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Introduction

The mission of the National Aging and Disability Transportation Center (NADTC), a partnership of Easterseals, USAGing and the Department of Transportation’s Federal Transportation Administration, is to increase the accessibility of transportation services for older adults, people with disabilities and caregivers in communities across the country. A critical component of our work to improve transportation accessibility is providing grant funding to support the development of innovative practices in communities. NADTC also responds to local programs and professionals in the field seeking advice about ways to improve transportation in their local communities, often relying on the practical experiences of the small grant programs to offer guidance.

The Best Practices Compendium is a compilation of the lessons learned by the 16 grant programs funded by NADTC from 2017 through 2019. The overall purpose of these demonstration grants was to establish one or more innovations—new transportation services or programs—in the selected communities. Such innovations have the potential to serve as models that may be replicated by other communities to increase the availability of accessible transportation for older adults and people with disabilities.

The Grantees

In 2017, six grant projects were funded for 12 months (January–December 2017) and received approximately $50,000 each in funding. Ten communities were selected in 2018 under NADTC’s “Getting Ready to Innovate” grant program. Each awarded grantee received up to $20,000 for five months (August–December 2018) to engage in inclusive planning as a first step in developing transportation innovations. The third round of grant funding offered the 2018 grantees an opportunity to compete for funding to implement their plans. Of the 10 grantees, five were selected and were funded at approximately $70,000 each for nine months (February–October 2019).

Important Considerations and Lessons Learned

Although the innovative services and programs developed by NADTC grantees were new in their communities, the topics addressed by the grantees and reflected in the nine best practices are not unique. In fact, the topics are representative of work being done in communities throughout the U.S., whether rural, urban or suburban, by a variety of transportation providers to better address the mobility needs of older adults and people with disabilities.

The NADTC grantees are listed below, with the year each grant was funded indicated in parentheses.

- 3P Ride, Inc. in York, PA (2018)
- Area Agency on Aging 1-B in Southfield, MI (2017)
- Berkshire Regional Planning Commission in Pittsfield, MA (2017)
- Capacity Builders, Inc. in Farmington, NM (2018 & 2019)
- City of Hernando in Hernando, MS (2017)
- Easterseals DC/MD/VA in Silver Spring, MD (2018)
- Feonix Mobility Rising in Lincoln, NE (2018)
- Mountain Empire Older Citizens in Big Stone Gap, VA (2017)
- North Front Range Metropolitan Planning Organization in Fort Collins, CO (2018 & 2019)
- Peace Village Cancer Justice Network in Cincinnati, OH (2017)
- Piedmont Triad Regional Council Area Agency on Aging in Kernersville, NC (2018)
- Senior Transportation Connection in Cleveland, OH (2017)
- Shared Mobility, Inc. in Buffalo, NY (2018 & 2019)
- University of Nevada’s Sanford Center on Aging in Reno, NV (2018)
The experiences described in the best practices reflect accomplishments during the grant period as well as work that has continued and, in some instances, expanded since the NADTC grant ended. Each NADTC project was expected to achieve results within a set time period, ranging from five to 12 months. Grantees faced challenges that sometimes led to delays or needed adjustments in their approach.

Trying something new is always difficult. The best practices document the challenges and unexpected reactions that may occur when a community endeavors to develop a new transportation service or program. We believe the adjustments grantees made and their on-the-ground experiences offer valuable insights and lessons learned to others that are engaged in introducing a new approach or service in their communities.

Common threads that run through most of the best practices point to vital considerations for any community that intends to expand accessible transportation for older adults and people with disabilities. These are discussed below.

- **Inclusive Planning:** From the start, NADTC grantees reached out to older adults and people with disabilities, including riders and non-riders, to identify their transportation needs and continued working with these groups and individuals throughout the process of planning and implementing a new transportation service. This approach was effective in building trust and buy-in among important constituencies (providers, other stakeholders and especially riders) and helped to assure potential riders that the new transportation service(s) would respond to their needs and preferences.

- **Partnerships:** Grantees formed wide-ranging partnerships with relevant area stakeholders, including organizations serving older adults and people with disabilities, transit providers, community leaders, faith-based organizations, health care professionals, institutions of higher learning, age-friendly community groups, elected officials, municipalities and more. Partners played pivotal roles in helping the project succeed and often were involved in critical decisions. Partner engagement helped assure that the work being done through the grant would respond to community-identified needs and support development of a more coordinated transportation system. Partners also helped increase awareness among multiple constituencies and built support for the new transportation service being developed.

- **Outreach:** Promoting a new transportation service—and convincing older adults and people with disabilities to try it—often took much more time and effort than grantees expected. Outreach was a key activity, recognized by all grantees as critical to their success. Almost all of the grantees said that more effective outreach and allowing more time to reach critical populations would have helped their programs and recognized the relationship between effective outreach and building trust with partners and especially, with riders.

- **Building Trust:** The theme of trust runs through all nine best practices. Grantees recognized that in order to be successful, they needed to build trust among all affected parties—riders, partners and the community at large.
  - **Riders** may be reluctant to give up their existing ride arrangements for a new program that seems like a temporary solution. They may also feel as if their needs are not recognized if they are not invited to participate in the transportation planning process and, as a consequence, feel that their needs will not be addressed when a new service is offered. Potential riders may also have had previous negative experiences with other transportation providers or perceive the new service as charity that they are too proud to accept despite their need for transportation. These and similar issues must be recognized and addressed if a new initiative is to succeed.
  - **Transportation providers** may feel that only they understand their riders’ needs and resist participating in developing a more coordinated transportation system. Turf and funding issues make coordination among service providers even more challenging.

