 percent of the elderly were classified as near-poor (income between the poverty level and 125 percent of this level).

Older women had a higher poverty rate (12.2 percent) than older men (7.5 percent) in 2000. Older persons living alone or with nonrelatives were much more likely to be poor (20.8 percent) than were older persons living with families (5.1 percent). The highest poverty rates (38.3 percent) were experienced by older Hispanic women who lived alone or with nonrelatives.


Housing

Of the 21.4 million households headed by older persons in 1999, 80 percent were owners and 20 percent were renters. The median family income of older homeowners was $22,502. The median family income of older renters was $12,566. In 1999, 39 percent of older householders spent more than one-fourth of their income on housing costs, compared to 36 percent for homeowners of all ages.

For homes occupied by older householders in 1999, the median year of construction was 1962 (it was 1969 for all householders) and 6 percent had physical problems.

In 1999, the median value of homes owned by older persons was $96,442, compared to a median home value of $108,300 for all homeowners. About 76 percent of older homeowners in 1999 owned their homes free and clear.

(Employment

In 2000, 4.2 million (12.8 percent) Americans age 65 and over were in the labor force (working or actively seeking work), including 2.4 million men (17.5 percent) and 1.8 million women (9.4 percent). They constituted 3.0 percent of the U.S. labor force. About 3.1 percent were unemployed.

Labor force participation of men 65+ decreased steadily from two of three in 1900 to 15.8 percent in 1985, and has stayed at 16 percent-18 percent since then. The participation rate for women 65+ rose slightly from one of 12 in 1900 to 10.8 percent in 1956, fell to 7.3 percent in 1985 and has been around 8 percent-10 percent since 1988.

(Education

The educational level of the older population is increasing. Between 1970 and 2000, the percentage who had completed high school rose from 28 percent to 70 percent. About 16 percent in 2000 had a bachelor’s degree or more.

(Education

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(Health, Health Care and Disability

In 1999, 26.1 percent of older persons assessed their health as fair or poor (compared to 9.2 percent for all persons). There was little difference between the sexes on this measure.

Limitations on activities because of chronic conditions increase with age. In 1998, among those 65-74 years old, 28.8 percent reported a limitation caused by a chronic condition. In contrast, over half (50.6 percent) of those 75 years and over reported they were limited by chronic conditions.

In 1997, more than half of the older population (54.5 percent) reported having at least one disability of some type (physical or nonphysical). Over a third (37.7 percent) re-
ported at least one severe disability. Over 4.5 million (14.2 percent) had difficulty in carrying out activities of daily living and 6.9 million (21.6 percent) reported difficulties with instrumental activities of daily living. This is in sharp contrast to the much lower levels in the 25-64 populations of daily living difficulties (bathing, dressing, eating, and getting around the house) (2.8 percent) and instrumental activity difficulties (preparing meals, shopping, managing money, using the telephone, doing housework, and taking medication) (4 percent).

The percentages with disabilities increase sharply with age (Figure 7). Disability takes a much heavier toll on the very old. Almost three-fourths (73.6 percent) of those aged 80+ report at least one disability. Over half (57.6 percent) of those aged 80+ had one or more severe disabilities and 34.9 percent of the 80+ population reported needing assistance as a result of disability. There is a strong relation-

Older people had about four times the number of days of hospitalization (1.6 days) as did the under 65 aged population (0.4 days) in 1999. The average length of a hospital stay was 6.0 days for older people, compared to only 4.1 days for people under 65. The average length of stay for older people has decreased six days since 1964. Older persons averaged more contacts with doctors in 1999 than did persons of all ages (6.8 contacts versus 3.5 contacts).

In 1999, older consumers averaged $3,019 in out-of-pocket health-care expenditures, an increase of more than a third since 1990. In contrast, the total population spent considerably less, averaging $1,959 in out-of-pocket costs. Older Americans spent 11 percent of their total expenditures on health, more than twice the proportion spent by all consumers (5 percent). Health costs incurred on average by older consumers in 1999 consisted of $1554 (51 percent) for insurance, $706 (23 percent) for drugs, $601 (20 percent) for medical services and $158 (5 percent) for medical supplies.


A Profile of Older Americans: 2001 was prepared by the Administration on Aging (AoA), U.S. Department of Health and Human Services.

The annual Profile of Older Americans was originally developed and researched by Donald G. Fowles, AoA. Saadia Greenberg, AoA, updated the 2001 edition. Editions of the Profile prior to 2000 were printed by AARP.

AoA serves as an advocate for the elderly within the federal government and is working to encourage and coordinate a responsive system of family and community-based services throughout the nation. AoA helps states develop comprehensive service systems that are administered by 57 State and Territorial Units on Aging, 655 Area Agencies on Aging, over 225 Native American organizations, and more than 27,000 local service providers. ☰
info station
The finest medical services are of little value to individuals who cannot access them. As noted by a local alliance of community leaders in North Carolina, "A lack of mobility and access to services results in:

- A delay in receiving medical attention and/or obtaining necessary medications, resulting in illness that is more serious; reduced quality of life; and increased cost of care to the patient, medical providers and the community.
- A significant use of the emergency room for non-emergency care, resulting in increased cost and less efficient use of emergency services.
- An increased dependence on ambulance services for non-urgent care, resulting in increased cost and less availability for true emergencies.
- Decreased use of preventive care opportunities, health improvement programs and public and private human services.
- Isolation from the community, particularly for those who are economically disadvantaged, on fixed incomes or who are part of the growing population of elderly."

Transportation helps surmount the barriers to opportunity. In the case of access to medical services, transportation helps to achieve longer lives of higher quality.
By law, Medicare can only reimburse patient transportation to Medicare-approved medical services when that transportation is provided by ambulance. And in order to receive Medicare reimbursement for ambulance transportation, a determination must be made that an ambulance is the only means by which the patient can be transported without serious risk to his or her health.

Data indicate that the Medicare program is reimbursing some clients and ambulance operators for many trips that do not require ambulance transportation, and thus could be provided more cost-effectively by other means of transportation. Furthermore, some medical services now being provided by emergency departments could more cost-effectively be provided elsewhere. Legislative changes to the current restrictions could allow alternative transportation and medical services and, at the same time, save millions of dollars for the Medicare program and provide much needed funding for community transportation services.

Medicare is one of the key federal health insurance programs in the United States. The Medicare program is administered by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS). This program has two distinct components: hospital insurance (known as Part A) and supplemental medical insurance (Part B).

Part A covers hospitalization, some hospice care and a limited amount of post-hospital skilled nursing and home health care. Part B covers physicians’ services, outpatient hospital care, physical therapy and other specified services, such as ambulance transportation. Both parts of the program provide insurance protection for covered services to almost all persons age 65 or older, certain disabled persons and individuals with chronic renal disease who elect this coverage. In 1998, Medicare paid for nearly 58 percent of all health care expenses incurred by persons 65 and older in the U.S.

Transportation costs are allowable expenses under Medicare Part B, but there are serious restrictions on their usage. By statute and regulation, Medicare will provide reimbursement only for transportation services provided by ambulance. Both emergency and non-emergency ambulance trips may be reimbursed through Medicare, but reimbursement for ambulance transport is limited to severe medical situations such as a life-threatening emergency, a need for restraints or emergency treatment while in transit or confinement of the patient to bed before and after the trip.

CMS’ Medicare Carriers Manual provides that reimbursement may be made for expenses incurred for ambulance service provided that certain conditions are met:

- Vehicle and crew requirements of at least two crew members with specified training;
- Medical necessity: When the use of any other means of transportation is not possible without endangering the individual’s health;
- Reasonableness: Ambulance service must be reasonably needed for the treatment of the illness or injury involved; and
- Destination: Local transportation only, and to the nearest institution with appropriate facilities for the illness or injury involved.
The Medicare program is not authorized to provide reimbursement for trips other than those made in ambulances. There are no circumstances that qualify as exceptions to this rule. Furthermore, ambulance trips are only to be reimbursed when conditions of medical necessity can be confirmed, regardless of whether or not any alternative form of transportation was available for that trip.

**Ambulance Services**

There are several kinds of ambulance services. Fundamental distinctions are made between basic life-support (BLS) services and advanced life-support (ALS) services. Basic life-support services are provided by emergency medical technicians (EMTs). Advanced life-support services are provided by EMTs with advanced training or by paramedics. Medicare recognizes more than 100 distinct ambulance service reimbursement categories, which vary according to mode of transportation, BLS or ALS services, emergency or non-emergency services, specialized services rendered or not, supplies or mileage charges included or not and other types of charges. Service levels are generally summarized as BLS, ALS, or ALS with specialized services.

A variety of organizations provide ambulance services. A basic distinction is made between freestanding and hospital-based ambulance service providers. Freestanding providers include for-profit, non-profit and public agencies — such as local fire departments. Medicare has different payment procedures for freestanding and hospital-based ambulance service providers. In 1997, Medicare was billed for ground transportation ambulance services by 1,135 freestanding and 1,119 hospital-based providers. Most air transport ambulance services are provided by hospital-based carriers, and represented about 5 percent of total ambulance payments in 1999.

**Current Ambulance Transportation Costs**

In 2000, Medicare program data files (Medicare Part B Physician/Supplier Data) show a total allowed expense for emergency ambulance services of $2,221,895,701. For 1999, allowed Medicare ambulance expenses were $2,074,180,935.

Research has shown that not all trips reimbursed by the Medicare program are for conditions that meet reasonable definitions of medical emergencies. This leads to expenses that are higher than necessary for transportation and for medical treatments. While it is important to remember that certain strictly defined non-emergency or prescheduled ambulance trips may be reimbursed by Medicare, a major issue is the degree to which non-emergency ambulance trips could have been provided by other providers. Various sources have examined this issue.

**DHHS Findings**

In 1994, DHHS’ Office of Inspector General (OIG) issued a report entitled Ambulance Services for Medicare End-Stage Renal Disease Beneficiaries: Medical Necessity. End-Stage Renal Disease (ESRD) Medicare patients are especially likely to have a critical need for transportation support to access life-extending dialysis treatments. Missing dialysis treatments can lead to serious medical problems, including death.

Transportation access problems are particularly severe in rural areas, which often lack local dialysis facilities and may lack long-distance transportation services to urban dialysis treatment centers. Persons with disabilities and low-income individuals also typically have problems finding sufficient transportation services for dialysis. Medicare patients seeking dialysis transportation via ambulance must present a written order from their doctor stating that any other form of transportation would be harmful to their health. In some parts of the country, there may be no other means of transportation to dialysis except by ambulance but, according to regulations, such situations do not qualify for Medicare reimbursement for travel costs. According to CMS’ Office of Information Services, there were 270,000 Medicare patients receiving dialysis as of December 31, 1999.

The OIG report concluded that, in 1991, 70 percent of ambulance trips involving dialysis (representing about $44 million in ambulance allowances) did not meet Medicare guidelines for medical necessity. This report found that, in many instances, other means of transportation could have been used for dialysis trips because there was no evidence that travel other than by ambulance would have been unsafe for the patient on the date of travel. The report showed that relatively few dialysis patients (2 percent of the ESRD Medicare beneficiaries sampled) were incurring 75 percent of the ambulance transportation costs.

**GAO Findings**

In July 2000, the Government Accounting Office (GAO) released a report entitled Rural Ambulances: Medicare Fee Schedule Payments Could be Better Targeted. The report
(available for download at www.ctaa.org/ntrc/medical/medicare.asp) was based on meetings with more than 50 ground and air ambulance providers, both freestanding and hospital based, in North and South Dakota, and correspondence with ambulance service providers in Minnesota and Wyoming. GAO also examined claims data provided by (then) Health Care Finance Administration, observed the ambulance claims processing system of a major Medicare insurance carrier and attended meetings on Medicare ambulance fee schedules. The main focus of the report was the recommendation for an improved fee schedule for rural ambulance providers, but the report also noted that almost one-half of Medicare ambulance trips (48.2 per cent) are not taken for emergency medical care, which questions the need for ambulance transportation.

**NHAMCS Findings**

The National Hospital Ambulatory Medical Care Survey (NHAMCS) is a national probability sample survey of ambulatory care visits to hospital outpatient and emergency departments. It is conducted by the National Center for Health Statistics of the Centers for Disease Control and Prevention and looks at actual patient records and medical information. The 1999 NHAMCS examined more than 21,100 patient records from a probability sample survey of hospital emergency departments across the nation. The data is used to create national estimates of emergency department usage, including detailed patient information. The NHAMCS provides information on patient arrival at the hospital — including mode of transportation, payment source and the level of urgency with which the patient should be seen: emergent, urgent and non-urgent. Using this information, the NHAMCS can provide accurate national estimates of the number of Medicare patients who arrived at hospital emergency rooms via ambulance, and the level of urgency of treatment for those patients.

Data on the immediacy with which patients need to be seen are divided into four categories: emergent — less than 15 minutes, urgent — 15 to 60 minutes, semi-urgent — between one and two hours and non-urgent — between two and 24 hours. By combining data from the semi-urgent and non-urgent categories, the NHAMCS provides accurate national estimates of the numbers and percentages of non-emergent ambulance arrivals reimbursed by Medicare in 1999. For trips in which immediacy of care was reported in 1999, 459,653 of the 3,491,578 trips, or more than 13

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*Percent shown is of those cases where immediacy of care was reported.
Source: Tabulations by Westat based on data from 1999 National Hospital Ambulatory Medical Care Survey.
percent of all ambulance trips reimbursed by Medicare, were for non-emergent patients.

If one assumes that the proportion of trips shown as non-emergency also applies to those trips for which the immediacy of care needed was not reported, the total number of non-emergency Medicare trips is really 13.2 percent of 4,782,847 or 631,336 ambulance trips, not 459,653.

**Potential Transportation Cost Savings**

By dividing the total Medicare ambulance trips in 1999 by the total Medicare ambulance costs, an average ambulance trip cost of about $434 is calculated. Multiplying this per trip figure times the number of trips reported by NHAMCS to be non-emergency trips, the 1999 Medicare non-emergency ambulance cost is estimated at just under $200 million. Adding 13.2 percent of the unreported immediacy trips, the potential cost estimate for these non-emergency trips rises nearly $75 million to $274 million.

If the non-emergency Medicare trips could be provided by community transportation services instead of by ambulances, substantial cost savings could be realized. According to National Transit Database (NDT) reports, the national average cost of a paratransit trip is $16.75. Note: Because these NTD figures focus on ADA paratransit trips, it is likely that the $16.75 figure overstates the per trip paratransit costs that would be applicable in many communities. For example, 2002 costs of non-emergency medical transportation providers in upstate New York are $11.00 per one-way trip. Using these various average cost figures, the cost to provide non-emergency Medicare transportation via paratransit and the cost savings of paratransit vs. ambulance transportation can easily be calculated.

The average of these estimates, made by using 1999 data, is $265 million per year. Clearly, were the Medicare program to allow the use of paratransit services for non-emergent Medicare trips, a substantial cost savings would be realized in contrast to the exclusive use of ambulances.

It’s important to note that the estimate of a potential savings of $265 million per year in transportation costs is based on the lowest estimate — from NHAMCS — of the proportion of ambulance trips that are not medically necessary, which was more than 13 percent. For a number of reasons — the extensive primary data collection and the precision of the definitions — the NHAMCS data may provide the most accurate estimate of unneeded ambulance use in the Medicare program for those ambulance trips destined to hospitals.

The other end of the spectrum of estimates needs to be recognized. GAO calculated that nearly 50 percent of all Medicare ambulance trips in Northern Plains states were made for non-emergency purposes; but GAO did not include an estimate of what proportion of those trips were not medically necessary. Including non-hospital trips and non-emergency trips that could have been provided by other than ambulance transportation, total unnecessary ambulance use in the Medicare program could well exceed $400 million per year.

With Medicare ambulance transportation costs now in excess of $2.2 billion annually, the Medicare legislation’s insistence on the exclusive use of ambulance transportation is driving the program’s costs skyward. No matter which figure is accepted for the amount of non-emergency Medicare

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### Estimates of Non-Emergency Medicare Ambulance Transportation Trips and Costs

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<th>Factor</th>
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<tr>
<td>Total Cost of Medicare Ambulance Trips Estimated as Non-Emergent, 1999</td>
<td>$273,791,398</td>
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</table>

Source: Tabulations by Westat based on data from 1999 National Hospital Ambulatory Medical Care Survey.
care transportation provided by ambulances, the amount of money involved is huge. A conservative estimate of Medicare transportation dollars that are not now being used cost-effectively is $230 million. Compared to other programs that fund transportation services, this is really a large amount.

In 1999, Medicare paid for nearly 4.8 million ambulance trips at an average cost of $434 per trip. Using an average one-way trip cost for paratransit services of $16.75, one could get almost 26 paratransit trips for the cost of one Medicare-reimbursed ambulance trip. If the $11 per trip cost figure is used, then one could get 39 paratransit trips for the cost of one ambulance trip. If the non-emergent Medicare trips that are currently being provided via ambulance could be provided with paratransit vehicles, massive cost savings could result. These savings could be invested in more transportation services, or more medical services, or both.

### Potential Emergency Department Cost Savings

The Medicare legislation’s insistence on transportation provided for medical emergencies is also contributing to a growing health care crisis. Emergency rooms, which are in short supply and provide costly care, are becoming increasingly overburdened as their numbers decrease and the number of annual emergency room visits increases. This problem is especially serious in rural areas, where the number of emergency rooms decreased by 11 percent from 1990 to 1999, but the volume of patients served increased 24 percent over the same period. Non-emergent Medicare patients arriving via ambulance require emergency staff to diagnose and admit, which makes an unnecessary contribution to this problem of emergency room over-crowding. Shifting non-emergent Medicare patients to paratransit services would allow them to bypass the emergency room and go directly to a physician, thus providing some measure of relief to overburdened emergency rooms.

According to the American Council of Physicians (ACP), the average charge for a non-urgent emergency room visit is approximately 2.3 times higher than the cost of an office based visit. The ACP calculates the average non-urgent emergency room costs $103.25, while the average office-based visit to the doctor costs only $44.89. Applying ACP’s cost savings of office-based visits ($58.36) to the national total of non-emergent Medicare patients provided by the NHAMCS, one can calculate total nationwide estimated cost savings of using office visits versus emergency department (ED) visits, which is nearly $37 million. Were other figures used for the cost of emergency room visits, the cost savings could rise more than 50 percent, to a level exceeding $57 million.

### Overall Medicare Program Savings

Data from several sources suggest that, because of current legislation and regulations, the Medicare program is incurring greater expenses than necessary for medical care for its enrollees. Specifically,

- Current transportation expenses are higher than necessary because community transportation services other than ambulance would suffice for a large number of trips to hospitals;

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### Estimates of Non-Emergency Medicare Trip Cost Savings by Using Paratransit

<table>
<thead>
<tr>
<th>Factor</th>
<th>Value</th>
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<tbody>
<tr>
<td>Estimate of Non-Emergent Medicare Ambulance Trip Costs, 1999</td>
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<td>Estimate (NTD) of Cost to Provide Non-Emergent Trips via Paratransit</td>
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<td>Potential Savings (NTD) of Using Paratransit for Non-Emergent Trips</td>
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<td>NYS Estimate of Cost to Provide Non-Emergent Trips via Paratransit</td>
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<td>Potential Savings (NYS) of Using Paratransit for Non-Emergent Trips</td>
<td>$266,846,704</td>
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Source: Tabulations by Westat based on data from 1999 National Hospital Ambulatory Medical Care Survey.
**Current medical treatment costs are higher than necessary because emergency department treatment is not needed for a large number of patients; and**

**Current transportation expenses are higher than necessary because community transportation services other than ambulance would suffice for a large number of trips to destinations other than hospitals.**

By conservative estimates, Medicare could save $265 million annually in transportation costs to hospitals and $37 million annually in medical services provided in other than emergency department facilities if current procedures that only reimburse ambulance transportation were altered. The total estimated annual savings from non-emergent ambulance trips to emergency departments are thus more than $300 million. To this figure should be added the costs of other trips in ambulances that could be provided by community transportation operators. In 1991, DHHS calculated these costs at $44 million for ambulance trips to dialysis centers. Given the rise in overall Medicare costs for ESRD treatments, and non-emergency transports for trips other than dialysis, the likely 2002 non-emergent ambulance trip costs for these trips could easily exceed $80 million, bringing the potential total overall savings to nearly $400 million annually.