- **Flexibility:** The NADTC grantees watched rider numbers carefully and adjusted their tactics and expectations along the way. In some communities, anticipated ridership numbers were disappointing, reflecting both a reluctance to try a new service and a need for more effective outreach. Grantees were proactive in responding to this situation by conducting surveys and engaging with older adults and people with disabilities to learn about riders’ concerns and to identify ways to address them.
Time Limitations: The limited timeframe of the grants proved to be a challenge that grantees were not always able to overcome. Building relationships with riders takes time and considerable effort, and the process cannot be cut short. As noted earlier, outreach is critical for building awareness and recruiting new riders. Riders may be reluctant to give up their existing arrangements, however unreliable, for a new service when there is no guarantee that the service will be available a few months down the road. Future grantees, and really, any new transportation initiative, will face time limits, underscoring the necessity of actively pursuing partnerships, community support and potential funding sources in order to assure sustainability of the effort over time.

Sustainability and Expansion: NADTC grantees were encouraged to build support from riders and others in the community for the new service or program throughout their projects and explore funding options for continuing their work. At the end of the grant period, some grantees needed to temporarily suspend the program or service for a period of time before obtaining new funding. Other grantees analyzed the results of their work and decided that a change of direction would better address the transportation needs of their communities. Most of the communities have been able to continue providing the service(s) created through the NADTC grant; some have even expanded and improved those services.

Consultants: Given the importance of building local expertise and support for a new transportation service, communities should exercise caution when bringing in an outside consultant. That said, a consultant may act as a catalyst for introducing a new way of doing things and offer specific expertise that otherwise would not be available. Consultants involved in the two volunteer transportation projects played pivotal roles that helped ensure success. NADTC grantee Feonix Mobility Rising, which focuses its work nationally on rural transportation, recruited volunteers and worked closely with community partners in the Coastal Bend region of Texas. When their 2018 planning grant ended, Feonix made a strong commitment to serving the area and has continued to work with local organizations to sustain and grow a volunteer transportation program for this community. Another grantee, Shared Mobility, Inc., partnered with the Volunteer Transportation Center (VTC) to establish a volunteer transportation program in Erie County, NY that primarily serves Medicaid beneficiaries who need rides to medical appointments. The VTC brought a proven model to the table, including technology and guidance to jump start volunteer recruitment and management. Continuing the partnership, VTC is the recipient of a Federal Transit Administration Access and Mobility grant in which Shared Mobility is their partner.

Impact of COVID-19

All of the grants had completed their work by the end of 2019 and work on the Compendium of Best Practices began in the spring of 2020, just as COVID-19 began spreading across the U.S. Like other transportation providers nationwide, former NADTC grantees had to find ways to address the often dramatic reductions in the demand for transportation. They also had to grapple with the reluctance of volunteer drivers—many of whom are older or have chronic health conditions—to continue providing rides, and the need to implement new practices to reassure nervous riders and drivers alike that safety precautions and frequent cleaning of vehicles would keep them safe.

For many, the COVID-19 pandemic put their transportation programs on hold. One former grantee dropped its plan to hold community conversations to determine evolving rider needs and has decided to conduct a written survey instead. Most former grantees provide only high-priority rides to essential services, like dialysis and critical doctors’ appointments, while some have pivoted to provide food and prescription deliveries. One program is assisting with rides to testing sites and isolation locations for those who live in group home settings. Even though the demand for rides has declined, one volunteer driver program has been able to maintain the number of ready-and-willing volunteer drivers. Another former grantee is exploring the possibility of offering shuttle service to respond to decreased demand for rides. The unanswered question is, will the changes brought about by the coronavirus permanently alter the way transportation is provided to older adults and people with disabilities or will transportation programs that serve these populations return to their former practices? The NADTC grantees will help us find the answers.
The Best Practices

This *Compendium of Best Practices* captures both the “how to” elements of creating specific innovations and the learned experiences of the grantees in introducing a new program or service in diverse communities. The best practices are based on grantee reports and extensive grantee interviews. Grantees provided generous amounts of time, reviewed drafts, patiently clarified areas of confusion and offered candid and insightful comments that have helped strengthen the nine best practices presented here. Any errors are NADTC’s.

Each best practice includes an introduction or overview of the topic; a detailed discussion of how individual grantees addressed the issue; critical “learnings” related to the topic; and a discussion of the funding sources that the former grantees are using now or exploring as potential sources of support. Most include the experiences of at least two of the grantees in addressing a particular topic. The best practices are organized into the nine topic areas listed below.

1. **Access to Healthy Food**
2. **Bicycle Transportation for Older Adults and People with Disabilities**
3. **Coordination in Transportation Programs**
4. **Expanding Transportation Programs to Evening/Weekend Hours**
5. **Engagement and Outreach for Transportation Programs**
6. **Rural Transportation**
7. **Transportation Call Centers and Information & Referral/Assistance**
8. **Travel Training**
9. **Volunteer Transportation**

NADTC is proud to offer this resource to the field of transportation for older adults and people with disabilities. We hope this resource will be useful as you work to increase the availability of accessible transportation in your community!
How Section 5310 Supports Community Transportation Innovations

This best practice describes how Section 5310 is currently being used by former NADTC grantees that have been successful in obtaining this important funding source. Starting in 2017 with our first grant competition, NADTC has encouraged grantees to explore funding opportunities, especially Section 5310, to sustain and expand the innovations they developed through their grant projects. All of the best practices discussed in this Compendium focus on improving transportation accessibility in their communities. All could potentially qualify for Section 5310 funding.

NADTC’s Survey of Organizations That Provide Transportation to Older Adults and People with Disabilities (February 2020) compared responses to several questions from transportation providers that receive Section 5310 funding (29 percent of respondents do) with those that do not. The survey found that, in addition to the fact that Section 5310 providers are more likely to serve both older adults and people with disabilities, they also more frequently:

- Accommodate riders who use wheelchairs or other mobility devices;
- Provide rider assistance, such as help with boarding and alighting and offering hand-to-hand assistance;
- Have a mobility manager position; and
- Coordinate with other transportation providers.

Section 5310 Snapshot

According to the Federal Transit Administration’s FAST Act Fact Sheet, the purpose of the Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program is “to improve mobility...by removing barriers to transportation service and expanding transportation mobility options.” This encompasses transportation services “planned, designed, and carried out to meet the special transportation needs” of this population in all areas: large urban (with populations over 200,000); small urban (with populations between 50,000 and 200,000); and rural (where populations are less than 50,000). The FAST Act also authorized the Access and Mobility Partnership Grants which support transportation innovations and are open to Section 5310 recipients.

Section 5310 funds both traditional capital projects and “nontraditional investment beyond the Americans with Disabilities Act (ADA) complementary paratransit.” Traditional projects include funding for buses and vans; wheelchair lifts and securement devices; transit related information technology systems including scheduling/routing/one-call systems; and mobility management. Also included is the acquisition of services under a contract, lease or other arrangement. Nontraditional Section 5310 projects include new public transportation services and alternatives beyond those required by the Americans with Disabilities Act (ADA) that are designed to assist individuals with disabilities and older adults. Examples include:

This best practice is based on the experiences of grant programs funded by the National Aging and Disability Transportation Center (NADTC) from 2017 to 2019 to support innovative programs to increase the accessibility of community transportation services for people with disabilities and older adults.
- Travel training
- Volunteer driver programs
- Building an accessible path to a bus stop, including curb cuts, sidewalks, accessible pedestrian signals or other accessible features
- Improving signage or way finding technology
- Incremental cost of providing same day service or door-to-door service
- Purchasing vehicles to support new accessible, taxi, ride sharing and/or vanpooling programs
- Mobility management programs

The Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (CRRSAA) provided relief funds to Section 5310 programs. This funding prioritizes operational activities and can cover expenses that date back to January 20, 2020. Programs do not necessarily have to be current Section 5310 recipients to receive funding. However, each state Department of Transportation or Metropolitan Planning Organization (MPO) has discretion to decide how and to whom these funds will be awarded. (For additional information, see the NADTC blog, Relief! CRRSAA Funding Available for 5310 Programs.)

Using Section 5310 to Support Planning and Coordination

Planning and program design activities to improve transportation accessibility are considered appropriate activities for Section 5310 recipients. In 2018, NADTC’s ten planning grants developed plans to improve transportation accessibility for older adults and people with disabilities in their communities.

2018 Planning Grantees

3P Ride, Inc.
Capacity Builders, Inc.*
Easterseals DC/MD/VA
Feonix Mobility Rising
Greater Portland Council of Governments*
INCOG Area Agency on Aging*
North Front Range Metropolitan Planning Organization*
Piedmont Triad Regional council Area Agency on Aging
Shared Mobility, Inc.*
University of Nevada’s Sanford Center on Aging

*Grantees with an asterisk received NADTC funding in 2019 to implement their plans.

Planning and program design are also woven into the nine best practices discussed in the Compendium. The major planning activities that NADTC grantees undertook are discussed in detail in the best practice on engagement and outreach and included the following specific elements:

- Advisory groups created to guide planning. Typically, these groups encouraged the active participation of transportation stakeholders (such as public transit and volunteer transportation programs) and older adults and people with disabilities, helped to identify unmet needs, and explored solutions for addressing the needs and preferences of riders. The advisory groups developed by the planning grantees usually met once per month for 4-6 months and produced a brief plan for implementing their chosen innovation. (Five of the planning grantees received additional funding from NADTC to implement their plans.)

- Focus groups and public forums. These outreach activities provided an opportunity to gather information from the community, including riders and those who were not current users of public transportation, to identify unmet needs and recommendations for improving transportation services. Such gatherings also facilitated information exchange between transportation providers and users of their services.

- Surveys. Written surveys were shared online, sent by mail, or conducted in-person in places such as sheltered workshops or senior centers. Surveys enabled transportation planners to reach more people and hear from those who were unable or unwilling to participate in a focus group or public meeting.

Using Section 5310 Funding to Increase Access to the Community and Address Barriers

Despite the potential match between Section 5310 and the transportation innovations supported by NADTC grants, not all of NADTC’s former grantees are recipients. The following projects do not receive Section 5310.

City of Hernando, MS developed a bicycle rental program for older adults and has since expanded the program. The city’s Parks and Recreation Department maintains the bicycles and the city has adopted a Bicycle and Pedestrian Master Plan. (For more information, see the best practice on bicycle transportation.)
Senior Transportation Connection (STC) in North Olmstead, a suburb of Cleveland, OH, offered expanded hours of service on evenings and weekends. This program has continued since the end of the grant to offer rides during expanded hours. Passengers pay fares based on income. (For more information, see the best practice on evening/weekend hours.)