**Cost Savings from Improved Access to Preventive Health Care**

Health care is a large issue in the United States. Health care expenses accounted for 13.5 percent of the U.S. gross domestic product in 1998, and health care costs are increasing much more rapidly than the overall cost-of-living index. In 1998, total health care expenses in the U.S. were estimated to be nearly $561 billion. Health services are not distributed equally across the United States in terms of geography or access to services by specific population groups. Persons in urban areas, higher-income individuals and workers generally consume more health care services than persons living in rural areas, lower-income individuals, persons who are not employed and members of minority groups.

### Issues of Access to Health Care

Transportation is a key component of the health care equation. As previously noted, the lack of access to medical services results in:

- Decreased usage of preventive care services and health improvement programs — in other words, delayed medical attention — leading in turn to more serious illness, reduced quality of life and an overall increased cost of care.
- The unnecessary use of emergency room facilities and staff, which increases costs and prevents those persons requiring immediate assistance from receiving necessary care.
- An increased dependence on expensive ambulance services for non-urgent care, resulting in increased cost and less ambulance availability for true emergencies.

Lack of access to medical services is a particularly important issue for rural areas, for low-income persons, for...
minority groups, and for others whose access to transportation services are constrained (including some older persons).

**Benefits of Preventive Health Care**

**The Economic Benefits of Prevention**

Applying preventive medical measures would generally seem to be a logical course of action. The most recent work on this subject seems to agree: spending money to prevent disease and injury and promote healthy lifestyles makes good economic sense (Centers for Disease Control and Prevention, 1999). But analysts have argued for a long time about the cost-effectiveness of preventive medical measures. Whether or not the costs of preventive care are justified inevitably depends on the type of health maintenance involved. Some forms of prevention, generally primary prevention, pay and pay very well.... For secondary prevention, it is not possible to generalize.

One argument has sometimes been expressed as the so-called paradox of health: highly effective preventive measures for some conditions could prolong life, increasing the chances that costly unrelated diseases could occur in the future and increasing the life span over which health insurance must be paid. If a preventive medical treatment were to both improve health and reduce health care costs, it would obviously be desirable, but the long-term health or cost effects of many treatments are difficult to predict. Various measures for evaluating the value of preventive services include impacts on health status, health effects versus net health care costs, reductions in net health care outlays and net economic benefits.

In the face of such analytical challenges, some policymakers have argued for a simple policy solution.

“It is a goal to be healthy for as long as possible and no more time should be spent on this economic question,” said the Norwegian Ministry of Health, rather succinctly, in 1998. If one accepts this empowering approach to a controversial issue, the question then becomes how can analysis be used to choose between several preventive practices? Part of the answer is to evaluate and compare the cost-effectiveness of certain preventive measures.

**Access to Care Reduces Preventable Hospitalization Rates**

Several recent studies have shown that increased access to care will lead to a decrease in the rate of preventable hospitalization or hospitalizations for conditions that can be prevented through effective ambulatory care.

- One study shows that access to care is inversely proportional to hospitalization rates for five chronic medical conditions: asthma, hypertension, congestive heart failure, chronic obstructive pulmonary disease and diabetes. Even areas where residents perceive poor access to care have higher hospitalization rates for the chronic diseases. The study suggests that improving access to care is more likely than changing patients’ propensity to seek health care or eliminating variations in physician practice style to reduce hospitalization rates for chronic conditions.

- Another study indicates that Medicare beneficiaries in fair to poor health have almost double the increased risk of preventable hospitalization if they live in a designated primary care shortage area than if they do not. This is partly a result of poor access that can be solved by transporting beneficiaries from the shortage areas — often rural and poor inner city communities — to the appropriate facilities.

- Reducing preventable hospitalizations could reduce Medicare reimbursements for inpatient, outpatient and physician services by more than 17 percent.

- The Office of Technology Assessment (OTA) found that people in urban communities use more preventive care than do those in non-urban communities. Again, this is quite likely due to a lack of access to preventive health services in the non-urban communities.

- One successful increased-access program has been the MC+ for Kids program in Missouri. This allows children to have regularly scheduled doctors’ appointments to prevent future costly health care procedures. Missouri Governor Bob Holden reported that, “Since MC+ for Kids began, emergency room visits for low-income children are down about 14 percent, asthma visits are down 21 percent and preventable hospitalizations are down nearly 38 percent.” This shows that increased access to care can significantly reduce future health care costs.

In 1998, $105 billion was spent on hospital inpatient services for patients age 65 and older, and Medicare was responsible for covering almost 80 percent of that cost. Some
of these hospital costs easily could have been avoided with appropriate preventive health care — something as simple as scheduling a periodic health examination to check a patient's height, weight and blood pressure. Unfortunately, there are tens of millions of Americans living in rural areas, many of whom are elderly Medicare beneficiaries who lack the transportation necessary to access a medical provider for regular health checks. If improved access to preventive health care could reduce these hospital costs by only 1 percent (a conservative goal) it would save Medicare almost $1 billion each year. The economic effect of increased preventive care access would be far greater when applied to the entire health budget. All else aside, this would lead to the ultimate goal of bettering the general health and welfare of Americans.

**Access to Care Reduces Overall Costs**

Studies have shown that a small proportion of patients consume the largest portion of medical resources. Zook and Moore's study showed that, for a given year, the high-cost 13 percent of patients consumed as many medical resources as the low-cost 87 percent of patients. Factors noted in skewing the distribution of costs to the high-cost patients included potentially harmful personal habits like alcoholism, heavy smoking and obesity, unexpected complications during treatment of high-cost patients and repeated hospitalizations for long-term illnesses. The study concluded that major savings can be achieved in long-term illness through greater use of ambulatory care.

Because long-term illnesses were found to be also highly correlated with potentially harmful personal habits, more ambulatory care could address two of the three major factors making high-cost patients consumers of such a large proportion of medical resources: harmful personal habits and repeated hospitalizations. It should also be noted that high-cost patients, when admitted to hospitals, are five times more likely than low-cost patients to die in the hospital or be diagnosed as having terminal illness.

Access to appropriate levels of care would also reduce excessive emergency department usage. Emergency rooms are mostly overwhelmed with people who have preventable problems that developed into emergency situations because they could not afford primary care. Williams quotes a price differential of $120 in Michigan between the average cost per visit to an emergency room ($186) and the cost per visit to a health center for primary and preventive care ($66). Using insurance records from Florida Hospital in Orlando, Fla., it was calculated that the average cost there for a physician office visit is $55 and the average cost for an emergency room visit is $462, a price differential of $407.

**Improved Transit Options Make Health Care More Cost-Effective**

Transportation to medical services could enhance the cost-effectiveness of health care programs in many ways. It helps provide affordable access to primary medical care for preventive services such as periodic health examinations and screening, vaccinations, and medical and life-style counseling. Effective transportation takes patients to primary ambulatory care facilities for services and treatments designed to reduce preventable hospitalizations and reduce avoidable emergency department usage.

Using non-emergency vehicles and staff to transport non-emergency patients saves ambulance expenses and ensures that emergency services are available when truly needed. It provides access to educational programs teaching individuals how to maintain active, high-quality and independent life-styles over extended periods of time, and it connects residents to social opportunities to enhance community integration and reduce the kinds of isolation and depression that lead to a lack of incentive for self care.

Using transportation as a means to make even a slight improvement in health care services could have massive benefits. A mere 1 percent reduction in total health care expenses would achieve a savings of $5.6 billion per year. Savings of $25 to $50 billion per year are within the realm of possibility. For such reasons, a number of communities are now offering innovative transportation programs designed to enhance access to medical facilities.

**Innovative Medical Transportation Solutions**

One of the more exciting recent ventures in medical transportation is the work of the Virginia Health Care Foundation in stimulating local efforts to initiate transportation services that serve medical trip needs. The Virginia Health Care Foundation, founded by Virginia’s General Assembly and its Joint Commission on Health Care, is a public/private partnership devoted to increasing access to primary and preventive health care for Virginia’s uninsured and medically underserved populations. The Foundation provides grants to local agencies to help increase access to primary care.
The Health Care Foundation has supported five innovative medical transportation programs in Virginia. In an interview, the Foundation’s director reported that the Foundation’s support of these programs is based on their understanding that “all the innovative health services in the world will not succeed unless supporting services, like transportation, are effective.” The Foundation’s work represents one of the first times that a major medical organization has funded multiple transportation services as a means of optimizing health care services.

The local transportation initiatives that the Foundation has supported with three-year start-up funding are:

- The New River Valley Med-Ride in Pulaski
- Bedford Ride in Bedford
- The Community Association for Rural Transportation’s (CART) CareConnection program in Harrisonburg and Rockingham County
- Bay Aging’s MedCarry program, serving Lancaster, King and Queen, King William, Richmond, and Westmoreland Counties
- Peninsula Area Agency on Aging in Hampton Roads

Common threads among these programs are the transportation they provide to doctors and medical facilities and the emphasis on volunteers.

**Med-Ride**

The New River Valley Med-Ride program was the first of the Foundation’s transportation projects to be initiated. After a local survey indicated that 31 percent of the respondents said that inadequate transportation was their greatest barrier to health care, a community alliance of 28 health and human service organizations initiated the Med-Ride program. The service offers non-emergency transportation to uninsured and medically indigent patients to obtain health care and prescriptions. Typical destinations include doctors’ and dentists’ offices, pharmacies, clinics, hospital outpatient departments, and local health departments. Trips are provided by seven transportation operators, volunteer drivers, or participating agencies. Volunteer drivers, who transport eligible individuals and also deliver prescription drugs, provide about 70 percent of the total miles and trips.

In 1997, 1,854 rides were provided to 927 persons for medical appointments and 3,444 prescriptions were delivered to 1,445 clients. Med-Ride drivers traveled a total of 55,867 miles.

Med-Ride serves a total area of 1,400 square miles in Southwest Virginia. Localities served include Floyd, Giles, Montgomery, and Pulaski counties and the City of Radford. Agencies participating in the Med-Ride program include: Blacksburg Transit, Interfaith Volunteer Caregivers, New River Valley Community Services, New River Valley Senior Services, New River Valley Workshop, Voluntary Action Center and the Women’s Resource Center.

Med-Ride received funding from the Virginia Health Care Foundation for three years, and has operated for an additional three years since being funded by the Foundation. Future operations will depend on the continued support of the local partners and the medical community.

**Bedford Ride**

Bedford Ride is a volunteer, interfaith-based non-emergency medical transportation system that serves Bedford City and Bedford County in Southwest Virginia. The system provides access to medical care facilities in Bedford, Lynchburg, Roanoke and Charlottesville for residents of Bedford City and the County. All of these destinations but Bedford require relatively long-distance trips. The system also offers trips for grocery shopping. Services started in 2001 and now include Bedford City and all but a small portion of Bedford County. (This last area now plans to initiate services in 2003.) In its first year, the program provided about 2,500 rides.

The impetus for this service came from two independent health assessments in the late 1990s. Both identified transportation as a major barrier to access to local medical facilities. These studies concluded that, without transportation, residents were subject to preventable illnesses and deaths, as well as depression resulting from isolation — which creates negative personal health care and nutrition behaviors that further exacerbate existing health problems.

Together, the City and County have a population of nearly 70,000 persons spread out over a large rural area including...
the Blue Ridge Mountains and Smith Mountain Lake. Bedford Ride has found that there are few opportunities for shared rides in this rural setting, and that most of their trips involve a driver and one or two passengers. Therefore, usual forms of mass transit would be extremely difficult to apply here in a cost-effective manner, and volunteer services have become the most logical and least costly solution to local medical transportation needs.

A key feature of Bedford Ride is its application of the Volunteer Transportation Leadership Board concept. There are seven leadership boards in the County and City, and each of these boards is responsible for recruiting and retaining volunteer dispatchers and drivers in its own local area. The program now has 100 volunteers and the two-person Bedford Ride staff assists the local boards by setting standards for driver screening and training, including drug testing, DMV and criminal record checks and defensive driving and CPR classes. Bedford Ride also works in conjunction with the local parish nurse service, funded through a Robert Wood Johnson grant, to refer riders who may need nurse visitation and medical referral services. Furthermore, riders may also be referred to the services of the Central Virginia Area Agency on Aging, which is the operating agency for Bedford Ride.

Central Virginia AAA is the employer for both the Project Coordinator and his assistant. The program’s offices are located in Bedford Memorial Hospital, which provides substantial support to the program. The program currently has a three-year grant from the Virginia Health Care Foundation. Other funders include the Carilion Health Foundation, the Central Health Foundation, the Greater Lynchburg Community Trust, the Bedford Community Health Foundation, the Commonwealth of Virginia, Bedford City and Bedford County.

A major effort is underway to ensure the continuation of the program through local, corporate, and private funding to replace the Virginia Health Care Foundation grant when that expires in 2004. Total program costs are about $100,000 per year.

The program’s Project Coordinator, Ira Doom, summarizes the program’s strengths, “Because of the access to health care provided by the drivers, and because of the potential additional services available to the riders, Bedford City and Bedford County residents are now in a situation where transportation is serving as a binder rather than a barrier. This binder of volunteers, caregivers, service recipients, medical officers and facilities is indeed contributing to, and is an integral part of, more effective and less costly medical care.”

In addition, significant beneficiaries of the program include those individuals who serve as caregivers for others, since Bedford Ride now provides the transportation services to care recipients, for whom the caregivers formerly provided medical transportation, which often required them to be absent from their jobs.

These cases in Virginia are significant because they represent a recognition by health care professionals that increased access to health care services can be achieved by funding transportation services. With this increased access comes greater fulfillment of fundamental health care objectives, such as the cost-effective utilization of scarce medical resources, for example, emergency and trauma care facilities, and improved health status, particularly among vulnerable populations. At the moment, there are no specific plans to estimate the health care savings that have resulted from these transportation programs. Still, it is clear that the overall benefits are very large and that the costs, primarily those of organizing and operating volunteer services, are extremely small.

**Conclusions**

Community transportation systems clearly have a key role to play in health services. They do this by bringing patients to primary care physicians in order to reduce unnecessary hospitalizations and unnecessary emergency department usage, provide counseling regarding high-risk destructive behaviors, and engage in preventive practices, treatments, and screenings. They also provide access to prompt care to avoid minor situations getting worse, and they provide highly cost-effective services, reserving emergency services for emergency situations.

The Medicare program could achieve annual cost savings of $300 to $400 million by eliminating the program’s insistence on ambulance transportation to emergency facilities. But even larger opportunities for cost savings are available to governments and insurance providers: by offering transportation services as part of a comprehensive health care package, annual medical care savings for the United States could exceed $25 billion. Policymakers need to be encouraged to begin the transportation system investments that will benefit persons needing medical services and the nation as a whole.
The research that produced this report was performed by Westat under the direction of Jon E. Burkhardt. Key staff members included Adam T. McGavock and Joseph A. Blasi. Final editing and formatting was provided by Amy Lewis. We would like to thank Ira Doom of Bedford Ride, Debbie Oswald and Elaine Summerfield of the Virginia Health Care Foundation, and William McDonald of Medical Motor Service for their assistance and insights in this area.

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BEYOND HEALTH AND RETIREMENT:

Placing Transportation on the Aging Policy Agenda

By Joseph F. Coughlin
However, longer life, combined with vastly different personal expectations and social structures, presents far more issues than we have confronted in previous generations. Individuals, policymakers and businesses must think beyond health and retirement to include all those services and supports that are the infrastructure of daily living. Examples include communications, housing, centers of learning, community design, community service delivery, a reengineered workplace and transportation. To meet the needs of an aging society, most, if not all, of these will have to be modified.

Transportation, Quality of Life and Active Aging

Transportation — like electricity — is an element of daily life that we ignore or forget until it is not available. Yet, before you can do anything, you have to get there first. In its most basic form, transportation is the ability to travel from point A to point B. It is, of course, much more.

Older adults are usually quite clear about how they perceive transportation. Multiple studies report that older adults see the capacity to go from one place to another, when they want and how they want, as embodiment of personal freedom and independence. Likewise, not having transportation on demand is frequently associated with words like handicapped and disabled. Beyond what people feel, some research suggests that the ability to stay connected to friends and community is an important element to physical as well as mental health.

To people of all ages, transportation becomes the glue that makes all the little and large activities of a quality life possible. For older adults, it is the means to access basic necessities such as healthcare and food shopping. Equally vital to a person’s quality of life, however, is transportation that is made up of the trips that are not often recognized as critical in the classic sense. Healthy aging, not just longer life, is the capacity to visit a friend, to see a movie, to decide in the morning to get a haircut, to see a grandchild or to simply get out.

Older adults lead increasingly active lifestyles. Many pursue part-time work, continuing education and a wide variety of social activities. For example, much of the volunteer workforce in the United States is comprised of older adults. Moreover, today’s older adult population enjoys generally improved health, increased education and greater incomes than their parents and grandparents before them. Simply stated, if a person has relatively good health, a wider range of interests due to formal education or life experience and the resources to pursue those interests, it is very likely that there will be increased levels of activity and demand for the mobility to participate in life. The next wave of retirees, the aging Baby Boomers, have indicated in multiple surveys that they intend to be even more active than their parents.

The new lifestyle of healthy aging adults will depend upon a safe, seamless and responsive transportation system that includes all modes — driving, public transportation, walking and other mobility alternatives.

Driving for Life

In the United States, transportation for all ages is defined as driving. Like their children, older adults overwhelmingly choose the automobile as their primary mode of transportation. As revealed by the U.S. Department of Transportation’s 1995 Nationwide Personal Transportation Survey, over 80 percent of people age 65+ choose to drive or ride as a passenger in a car to make a variety of trips, including shopping, medical, family or personal busi-
ness, religious activity and recreation. Rosenbloom, Burkhardt and other researchers have noted that the increase in licensing patterns among older adults, as well as increased trip making by automobile, are indicative of continued and growing reliance on the car. Baby Boomers who have grown up with the car are likely to be even more wedded to the automobile for mobility in the future than were their parents.

Driving throughout the life span is not without difficulty. The natural aging process may make driving increasingly difficult for some. Yet, chronological age is not a perfect indicator of who is an older driver. For example, older eyes may make night driving less inviting. A driver at age 40 may need 20 times more light to see at night than a driver at age 20. Few would want to identify a 40-year-old as an older driver. Likewise, recovery from the glare of headlights can make driving more difficult for the mature driver.

Decreased strength and flexibility by age 50 can make getting in and out of a car more of a challenge or rotating the neck fully to see on-coming traffic more problematic. Arthritic hands may limit manual dexterity, making manipulation of small knobs and buttons difficult. For some, slowed information processing due to the natural aging process or the use of multiple medications may make the capacity to safely divide attention between competing driving tasks more difficult.

The older driver is a mainstay of transportation discussion in the media and intermittently on the policy agenda. Typically triggered by accidents involving an older driver, there is media attention on the safety of older drivers. National statistics indicate the fatality rate of the 75-year-old driver rivals the number of deaths per 100,000 miles driven by drivers between ages 16 and 24. Those seeking restrictions on relicensing older drivers often argue that these data provide evidence that older operators are a danger to themselves and to the public and, therefore, should be removed from the nation’s roads. While others, noting that the data present no causal relationship, observe that there is no evidence that clearly explains the fatality rates. The question remains, are older drivers dying because of diminished capacity to drive or because of the inherent frailty of an older person to survive a crash?