Shared Mobility, Inc. (SMI) developed a new volunteer transportation program by adopting a successful model of volunteer transportation developed by the Volunteer Transportation Center Western New York (VTC). SMI continued the partnership with VTC, which was awarded an Access and Mobility Partnership Grant (now extended through March 2022). The grant provided support to more fully establish the volunteer program. While SMI considered applying for Section 5310 in the most recent funding cycle, that effort is currently on hold. (For more information, see the best practices on bicycle transportation; engagement and outreach; and volunteer transportation.)

The former grant projects discussed below are current recipients of Section 5310. The programs developed by these grantees are described in detail in the referenced best practices.

Area Agency on Aging 1B developed a travel training program aimed at assisting paratransit riders make better use of public transportation services in two counties. The program has since grown to serve four counties in southeast Michigan, including the City of Detroit, with support from Section 5310 Mobility Management funds. (For more information, see the best practice on travel training.)

Berkshire Regional Planning Commission (RPC) worked closely with local providers of transportation to develop a central access point for older adults and people with disabilities for scheduling rides to healthcare that crossed jurisdictional boundaries. Section 5310 supports the purchase of the vans used by Councils on Aging and other area transportation providers that participate in this coordinated system and the full-time mobility manager at Berkshire RPC. (For more information, see the best practices on coordination; rural transportation; and transportation call centers.)

Capacity Builders, Inc. (CBI) connected Navajo Reservation elders and people with disabilities in remote San Juan County, NM to a variety of destinations, including an area food bank. At the end of the grant, the organization applied for and currently receives Section 5310 funding. CBI was also awarded an Access and Mobility Partnership grant in 2019 by the Federal Transit Administration. (For more information, see the best practices on access to healthy food; engagement and outreach; and rural transportation.)

Feonix-Mobility Rising, a 2018 NADTC planning grantee, continued after the grant ended to work with local partners in the Coastal Bend Region of Texas to develop a volunteer transportation program to augment the limited transportation options available in this rural community. The successful partnership with the Coastal Bend Center for Community Living continues today with support from Section 5310. (For more information, see the best practices on rural transportation and volunteer transportation.)

Greater Portland Council of Governments (GPCOG) addressed barriers to accessing food experienced by older people and people with disabilities living in South Portland, Cumberland County, ME using a special “Shopper Links” shuttle and transportation network companies. Currently, the city’s Transportation Director is exploring options for continuing this effort. Section 5310 funds are used for vehicle purchases by providers of demand response transportation. GPCOG is also a recipient of an Access and Mobility Partnership Grant which supports their continued efforts to address transportation access barriers, engage older adults and people with disabilities in transportation planning and develop a mobility manager position. (For more information, see the best practices on access to healthy food and engagement and outreach.)

Indian Nations Council of Governments Area Agency on Aging (INCOG) served nine square miles in north Tulsa, OK where residents had limited access to affordable, fresh and nutritious food sources. At the conclusion of the NADTC grant, INCOG temporarily suspended the program. A grant from AARP in the fall of 2020 supported no-cost grocery delivery service to a community in the food desert area using electric bicycles provided by a local organization. Funding from Section 5310 along with Older Americans Act Title III-B supports demand response transportation. Efforts are currently underway to utilize Section 5310 funding to: 1) provide rides to grocery stores for residents of three Tulsa food desert areas; and 2) continue grocery delivery to homebound residents. The new program will cover grocery delivery fees and place online grocery orders for residents who lack internet access. (For more information, see the best practices on access to healthy food; transportation call centers; and travel training.)

Mountain Empire Older Citizens (MEOC), developed a dedicated call center and a rider assistance program for
individuals with chronic health conditions to help them travel long distances to health clinics and dialysis using the demand-response transit system. MEOC receives both Section 5310 and Section 5311 funding to support its demand response transit system and continues to offer assistance to those who need help to ride. (For more information, see the best practices on engagement and outreach; rural transportation; and transportation call centers.)

North Front Range Metropolitan Planning Organization (MPO) worked to coordinate transportation providers in rural Larimer County and partnered with neighboring Via Mobility to develop a one-call system for scheduling rides. Section 5310 funding supports a Dial-a-Taxi program, travel training, expansion of the mobility program beyond the urban area to include resort areas and the rural parts of the county, and a mobility coordinator position. (For more information, see the best practices on coordination; engagement and outreach; and transportation call centers.)

Learnings

The following are observations regarding the use of Section 5310 based on the experiences of the NADTC grantees.

- **The process required to be approved as a Section 5310 recipient takes time.** Programs that sought Section 5310 funding during or at the end of the NADTC grant period were not always, or not immediately, successful. It is important to become familiar with how the application process for Section 5310 works in the state and when funds for new projects are typically made available.

- **It is important to think of Section 5310 funding as one part of the funding puzzle.** NADTC’s 2020 survey of providers, discussed above, found that most transportation providers use between 5 and 11 different funding sources to support their programs. The grant programs profiled in this Compendium that sustained their efforts following the grant mirror that experience, using a patchwork of funding in addition to Section 5310.

- **Having Section 5310 funding, whether the funding is used for traditional or nontraditional services, often helps to solidify the funding base for transportation providers.** With more assured funding, programs have greater flexibility to address barriers and respond to opportunities for improving transportation accessibility to meet the needs and preferences of older adults and people with disabilities in their communities.
Reliable transportation provides a critical connection to fresh, healthy food for many older adults and people with disabilities, especially those who do not drive. Lack of transportation to grocery stores and farmers markets means that instead of eating healthy, nutrient-packed fruits and vegetables that would benefit their health and well-being, some older adults and people with disabilities are buying shelf-stable supplies and stretching a week’s worth of food into a month’s worth of meals.