Policy responses to the older driver issue are varied and sporadic at best. The debate typically occurs in each state at least once a year. Legislation is proposed usually to increase older driver testing requirements, (e.g., additional vision testing, road testing, shorter periods between renewals, provisions for restricted licensing, etc.). However, in most states, the initiative fails or stalls. Passionate opposition from older adults, combined with waning public attention to the issue and the inherent ambiguity around what is an older driver and what is the best method to identify the impaired older driver, work to defeat most initiatives. Moreover, the lack of real transportation alternatives to the car (particularly in rural states) makes it incredibly difficult for any elected official to take action in the face of political opposition and policy ambiguity (Cobb and Coughlin, 1997).

Stuck between the Catch-22 values of personal freedom and public safety, most policy makers choose to take no action. In some states, legislation has passed, such as vision testing for people over a certain age, only to have its implementation zeroed out in the annual budget or to face a staggered implementation schedule. Today, less than one-third of the states have some provision addressing older driver relicensing.

Some states have begun to take a more systematic approach to older driver testing and licensing. Florida and Maryland, for instance, are currently developing some innovative testing, education and counseling strategies. These programs attempt to identify the impaired driver, support the older —
but still safe — driver, and assist those who can no longer drive by finding and using alternative transportation. Although promising, these programs are still in the formative and experimental stage and are not ready for nationwide adoption.

Federal actions have been limited to studies, task forces, and formidable outreach events. A series of valuable technical reports on road and signage design have also been developed to help state and local transportation departments modify the road system to assist the older driver. However, despite incremental movement by the states and the federal government, the national policy governing older drivers rests on self-regulation.

Most older drivers self-regulate, that is, they choose to drive only when and where they are the most comfortable. For those with diminished vision, they often choose not to drive at night. Others self-regulate by not driving in poor weather, in heavy traffic or on major highways. In extreme cases, some only drive in their neighborhood to meet the basic mobility needs of living (e.g., going to the grocery store).

**Public Transportation and Paratransit**

For some, public transportation provides an alternative to the car. However, less than 10 percent of older adults use public transportation. This is due to travel behaviors developed as younger adults, as well as the spatial and service realities of today’s public transportation systems. The service area for most transit services is suburb-to-city or city-to-city. In sharp contrast, nearly 70 percent of older adults live in suburban or rural locations, where transit is either non-existent or limited. The absence of truly viable alternatives to the car is most acute in rural regions and tribal lands.

Where public transportation is available, access to traditional transit service can be made difficult due to physical and perceptual limitations. Climbing stairs in a rail station or onto bus can be as much a barrier as not living near the system at all. Likewise, many older adults express fear of public transportation due to their perception that they may be targets of crime and violence. Research indicates that those older people who did not use public transportation on a regular basis when younger are less likely to perceive it as an alternative to the car and are more likely to be fearful of using it (Blackman, 2000).

Although the physical barriers will generally be eliminated through full implementation of the Americans with Disabilities Act, the spatial and perceived barriers to transit remain. In most cases, paratransit services are used to provide mobility alternatives for those with physical disabilities or for those who live where conventional transit is not available. The regional transit authority, Area Agency on Aging, or community senior center often provides paratransit or demand-response services. Paratransit usually takes the form of a van or chair car providing door-to-door services for the elderly and physically disabled. Funding is typically provided by social and health services programs that view transportation as vital to providing their benefits. Financing is most often limited to those trips that support the program’s primary mission. Combined with the very high operational costs (sometimes as high as $17-$20 per ride), paratransit providers typically prioritize the trips provided to seniors. A sort of mobility triage is performed providing transportation to the doctor or food store with significant limits on their responsiveness to other transportation needs (e.g., social trips).

The Baby Boomers have pushed beyond their parents’ communities in pursuit of the American Dream where their aging-in-place may present an even greater service challenge to our current idea of public transportation. Unless truly viable and attractive transportation services are greatly expanded or reinvented they will not meet the mobility needs of older adults who do not, or who no longer, drive.
Transportation Challenges for an Aging Society

The United States is an incredibly mobile nation. Our culture values individuals’ ability to move when, wherever and however they wish. Older age was once characterized as a time of idleness, isolation and illness. Today’s older adults, and soon their children, are reinventing old age. People have greater expectations of what they will do with their longer lives, and society has social and economic interests in keeping all of its members as independent and productive as possible. Transportation is a vital part of healthy and productive aging. Consequently, it must become an equal partner with the traditional issues of health and income security on the aging policy agenda.

Transportation is vital to individual well-being and quality of life. Previous research indicates that driving cessation often spirals down into depression and is often a precursor to physical illness. This results in a high cost to individuals, families, and eventually to society in the form of additional healthcare expenditures and premature institutionalization. For example, the number one alternative to the car for older adults is not another mode; rather, it is riding with family members and friends. Time taken from work, to ensure that one’s mother is able to have her hair done or to take a father to the doctor are personal costs to the family, but also with economic implications for industry and society.

Transportation is a key component to the nation’s social contract with individuals and families. Most older people have worked hard to attain the American Dream — a house, a yard and the independence to age-in-place where one has paid the mortgage and made memories. For most, this dream has been realized in the suburbs where an integral part of this lifestyle is predicated on driving (or at least the availability of seamless mobility) to meet the needs and desires of daily living. The loss of the driver’s license or the reliance on self-regulation for safe and responsive mobility has the potential to turn decades of work to achieve the American Dream into a sentence of virtual house arrest and isolation.

Unlike some policy changes that might be undertaken in a short time with adequate funds, transportation innovation takes time. Change to the transportation infrastructure or to the automobile itself takes years and in some cases decades to implement and realize. For example, technological innovation to enable older drivers to drive longer safely may take at least 10 years in the case of supplying the majority of the nation’s vehicle fleet with a particular warning system or vision assistance device. Likewise, construction of new public transportation facilities or the development of a new concept in suburban or rural mobility may take more than 10 years to fully develop and implement. Consequently, even if we had a comprehensive transportation strategy in hand today, the nation might miss adequately responding to the transportation needs of the first wave of the nearly 77 million aging Baby Boomers.

Consequently, a personal and public discussion on lifelong transportation must take place. The U.S. Department of Transportation recently completed a draft strategy on the transportation needs of an aging society. This, along with tools and resources provided by the Federal Highway Administration, Federal Transit Administration, and the National Highway Traffic Safety Administration, are a helpful beginning, but alone they are incomplete.

There is an urgent need for individuals, industry and all levels of government to consider how they might contribute to lifelong transportation, where a full range of mobility of options are available to all people of all ages.

- Individuals and families should be provided with the educational materials and the incentives to plan for the day when driving may not be a comfortable or safe option. Planning only for our health and financial independence is just short of meaningless if you are isolated and alone.
• The automobile industry should be provided with research and development incentives to make a focused effort to understand how new technologies will affect and benefit an older driver while still manufacturing a car that is attractive to consumers of all ages. Similarly, others in the private sector should be provided with the incentives necessary to develop a wide range of services, including transportation, to meet the lifestyle of the active aging.

• Activists and policy makers alike should use the periodic fervor and passion that surrounds the issue of older driver relicensing as an opportunity to ignite debate on why there are so few viable and attractive transportation alternatives to the car. Policy discussions that focus only on the older driver fail in addressing the real question of mobility and independence, as well as the sustainability of our current choices in urban form and community design for young and old.

**Challenges and Opportunities to Developing a Policy of Lifelong Transportation**

Transportation for older adults has been symbolically on the aging agenda for many years. In the last decade, several notable activities have occurred. At the 1995 White House Conference on Aging, where under the goal of “social well-being,” the Conference adopted Resolution 30: Maximizing Transportation Choices, which sought more resources, research, and liability protection to:


The greatest challenges to placing transportation on the national aging agenda are both institutional and political. The number and diversity of committees and agencies involved in legislating and administering aging policy confound a systematic approach to any policy area. Transportation for the elderly is typically masked behind some other policy goal (e.g., medical transportation). Consequently, it never fully attains serious and sustained attention in Congress.

Moreover, at the federal and state level, it is unclear what agency is responsible for transportation. Aging agencies are interested, but their stakeholders’ first priority is the delivery of social and health services. Likewise, transportation agencies are typically empowered to build, finance or operate a system. Special populations, such as the elderly, reduce the efficiencies of running a licensing bureau or a transit system, increasing costs and posing systematic problems in operations and human resources.

The policy process has a structured bias limiting the entrance of new issues onto the agenda. Competition with existing problems such as healthcare costs and financial security take up both space and political capital. There is often not enough oxygen left after these two policy goliaths to feed debate on another issue (Cobb and Elder, 1983).

Most obvious, however, is the absence of a powerful pressure group or issue entrepreneur who has been willing to place lifelong transportation at the top of their agenda. In the absence of such an organization or leader, issues must be “discovered” through events that force the public and policy makers to focus on the problem. Unfortunately, transportation for an aging society is not likely to benefit from such an event. Even horrific traffic accidents are local news that neither receive nor sustain national attention. The aging of the population moves at a glacial speed seemingly compelling no immediate action. Like a glacier, however, once it arrives it is far greater a problem then could have ever been anticipated. Safe and responsive transportation is the enfranchisement to participate fully in life. Now that we have invested billions to live longer, we must now invest and take action to invent how we will live. National political and policy leadership is necessary to bring attention to transportation and to the other pillars of healthy and productive aging that will compel us to think beyond health and retirement.

**References**


Joseph F. Coughlin is Director of the MIT AgeLab and co-author with Roger W. Cobb, Brown University, of a forthcoming book on older driver licensing.
Today’s seniors use public transit for about 3 percent of their trips; less than 12 percent of all seniors have used public transit in the past 12 months. Tomorrow’s older persons are likely to travel much more frequently and to a wider range of destinations than is true today. They are projected to be more often residents of suburban or rural communities, where public transit seldom exists, than of central cities, where extensive public transit services are often found. Most of tomorrow’s older persons will have been automobile drivers all their lives and could be expected to demand high-quality transportation services. The combination of all these factors will pose substantial challenges for public transportation providers. How can they capture a significant proportion of the trips of tomorrow’s older persons?

What Do Older Travelers Want?

Future older travelers are likely to be more service-oriented than today’s older riders. According to focus groups, older consumers are most concerned about the reliability of public transit. Many older persons are not able to wait outside for long periods of time, especially in poor weather conditions, so on-time arrivals are highly valued. Older travelers want door-to-door service. They want flexible services that respond to the needs of particular trips, like carrying parcels or traveling with others. They look for comfortable vehicles and waiting areas, and services that will arrive on less than a 24-hour notice. Older travelers are also looking to travel more hours of the day and days of the week than many public transit authorities currently offer. In short, older travelers are looking for travel services that provide what nearly all consumers desire when purchasing most services and products: control, autonomy and choice.
Are the Needs of Older Travelers Different?

Not by much. Older travelers may have more physical limitations than the general population, which lead to some difficulties in activities like walking long distances to a bus stop, waiting for extended periods for a bus to arrive, climbing stairs to board a vehicle, and standing while a vehicle is in motion. Driver friendliness is especially prized by older transit users, who may need a little more time in boarding and alighting, or who may need additional travel information. Padded seats and smooth rides can be very important to those older persons who are thin and frail. Some older persons are very price sensitive due to fixed and limited incomes, but so are many members of the general public. Some older persons will experience a greater need for transit services as their driving abilities decline. Some are reluctant to try new experiences, and riding public transportation will be a new experience for many seniors, who will seek more than the usual level of information and assistance before feeling comfortable with a new way of travel. None of these features make older travelers very different from younger travelers; they just need a bit more time and attention. The kinds of public transit improvements that would attract greater numbers of older riders are likely to attract more riders of all age groups.

How Do Transit Agencies Attract More Older Riders?

If transit agencies want to attract more older riders, they will need to do more than just wait for seniors to become too old or infirm to drive. The physical problems associated with aging that make driving difficult also make using our current forms of public transportation very difficult.

There are both short-term and long-term strategies for attracting more older riders. Both require adopting a more customer-oriented approach to public transportation. In the short run, transit agencies could:

- Improve schedule reliability and provide real-time arrival/departure schedule information using advanced technologies;
- Provide "guaranteed ride home" services;
- Find ways of welcoming people who are not now accustomed to using transit service, including customer relations training for drivers, travel training for passengers, and "bus buddies;"
Find ways to help older persons board vehicles when needed;

- Improve information and provide much more of it, both for trip planning and while traveling;
- Provide special vehicles for special events;
- Minimize physical barriers, such as steep or long stairs on buses or subway stations, standing and waiting outside in all kinds of weather for long periods; and
- Put an emphasis on polite, courteous drivers.

In the long run, transit agencies can offer:

- Multiple types of services, offered at varying prices. These could go a long way in replacing the one-size-fits-all approach to public transportation with options that riders could choose on their own to fit the specific demands of individual days and trips;
- Shared-ride demand-responsive services, dispatched and controlled through advanced technologies. These could provide higher levels of service than now available at higher levels of productivity and cost-effectiveness;
- Frequent, comfortable, affordable, spontaneous service to a wide variety of origins and destinations over a wide range of service hours. Providing trips with these attributes may prove challenging for some transit agencies, but services of these types will be rewarded with patronage; or
- Additional customer service features, such as calling out stops, reserving more seats for older persons, providing more friendly and more detailed travel information and providing more telephone lines for information.

What’s the Payoff for Transit Providers?

In 1995, the number of people age 65 and older who neither rode transit nor drove was greater than the number of people who used public transportation. Among the oldest seniors, there were even more people who did not drive and did not use transit than people who used public transportation. There is a large unserved older population, not able to drive themselves, waiting for good transportation services. In addition, there are choice riders who report that they would take public transit if the trip and service characteristics fit. The market is there — who will step up to serve that market? Will it be the public transit industry or someone else?

Are Improved Transit Services for Older Persons Worth It?

Common consequences for older persons whose mobility declines include fewer trips, shorter travel distances, and no trips to certain destinations or at particular times. They become less able to maintain independent life styles, more dependent on others, and are forced into more arduous planning for even simple trips. Not responding to the mobility needs of older persons could create serious consequences, including the increasing isolation of our oldest citizens, loss of their potential contributions to our society because of declining health and unnecessary institutionalization, and a large number of avoidable traffic injuries and fatalities (because older persons without viable travel options often continue to drive even when doing so endangers themselves and others). Improved transit services can address these needs, and transit services that better serve older persons will better serve other transit riders as well.
TCRP
Fundamental Improvements Required of Transportation Providers

Transit agencies wishing to respond to the changing needs and demands of tomorrow’s older persons will need to reconfigure their operations and services; traditional approaches will not be considered responsive. Fundamental changes are needed in five areas:

Consumer Orientation – Future customers will gravitate to those services that most closely fit their specific demands. Following the lead of consumer-oriented industries like package delivery services, personal transportation services will need to focus on tailoring travel options to the wishes of individual customers. The primary focus thus shifts to the trip instead of the travel mode. Demand-responsive services will be highly favored, as will services that emphasize customer comfort.

Agency Responsibilities – As is already happening in Europe, many agencies that now provide transportation should embrace new paradigms for public transportation services. This means shifting their focus to mobility management, organizing but not operating public transit services. Contracts for various types of services with multiple kinds of service providers could provide different kinds and levels of service for differing travel needs. Advanced transportation organizations will be seen primarily as travel facilitators, not service providers.

Customer Choice – Older travelers will demand many more travel options in the future. Multiple service types at varying prices will be needed. Recognizing that no one solution fits all travel needs, heavy emphasis on one or two modes of travel will be replaced by more travel options within an overall family of services. High levels of responsiveness, speed, comfort and flexibility command higher prices; trips reserved in advance with more scheduling dictated by the operator than the consumer will command lower prices.

Fare Strategies – Future transportation operators should focus on full cost recovery for the trips that they provide; nonoperating agencies could assume responsibility for providing subsidies for those riders deemed to need subsidized trips. Electronic fare payments will predominate.

Advanced Technologies – Consumer-oriented technologies can provide real-time information about when vehicles will arrive to pick someone up and how long trips may take. Low-floor vehicles should be emphasized, as should non-cash financial transactions.

There is a role in the future for all of today’s familiar transportation services and probably some that have not yet been designed. Large vehicles operating on fixed routes and schedules can still serve high-volume routes and destinations. Service routes and feeder services, with multiple stops in small areas like neighborhoods, will grow in number and demand. A strong role for taxis and paratransit services will develop as they change to meet increased demands for quality service and flexible responsiveness and pricing. Special services operated by human service agencies will continue to address special client needs. Services provided with volunteers will assume an even larger role in responding to the unique needs of travelers for whom other services are not cost effective. To the extent that all of these components can be coordinated by one central office, the chances for high-quality, cost-effective services improve dramatically.

Innovative transportation services are beginning to appear in some communities. From specialized services operated for human service agency clients to public and private paratransit operations to major transit authorities, new service types are being provided from the smallest to the largest communities and in foreign countries as well. Many current sources of inspiration and operational experiences can guide the development of future transportation options for older persons. The full research report for this project describes innovative service approaches in detail.

Increased mobility could create substantially more independence and freedom for many older persons. Public transit agencies could play an important role in offering improved mobility options for seniors, which would benefit many other riders as well. To meet future travel needs of older persons, transit agencies will have to function more as customer-oriented mobility managers than as system-oriented service providers, offering a much wider range of services at a much wider range of prices than are available today. Current innovative services demonstrate that, with appropriate public support, the necessary improvements can be made. Making public transit more attractive to older persons makes transit more attractive to everyone.

Copies of the full report of this project, Improving Public Transit Options for Older Persons, TCRP Report 82, are available from the Transportation Research Board or the American Public Transportation Association. On-line requests may be placed at the respective websites, www.nas.edu/trb/ or www.apta.com.

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Scooting down I-70 toward the small town of Auxvasse, Missouri, OATS bus No. 935 exits and is soon headed down a rural road. Just past the cornfield, the vehicle turns onto a long, narrow gravel path that at first glance leads nowhere. But at its end stands Glenn outside his house. Despite his remote location and single-digit ridership, he knew he could expect the OATS bus this morning.

**It is, after all, his bus.**

At every passenger pickup, OATS driver Linda McVeigh is outside the van assisting with boarding, then suddenly inside adjusting and checking seatbelts. Though the quarters are tight, she maneuvers around each row of seats. She wants to ensure that her riders arrive at their destinations — the Health Sciences Center, the VA Hospital, the Columbia Mall, home — safely.

**It is, after all, her bus.**

Back at the Mid-Missouri OATS office, dispatcher Robbie Johnson is taking calls and communicating with drivers for pick-ups. Earning his nickname The Wizard, Johnson works swiftly, fitting another passenger in, making three trips out of two. He ensures that everyone that needs to be on the bus is on the bus.

**It is, after all, his bus.**

Their bus. Their ride. Their system.