Without access to healthy foods, older adults can experience malnutrition, which causes weight loss and weakens muscles and bones and may result in falls and broken bones, according to The Geriatric Dietitian. Malnutrition can also make older adults more likely to get sick and take longer to recover from illness. This is especially true for those who have chronic diseases. Older adults who have insufficient access to food are 60 percent more likely to have a heart attack or congestive heart failure, 50 percent more likely to have diabetes and 2.3 times as likely to have depression as people in other age groups.

In 2019, the NADTC funded two projects that focused on addressing food insecurity among older adults and people with disabilities. In both communities, older adults and people with disabilities reported a lack of access to healthy food options in their neighborhoods, long bus rides to get to full-service grocery stores, limitations on the number of bags they could bring on the bus and an inability to carry grocery bags the distance between the bus stop and home. Some indicated that they might go weeks between grocery visits and were dependent on family and friends who could not provide rides as often as needed. A third NADTC grant, which focused on providing rides to a variety of destinations in a highly rural area, responded to a need identified by riders for better access to groceries and the local food bank. Together, these projects used different approaches to connect older adults and people with disabilities in their communities to farmers markets, grocery stores and food pantries.

In a food desert that stretches for nine square miles in north Tulsa, OK, many older adults and people with disabilities have limited access to affordable, fresh and nutritious food sources. Thirty-three percent of residents live below the poverty level, and 63 percent of households have one vehicle or none. The Indian Nations Council of Governments Area Agency on Aging (INCOG) was involved in a citywide effort to address this issue as a member of the Hunger & Food Desert Taskforce which recognized transportation as a critical component of their work.

Through the NADTC grant, INCOG engaged older adults and people with disabilities in the effort to secure access to healthy food. INCOG held focus groups, conducted a survey and deployed other outreach to identify challenges with food access. INCOG learned that local residents prioritized the need for neighborhood or easily accessible grocery stores with affordable, quality products and more
low-cost/no-cost transportation options to access food. The resulting report, the *Tulsa Creating Access to Nutrition (C.A.N.) Plan*, identified accessible transportation solutions.

In response, INCOG launched C.A.N. Ride, which began by implementing travel training sessions to introduce potential riders to local paratransit services and featured group trips to grocery stores and Hispanic markets nearest to the food desert to familiarize riders with the stores. Participants received tours of the stores, coupons and sometimes gift cards and introductions to the store manager.

The project also set up ridesharing to select grocery stores using Uber Health. For riders needing wheelchair-accessible vehicles, Deano’s Senior Transit provided rides. All rides were provided free of charge and were coordinated through INCOG’s Information & Assistance specialist. Through the program, participants learned how to reserve a ride and were supported before and during their trips. Participants who did not use smartphones could ask grocery store staff to call the I&A specialist for a return ride home.

Fifty-two residents completed the travel training. At the end of the grant, 75 older adults and 44 people with disabilities used ridesharing services. Overall, the program provided 594 trips with 84 percent of participants using the service more than once, exceeding the goal of 30 percent repeat customers.

**Food Access and Public Transportation**

In Cumberland County, ME, lack of coordination among transportation, social services and health care providers brought challenges for older adults and people with disabilities who used public transportation to buy food. Difficulty in reaching bus stops, in accessing the local food pantry that was not on a transit route and in taking large quantities of groceries on the bus were all challenges.

The **Greater Portland Council of Governments (GPCOG)** set out to address these challenges. Its Steering Committee was a multi-sector coalition focused on access and mobility that included transportation providers, aging and disability organizations, and members from health care, housing, economic development, bicycle-pedestrian and trails advocacy groups and social services. The project engaged more than 400 stakeholders through a two-hour Mobility Solutions Workshop, focus groups and a survey.

GPCOG adopted a two-pronged intervention strategy for improving access to healthy food. First, to address gaps in the fixed route bus service, GPCOG created Shopper Links, a ready-to-launch solution with a shuttle that offered better access to grocery stores and the local food pantry, which was not on a transit line. Second, free on-demand rides that could pick up residents wherever they lived and take them to food stores were arranged through GoGo Grandparent, which offered 24-hour phone-based customer service.

Shopper Links provided weekly door-to-door service to the South Portland Food Cupboard and 41 rides to 17 older adults and people with disabilities over 14 weeks. After the pilot ended, the Regional Transportation Program continued to operate its pre-existing city shopper shuttles and the Housing Authority continued to run theirs.

**Food Pantry Trips over Vast Distances**

On the Navajo Reservation in remote San Juan County, NM, Capacity Builders Inc. (CBI) helped older adults and people with disabilities travel as far as 70 miles one-way to the nearest food pantry. Most transportation services—and the Economic Council Helping Others (ECHO) Food Bank—are located far away in Farmington, NM. Without an easy way to get to town, many older adults had been stretching food boxes meant for one week over an entire month. In response, CBI created the Northwest New Mexico Transportation Alliance Project. Now “Big Bertha,” an Americans with Disabilities Act—compliant, wheelchair-accessible vehicle, together with close coordination with other social service agencies, provides much-needed free and low-cost curb-to-curb service within the region.

CBI was officially named the transportation vendor for the ECHO Food Bank Senior Program. In this partnership, the CBI bus provides rides to the food bank twice a week, targeting low-income riders who are age 65 or older. CBI does not receive funding from ECHO, but flyers made at ECHO help publicize the service.