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**mature mobility**

**MISSOURI’S MODEL FOR AMERICA**

By Beth Wilson
An Idea, Some Dollars, and Some Very Determined Seniors

The 1970 White House Conference on Aging highlighted the serious need for transportation options for the elderly. This was not news to seniors in Missouri, who knew that too often being old meant being isolated. In 1971, the Missouri Office on Aging set out to more closely examine the issue, funding a rural-focused project through the University of Missouri. With $60,000, the study’s goal was to work with a group of older residents and assess their quality-of-life needs. Sixty thousand 1971 dollars could put several vehicles on the road. Quinnie Benton understood this. She and several other seniors in the mid-Missouri area pointed out the facts. “They said, ‘We don’t need money to study the problem,’ ” recalls Peter Schauer, now of Peter Schauer Associates in Boonville, Missouri. “We already know the problem. Just give us the money.’ ”

The Cooperative Transportation Service was born. Three drivers operating three 15-passenger vans serving eight counties. A manager and part-time secretary housed in the women’s lounge at Callaway County Courthouse. CTS shares sold at $5.00 a piece. A lot of shares. “Everybody bought them,” explains Schauer, who at age 24 became CTS’ second manager in 1973. “The cooperative set-up instilled a strong sense of ownership. This is my program. I own shares.”

While Missouri state statute — not recognizing passenger transportation as a viable cooperative venture — would end the short-lived CTS co-op, community ownership had already been solidified. Transformation in 1973 into a private, not-for-profit corporation with a new name — Older
Adults Transportation Service (OATS) — would not diminish the enthusiasm.

“It was the right group of people with the right concept at the right time,” affirms Schauer, honored with the Community Transportation Association’s Founders Award in 2002. “We had thousands of people across the state that would do anything for OATS. It was theirs.”

By 1978, OATS was serving seniors in three-quarters of Missouri’s rural areas and small towns. The OATS acronym had become such a well-established brand name that when the corporation extended service to the general public in 1980 — with “Older Adults” now too limiting a description — OATS remained as the proverbial moniker the public knew, the service it understood.

Today, seven regional OATS service areas provide transit in both urban and rural areas of the state. The system serves 87 counties with 550 vehicles across 50,640 square miles. Towns within each county are served by an OATS vehicle on specified days, with schedules and destinations published in OATS’ widely distributed newspaper The Wheel. Service is still door-to-door and still without a required fare. Though contributions are encouraged (costs of trips and suggested

**Volunteer-Propelled**

Ida Johnson has been out country dancing again, and as her OATS van heads for Aldi’s grocery store she is recounting her evening on the dance floor for her fellow passengers. It’s the usual crowd — Stella, Juanita, Ruth, Joyce, Letha, Mary Ann, Opal and
Josephine — on their usual day — the third Tuesday of the month — on their usual vehicle — driver Jim “Sarge” Reder’s bus No. 945.* They’ve been out since morning, taking care of appointments and errands, then lunching on tacos. Grocery shopping is on the afternoon agenda.

As an OATS volunteer ride coordinator, Ida is the local contact in the Rocheport, Missouri, area. Individuals interested in riding can find her home phone number in The Wheel, and call her to schedule a trip on Jim’s bus. Ida, an OATS rider since 1987, lets the Mid-Missouri Area office know who and where, then calls the scheduled group the day before to confirm. She is one of eight volunteer coordinators in Boone County. Other rural counties have a dozen or more. Across 87 counties, that’s... well, that’s a lot of volunteer hours. But they don’t end there.

OATS County Support Committees, the evolutionary outcome of the transit system’s cooperative origins, hold monthly public meetings to discuss service and passenger issues and plan activities to raise money. With quilt and TV raffles, cookbook and bake sales, letter-writing campaigns and more, each Committee raises some $2,000 annually, a vital contribution to OATS’ bus-match fund.

Serving Missouri passengers across the state, OATS vehicles traverse a lot of territory. Linda Yaeger, OATS’ executive director for over two decades and a leading force in the organization’s customer-driven success, emphasizes the fatigue factor, and underscores fleet replacement as a major concern for the transit system. She estimates a need for at least $100,000 in bus match funds next year. Last year, the Committees contributed over $130,000.

Most volunteers are themselves users of the system. Yet, notably, those Committee members who do not currently ride the OATS vehicles — still relying instead on private automobiles — are equally committed to a service they value.

“They want to ensure OATS is there if and when they need it,” explains Yaeger.

While their dedication to the transit service yields impressive results, OATS volunteers know their efforts alone are not enough. Each year, many of them travel to the state capitol to remind legislators that public investment is critical to maintain what they view as a lifeline. The annual Transportation Day pilgrimage begins by filling up OATS vehicles with hundreds of supportive riders, then steering the procession toward Jefferson City.

“In years past, you’d see OATS buses, OATS buses and more OATS buses,” says Ida. “We’re not just there for OATS. We’re there for us!”

Passenger Mary Ann concurs.

“We want to keep this bus on the road and keep it rolling,” she emphasizes. “We love this bus. And we need it.”

Intensified security after September 11, 2001, reduced access to the Capitol this year. Instead, OATS volunteers launched a statewide letter-writing campaign. Each Missouri legislator was presented with a notebook containing an impressive number of letters from their constituents.

“If you ever want some good supporters, just talk to a couple of our riders. They’ll tell anybody,” says Yaeger. “And a lot of our female passengers have known these guys in the legislature since they were kids.”

* Read more on the service legacy of the late Jim Reder in the July/August issue of CT Magazine, pages 12-13.
Like Betty Smith. Elected to OATS’ volunteer Board of Directors this year, Betty has a unique historical tie to Missouri politics.

“I used to babysit for the previous governor. Another rider used to babysit for the current governor,” explains Betty. “We have what I guess you’d call connections!”

OATS’ 16-member Board — nominated for four-year terms by the County Support Committees — is the system’s policy-making entity. Meeting every other month, the Board’s Finance, Operations and Human Resources and Development committees make decisions and design strategies based on feedback from the public Committee meetings. Yaeger then puts these policies in motion.

“We talk about everything — service, money, insurance, vehicles, safety,” says Betty. “Everyone on the Board knows how important transit is, how important it is that people have a way to go, how important it is to stay independent.”

From performance and service needs to budget items and contracts, to new facilities and new vehicles to employee development and payroll to legislative updates and advocacy work, the OATS volunteer Board has steered the corporation through 30 years of commitment to mobility. Their efforts continue to build mobility options. Literally.

Ensuring that the local community remains an important part of the OATS Mid-Missouri Area foundation, the Board’s latest creation is the Brick Paver Project. Selling engraved bricks that will become a commemorative path to a new bus maintenance and office building in Columbia, the Board is inviting community residents to contribute both mortar and match money for the new facility.

“You can not believe the response we’ve already had,” says Betty.

The Board places a strong emphasis on publicity and community outreach, distributing The Wheel, printing schedules in local newspapers, maintaining an informative website (www.oatstransit.org) and manning booths at public gatherings.

“We’re reaching out to future riders. It’s a chance for them to learn about this public service. Anybody can ride. We’re prepared for any age,” explains Betty. “There are more people driving in their later years, but they will be riders one of these days. And they are looking forward to it. We hear that a lot.”

**Mobility Entrepreneurs**

Steering his bus past long stretches of woods and farmland, crossing creek beds and navigating narrow passageways, driver Jim Reder is starting his day at an unmarked diner he calls simply Junction 22. The waitress greets him by name and already knows his order. Tomorrow’s route will likely begin at another restaurant near his first pickup, where again his name and order are already established. Reder makes an effort to know not only the dining options but also the public offices, historic landmarks, noteworthy local lore and alternate roads of every region he serves.

"Most of my destinations have three or four ways to get to them," he explains. "I like the variety."

The stakeholder character of OATS’ service is underscored by its drivers. The expansive geography covered by OATS’ includes a large amount of rural territory and long distances, making a central facility impossible. Instead, each driver in these rural areas takes responsibility for his or her vehicle, locating a vendor and scheduling maintenance, keeping the vehicle clean and parking it overnight on his or her property. Drivers on rural routes essentially have their own business, operating like independent contractors.

This local franchise nature of the OATS system enables a community focus, with drivers who are individuals known in their community and who know their community.

“The directions we get might be, ‘Take a right at the oak tree,’ ” says Jack Heusted, Mid-Missouri Area manager, of the rural population served. “That’s a typical day for most drivers.”
“We have some fixed-route. We have some dial-a-ride. We have some contracts. Whatever it takes to get people where they need to go.”

As the Older Adults Transportation Service, seven service area boundaries were drawn to coincide with those of Missouri’s Area Agency on Aging (AAA) offices. AAA was the OATS system’s primary source of funding, providing dollars through Title III-B of the Older Americans Act. Reliance on AAA funds has ebbed, however, as OATS has expanded its community reach and diversified its funding support.

“OATS evolved as a creature of AAA,” explains Yaeger. “Our service evolved to meet their needs. As time has gone on, we’ve made a purposeful effort to serve more people and include other resources.”

As the needs of Missouri’s senior population grew and changed, OATS’ service evolved to meet them. Less than a quarter of OATS’ operating budget continues to come through contracts with AAA offices. Each area’s operations have evolved distinctly — using unique combinations of local community partnerships, contracts, funding sources and volunteer networks to tailor transportation service to the communities served.

By integrating numerous funding sources — not only Title III-B, but also Medicaid, Sections 5311 and 3037 (Job Access and Reverse Commute) under the FTA, Missouri Elderly and Handicapped Transportation Assistance Program and other special billings — each OATS service area diversifies its ridership, with several communities and various passenger populations sharing the same vehicle.

Whatever it takes.

OATS’ Southwest service area has experienced double-digit unemployment. Scott Kosky, area manager, says such community challenges require innovation. For Kosky’s area, new approaches have included exploring Community Development Block Grants and USDA grants as match funds for JARC dollars. To help finance a needed employee shuttle for hospital workers, the OATS van is adorned with a bus wrap advertisement. Kosky proudly acknowledges his reputation as OATS’ Bus Wrap King.

With community residents not only riding but also scheduling trips, setting policy and driving vehicles, there is a powerful sense of ownership in the OATS mobility system.

**Doing It That Way**

The word Yaeger has written on the dry-erase board is forensic. While she looks it up in the dictionary, the seven OATS area managers and several main office staff members gathered in the conference room debate its meaning and appropriate use. “An argumentative exercise” is underway, and a similar discourse will carry throughout the monthly management meeting as service area issues are placed on the table.

The OATS system — the incorporated entity — is expansive and immense. Seven regional offices across the state are anchored by a home office in Columbia. OATS’ size enables the agency to leverage limited resources among many communities by sharing and coordinating transportation. Yet the corporation has never strayed from its roots. OATS’ predecessor CTS, explains Schauer, got off to the right start with a general manager who had his priorities straight. Mel Essen focused not on building a transit system, emphasizes Schauer, but instead on developing a transit service. When Schauer came to the helm, he continued the service focus.

“I always reminded people, ‘This is a service. We have no system. We do whatever it takes,’” explains Schauer.
“Everything I do is off the wall,” he says of the unconventional thinking that OATS managers do. Kosky suggests a design for new OATS staff buttons — the words “We’ve never done it that way before,” circled in red with a crossing line prohibiting the thought.

The first time I say that is the day I give my resignation.”

While most of the OATS’ service areas have doubled their capacity over the past five years, Heusted in the Mid-Missouri Area office estimates that seniors now make up only 25-30 percent of his passengers. Increasingly, his service is reaching a variety of age groups seeking employment opportunities and Medicaid-supported health services.

“By expanding our service, we can tap into additional funding sources, such as Job Access and Medicaid dollars,” explains Heusted. “More resources allow us to do more for seniors.”

A new service in Lincoln County is increasing farebox revenue in OATS’ Northeast service area. Head Start contracts increase resources for OATS’ Northwest service area. Coordination with the Jackson County Board of Services reduces costs for OATS’ West service area. Partnership with Sedalia’s Mainstreet Project holds potential for a new facility for OATS’ Midwest service area. A chartered tour to a popular winery brings in revenue to OATS’ Mid-Missouri service area.

Whatever it takes.

Gerald Burch, general manager of OATS’ East Area, sums up management’s daily work.

“In your wildest dreams, you could not imagine this job.”

The seven area services are supported by OATS’ home office in Columbia. Here, a 15-member staff provides accounting and payroll services, maintains driver and vehicle records and supplies an important conduit for area managers to network, share experience, problem solve and leverage each others’ skill set.

“The home office offers support to each of our service areas so they don’t have to be experts in everything,” explains Yaeger of the OATS’ advantage. “Other systems can’t do this.”

Section 5211 and welfare-to-work contracts are funneled through Columbia. A Medicaid brokerage operates in the same office, with call center professionals sending ride requests out for bid.

Staying the Course

Out on Highway 763, the 63 Diner is known for its piled roast beef on sliced white bread served with mashed potatoes and gravy. Partnering with the region’s Area Agency on Aging, the Diner recently built a new kitchen at the Oakland Plaza Senior Center, where its culinary capabilities provide meals for both visiting seniors and homebound residents.

But food is not what brings Margaret to the Center.

“I come for the people,” clarifies Margaret, now retired and a regular volunteer at the Center. “It’s hard to fill 16
hours of the day. If it wasn’t for OATS, I’d just be stuck sitting at home.”

Like Margaret, many seniors in Missouri view OATS as a lifeline — not just to medical appointments or essential shopping, but to social activities, community participation and independence.

“There’s an important social aspect to our service, and many would otherwise be isolated,” explains Heusted, whose Mid-Missouri area service brings many seniors to Oakland Plaza. “It’s not just nutrition. It feeds the mind and soul.”

In partnering with the state’s Area Agencies on Aging, Yaeger emphasizes OATS is concerned not only with outputs — how many seniors are transported — but with the even more important outcomes — how many seniors are able to stay in their homes and communities. To strengthen its efforts toward this goal, the OATS corporation has demonstrated a vital reciprocal relationship.

“To serve our seniors well, we have to serve the community well,” explains Yaeger. “To that end, the system has always had the ability to react, to stay viable. We are willing to change to fit the current climate. We became a non-profit. We opened to the general public. We added Medicaid. We added JARC.”

Whatever it takes.

“We’ll coordinate. We’ll run agencies. We’ll partner,” continues Yaeger. “And the end result is that we produce transportation for folks who need it, and we get community buy-in.”

Expanding ridership. Diversifying funding. Leveraging resources. Reinventing itself. By design, OATS is able to achieve economies of scale, obtaining the most vehicle utilization and highest level of mobility for its dollar. By redefining itself over time — by expanding mobility services to move more of the community — OATS enables its transportation system to better fulfill its original mission: providing reliable mobility that keeps seniors independent and communities strong.

Through its riders, its managers, its volunteers and its supporters, OATS continues to belong to the people it serves.

Their bus. Their ride. Their system.

paratransit inc. intermotive
Too often, the focus on modern small-town America is less the celebration it ought to be and more a recitation of woe to include dwindling population, dispersed services, fading downtowns and, particularly for older Americans, isolation. But this despairing story is in many cases quite wrong.

Take, for example, David City, Neb. (population 2,500), which proves that a small town in the Great Plains can grow in population, keep its full-service hospital, expand its medical community and build housing for older persons and
people with disabilities. Indeed, David City confirms that small-town America remains a place where people of all ages can enjoy both a quality of life and quality of services.

No one in David City finds it remarkable, but this growth, vitality and attractiveness is built on a spirit of volunteerism and commitment that pervades the entire community. One of the central elements of the town’s volunteer-driven success is its transportation program — which effectively serves the town’s older residents.

Small Steps, Great Success

Small-scale activities can pay off for a community and its residents. Transportation for older people is one of those activities. Says Judy Polacek, director of the local county-run aging and transportation programs, “We had an elderly lady who recently moved here from a neighboring state. She couldn’t get the transportation she needed there, but had ties here, and knew our volunteers could get her around. Now she’s able to go everywhere she needs to go.”

Situated in the hills above the Platte River, David City is the county seat of Butler County, Nebraska. As part of its long-standing, low-key rivalry with nearby Columbus, Neb. (population 20,000), this town proudly boasts it is, “The World’s Only David City.” Founded in 1873, it was settled largely by German and Czech immigrant farmers, most of whose families remain in the area today.

It’s not far from the major cities of Lincoln and Omaha (40 and 60 miles, respectively), but David City is no commuter haven. Aside from a small, but growing, number of people who drive to Columbus (25 miles away), David City’s residents tend to work in the community. Even though the city and county economies are driven by agriculture, the past decade has shown dramatic growth — nearly 40 percent — in the county’s rate of non-farm employment.

David City and Butler County have grown steadily in population over their history. The county now reports 8,757 residents, nearly one-third of whom live in David City. Twenty percent of the county’s population is 65 years of age or older, but these older people are concentrated in David City, where nearly 40 percent of the population is age 65 or older. While the share of older people has remained fairly steady in the past two decades, the reported number of persons with disabilities has been growing. However, it’s useful to put percentages into perspective. “We have about six people in David City who use wheelchairs,” says Polacek, who was prepared to start listing them by name. That figure was not an understatement; it is consistent with current U.S. Census data.

Medical care is critical to the vitality of a town, especially one with so many older people. Despite the proximity to larger cities with their own major health care establishments, David City retains its own full-service hospital, with 25 inpatient beds, a half-dozen outpatient programs, satellite clinics in two nearby towns, a wellness center to promote fitness and preventive care, and several special programs targeting the needs of the area’s older people. There are five full-time physicians practicing in David City, plus some specialists who split their time between David City and Columbus.
Notes Polacek, “There was only one doctor in town when I moved here 25 years ago, and now there’s five. The doctors all say their practices are full because the older patients are able to get to their appointments without problem, which isn’t the case in some small towns.”

**Transportation’s Key: Keep It Simple**

How does transportation make a difference in a town like David City? The program is small in scale, simple and effective. It’s a comfortable strategy for an area where cutting edge refers to the blades of a combine, rather than community transportation. The Butler County transit infrastructure consists of two vehicles. Within David City, there is a Busy Wheels van, operated by the senior center’s volunteers. The county’s senior program also houses the one-bus Butler County Transit program, whose two part-time drivers use the bus for trips around the county and weekly journeys to Omaha, Lincoln and Columbus. Both transit services are demand-response in operation, requiring either a subscription arrangement or one day’s advance reservation. All passengers pay cash fares to ride: 50 cents per ride or higher, depending on the distance of the trip.

“Everyone pays to ride Busy Wheels,” says Gene Grubaugh, president of David City Area Senior Citizens. “There’s no question about it.”

Polacek points out that a few passengers do have their fares covered through other programs, such as Nebraska’s League for Human Dignity; nonetheless, she says, Grubaugh is correct that a fare is collected from everyone. For the record, it should be noted that these transportation services receive no Older Americans Act funds. Yet, even if they did, it’s clear that the area’s older people are accustomed to paying at least a little bit toward their services, and would continue to do so.

Both the Busy Wheels and Butler County Transit programs are low-budget operations. Busy Wheels has an annual budget of just $2,000, which covers fuel and maintenance of its van, insurance and a few other expenses. The volunteer drivers receive no stipends or reimbursements. As for capital assets, community members donated the current van and radio system. Cash fares and reimbursements from state Social Services Block Grant and League for Human Dignity programs account for just less than half these expenses; the remainder of the budget is covered by bake sales, pancake suppers, food concessions at auction sales, and similar community fund raisers.

Butler County treats the county transit program and senior services all as a single $45,000 line-item in the county budget. That figure includes state and federal payments for operation of the senior center’s services, federal rural public transit investment, and state investment from the Nebraska Department of Roads that help support the county’s transit program. Polacek estimates that the transit program, including its state and federal contributions, has an annual budget of just over $30,000. In addition to covering the costs of owning, operating and maintaining the bus (provided by the Department of Roads through a federal transit capital grant), this budget pays salaries for a part-time administrator (Polacek), a part-time dispatcher and two part-time drivers. Polacek and the dispatcher actually work full time, splitting their duties between the transit and aging programs.