From May 14 to October 31, 2019, CBI provided 1,295 rides, with an average ridership of 257 per month. More than half of these rides were for grocery shopping and food pantry pickups. Once the partnership with ECHO Food Bank started, the number of weekly rides for pickups to and from the food bank increased, with CBI providing approximately eight to 10 rides per week for ECHO.
Learnings

The grantees interviewed for this best practice were asked to provide insights into key takeaways they gathered through the implementation of their grants. Below are summaries of the most critical concepts for others seeking to develop or enhance accessible transportation to healthy food in their communities.

- **A single-purpose transportation program can be challenging to get off the ground.** Both GPCOG and INCOG undertook research that pointed to a clear need for better access to healthy food in their communities. However, despite extensive outreach efforts to reach potential riders and the broader community—a critical element in any program’s success, both projects struggled to build ridership. Both had to overcome residents’ reluctance to try a new service or change longstanding arrangements, even when unsatisfactory, for getting groceries.

- **It can take time to build ridership for a new transportation program, so there may be advantages to modifying an existing program that serves a wide range of needs.** Capacity Builders’ trips to the food bank were an outgrowth of a transportation program that provided rides to a variety of destinations but grew into an important aspect of their program. At GPCOG, the conversation about how to best meet food-access needs continues: since the neighborhood with the highest poverty level has the least access to transit, expanding fixed-route transit may be a more viable solution than shuttles and on-demand rides. High-frequency fixed route transit would provide people with more flexibility and independence around when they go to the store. Bus service is already well-known and visible to the community and may be easier to promote.

- **Building trust is critical for any transportation program, but it requires an investment of time and a willingness to understand riders’ fears and reluctance to try something new.** In follow-up research, GPCOG learned that many riders were afraid to use on-demand rides because they were riding with someone they did not know. These riders also found the on-demand GoGo Grandparent rides intimidating, because they were confused by interfacing with several different organizations with different names and phone numbers. INCOG found that the Information & Assistance (I&A) specialist who scheduled rides provided reassurance and developed relationships with nervous riders, which helped allay any concerns about using the service. The provision of one-on-one assistance was a critical element in this program’s success, but it required more staff time than anticipated.

- **Many older adults are most comfortable getting information from a trusted source or by word of mouth.** GPCOG found outreach success when the housing authority put a letter on residents’ doors. In a tribal community where trust-building is a challenge, CBI went to community gathering places like the county fair and chapterhouses on the Navajo Reservation and brought an interpreter to surmount language barriers.

- **Conduct as much outreach as possible to learn about community needs and reach riders.** To choose the best outreach tools, identify the media channels the target population typically uses to receive news and information. Go to places where the population you are trying to reach gathers, such as senior centers and independent living centers. Leaving flyers, posters and postcards and setting up presentations with residents, social services coordinators or resident managers can be effective, but word of mouth from satisfied riders is the best endorsement for any program.

Funding

- CBI received a 2019 Federal Transit Administration (FTA) Access and Mobility Partnership Grant (ICAM). Funds are being used to buy an additional vehicle and
continue the Northwest New Mexico Transportation Alliance Project. CBI has applied for additional funding to support transportation through the New Mexico Developmental Disabilities Medicaid Waiver Program, the Section 5310 Program and the state AARP office, and is investigating corporate fundraising by offering to put company logos on its buses for a fee.

- GPCOG does not currently have dedicated funding to continue its Shopper Shuttle program but is pursuing opportunities to increase the availability of transportation to a variety of destinations. The agency is a recipient of a 2019 ICAM grant which will support pilot testing of a travel training program and a regional one-call/one-click service, responding to a need identified by older adults and people with disabilities for increased knowledge of transportation resources and how to use them.

- After the NADTC grant funding ended, INCOG suspended the C.A.N. Ride program but has since partnered with a nonprofit organization that serves older adults, has a call center and I&A specialist to coordinate rides to grocery stores. These plans are on hold for now due to COVID-19.
Bicycle Transportation For Older Adults and People with Disabilities

Bicycle transportation is a fun, easy way to get from point A to point B, and research indicates that it promotes physical and mental health. For people with disabilities, cycling can be easier than walking, easing joint strain and improving balance. Bicycle programs may also help people with disabilities feel included and more independent.

According to AARP, depending on where a rider lives, biking can save the cost of owning a car. Bike-sharing programs have the added advantage of saving users the cost of owning, maintaining and storing a bicycle.

Two of NADTC’s grant programs touched on bicycle transportation: one grantee started a community bicycle transportation program geared to older adults, while another conducted research on adaptive bicycles and e-bikes as part of an effort to develop a shared-ride option for older adults and people with disabilities.

Research on the Feasibility of Shared Bikes for Older Adults

As part of its NADTC grant, Shared Mobility, Inc. in Buffalo, NY, partnered with the University at Buffalo’s Center for Inclusive Design and Environmental Access (iDeA Center) to research inclusivity in bike-sharing programs and related issues, barriers and opportunities. A focus group event sought feedback from 28 older adults, people with mobility impairments, and people with visual impairments. The event also included pre and post-surveys to determine participants’ familiarity with shared ride programs, frequency of use, travel patterns, overall mobility and related factors. The research team conducted additional outreach with people with cognitive disabilities and the deaf community.

ADAPTIVE BIKES: Adaptive bikes come in different forms for different populations: handcycle, side-by-side tandem, heavy duty cruiser, standard tricycle, recumbent tricycle and cargo tricycles, among others. No single adaptive bike is an across-the-board solution.

Source: Shared Mobility, Inc.

A majority of the target population surveyed said they would be interested in using adaptive bicycle options as part of bikeshare, with assistance available for using the system—including mounting the bicycle, storing wheelchairs and other mobility devices, and providing a staff member to assist. More than 80 percent of focus group participants had never used an adaptive bike before, though many people expressed that it would be a new recreation option for them.
The research concluded that adaptive bicycles could not be deployed into a bike share system like conventional shared bikes, because of the differences in adaptive bicycles spread across multiple locations. A bicycle rental model that includes assistance for users would be needed. Target population members generally agreed the rental location would need to be close to transit with access to multi-use and bicycle-specific trails and facilities.

Electric-Assist Bikes: Electric-assist bicycles, or e-bikes, add power from an electric motor to boost riders’ pedaling. No extra effort is needed as the bike travels up to 20 miles per hour, with a 40-50-mile range on each charge.

Source: Shared Mobility, Inc.

Nearly half of all participants in Shared Mobility’s focus groups and 60 percent of the older adults surveyed said they believed e-bikes would help to increase their community mobility. Many were excited and felt that this technology would reduce the physical stress of riding, allow them to ride further, and make them feel more comfortable alongside automobiles and other bikers. E-bikes are presently being deployed in cities nationwide using the same shared concept as a traditional bikeshare, in a self-service model.

Program Offering Free Use of Community Bikes for Older Adults

In Hernando, MS, an effort to improve the health of older adults and help them access a local farmers market led to the creation of a bikeshare program. Now, adults can check out bicycles for free from a local community center, take them on the city’s new bike paths and on roads, and temporarily store them at bicycle racks around town.

Hernando’s small fleet of community bikes includes four adult tricycles with baskets, four cruisers with baskets and four trek bikes best suited for a more-active rider. Bicycles are available for check-out Monday through Friday during work hours when the community center is open. Helmets are offered as well and are disinfected after each use. Thanks to advice from a local bike advocacy group, bike racks have been placed in strategic spots in the historic downtown area.

While any adult is welcome to check out bicycles, the program focuses on older adults. Currently the bicycles are housed at the community center where the Young at Heart senior group meets. Bikes and trikes can be used to ride with the walking group and to the farmers market, corner market, public library and other businesses on the town square.

At the start of the program, three group rides were offered as an incentive to prospective users. A police officer led these initial rides each week, showing adult riders, including some older adults, the best routes to take in the city. Now, older adults ride bicycles as part of the senior fitness classes offered to the community.

Accessibility

The addition of community bicycles and trikes gave Hernando an opportunity to leverage funding from a Blue Cross & Blue Shield Foundation of Mississippi grant it was awarded to improve accessibility of walking and biking. A 1.73-mile multi-use trail, near the community center where the bicycles are housed, opened in early 2020. Older adults now can ride to the trail and the 10-acre Renasant Park. Crosswalks are up and a bridge is completed, making it safer and easier for older adults to leave the community center on bicycles.

The new trail comes as part of the Hernando’s vision for a dynamic system of bicycle and pedestrian improvements. The city adopted a 20-year Bicycle & Pedestrian Master Plan in June 2019. The plan includes nearly 23 miles of multi-use pathways, nearly five miles of bicycle lanes and 25 miles of shared road routes. It will provide strong connections to public open spaces, downtown, commercial areas, neighborhoods and industry. A new two-mile multi-modal trail is almost complete on the other side of Interstate 55, opening up an opportunity to connect the two trails and thus allow bike access to the historic downtown and the business district. Hernando also hopes to become a Bicycle-Friendly Community.
As these improvements are made, the bicycle program will become even more important. Area seniors will be able to use the bikes and trikes to enjoy the natural surroundings for physical, social and mental health—and to get to shops, restaurants and services. But usage remains low: on average, the bicycles are used just a few times a month.

For next steps, Hernando is considering taking bicycles to a nearby senior community, hosting an intergenerational ride, and encouraging riders to participate in the city’s annual holiday festival. Expanding bike checkout hours past 5:00 PM is a goal, to encourage more ridership among younger seniors who work during the weekday.

**Overall Learnings**

The grantees interviewed for this best practice were asked to provide insights into key takeaways they gathered through the implementation of their grants. Below are summaries of the most critical concepts for others seeking to develop or enhance their bicycle transportation programs.

- **Bike share programs are easy to implement, compared to other transportation programs.** If the community has safe access to a network of bicycle paths or bike lanes that connect local destinations and services, a bicycle share program can offer an affordable and simple transportation option that may also have health benefits for riders.

- **Consider the potential of e-bikes for older adults and people with disabilities.** While Shared Mobility concluded that adaptive bicycles and e-bikes are most suitable to enhance recreational options for older adults and people with disabilities, rather than using the bicycles for point-to-point travel, e-bikes could be used in a model similar to that of Hernando’s. It is worth noting that electric-assist technology could be applied to adaptive bicycles as well, for populations with uniform needs and enough riders to support a program.

**Learnings on Logistics**

- **Locate bikes near safe and accessible places to ride.** In Hernando, the community center is located near an area considered unsafe by some potential riders. However, the new crosswalks and bike paths added as part of the city’s bicycle and pedestrian master plan are providing new, safe infrastructure.