“The doctors all say their practices are full because the older patients are able to get to their appointments without problem, which isn’t the case in some small towns.”
Transit’s Contributions to the Community

The county transit program provides 1,800 passenger trips per year; Busy Wheels’ ridership is approximately 3,800 annual trips. Both services operate Monday through Friday, from 8:30 in the morning to 3:30 (Busy Wheels) or 4:30 (Butler County Transit) in the afternoon. Asked about those limited hours, Grubaugh responds, “We rely on some committed, regular volunteers. If they couldn’t get home in time to join their families for dinner, we’d probably lose them.”

Polacek indicates that the leading requests for evening or weekend services are from older people who have trouble getting themselves to church on Sundays, “and we may be able to work with the churches to get some Sunday volunteers, if we want to go that route.”

Who rides these services? Older people, mainly, although both programs aim also to serve the area’s people with disabilities. Passengers use the van and bus to get to health services, grocery stores, pharmacies, other errands and to the senior center. The out-of-county trips operated by Butler County Transit mainly take older and disabled persons to specialized health care in Lincoln and Omaha, but they also report steady business taking passengers to and from the airports when they’re traveling to visit relatives in other states.

Work trips? “We’re just not set up for that,” says Polacek, who says she has yet to hear any requests for employment transportation from individuals or agencies. Several people in the community have noted that low-wage job growth mainly is in the Columbus area, and numerous informal carpools appear to be satisfying the need for reliable transportation to those jobs.

Within David City, Grubaugh says that Busy Wheels’ ridership doubles in the winter months, when people who are comfortable walking a few blocks around town in good weather are fearful of negotiating snow or ice without assistance.

“One thing, though,” says Grubaugh, “is that these ladies — and it is the ladies who use our service the most in the bad weather — forget that the volunteers aren’t their husbands. They want us to sit and wait patiently for them to finish their shopping or whatever, just like their husbands would, and we have to explain that we just can’t do that, because other people are also waiting on the van.”
Hospital administrators, local merchants, housing developers and others all cite Busy Wheels and the county transit program as contributing toward David City's continued growth. The consensus is that it keeps the town's older people in town, able to shop, socialize, and get their necessary health care.

The value of this service is felt far beyond the half-dozen seats on the minivan. "I don't ride the van myself," said Margaret while lunching at the senior center, "but I do know several people here in David City who wouldn't get out if we didn't have it." Echoed another diner during lunch, "When you're living alone, and there are quite a few people without any family nearby, you may not even think to go to your doctor, or pick up your medicines. Pretty soon, all you do is stay at home."

As Polacek puts it, "If the seniors can't get out to shop, or to get their hair done, or see their doctors, they'll have to move, because they have no alternative. And if the seniors aren't going to Dale's [one of the grocery stores in David City] or to the hairdresser's, or to one of our town's banks, why, these businesses may also leave David City, because their customers just aren't there any more." 

Volunteers Make Things Happen

Stepping outside the senior center in the early afternoon, slipping past the two golf carts, a bicycle, and the 10 cars that some of the day's diners used for transportation, you see the area's transit program: one black minivan, and one white, lift-equipped small bus. There, in stark black and white, is a service provided by seven volunteers and two part-time paid drivers. How can so much, for a community of this size, be accomplished for so little?

Everyone in town agrees the key ingredient is a commitment to volunteerism and community service. That's found not just in the transportation program. It's evident in all sorts of community activities. As several people noted, an 80-horse cross-Nebraska trail ride passed through David City days before, and volunteers simply hit the streets with shovels after the riders left town, cleaning up the city's streets. No questions, no payments or contracts, no public works equipment; just townspeople with shovels.

In addition to Busy Wheels, volunteers are the principal staff members in other critical community functions, such as the all-volunteer fire company, the library and a dozen or more civic organizations.

As Grubaugh said several times, "This community is very dependent on volunteers. We were all taught that you have to do something for others. It doesn't matter who you are, what you have, or where you are, you have to be doing something that others will benefit from."

Volunteerism has its strengths, which are clearly evident in the popularity and use of the Busy Wheels van, but also its limits. For instance, the small population of David City means there are only so many dedicated people able to share time with the community. The lack of more volunteers, and the concern not to burn out those actively involved in driving the van, are why it only runs until mid-afternoon, and why there are no plans to acquire another van, or provide additional hours of service.

Polacek notes that this is an issue in other areas, too. For instance, she is entitled to more full-time, stipend-receiving volunteers through the National Senior Service Corps, but instead struggles to keep the two Senior Companion volunteers she now has on staff from leaving, whether for paid employment or easier volunteer duties. She's tried to recruit additional full-time volunteers several times, but simply can't find any more people in David City able and willing to take on such challenging, time-consuming work for no pay.

Another consequence of the volunteer spirit is that it tightens the strings on the public purse, so to speak. In David City, a wide range of transportation and senior services are provided to hundreds of customers for only a few thousand dollars, but the city itself does not contribute any cash to the transportation program, nor to the operation and staffing of the senior center (though the city originally donated the building that houses the senior center). Similarly, the hospital, despite its growth and its strong community focus, receives no city or county payments of any sort. The only local payments, aside from patient co-payments and the like, are individuals' cash contributions to the hospital's own foundation. The rest of its income is derived from insurance payments, Med-
icaid, Medicare and other federal or state public health payments.

Commenting on this, Grubaugh observes, “The city doesn’t have the money to pay for much of anything. If anyone wants to give us or any other group anything, we all have ample buckets where they’re welcome to drop their donations.”

Higher Yields on the Horizon?

What does the future hold for transportation in David City and Butler County? The Community Transportation Association of America, with support of the U.S. Department of Agriculture, recently carried out a technical assistance visit to the area (see the July/August 2002 edition of Community Transportation, pages 76-79). Several promising ideas have emerged from this initial visit:

- Simply by improving the coordination between the Busy Wheels service and the countywide transit program, the Nebraska Dept. of Roads estimates that a significant amount of additional Sec. 5311 rural transit funding could flow into the community, and has begun its part of the paperwork process to make this possible.

- A number of individually small, but collectively expensive, issues were uncovered in the areas of vehicle registrations, insurance, etc.; by working with the city and county governments to address these items, it was estimated that additional cost savings can be realized by the county and Busy Wheels.

- Also through improved coordination between the two one-vehicle programs, the state would be able to improve training available to the Busy Wheels volunteers, particularly in areas of defensive driving, passenger assistance, safety procedures and emergency preparedness. Bringing in such training could be expected to better prepare the volunteers for their duties, and may lead to even further savings in insurance costs.

It is interesting to see how federal budget and policy decisions affect a community like David City. For instance, recall a point made earlier in this article that no Older Americans Act (OAA) funds support the transportation program in the city and county. That reflects decisions that have been made by state and area agencies on aging as they try to parcel out the limited OAA funding that is allocated to rural states.

Recall, too, that much of the transportation, especially the out-of-county transportation provided by the county, is for medical purposes. However, Medicare does not pay for these trips unless they’re provided by ambulance, and the Medicaid services available to low-income seniors in David City have not included any funds for transportation costs.

Additional funds for public transportation in rural areas could make a big difference in David City. The greatest transit needs cited by Judy Polacek, Gene Grubaugh, and others were: (1) reliable communications equipment that is appropriate for such a small operation, and (2) timely vehicle replacement as the present van and bus approach the ends of their useful lives. More transit funding also would be needed to assure any expansion of service hours later on weekdays or on weekends, when there simply aren’t available volunteers.

The strength of the volunteer, community-based approach to transit in David City cannot be overstated. No one in town wants to see their volunteer program compromised in any way. The seniors, in particular, appreciate getting rides from their neighbors and acquaintances. What’s more, they appreciate that this service is organized so that it’s not demanding charity from others, and doesn’t impose too much burden on family, friends or caregivers.

How to steer a volunteer-based program into the future is a challenge in a small town like David City. The area’s steady population growth may lead to an occasional new volunteer in town, but that may not be enough to expand the service. Creative volunteer strategies, such as bringing in Senior Corps or AmeriCorps volunteers may be one direction to pursue, or there may be others.

Whatever the future holds, it should be promising for this small town in rural Nebraska. As long as Busy Wheels’ wheels are busy, David City’s economic health, quality of life, and suitability for its older residents is all but assured. Living out one’s years in rural America can be a pretty fair deal.
Boarding a bus near her home in Philadelphia, Sarah greets the driver with a smile and an ID before taking her favorite seat near a front window. She’ll return home on the same route, for the same fare — free.

Over a hundred miles away in rural Lewisburg, Robert steps off a van in front of his doctor’s door. Sharing the ride with other community members, the 12-mile trip cost him only $1.50.

Meanwhile, residents in every county are picking their lucky numbers. For a dollar and a chance at the jackpot, their Lottery tickets continue to fuel transit for seniors across the state of Pennsylvania.

Senior Mobility: A Safe Bet

In the early 1970s, senior organizations were an active force representing the 65-and-older population, and public officials in Pennsylvania were becoming increasingly concerned about the service needs of its older residents. Legislation passed in 1971 established the Pennsylvania Lottery, directing all proceeds to benefit older citizens. Lottery proceeds were used first to fund property tax relief for older homeowners. As the Lottery grew, along with the state’s senior population (nearly one-fifth of Pennsylvania’s population is now 65 or older), target programs the Lottery benefits have expanded to include rent rebates, prescription drug payment programs, allocations to Area Agencies on Aging and two senior mobility strategies — Free Transit and Shared Ride.

Highlighting the great need of older Pennsylvanians for affordable transportation, Milton Shapp’s successful 1972 campaign for governor promoted free transit for older people. Making good on his promise in 1973, the state directed a portion of Lottery proceeds to initiate Free Transit for 65 and older passengers on local fixed-route bus, trolley, commuter rail and subway elevated systems. Anyone 65 and older with an identification card can ride free during off-peak hours weekdays, all weekend, and designated holidays.

“I love it. I really do!” says Mae, a senior living in the Pittsburgh suburb of Sharpsburg.

She hops on the Port Authority bus to visit her sister, to go to doctor appointments and chemotherapy treatments and to go downtown to lunch and shop with friends — all of whom are Free Transit riders.

“Without the service,” emphasizes Mae, “we’d all have to stay home. It would really cut down on our enjoyment of life.”

Free Transit was an immediate success in small and large urban areas with fixed-route service. But older residents in rural areas — where more than three-quarters of Pennsylvania’s population resided — were still without mobility options. Enter Shared Ride.

By Jane Hardin
Rural Seniors: Bettering the Odds

Knowing that fixed-route service was not viable in rural areas, Pennsylvania's state legislature passed legislation in 1980 creating a demand-response system, the Shared Ride Program for Senior Citizens. With $13 million in Lottery funds to plan, implement and capitalize demand-response systems in every county of the state (except Allegheny and Philadelphia), the Commonwealth significantly enhanced existing transportation and created new transit systems where none had previously existed — extending transportation to new areas and to more people.

After obtaining an identification card, anyone 65 or older for a small fare of $1.50 can use Shared-Ride for any purpose — shopping, visiting friends, medical appointments. To be eligible for the discounted fare and for Lottery reimbursement, the trip must be reserved at least one working day in advance and the passenger must be willing to share the vehicle/trip with other passengers. The Shared Ride program pays up to 85 percent of the general public fare for an older person's ride. The additional 15 percent may be paid by the older person, or by a third-party sponsor.

The capital needs — vehicles, communications equipment, computers and software — of Shared Ride transit providers are met by the Community Transportation Capital Equipment grant program. Part of the Pennsylvania Transportation Assistance Fund (PTAF), a transportation-dedicated funding source derived from sales taxes on periodicals, tires, motor vehicle rentals and leases and a utility realty tax. The program provides some $3.5 million annually to community transportation providers as match dollars to leverage federal funds, and as full funding for other capital equipment.

Coordination: The Community Pay Out

An AARP study, Coordinated Transportation Systems by Jon E. Burkhardt, notes that through the lottery-funded transportation programs, Pennsylvania is addressing two major barriers to coordination — “lack of available funding and lack of public transit service.”

The state's two subsidy programs for older riders, in particular the Shared-Ride Program, helped to create transportation services where none previously existed. As a result, other programs such as Medicaid and Welfare-to-Work, have a transportation source for their clients through those local operators who already provide trips for the general public and older persons.

Shared-Ride services are used by many people under 65 traveling to and from healthcare providers or human services sites. Government agencies or nonprofit social service agencies like the Department of Public Welfare's Medicaid Assistance Transportation program and mental health/mental retardation programs also pay the fares of their cli-
ents so that they can have access to needed programs and services.

The Rural Transportation Program for Persons with Disabilities, a pilot project with a General Fund appropriation, makes discounted fares for Shared Ride services available for general purpose rides (not just rides to authorized services) to persons with disabilities. The pilot project was in eight counties for its first year, but the budget for Fiscal Year 2002-2003 extends it to sixteen additional counties. The program fills in a transportation gap — it is not a substitute for transportation that is available through any other program or funding source.

Through the Shared Ride program, Blair Senior Services, Altoona's Area Agency on Aging, provides ADA paratransit for Altoona's fixed-route service, and has contracts with numerous social service agencies. Serving the more densely populated areas of Altoona, and having contracts with other agencies helps to cover the costs of serving the rural area with no other transportation options. Some of their older passengers just need a bus to hop on and off, but others need door-to-door service.

“There aren’t too many curbs and sidewalks in our rural areas,” explains Bill Davis, Blair’s Transportation Manager.

Davis believes that being part of the Area Agency enhances the transportation services they provide. They have direct access to social services staff who can help them understand the special needs of older persons with cognitive problems. Transportation staff can participate in staff training and individual case evaluations. David Slat, the Executive Director of Blair Senior Services, thinks it is difficult to overestimate the importance of transportation to older people.

“Transportation is more than the glue that holds programs and services together. It is the facilitator.”

Dianne McSwain, Transportation Specialist with the Office of Intergovernmental Affairs, U.S. Department of Health and Human Services, says that whenever she is asked for an example of successful coordination, she cites Pennsylvania.

“The creative work in Pennsylvania offers useful models for the kind of collaborative efforts we promote through the Coordinating Council on Access and Mobility.”

**Challenges: The Numbers Game**

As Pennsylvania’s senior transit systems expand to meet the mobility needs of a growing population, services must also evolve to meet the needs of a changing senior population. When Free Transit and Shared Ride started, as soon as people became eligible at 65, they started using the services. Twenty years ago, many older women did not drive at all.

Today’s 65-80 year olds are healthier and more active than the 65-80 year olds of 20 years ago. Both older men and women are still driving. LaVerne Collins, Chief, Lottery Transportation Division, Bureau of Public Transportation, reports that she has heard of 65-year-olds jogging to the eligibility office to pick up their cards. Although most 65-year-olds are applying for eligibility cards, many use them only occasionally.

In the first years of the Shared Ride Program, Senior Centers were thriving. Providing group trips to Senior Centers was a major transportation activity. Cynthia Zerbe, Administrator of the Union/Snyder Transportation Alliance (USTA) in Lewisburg, recalls that she sometimes needed two buses to take everyone to Senior Center programs. Today more of Shared Ride passengers are individual trips for the frail elderly, who are likely to use the service to get to medical providers and adult day care centers. Providing

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### Pennsylvania Economic and Benefit Impact FY 2000-2001

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transportation service, says Zerbe, has become more challenging.

“You have to be sure that passengers get inside the adult day center and gets inside their homes.”

In the last few years, Shared Ride usage has diminished slightly statewide (approximately 6,000,000 trips in the last fiscal year 2001-2002), but its costs have increased to meet the increased transportation needs of its frail older passengers.

Collins suggests that changes in health care may also be part of the reason for the reduction in usage. Formerly, hospital stays were longer. Preliminary tests would be performed in the hospital prior to the procedure. Today, a person may have to make several separate trips to different locations for preliminary tests before entering the hospital. These multiple appointments make transportation scheduling difficult. People really have to plan in advance to use the Shared Ride Program. Some people who are used to driving their own cars and not having to make advance reservations may well find the transition to Shared Ride daunting.

Armand Grecco, the executive director of the Lehigh and Northhampton Transportation Authority (LANTA), a system with both fixed-route and paratransit transportation, has a somewhat different perspective. Like other fixed-route systems throughout the state, the number of 65 and older passengers using Free Transit on fixed routes in his service area is diminishing, even though the number of older people are increasing in the general population. The paratransit service, however, is thriving. Shared Ride is increasing six to seven percent annually, and he does not see the rise slowing. Older people, he explains, prefer the paratransit, which is excellent and operates seven days a week. Grecco says the combination of the young-older population being more mobile and auto-oriented than earlier generations, and the availability of paratransit, are the reasons for the decline in Free Transit program usage.

While it is facing a growing senior population, ridership requiring more assistance, and a growing need and preference for more costly paratransit service, the Pennsylvania Lottery is at the same time facing increased demands on its funds from other senior programs. Although lottery income has increased in each of the past two years, its rate of increase has not kept pace with the costs of Pennsylvania’s two lottery-funded prescription drug payment programs for older persons. In the last fiscal year, 2001-2002, every day 28,000 PACE and PACENET subscriptions were filled — roughly 10.4 million claims.

Playing to Win

Government officials, legislators and transportation providers across the country are confronted with the same challenge: how to provide and fund transportation services that meet the diverse transportation needs of the growing numbers of people 65 and older. How does public transportation attract the car-oriented young older persons who may still be working and who are still driving? How do public transportation and human service agencies work together to meet the special mobility needs of the frail elderly? Pennsylvania continues to address these questions with an innovative funding source combined with a 30-year history of transit coordination that together fuel two dynamic senior transportation programs.
loan ad
Q: Tell us about your service.
I work for the Seniors’ Resource Center (SRC), a non-profit multiservice organization. The Transportation Program has been around for more than 25 years, and has 27 vehicles in its fleet. We provided demand-response, driver-assisted transportation to older adults and to persons with disabilities, as well as general public transportation in rural areas. Our service area includes Denver, Jefferson, Adams, Clear Creek, Park and Gilpin Counties in Central Colorado. Priority service is given for Parkinson and Gilpin Counties in Central Denver, Jefferson, Adams, Clear Creek, as well as general public transportation for adults and to persons with disabilities, driver-assisted transportation to older passengers. We simply didn't have the vehicles to meet the increasing demand. We looked at our system and knew that regardless of future funding streams, we weren't ever going to be able to purchase enough vehicles to fill the need much less find enough operating dollars. So we ventured into the process of brokering or selling rides to other transportation providers in the area. Brokering opened up a wonderful way for us to coordinate service among agencies, providers and funders. In the process, it streamlined and enhanced customer service delivery.

Q: What are you most proud of?
I am proud of the caliber of staff we have at the Seniors’ Resource Center. They are dedicated, professional and willing to do what it takes to get the job done. Good customer service is critical when dealing with frail populations, and I think we do an exceptional job. It’s a real joy to see the impact we have on people’s lives.

Q: What is your most significant accomplishment?
Becoming vocal about the critical need transit plays in the health of a community. Transportation is one of the most pressing issues for people in our community. Without adequate transportation, many of the opportunities and basic services necessary for a life of quality cannot be accessed. Transportation must be a part of a continuum that forms linkages to health care, economic and socialization opportunities, housing and quality of life.

Q: What is your biggest challenge?
Finding the money to operate a transit system. Colorado does not have a dedicated revenue source to fund transit at this time. Therefore, transportation providers across the state are always looking for creative ways to raise funds. And in the last couple of years our expenses have increased dramatically. Insurance rates have increased 200 percent. Another challenge coming up is the rapid increase in the aging of America. In Adams County, the number of people over 65 will increase 200 percent in the next 18 years. Affordable and accessible transit is a critical service for them to stay independent and productive members of our communities.

Name: Jane Yeager
Organization: Seniors’ Resource Center, Inc.
Location: Denver, Colorado
Member Since: 1996
CTAA Upper Midwest Region Board Member Since: 2001

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NEWS ABOUT ASSOCIATION MEMBERS
By Caryl Souza
Q: In a perfect world Seniors’ Resource Center would...
   It isn’t a perfect world. I think we thrive and prosper on challenges. Transit is like a huge jigsaw puzzle. You have to want to problem solve in this profession. You have to be patient and willing to be creative and take risks. Transit gives us these opportunities on a daily basis.

Q: What does being a member of the Community Transportation Association of America do for you?
   Sometimes when we are struggling in the trenches, we can lose track of the bigger picture. The Association continues to be a strong force at the federal level. Its advocacy for the local provider and for the work we are accomplishing gives all of us an articulate and convincing voice at the table. We are being heard. The Association also puts out great publications like this one. I enjoy reading about other transit systems and how they have met their challenges.
The Park and Ride Phenomenon

Quite possibly the oldest fleet of passenger vehicles on U.S. roads, the White Motor Co. sightseeing buses — 25-foot-long sedans with roll-back canvas tops built between 1936 and 1938 — are making a comeback. Most of the vehicles retired from national park service in the 1950s, but Glacier National Park in Northwest Montana was committed to honoring the public’s desire to keep the “jammers” (a reference to the noise of jamming gears as drivers negotiated mountainous roads) as part of the park’s landscape. Concessioner Glacier Park, Inc. donated the fleet of 32 buses, each with some 600,000 miles on the odometer, to the National Park Foundation so that Ford Motor Company could get them back on park roads. The restoration included new chassis and fuel-injected engines capable of running on clean-burning propane.

And speaking of comebacks, Yellowstone National Park in Billings, Montana, recently purchased a small fleet of the famous yellow tour buses that served the park until the 1950s. When the buses are refurbished, park officials aim to first try them in a shuttle service between popular sites. Eventually, Yellowstone hopes the buses will be part of a larger transportation system that offers visitors an option other than private autos, as well as reduced congestion and air and noise pollution in the country’s first national park.

Great Smoky Mountains National Park is also on board. Three bordering Tennessee towns recently hosted 100 low-emission vehicles used to carry visitors throughout the area. As part of a study conducted by the Electric Transit Vehicle Institute and funded by the Tennessee DOT and participating communities, the project ran electric and hybrid-electric buses, compressed natural gas-powered buses and trolleys powered with ultra-low-sulfur clean diesel fuel. With 10 million annual visitors and growing traffic congestion, mobility alternatives for tourists would reduce emissions and help protect natural resources.
Planning and Preparedness in Pennsylvania

Building on a history of cooperation between AMTRAN and the Altoona City Fire Department, joint training exercises are underway to improve emergency preparedness in Central Pennsylvania. AMTRAN is a long-time member of Blair County’s Emergency Planning committee, and the system often provides buses for emergency evacuation and shelter for firefighters. Knowledge sharing flows both ways. Firefighters recently trained AMTRAN personnel in the use of fire extinguishers, while AMTRAN drivers taught firefighters how to drive a bus in situations where the bus driver has been disabled.

A Mobility Makeover in Billings

New bus routes and schedules are bringing improved efficiency and on-time performance to MET Transit in Billings, Mont. With changes to a main line route, conversion of another line to a dial-a-ride shuttle and additional adjustments, MET aims to enhance access to important destinations, such as the city’s loan processing center and medical corridor.

To celebrate the system’s renovation and encourage the community to ride, MET offered special time-limited fare reductions, and distributed schedule, route and fare information to hundreds of locations. A half-price student pass at the beginning of the school year aimed to expand one of MET’s largest rider groups — middle-school children.

Regional Coordination in Maryland

Building on the existing routes of Upper Shore Take-A-Ride, County Ride and Dorchester Developmental Unit Specialized Transportation, Inc., in Maryland, a new coordinated regional fixed-route transit system is born! Maryland Upper Shore Transit (MUST) will operate as a pilot program supported by the Maryland Comprehensive Transit Plan (MCTP) funding program, and serving passengers in Caroline, Dorchester, Kent, Queen Anne’s and Talbot Counties. Transfers are free, including those onto Shore Transit, enabling travel from Rock Hall to Ocean City.
Meeting every Thursday at a local bookstore for coffee, a group of retired men in Evergreen, Colorado, routinely discussed local issues. Conversations grew into issues that turned into ideas, and soon the self-dubbed Curmudgeons were a force bringing new mobility options to their small mountain community.

William Bird Mounsey, a retired Army man, says there was “no bright shining light.” The idea for a bus service “just evolved” from their discussion about traffic — especially congestion at a major downtown intersection that has been a long-time concern.

One of their first steps was to contact Stephen Millard, the area representative on the board of the Regional Transportation District (RTD). Covering the Metropolitan Denver Area, including Evergreen, RTD already provided regional service linking Evergreen with Denver. Citing unmet mobility needs, the Curmudgeons proposed a local service, and set out to demonstrate community support for a local transit option. They conducted resident surveys, met with the PTAs, talked with the Audubon Society and reached out to residents in retirement communities. Older residents who no longer drive but can ride on a bus without assistance welcomed the idea. Mounsey says, “It was not a hard sell.”

Millard supported their efforts, and arranged a meeting with RTD staff. After determining service needs, RTD officials proposed a demand-response system with a cost-saving innovation — the drivers would be their own dispatchers.

The Curmudgeons proposed the Seniors’ Resource Center (SRC) as a potential transportation provider. SRC, a local non-profit agency, was already operating Community Wheels, a transportation service for frail elderly and persons with disabilities in three counties. Under a new contract with RTD, SRC began Call-n-Ride operations in March 2002.

Bryan Matthews, RTD’s project manager for Evergreen’s Call-n-Ride, praises the Curmudgeons’ commitment. They were the “squeaky wheel” that brought RTD’s efforts in Evergreen.

“Bill and his group were instrumental in helping RTD with our needs assessment and in designing the Call-n-Ride service as a way to meet local transit needs.” Jane Weinberger, director of SRC’s Evergreen office, concurs.

“They started it all, and then they did what needed to be done.”

The Curmudgeons themselves carried out marketing for the new bus service, and their members were the nucleus for the RTD’s Advisory Committee. RTD officials anticipated that commuters would be the principal users, but Call-n-Ride has been most popular with middle-school children. In its first six months of operation — March-August 2002 — monthly usage has increased from 472 rides to 1,726.

To learn more about Call-n-Ride, contact Jane Weinberger, jweinberger@src.org or 303.674.2843.

To learn more about Seniors’ Resource Center, its programs and services, visit their website at www.srcaging.org.
We’re here to work with you and your community ...

Helping seniors to communicate their mobility needs, helping human service agencies understand them and helping transit providers meet them, the Senior Desk of CTAA’s Information Station offers a forum for exploring issues, exchanging ideas, gathering information and obtaining technical assistance — all in an effort to improve mobility options for seniors.

Here’s an opportunity for transit providers and agencies serving the aging community to talk to one another and explore how they can work together to identify changing needs, generate new insight and develop new strategies for moving seniors and their communities forward.

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• Upcoming Events
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Contact our Senior Desk to discuss ideas, ask questions, offer comments and explore possibilities:

Jane Hardin
hardin@ctaa.org
202.624.1737

You can get started by visiting the Senior Desk on our website at www.ctaa.org/ntrc/is_senior.asp
Public and community transportation will rely on such influential legislators as Senator Tom Harkin of Iowa, Senator Max Baucus of Montana and Senator Michael Enzi of Wyoming to help ensure that the mobility needs of all Americans, especially senior citizens, are addressed in the 108th Congress. Each of these legislators has a long history in support of older Americans in their home states.

Senator Harkin has been a tireless advocate for rural transportation and services designed to meet the needs of seniors and people with disabilities. He has helped increase rural transit investment during his tenure, and is currently focusing on the non-emergency Medicare transportation issue.

Senator Baucus sponsored the MEGA RED and MEGA RURAL Acts, which would dramatically increase federal investment in rural, small-urban and elderly and disabled transportation. He is committed to ensuring increased investment in community transit in the upcoming reauthorization.

Senator Enzi cast the crucial vote in 1997 to enable the Job Access and Reverse Commute program to become law. He understands the unique nature of public and community transportation in rural and small-city Wyoming.

**CT:** What do you see as the role for public and community transportation in the lives of the nation’s senior citizens?

**Sen. Baucus:** I understand that public and community transportation plays an important role in the lives of our nation’s senior citizens, and I want to make these services more responsive to older Americans’ needs. In my home state of Montana, many seniors find themselves stranded with a lower quality of life simply because they can’t — or won’t — drive. We can do better.

**Sen. Enzi:** Since being elected to the U.S. Senate in 1996, I have been very supportive of rural communities, especially Wyoming communities, in receiving an adequate amount of transit dollars to serve their needs. As an ever-growing population, I know senior citizens are especially affected by inadequate transportation infrastructure in rural communities.

**Sen. Harkin:** Senior citizens have been a priority for me throughout my time in the United States Senate. I’ve fought hard to increase federal support for senior transportation, whether it’s been in the reauthorization of the Older Americans Act or in the last transportation reauthorization. Without adequate accessible transportation,
Transportation

life for older Americans becomes increasingly more difficult. I've worked with your Association on issues related to mobility and healthcare for seniors, and it's obvious to me — we need more access — and we need it now.

CT: An increasing number of older Americans are choosing to remain in their homes, often in isolated, rural communities. This ability to remain independent is critical to these people's quality of life. How are public and community transportation currently meeting these people's needs? How much additional transportation is required?

Sen. Baucus: I have introduced a series of bills for the upcoming reauthorization that specifically address improving transportation options for senior citizens in rural areas, and across the country. Effective transportation can help seniors access their most basic needs like going to the doctor's office or pharmacy, and grocery shopping. It can connect people with family and friends. All of these needs are more difficult to meet in rural areas, yet ironically, these rural areas get far less federal transit investment. I intend to change this in the reauthorization process next year.

Sen. Enzi: To address the immediate concerns of transportation for older Americans in Wyoming, I worked with the Wyoming Department of Transportation and local communities to secure increased bus and bus-related activities funding to disburse to the communities with the most need. For example, the fiscal year 2002 Transportation Appropriations bill included an additional $2.5 million for bus activities in Wyoming. However, the needs of our senior citizens need to be better addressed as we go forward with the consideration of the reauthorization of the Transportation Equity Act for the 21st Century.

Sen. Harkin: Our people who provide these services in Iowa are doing the best they can. They work together, they use volunteers, vans, buses and church vehicles. But as our population grows older and our healthcare providers move further apart — it's not enough. We must increase investment in our transportation services for older Americans any way we can. And, I'm going to continue to fight for the kinds of investments we need for all of our seniors.

CT: Many older Americans find themselves reliant upon outpatient medical services like dialysis, physical therapy or chemotherapy that require regular transportation that is beyond their financial means and beyond the time constraints of family and friends. The Community Transportation Association's research has shown that not having available non-
emergency transportation covered under the Medicare program creates additional burdens for seniors. What are your thoughts on this issue?

Sen. Baucus: Public and community transportation should not limit itself just to meeting specific medical needs for seniors, though granted these trips are important. We should provide adequate investment so transportation options are available for all our citizens’ needs — to shop, to visit friends and, yes, to go to the doctor. I spent the month of August in Montana traveling across the state and talking to folks about issues that are on their minds. There’s nothing like a Montana summer. I held meetings from one end of the state to the other, and back again. In Miles City and Billings, folks joined me for town meetings focused on working together to boost our rural economy and protect the jobs of our farmers and ranchers. I spent time with a number of our Tribal councils and visited health centers across the state to encourage their work of providing access to affordable, high quality health care in Montana. Transportation is a key to making all that possible.

Sen. Enzi: As our population ages, transportation will become even more important in helping citizens continue to lead healthy, happy lives.

Sen. Harkin: Your Association is always reminding me that the best healthcare in the world doesn’t do any good if you can’t get there. I think everything we know about quality in healthcare is based on getting the patient to the doctor. I worked hard in the past session of Congress to help resolve the issues surrounding emergency transportation care — and I’m working with you and others to find a way to solve the problems of those who need transportation before it becomes one.

CT: With reauthorization of the Transportation Equity Act for the 21st Century coming up in 2003, how important will it be to meet the increasing transportation needs of a growing senior population? What steps have you taken on this issue, and what are your predictions for reauthorization?

Sen. Baucus: As chair of the Senate Finance Committee, I have sponsored a number of bills — including the Maximum Economic Growth for America Through Investment in Rural, Elderly and Disabled Transit Act (MEGA RED) and the Maximum Economic Growth for America Through Rural Transportation Investment Act (MEGA RURAL), that address the current inequitable distribution of federal transit funds, and that will improve transportation services for older Americans. My bills would guarantee each state a minimum of $5 million in rural transit investment, $5 million in small-urban transit investment and would at least double current spending in the elderly and disabled transit programs. I am committed to making these investments a part of the reauthorization.

Sen. Harkin: We all know that transportation concerns are greater in rural Iowa and rural America. I’m going to make sure the needs of seniors in those communities are addressed in this reauthorization — just as I did the last time.

Sen. Enzi: With several of my western Senate colleagues, I recently cosponsored the Maximum Economic Growth for America Through Investment in Rural, Elderly and Disabled Transit Act or MEGA RED Trans Act. MEGA RED Trans Act would ensure that, as federal transit programs are reauthorized, increased funding is provided to meet the needs of the elderly and disabled and of rural and small-urban areas. There is no question that our nation’s large metropolitan areas have substantial transit needs that will receive attention as transit reauthorization legislation is developed during the Transportation Equity Act for the 21st Century. But the transit needs of rural and

Coordinated Transportation

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From the Senate Floor, cont. from p. 80

smaller areas, and of our elderly and disabled citizens, also require additional attention and funding. The bill would at least double every state’s funding for the elderly and disabled transit program by FY 2004, but nothing in the bill would reduce funding for any portion of the transit program or for any state. It also would clarify that operating expenses are eligible under the elderly and disabled program. The bill would help strengthen the transit program as a whole by providing that the Mass Transit Account of the Highway Trust Fund is to be credited with the interest on its balance. The bill would also establish a program for essential bus service, to help connect citizens in rural communities to the rest of the world by facilitating transportation between rural areas and airports and passenger rail stations. As the transit program is likely to continue to grow, the funding increases proposed in MEGA RED Trans Act should be provided in order to better meet the needs of rural and small urban area transit systems and the transit needs of the elderly and disabled.

CLASSIFIEDS

PLANNER II - TRANSIT SERVICES
Polk County is currently seeking a Planner II. This position requires a Master’s degree with major course work in transit planning or a related field, including urban studies, geography, environmental studies or a science, urban design, GIS, public Administration, political science or other similarly related field and have one-half (1/2) year experience; or BS/BA degree and one (1) year experience in the previously stated areas. Must have a valid driver’s license and be able to secure a valid Florida driver’s license at the time of employment. Salary: $37,377. Excellent benefits. Submit a resume or an application to: Polk County BOCC, Personnel Division, P.O. Box 9005, Drawer CA03, Bartow, FL 33831-9005, 863.534.6030 or visit our website: www.polk-county.net EOE M/F/D/VP

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A Letter from Indiana

Living in a small town in Indiana, you might not believe me when I tell you that public transit has played an important part in my life. But it has. And I know what many might not — that for older Americans, having available transit is the real key to leading a happy life.

For the people who ride the Laurie Township Van that I ride, there came a time when we had to give up our cars because it just wasn't safe. But giving up driving shouldn't mean giving up on life. Having public transit available makes it so that we don't have to rely upon family and friends every time we want to go to the store or pharmacy. It gives us some freedom.

I started riding the Laurie Township Van in 1992. I wouldn't give up after my husband passed away. I had to have my son or daughter take me to get groceries and to doctor's appointments. Someone asked me why I didn't ride the van. Well, I tried it and have ridden every since. It's helped me get acquainted with people I didn't even know. We have wonderful drivers that take us wherever we want to go, and they're all volunteers.

We go on trips that I would otherwise not get to do. We go to places like Zionsville, Greenfield and Plainfield to see friends that are in nursing homes — people that we would not get to see without the van. Sometimes it's tough to see people in such places, but it does them such good to see old friends.

We go to Hillsboro to a dinner theatre and show. We go to Lafayette on Fridays. We go to Frankfort on the second and fourth Tuesday of every month to shop and eat out and do whatever else we want to do.

Some of us wouldn't get to go too many places without the van.

Sincerely,
Arlene McCabe

Community transportation has a profound impact on many seniors' lives. We'd like to hear your story, and we encourage you to share your experience with your representative in Congress. You can reach Community Transportation Magazine at 1341 G Street, NW, 10th Floor, Washington, DC 20005 or e-mail bogren@ctaa.org. If you need assistance contacting Congress, log on to our website at http://capwiz.com/ctaa/dbq/officials, or phone us at 800.527.8279.
RURAL AMERICA NEEDS TRANSIT
In 1996, eighty-three million people — or roughly 30 percent of the U.S. population — lived in rural or small urban areas, places which have been transformed over the last five decades in ways that provide formidable challenges, but also opportunities, to rural transit operators. As a 1995 U.S. Department of Agriculture report summarized,

Rural America has changed in many ways over the century. The rural economy, in particular, has changed — shifting from a dependence on farming, forestry, and mining to a striking diversity of economic activity. ... While it continues to provide most of the nation’s food and fiber, rural America has taken on additional roles, providing labor for industry, land for urban and suburban expansion, sites for storage of waste and hazardous activities, and natural settings for recreation and enjoyment. (USDA, 1995)

These changes all have significant potential to alter rural travel patterns and resources in expected and unexpected ways. (Urbitran Associates, 1995; TCRP Report 28, 1998; U.S. DOT, Serving Rural America, 1999)

To respond to these changes, the Transit Cooperative Research Program of the National Research Council (TCRP) has suggested that both rural and urban operators must move beyond their traditional service approaches by developing “new paradigms” or different ways to organize, design, and deliver public transit services. This means thinking about more than direct service delivery to traditional clients and dependence on traditional sources of financial support. This article reports, in part, on a study arising from TCRP’s emphasis on new transit paradigms. It briefly describes the trends buffeting rural areas and identifies five “new paradigms” in rural service organization and delivery.

Of course, many rural operators have been innovative and quick to adopt new ideas or services, if only because necessity is the mother of invention. But what is really new about the five paradigms suggested here is that they represent a very different way of thinking about the basic role of the rural public transit operator. These paradigms suggest that what rural operators really need to change is how they view themselves and the strategies they employ to provide services. The underlying theme is that by first thinking differently about themselves and their role in their communities, and by adopting non-traditional structures and approaches, rural operators will both develop and embrace a wider range of innovative ideas and services than they ever would have if they maintained their traditional role.

This article first summarizes a complex set of interrelated forces facing rural areas. The following section suggests the ways in which rural operators can expand and enhance their role and better meet the transportation challenge of a changing population.

**Profound Societal Changes**

Massive societal changes are occurring that may affect rural and urban areas differently. Although these trends are thought to more often negatively impact rural areas, the reality is more complex. Major innovations in communications or changes in international markets can both advantage and disadvantage different rural areas. Industrial restructuring and changing labor force composition can profoundly affect the structure of rural economies for better or worse. New governmental policies can help some rural areas and harm others. For example, the deregulation of

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**The Need for New Paradigms in Rural Transit Service**

By Sandra Rosenbloom, PhD
AL CHALLENGES
the communications industry can provide greater opportunities for rural areas to share in technological advances but at the same time increase the gap between rural and urban areas because technology will be adopted more rapidly in urban areas. The shift to a service economy can reduce some rural manufacturing jobs while ubiquitous highway systems make it possible for other production facilities to move into rural areas.

Ultimately, complex societal trends have transportation implications because they create new, different, and varied:

- housing and residential concentrations
- community economic bases
- public and private service delivery systems

Most of these trends directly and indirectly affect the relationship of home to work, the origins, schedules, and destinations of a range of trips, the trade-offs between travel and other activities, the ability of people to give or receive transport or other services in their communities, and the capacity of communities themselves to meet rural mobility needs.

Changes in Housing and Residential Concentrations

Prior to 1990 most rural areas experienced continuing population losses as people left (out-migrated) in large numbers for urban areas. Although families dependent on agriculture or mining have continued to leave, during the first two-thirds of the 1990’s there was a remarkable increase in population in almost every kind of rural county and in most US regions. In fact, in the West, rural growth outstripped metropolitan growth (USDA, 1998). And most of those gains were due entirely to in-migration—both from metro regions and from abroad. (Beale, 1999)

These net population changes had six major components, not all of which moved in the same direction and not all of which were found in all rural areas:

- an influx of young commuters and their families (Nord and Cromatie, 1999)
- the increasing immigration of retirees (Rogers, 1999 a & b; Fagin and Reeder, 1997, Stallman and Siegel, 1995; Snyder, 1994)
- increasing concentrations of older people aging in place (Rogers, 1999a; USDA, 1997)
- growing rural concentrations of minority populations (Cromatie, 1999; Swanson, 1999; USDA 1998)
- changing family structures and living patterns (Rogers, 1999b)
- continued suburbanization (Aldrich, Beale, and Lassel, 1997; Campanelli, 1994; Forstall, 1993)

These population changes have created a far more complex set of travel patterns and mobility needs than seen in rural areas in the past. Many rural residents are commuting long distances, some to suburban and even central city jobs in adjacent metro areas, others to rural jobs in different counties. Travel patterns internal to rural areas are changing in response to the changing population mix. The influx of both younger and older people — with different needs, abilities, and resources — plays out in changing travel patterns. In-migrant retirees, older people aging-in-place, ethnic minorities, poor families, and the increasing labor force participation of women have created growing mobility needs, even as the number of family and friends and community resources which can meet those needs may be declining.

Changing residential patterns in suburban and rural areas have also altered origin and destination patterns; there are growing clusters of jobs, shopping, and service opportunities at the edge of metropolitan areas and increasingly in rural areas themselves. These housing and residential trends have also changed the ability of communities to respond to community mobility needs. Some rural areas have growing concentrations of older people or minorities who are poor or disadvantaged and whose needs may be greater than the community can support. At the same time, both younger and older in-migrants may offer additional volunteerism and make social contributions that improve a community’s ability to help people in need.
Changing Community Economic Bases

Rural areas have traditionally based their economies on farming, fishing, forestry, and/or mining. But these industries have been declining nationally for well over three decades. At the same time there has been a sometimes startling increase in nontraditional rural employment—from high tech manufacturing to so-called invisible service sector products such as computer programs and advertising campaigns designed by people working at home or in small offices sometimes hundreds of miles from major metro areas.

Analyses show five major economic changes seen in some, although not all, rural areas:
- an expanding manufacturing base (McGranahan, 1998; Gordon and Richardson, 1998; Roth, 2000)
- the growth of an amenities-based service sector (McGranahan, 1999; Freshwater, 2000)
- the growth of a retirement-based service sector (Glascow and Reeder, 1990; Hodge, 1991; Schneider and Green, 1993; Stallman and Siegel, 1995; Day, 2000)
- the growth of other service sector industries such as prisons, Indian gaming and river boat gambling (Beale, 1996; Bell and Everett, 1997, US GAO, 1997)

These economic trends have also created new and different work trip patterns. Growing rural manufacturing and large scale tourism and casinos have created employment concentrations within rural areas that not only provide a rural work trip focus but also draw workers from adjacent rural and metro areas. Some rural residents who once worked on farms or in mines now have jobs in local manufacturing plants or tourist destinations or prisons; others commute to the suburban fringe of nearby metropolitan areas.

The larger shift to a service economy creates greater variability in the timing and scheduling of work and other trips in rural areas and generally. Only a minority of service sector workers commute during traditional morning and afternoon peaks; many work different hours on different days. And the multi-job holding which has helped some rural families rise above poverty level creates even more complex and complicated travel patterns.

These trends also affect the ability of rural communities to respond to transportation and other needs. Many of the jobs being created by retirement- or amenities-driven industries are low-skill and low-wage jobs, which partially explains why so many rural working families still live at or below the poverty level. Although these jobs do bring additional income into the community, local residents, including those aging in place, may have even higher demands for governmental or social services. Rural workers who commute out of the area for work may spend most of their money shopping and using services near their metro area jobs. But at the same time, new rural industries may also provide additional support and resources to a community; rural manufacturing plants or casinos, for example, may be willing to pay for transit services for workers or develop child care facilities for working mothers.

Changes in Public and Private Service Delivery Systems

In the last decade there have been almost unprecedented changes in transportation, communications, and service delivery systems in both rural and urban areas; these changes have been accompanied by sometimes major shifts in government programs and policies in these areas. From welfare reform to deregulation in the communications sector, rural areas are being challenged by new situations.

Research suggests four major trends in the way public and private entities structure and deliver services in many rural and small urban areas which have important transportation and community implications.
- advances in production and communications technology (US Department of Commerce, 1995; Gibbs and Bernat, 1997; Kusmin, 1996; McGranahan, 1998; Gordon and Richardson, 1998)
- competition and deregulation in the communications industry (US Department of Commerce, 1995; USDA, 1997; Stenberg et al, 1999; Van Wart, Rahm, and Sanders, 2000)
- changes in rural transit service delivery (MidWest Transportation Center, 1996; North Carolina State, 1999; TCRP B-17, 1999; Black, 1999)

New commuter patterns may arise as some rural areas attract high tech and “new tech” firms which can locate outside major metropolitan areas because of advances in communications and other technology. Competition and
deregulation in the communications industry can help narrow the social and economic gaps between rural and urban areas, making rural areas more attractive places to live or visit, changing a variety of travel patterns, and even creating rural congestion. Advances in communications technologies may affect both industry and the ways in which community transportation providers can respond to changing needs in low density areas; the most obvious example is the growing use of computer dispatching based on satellite communications.

Public policies can have profound rural impacts; for example, even as rural hospitals close in response to Medicare cost containment policies (Kohrs, 1997; Frenzen, 1997), HMOs and other managed care programs are moving into rural areas in unprecedented numbers (Rickets & Slifkin, 1995; US GAO, 2000). This may provide more convenient medical options for some rural residents, changing medical travel and even creating new work commutes within rural areas.

Summary of Major Impacts

Rural areas are at the apex of many, sometimes conflicting, trends and changes. Of course, not all rural areas are the same and will not be impacted in the same way. As a rural advocate noted, “When you’ve seen one rural community...you’ve seen one rural community.” (McKinley, 1998, p. 14) The macro- or societal-level trends just described may well have different impacts in different kinds of rural areas. Overall, however, the trends and changes described above profoundly affect:

- the organization, location and concentration of commercial and industrial activities in rural and adjacent metropolitan areas
- the movement of people in and between rural, small urban, and metropolitan areas
- the parameters of rural and urban labor catchment areas
- the ways in which rural and urban households and businesses conduct their activities and interact with one another
- the ability of rural households and businesses to substitute other activities for travel or transport, and,
- the capacity of public and private systems to respond effectively and efficiently to changing rural travel needs and patterns.

Note that most of these trends are not inherently “good” or “bad” for rural areas or for local transit operators. Some trends may adversely affect the ability of rural operators to provide their traditional services but, at the same time, offer opportunities to involve additional partners or develop inventive financing strategies or offer new or expanded services.

How can rural operators know or understand the changes occurring in their service environment? How can they become aware that new firms or people or technologies are moving into their region or that new residents or industries offer important opportunities for collaboration or partnerships or new service delivery models? The actual paradigms suggested below incorporate ways for rural providers to be aware of and responsive to a range of demographic, economic, social, and policy impacts in their own individual communities.

New Service Paradigms in Rural Transportation

In 1997 the Transportation Research Board established a New Paradigm Project recognizing that current and emerging circumstances require “fundamental reinvention of how public transportation services are organized, designed, and delivered.” That TRB Project was begun with the assumption that,

Local public transit organizations and the services they currently provide are being marginalized at every turn. More specifically, traditional transit organizations:

- have been slow to adapt to fundamental changes throughout society
- are facing circumstances that threaten their continued relevance in the future, and,
- must act out of a renewed sense of urgency to reinvent themselves as agile, responsive, and responsible “managers of mobility” (TCRP 53, 1999, p. ES 1)

Most of the TRB New Paradigm work since has focused on urban operators and the challenges and opportunities they face. But transit operators in rural areas are also in a position to take advantage of their opportunities by adopting five alternative approaches to meeting rural mobility needs:

- Serving as community change agents
- Optimizing rural resources
- Becoming early-adopters of technology and innovation
- Acting as public entrepreneurs
- Providing state-of-the art service
The section below describes each of these paradigms and offers examples of individual service options that could help create them.

Transit Operators as Community Change Agents

Arguably, the most important role for a rural transit system is to see itself as an active participant in public decisions about how and where communities grow and develop. Land use and development patterns profoundly impact the competitiveness, cost, and efficiency of delivering public transit services, no matter how those services are organized or provided. By becoming an active participant in all phases of community growth and development, transit operators can learn about emerging demographic or economic or policy trends, influence land use and development in ways that facilitate efficient transit service delivery, and seize opportunities to involve a wide range of community participants in the financing and delivery of rural transit services.

By becoming actively involved with the actors and agencies that plan for, promote, or moderate growth and development, rural transit operators become part of the community decision-making process, rather than letting these decisions be made solely by other participants or guided only by market forces. This kind of active role in community decision making also gives transit officials access to reports, studies, plans, and projects they might not ordinarily encounter and brings to their attention in a timely way changes in the kind of people or industries or technologies moving in or out of area.

By actively involving themselves in all aspects of community development, transit operators will be able to sense new markets and understand new travel needs. This same involvement will help them work with a wide variety of community participants to create rural employment and other land use concentrations, locate intermodal and other transit facilities in close proximity to major rural or regional trip attractors, and develop and locate community services in ways that enhance transit use.

Transit staff should sit on all governmental committees at the local, county, or regional level that attempt to bring business to the community, as well as those which make decisions on land use, zoning, subdivision, and building permit requests within rural areas served by the system (to the extent these processes exist or are formalized). Besides all the benefits previously described, this involvement will also provide operators with a timely window of opportunity to suggest site-specific exactions (such as requiring a firm to construct covered transit stops adjacent to the front entrance) or urge (or insist) that firms offer employees transit passes or even provide funding for specially designed commuter (or other) services.

Moreover transit operators can actively work to create the denser patterns that make public transit more attractive and efficient. While rural areas are never going develop high-density patterns, they can organize commercial, industrial, and public hubs, sometimes in the historical center of existing towns, and sometimes miles away at highway interchanges. In general, such concentrations make public transit more attractive to potential users, while making service provision more efficient. In Wallace, Nebraska, for example, a public private partnership developed an economic strategy that included organizing a farmer’s market - which both provides an outlet for small gardeners and an opportunity for community residents (as well as tourists) to shop for produce and other products locally. This, in turn, provides a more concentrated destination easier to serve with a variety of transit options.

Other communities have worked to create a rural trip focus; some have turned deserted or underutilized facilities into multiple-use rural community centers — including an abandoned jail in McLean County in western Kentucky, a closed cannery in San Benito County, California, and a failed manufacturing mill in Franklin, New Hampshire. In San Benito, the cannery became the site of a community college, a number of small local businesses, several banks, and a small business development center. Franklin, NH turned the deserted mill into a place for daycare, Evenstart, Headstart, GED programs, the senior center, and a Meals on Wheels program, creating opportunities for local transit operators to provide more service and to better schedule and group trips.

By viewing their mandate as providing mobility rather than just transit service, rural transit operators could expand the amount, quality, and quantity of services they provide.
fully chose sites that bring transit closer to active land uses (and not simply take advantage of cheap land on the outskirts of town). CARTS, a rural transit operator in central Texas, located its intermodal facility in Bryan, Texas, next to several buildings that house a variety of low-income health care and human services, a dentist, and a pharmacy. This creates a fairly high-density trip attractor, making it possible to more efficiently group a number of rural trips.

**Rural Transit Operators Optimizing Community Resources**

Autos are the dominant transportation mode in rural areas—and the greatest resource available in rural communities. An equally important resource is the large number of capable drivers. By viewing their mandate as providing mobility rather than just transit service, rural transit operators could expand the amount, quality, and quantity of services they provide. Rural operators can facilitate the optimal use of rural transportation resources by initiating or facilitating a variety of car-sharing programs, coordinating shared-vehicle use, organizing vehicle purchase and sharing schemes, and facilitating new roles for volunteers.

Rural operators can actively implement a variety of ways to share both private and public vehicles. Rural transit operators could facilitate the better utilization of empty seats in privately driven cars through ordinary carpooling and matching programs or by developing more inventive programs, using the power of new communications technology to offer real-time car sharing.

Rural systems could also facilitate one driver using the private car (or van or truck) owned by another when that driver is not using it. A rural operator could also implement a car-sharing variation based on schemes tried in a few urban areas. Large residential complexes, like trailer parks or naturally occurring retirement communities (NORCs) could cooperatively buy and operate a small fleet of vehicles with a set of procedures allowing individual residents to reserve and drive them, with payment and other rules known in advance. Rural transit systems could encourage residential areas to set up their own such programs or actually purchase and maintain the vehicles. Or rural operators could themselves become car rental agencies, maintaining a fleet of vehicles for the sole purpose of rental to rural residents.

Rural operators could also provide a mechanism through which other public or non-profit agencies could effectively sell (or barter) the underutilized capacity of their vehicles. The transit system role might include developing a matching process, providing regional maintenance facilities, supplying group insurance or umbrella policies to facilitate sharing, and/or offering driver training programs to the personnel of cooperating agencies. A rural transit operator could also act as a facilitator in the joint grant purchase of one vehicle by two (or more) agency providers.

For example, since maintenance is a serious problem for many small rural providers the rural transit operator could develop new or open available regional maintenance facilities to those agencies that agreed to participate in a meaningful way in a cooperative program. A regional facility might achieve economies of scale, and thus reduce individual maintenance costs enough that it would pay for small agencies to become involved, even if they didn’t make much money in selling their excess capacity. This option would also help ensure that all vehicles were maintained to roughly the same standard, so that, for example, an agency renting a vehicle need not worry about breakdowns. The Illinois DOT in Springfield operates such a regional maintenance center for rural paratransit vehicles.

A rural transit operator could also encourage more active participation by small agencies in such a scheme by providing group insurance coverage or establishing insurance pools to which such agencies could belong. In many areas the lower insurance costs (or better coverage) might provide a substantial incentive for participation. Moreover, some agencies’ insurance costs would rise if they used their vehicles more extensively; the availability of such a pool might offset any increased costs they incurred by participating. The Colfax, Washington, Council on Aging and Human Services (COAST) operates an insurance pool that has grown from covering its own 21-vehicle fleet to insuring 46 vehicles for nine agencies. As a TCRP report notes,

This policy allows participating agencies lower-cost insurance at a level of coverage typically higher than they could get on their own. ... Management has indicated that this program reduces agency cost by as much as 50%. The program has also been instrumental as part of COAST’s efforts to build community transportation resources. (p. 39)

Rural transit agencies could also help local providers expand their fleets by obtaining new vehicles, or the rights to future vehicles through the purchase of used vehicles. For example, COAST in Colfax, WA, has such a system; if a local agency will pay the required local match for a new 5310 vehicle, which COAST retains, that agency is given an older vehicle being retired by COAST. In the future when COAST retires the newer vehicle bought with that agency
match, it will go automatically to the agency, without additional cost. COAST has used this technique to obtain five vehicles for four agencies.

Rural operators could also expand the volunteer-based services they have long used, paying volunteers to provide services too expensive for the system to directly provide. For example, rural operators could pay local drivers more than simple mileage charges, or pay — directly or indirectly (through user-side subsidies) — family and friends to provide transport services for people living in areas or traveling at times when it was not efficient for the operator to respond. Both Section 5311 (Non-urbanized Area Formula Grant Programs) and Section 5310 (Elderly and Persons with Disabilities Programs) funds can be used for voucher or user-side subsidy programs.

A 1999 study by University of Montana researchers found that voucher programs were a useful way to encourage volunteers to provide rural transportation service (as well as encouraging small private operators). The University researchers concluded that,

Expanding available transportation using vouchers and volunteers may be less expensive than hiring additional drivers or purchasing, maintaining, and insuring a vehicle...Voucher systems offer many advantages over traditional systems. First, more hours of service can be available to riders because riders are not necessarily restricted to the time and days of operation of scheduled services. Second, there may be less direct cost to service agencies. (Bernier and Seekins, 1999, p. 69)

Becoming an Early Adopter of Technology and Innovation

In industry, early adopters of technology usually surge to the head of their field. Rural transit operators can incorporate this paradigm by focusing on institutional as well as technological innovations, including overall improvements in communications and dispatching, statewide applications and real support of technology, and coordinating improvements with state advances in rural emergency systems.

A major TCRP project (B-17) found a number of rural systems that had implemented a variety of basic or advanced technology, and concluded that there was much wider scope for rural operators to invest in such technology. For example, Community Transit of Delaware County, PA, a system serving a 185-square-mile service area, has already implemented computer-assisted demand responsive (DRT) software and undertaken a pilot test of MDTs; the system is currently testing an automated customer identification program and evaluating a demonstration of using Web TV for taking reservations while planning to implement automated DRT dispatching software.

The Cape Cod Regional Transit Authority developed an in-house computer-assisted DRT software package in 1990 and in 1999 implemented an AVL system, MDT, and an internet-based customer information system. The Aiken County Council on Aging installed bar code scanners and odometers on 15 vehicles to automatically collect trip, vehicle, and rider data, significantly reducing personnel entry time. The Aiken system has recently developed a GIS system that it uses for planning purposes.

Other technical ideas have important rural system applications. TCRP Project A-21 (2001) describes the State of New York’s Rural Transit GIS initiative, which developed a GIS database for each county in the State, incorporating bus routes and stops and local agency data on the location of riders and the sites they visit. In a demonstration project a number of rural providers were able to achieve improved route efficiencies and develop powerful planning tools. Even very small operators were able to use the “GIS analyses to assess existing services, plan welfare-to-work services and evaluate coordination opportunities.”

In addition, many states are gradually developing statewide emergency systems, based on a variety of communications technologies. But emergencies, while extremely serious in low-density rural areas, are fairly rare, and the system and equipment are substantially underutilized on a daily basis. It may be possible for rural operators to, at a minimum, become part of the emergency system. But a more comprehensive collaboration could allow the transit system to use the emergency system to deliver real-time information to riders waiting for service, to assist in real-time dispatching, and to improve data collection through automatic message systems.

There are also institutional innovations open to rural transit systems. As first suggested by the ITN network in Portland, Maine, a transit operator can develop innovative ways to help individuals, their families, and the community save resources to be used in the future for needed transportation services. Transit systems can develop ways for rural residents to “bank” transportation rides or credits or put away money for future transport needs, allowing riders themselves to save for services they (might) need in the future,
and for relatives and friends to easily pay for services for them, directly through automatic electronic deposits or by writing a check or using a credit card.

Money, however, would not be the only way in which a bank account might be built or replenished. Rural residents could serve as volunteer drivers, maintenance workers, or dispatchers, having a certain number of rides credited to their transportation bank account for the future. Or family members could serve as volunteers with their ride “credits” being used immediately by their own relatives. This would be especially useful when the family driver lives in the community but his/her windows of time do not match the transport needs of the relative in whose name the account is held.

A more sophisticated notion is the development of transportation insurance — where people pay in over the years for guaranteed transportation services sometime in the future. Some services might be provided free to the insured while others would require some type of “co-pay.” A transit system might partner with an insurance company or some large and well-regarded non-governmental organization or public entity to handle administrative and financial matters. The success of this concept depends on how well the rural system is regarded; current riders and residents must see it as likely that there will be viable transportation services available in the future to be willing to invest funds now. It would be best if a variety of providers agreed to take these transportation credits, even if they charged different prices for different services.

Rural Transit Operators as Multi-Function Public Entrepreneurs

Public agencies can adopt a more entrepreneurial focus without abandoning concern about non-monetary factors, such as customer comfort or the needs of low-income people. Instead, acting as public entrepreneurs, rural operators would focus more clearly on their customers, exploit every opportunity to increase whatever they see as the bottom line, and consider carefully how to maximize their output given their scarce resources. Acting as public entrepreneurs, rural operators could expand contract services to non-traditional clients, provide alternatives to travel, and sell delivery or other non-client services to the private sector to better utilize system resources.

Although many rural providers currently offer some contract services, they could more aggressively pursue contract arrangements with urban or suburban operators. A rural operator with down time in urban areas (created, for example, by transporting rural workers to urban jobs) could seek contracts with an urban transit system or Area Agency on Aging. Under such contracts, the rural operator could provide ADA transport or congregate meal services or grocery shopping to urban residents during the middle of the day. JAUNT in Charlottesville, VA, provides fixed-route employment service into Charlottesville and to a ski resort from rural areas. “A unique feature of this system is that the employment vans terminating in the Charlottesville area are reassigned to [demand-response] uses during the day.” (TCRP Report 34, 1998, p. 85)

Rural operators could also expand some of the services in which they already engage (e.g., meal deliveries) by contracting with profit-making firms needing home deliveries. By coordinating the delivery of other goods-ranging from prescriptions to heavy items like dog food-with either their meal deliveries or regular transportation services, some rural operators could substantially increase their income without substantially increasing their costs.

An equally promising option would be to develop a coordinated system of volunteer drivers (and perhaps shoppers) to provide delivery. Users could simply mail or phone in a list of things needed, or the system could use internet or Web TV or other electronic media to take orders and let users know when the goods will be delivered. Deliveries could be limited to disadvantaged people, or to those in areas hard to serve with transit, or to those who require door-to-door paratransit service. In general, delivering even fragile or perishable goods is easier than providing demand-responsive services for people. The rural system could occasionally offer the delivery of goods instead of a trip to the grocery store when capacity was limited or the grocery trip difficult to serve during specific time periods.

The rural operator could also contract with private delivery firms to deliver packages in its rural service area. The
delivery charges paid by the recipient would be arranged between the buyer and seller—the transit operator would only be the “delivery man.” This option has potential in areas where national or regional freight delivery firms have only contract providers, rather than directly effecting delivery themselves.

A rural operator could also offer delivery services to rural residents: for a fee, taking packages to an urban post office on passenger runs into urban areas. Or the transit operator could make goods deliveries of small items, for example specialty agricultural items to urban restaurants or farmers markets. This might be a very productive way to use vehicle and driver downtime in the middle of the day on commuter trips into adjacent metropolitan areas.

Acting as entrepreneurs transit operators can find more business-like ways to increase revenues—by selling existing services to large employers and trip attractors. For example, Downeast Transit assesses and collects fees from a U.S. Park Service campground, as well as from private campground operators, to operate a shuttle service to Bar Harbor, ME, and within communities in the area. In addition, working with local retail establishments can provide both funding and a way to more efficiently deliver non-work trips to local residents. FREDericksburg Regional Transit (VA) gets $125,000 directly from a variety of local businesses as long as FRED routes provide service to their facilities and members can sit on the advisory board. In turn, these establishments advertise transit service, provide schedules, and often sponsor special promotions for their employees and customers.

TCRP Report 34 (1998) described a number of rural systems that have obtained employer support for specific services. In Connecticut, the Northeastern CT Transit District has one commuter run totally subsidized by an area employer. The Pee Dee Regional Transportation Authority in Florence, SC, provides employer-supported transportation to jobs in Myrtle Beach and the Grand Strand; this operator also contracts with parent groups to take kids on outings.

**Rural Operators as State-of-the-Art Service Providers**

Local operators must move beyond the services they have traditionally provided, offering alternatives to new markets and new trips, expanding institutional arrangements and seeking new partnerships. Certainly this is the area in which some rural systems have been the most innovative. A recent CTAA study for the FTA found that rural operators have not only expanded their vehicle fleets and the number of passengers served in the last decade, they have also extended their service areas and began providing new and different travel options.

Although some systems have expanded their services, not all have expanded their role, and not all rural systems have taken advantage of their opportunities. Even the more innovative systems have not generally gone as far as they could. Overall rural operators need to actively seek opportunities to expand their service offerings to match a changing range of user needs, matching the most appropriate providers to each market niche (rather than viewing direct service as the first or only response) and differentiating services by fares.

If they do not already, rural operators should consider route and service restructuring, park-and-ride and express service for suburban or urban commuters, vanpooling for local, regional, or metropolitan commuters, transport for childcare and after-school care, and specific services geared to families and older people. A recent CTAA study for the FTA found that, besides extending services into multiple counties, many rural operators added services to those they had traditionally provided. In 2000, roughly half of rural operators surveyed by CTAA offered route- or point-deviation services in addition to demand-responsive or fixed-route service. TCRP Study A-21 (2000), evaluating innovative public transit in rural areas, identified several systems successfully offering new services to respond to changing markets, often by changing from demand-responsive to variable or flexible fixed routes. For example, the Santee Wateree Regional Transit Authority (SC) converted their traditional rural demand-responsive services to “flex routes,” which had higher productivity and lower costs per passenger trip. These changes were in recognition of the mobility needs of a variety of clients of human service agencies and a desire to improve services through coordination with both community providers and social service agencies.

TCRP Study A-21 also singled out the Baldwin Rural Area Transit (AL) system, which had graduated from paratransit to flexible routes with timed transfers at central locations; as a result, ridership increased significantly over the low productivity demand-responsive services, and productivity more than doubled. Recognizing a new market for home-to-work trips, and turning most paratransit services into feeders to fixed routes, this Alabama system developed specific work routes (some with targeted employer fund-
The service is scheduled and fixed-route but will deviate to operate every weekday and goes to a greater variety of stores. Originally, the original service was provided only one day per week, the current system by the grocery stores themselves. While the original service carried about 48,000 trips annually, and fully funded the service sector that worked at night (in restaurants and stores, for example). After careful consideration, the operator decided that it would be more cost-effective to provide those commuter services with demand-responsive rather than fixed-route services. Although productivity is low and unit costs are high, they are less than the total costs the operator would have incurred in extending existing fixed-route services.

Rural operators can also offer a range of commuter services from rural areas into nearby metropolitan areas. CARTS, a large rural operator in central Texas, offers several kinds of commuter services into several urban areas from its rural base while operating nine park-and-ride lots. The Brazos, TX, operator also provides a park-and-ride service, combined with an express service, into the Houston metropolitan area, 30 miles away. CARTS also contracts with a private provider, Coach USA, to provide a high-end commuter service into Houston, which covers more than 90 percent of operating costs because higher fares are charged.

As rural areas change, and commuters with young families move in, services geared toward children and their families, may be an important option. In Zanesville, OH, the South East Transit Authority recognized that a growing population of single working mothers created a need for reliable services to transport children to and from daycare. In response, the operator began a successful service for children in the Early Start program using a paid part-time attendant who rides with the children, securing their seat belts, etc.

It is equally important to remember that not all new community needs revolve directly or indirectly around the work trip. A growing elderly population and new young families moving to rural areas may create the need for shopping services. In 1975, Citibus in Lubbock, TX, began working with the senior community and a local grocery store chain to develop a shoppers bus. Today, that system is still in operation, carrying about 48,000 trips annually, and fully funded by the grocery stores themselves. While the original service was provided only one day per week, the current system operates every weekday and goes to a greater variety of stores. The service is scheduled and fixed-route but will deviate to provide door-to-door service for those who have scheduled a flexible trip in advance.

Rural operators can actively create more service options by helping to create individual contract providers to serve as sub-contractors. In a program funded by the FTA, the University of Tennessee at Knoxville and the Knoxville Community Development Corporation, a group of transportation entrepreneurs (many of whom were TANF recipients), were invited to participate in a microenterprise loan program that provided business support, technical assistance and training, small business loans, and vehicles needed to start and expand a transportation business.

One of the entrepreneurs “grown” by this program, G&E Enterprises, is now working under contract to the transit operator in three rural counties, taking welfare recipients to work and training. G&E Enterprises has grown from one vehicle to five, giving jobs to other disadvantaged people. A second small entrepreneur established by the program, KidTrans Enterprises provides childcare transportation for children in a small town. Access Express provides a range of rural services, especially for disabled people. Each of the three developed contract or subscription services to act as a base level of support although none had every owned a business. The transit operator viewed these systems as important resources, and not as competition, because it currently faced major capacity constraints. (Newsom, Wegmann, and O’Mary, 2000)

Finally, using fare differentials to promote some services over others or to charge more fairly for premium service has been long talked about in the public transit industry but practiced more in urban systems than in rural ones. Operators can use lower fares to encourage people to travel in the off-peak (or whenever demand is lowest on certain routes or in certain areas), to induce either the general public or clients or staff of social service agencies to group their travel, or to motivate users to call in advance rather than seeking real-time service (or vice versa depending on system needs). The iTNetwork in Portland, ME, charges different fares for individual travel and shared ride service; people willing to wait longer, be flexible in their pick-up times, and incur longer ride times because others are on board, are charged less. People who wish to travel immediately, and alone, are charged premium fares. The fare differentials make the premium services more attractive to well-off retirees who have migrated to rural areas.
Summary and Implications

Major societal changes are occurring in rural areas that challenge rural transit operators. Both work and non-work travel patterns are changing as more and different kinds of people move into rural areas. Some are, or will be, very disadvantaged, needing many community services, while others may bring new resources into the community through jobs or local spending or volunteer activity. Many societal trends both change the ability of rural operators to provide their traditional services and offer the opportunity to view themselves in new ways, more effectively meeting existing and changing needs without sacrificing traditional concerns about disadvantaged rural residents.

To respond to the myriad societal trends buffeting rural areas, rural operators must think differently about how, when, why, and where they provide services. At the heart of TRB’s New Paradigm Project is the belief that transit operators should move away from direct service provision to critical strategic planning, from buying and using their own equipment to leasing vehicles and contracting for others to directly provide services.

The new paradigm is not a single model or organizational formula that can be precisely drawn or embraced by every agency or community. It is, however, a fundamental shift in mission and orientation...leading to...in some cases, clear organizational separation or “decoupling” of the responsibility for service design, monitoring, and feedback from the actual production of the services. (TCRP, 2000, p. 24)

What distinguishes the five paradigms suggested by this article is not that they use innovative services or technologies (although some do) but that they:

- require and build new organizational structures
- involve new providers, or old providers in new roles
- adopt different models of service delivery
- extend jurisdictional and other boundaries and/or,
- develop new partnerships and nontraditional alliances

Above all, this article suggests that there is an important difference between helping rural operators by suggesting new operational ideas on one hand, and giving them the way to continually generate their own great ideas on the other. Rural operators may do well by adopting interesting or innovative ideas they learn about at conferences or from other systems, but they are more likely to adopt such ideas and, more importantly, to generate their own innovative strategies, if they have adopted approaches, or paradigms, that encourage and reward them for thinking outside the box.

Rural operators will always face a different, and arguably, greater set of difficulties than do urban operators. But rather than limiting their outlook and services to meet their constraints, the analyses reported on here suggest that rural operators can meet the mobility needs of their changing communities by seizing opportunities for restructuring their whole approach to service delivery. By viewing themselves not simply as reactive operators but as pro-active entrepreneurs and innovators, rural transit operators can use fundamental rural changes as a springboard to providing greater rural mobility and access.

In order to create rural transit systems that continually seek innovative solutions, plan for on-going change, and act instead of merely react, rural operators need to do more than adopt interesting or novel ideas, as some clearly have. Rural operators need to substantially modify how they view themselves, their role in the community, and the strategies they employ to provide services. In fact, it is only when rural operators begin by adopting the latest technology, non-traditional organizational structures, an active role in community development decisions, new approaches to service delivery, and entrepreneurial financing strategies, that they are likely to develop, adapt, and adopt a wide range of innovative ideas and services that will better meet their changing community’s needs. ❍

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It began with an unusual invitation to lunch.

South Dakota community transportation operators from around the state were invited to dine with their governor, Bill Janklow, on June 10. Anticipating a fine meal and a lively exchange of ideas, attendees found out there was much more on the menu. The governor announced plans to address the long-term capital needs of transit operators throughout South Dakota. Under this plan, he explained, the state government would purchase new buses, vans and minivans for virtually every community transportation operator in the state. Communities that hadn’t seen a new bus in years suddenly saw new equipment in their immediate future. A new mobility partnership was underway.

“It’s been a constant struggle for communities to provide transportation services — especially for our seniors and people with special needs,” said Governor Janklow.

South Dakota’s investment in community transportation and in its rural communities is further proof that the rural areas of this nation are committed to preserving the quality of life of local residents through mobility choices. South Dakota’s new program comes on the heels of similar success stories in Arkansas, Kansas, Colorado, Montana and New Hampshire.

“This is good news for thousands of South Dakotans who rely on public transportation to travel to and from medical appointments, the pharmacy, the grocery store and countless other places they must visit to live their daily lives and be productive citizens of our community,” says Sen. Tim Johnson (D-S.D.). “I will fight to make sure the state of South Dakota’s transportation needs are met.”

NEW BUSES ACROSS SOUTH DAKOTA

23 operators and 175 communities to benefit from statewide vehicle initiative

by Scott Bogren
Local elected officials are equally enthusiastic.

“The significant economic impact that these transit systems have on their local communities justifies these new vehicles,” says Jerry Krambeck, mayor of Spearfish, S.D.

“We take this as recognition of the good work that we’ve all been doing around the state,” says Barb Cline of Prairie Hills Transit in Spearfish, which will receive eight new buses and a minivan.

In total, the state purchased 119 new buses and vans designed to both replace and expand fleets across the state. Twenty-three community transit providers serving nearly 200 small towns and communities and more than 1 million passengers last year will receive new vehicles. The state made the purchase with both state (75 percent) and federal discretionary investment (the remaining 25 percent).

Meeting a Great Need

“We’ve needed new vehicles for so long,” says Sandy Mack of People’s Transit in Huron, S.D. “And we were in the process of getting them, but it was going to take so long. Now we’ve got nine new buses and a new minivan. We’re just delighted.”

And the good news got better. Governor Janklow announced that the state was waiving the local match requirements for the vehicles — no small prize.

“We would never have been able to get the vehicles if we needed to raise the local match,” says Alice Claggett, mayor of Mitchell, S.D. “This is just a marvelous program. It’s great!”

The new buses and vans will allow community transportation operators to greatly reduce their repair and upkeep budgets, which were, understandably, creeping higher as their vehicles aged.

“Because we won’t have to spend so much on repair, we can move more of our operational budget to actual operations,” says Dave Osborn of Ride Line in Aberdeen. “These new vehicles (of which Ride Line will receive six) enhance what community transit does across South Dakota.”

According to Brenda Paradis of Palace Transit in Mitchell, who was at the luncheon, the governor said that he wanted the new buses to ride like Cadillacs and that they’d have great suspensions so that the state’s senior citizens wouldn’t have such a rough ride.

“He was genuinely excited about the new vehicles,” says Paradis about Governor Janklow. “And he also understood that the new buses had a safety impact in case the state has some sort of disaster. He said he didn’t feel comfortable with having to use such old buses to move South Dakotans in the case of an emergency.”

Expanding Current Service — and Launching New Transit

South Dakota has, in recent months, turned its attention to better meeting the growing transit needs of its citizens. As was reported earlier this year in this magazine (Winter 2001-2002, p. 37), the state recently helped launch transit service in four new communities. The 119 new vehicles will help many existing
public and community transportation systems expand service even further into heretofore unreserved towns.

Dave Osborn acknowledges that there are two separate types of need that these new vehicles will address: service to new communities and expanding current service.

"I'd bet that just about every community in South Dakota has unmet transportation needs," he notes.

Paradis (in Mitchell) hopes to expand her agency's vital medical transportation service to towns like Mt. Vernon, Ethan and Alexandria.

"This is where our new minivan will really come in handy, as many seniors in these towns just wouldn't get on a bus to come to Mitchell for medical care. They just felt like one or two of them on what they'd call a big bus was a waste of money."

Mitchell Mayor Claggett agrees.

"The new minivan is just perfect for doctor's appointments and will definitely give Palace Transit more exposure in outlying towns."

Mack sees a similar role for People's Transit's new vehicles throughout Beadle County. "The minivan will help us serve communities and towns in outlying areas. Most seniors in these areas have never used any form of transit before, so the minivan will help encourage them to ride."

Indeed, senior citizens and their mobility needs will most assuredly be addressed with South Dakota's public and community transportation expansion programs. And rightly so.

In the 2000 Census, the state ranked 46 in overall population, though it did experience an 8.5 percent increase since 1990. Yet in percentage of overall population over the age of 65, South Dakota stands seventh in the nation with just under 15 percent of its population being seniors. Maintaining these seniors' independence and mobility is clearly a priority for the state, and the governor.

"We know that these new buses and vans will help more of our state's growing elderly population get where they need to go," says Bruce Lindholm with the South Dakota Department of Transportation.

"This [bus and van] purchase ensures improved services to seniors and community groups," says Nicole Nordby of Governor Janklow's staff.

Perhaps The Plainsman newspaper in Huron, S.D., put it best in an editorial it published entitled, Christmas came at the right time for transit riders.

"With the state government's limited resources, spending decisions must be made on the basis of sound thinking. They must benefit the most citizens, with special emphasis on those with the most needs. The new bus program announcement is just such a decision."

Isolation and Independence

One can travel many miles in South Dakota between discernible towns and communities. As the state's senior population increases, connections to vital services and quality-of-life issues have constantly been raised, but state and federal investment in public and community transportation had lagged.

"TEA-21 helped, but because it was a percentage growth, we only saw a little benefit because we were so underfunded to begin with," explains Cline.

The multi-million vehicle purchase, though a one-time program, brings with it immediate results. Cline anticipates a ridership increase similar to that experienced when Prairie Hills Transit purchased its first minivan. The new lift-equipped vehicle will enhance the ride during longer trips with medically fragile passengers. Cline hopes to see the state's new investment leveraged by increased federal investment in rural transit through TEA-21 reauthorization.

"The state has stepped up, now the feds need to follow," she says.

More than anything else, the state's vehicle purchase speaks volumes about the growing needs of seniors, rural residents and people with disabilities throughout South Dakota.

"Our ridership just continues to grow — as fast as we expand," says Osborn. "And our passengers' needs are very important. They're going to the doctor, for example. And their medical needs are just as important as those of people living in big cities."

It's been a long time coming for the community transportation operators of South Dakota. In often challenging conditions — brutal winters, widespread populations and little federal or state investment — these operators proved their mettle.

Ideally, the state of South Dakota's impressive investment in its community transportation providers and rural communities should once and for all dispel the myth that rural states will not support increased transit investment.

"Public transportation is vitally important for many South Dakotans," says Sen. Tom Daschle (D-S.D.). "This is a sound investment in the state's transportation network that will help South Dakota create jobs and further efforts to provide affordable, efficient and safe service to residents, especially the elderly, disabled and those whose livelihoods depend on public transportation."\[56\]