- **Find a place to house and rent the bicycles that has long hours.** The City of Hernando is currently using a community center that closes at 5:00 PM on weekday evenings and is closed weekends. They believe if they could stay open into the evening, they would have more riders, especially younger seniors who would like to use the bicycles after work. Libraries may be a good option: riders could use a library card and not need to leave a driver’s license and riders would have access for more days and hours and could check out bicycles from multiple library branches.

- **Address safety and liability issues.** Offering helmets to riders is an important safety measure that programs should adopt. To check out bicycles in Hernando, riders need to sign a liability form and leave a driver’s license to show they know the rules of the road. The need to leave the license prevents 24-hour rentals in Hernando, as riders would not have access to their licenses during that time. An attorney can help plan for these issues.

- **Find bicycle advocates.** Tap a local bike advocacy group for advice on local biking. Encourage a bike-riding advocate to lead a group ride, such as biking to area businesses for ice cream or snacks. Based on learnings from other programs, the City of Hernando believes that having a bike buddy for companionship would encourage more people to try bicycle transportation.
Offer education and do outreach. Ask if your local police department will lead a program that tells riders about the rules of the road, introduces them to bike lanes and shares the best routes to avoid busy roads. As a new bikeshare program begins, it is important to hold a launch event to draw attention to it and encourage users.

Funding
For the City of Hernando, the Parks Department budget covers the minimal maintenance needed for the bicycles.

Resources
For Hernando, the Free Bike Share Program of the Greater North Penn Area Transportation Management Association in Montgomeryville, PA, provided valuable advice on how to structure a bicycle share program.

Bicycle transportation is best for those who live in bike-friendly communities. NHTSA has a Bikeability Checklist to help evaluate your community.

The National Safety Council has information on the importance of wearing helmets.

Coordination in Transportation Programs

In areas with a patchwork system of transportation options, gaps in service can be especially challenging for older adults and people with disabilities who rely on transportation to access employment, medical appointments, grocery stores and social engagements. An effective way transportation agencies can fill these gaps is through coordination, where multiple entities come together to provide transportation services and share a single access point for arranging rides.

For someone who lives just across a jurisdictional boundary or an area where the major medical center or employer is in a neighboring county, transportation programs that serve a single municipality or county may not be able to help residents get where they need or want to go. This situation can be dire for people who do not have a car or those who stop driving due to health concerns, preventing many older adults and people with disabilities from accessing necessities as well as life-enhancing opportunities.

Coordinating transportation services among providers and stakeholders, as well as engaging older adults and people with disabilities in the process, can solve this challenge. By working together, neighboring communities can align their resources, connecting residents with the outside world and the assistance they need to stay safe and independent while living in the community.

This best practice explores the experiences of two NADTC grantees that successfully coordinated multiple entities and services to form regional transportation partnerships, provide rides to older adults and people with disabilities living in highly rural areas, and connect residents to doctor visits, food shopping, employment and other critical destinations.

Forming Regional Partnerships to Implement Technology

In the suburban and rural mix near Fort Collins, CO, transportation options were limited and often costly in the less-populated areas. Coordinated transportation services did not exist, so people seeking transportation needed to contact each service provider separately to secure a ride. North Front Range Metropolitan Planning Organization (MPO) set out to better meet the needs of older adults, people with disabilities and veterans living in the county’s rural areas by serving as the contracting and fiscal agent for Project MILES (Mobility Inclusiveness; Locations Everywhere; Simple).

Previous outreach conducted through the Larimer County Senior Transportation Needs Assessment had pointed to two opportunities: to better coordinate existing mobility services and to implement a one-call/one-click system that would enable riders to book rides easily from a single phone number or website. The Project MILES planning phase, funded by an NADTC grant, created an expert panel that joined rider, provider, driver, advocate and system

This best practice is based on the experiences of grant programs funded by the National Aging and Disability Transportation Center (NADTC) from 2017 to 2019 to support innovative programs to increase the accessibility of community transportation services for people with disabilities and older adults.
perspectives. The panel piloted two mobility management software systems that would support a one-call/one-click service.

The expert panel found that existing providers and ride services had a wide range of experience and comfort with technology. Ride providers were very dedicated to their riders and did not want technology to disrupt their reliable service. Riders wanted more options, clearly comparable pricing and a continued voice at the planning table. Importantly, collaborators at all levels were ready to move forward.

To implement the project, an array of regional partnerships formed. North Front Range MPO provided grant and project management. The Partnership for Age-Friendly Communities and Larimer County’s Office on Aging collaborated to implement the project and engage and coordinate with ride providers. Via Mobility expanded its call center, provided staff resources to schedule rides and coordinated with ride providers to use its one-call/one-click center. RouteMatch provided software support to Via Mobility.

This coordination among technology and service providers was unprecedented for Larimer County—and successful! Between May and September 2019, approximately 400 rides were delivered through a mix of volunteer and private transportation providers. The success of Project MILES has led to its expansion into a neighboring county.

Coordinating 32 Jurisdictions for Equitable Rides
In Berkshire County, located in western Massachusetts, 32 jurisdictions maintained their own transportation systems, and, as a result, service levels varied. Older adults and people with disabilities who lived in a municipality with a Council on Aging (COA) or other van service had access to transportation to medical appointments and other necessities, but those living just across the municipal line did not. This situation led to health care inequities and meant that each jurisdiction’s transportation provider invested extensive resources to run its own program.

The Berkshire Regional Planning Commission (BRPC) asked transportation providers participating in the Massachusetts Mobility Assistance Program to pair up with those in neighboring jurisdictions to give rides across jurisdictional lines, primarily to pre-arranged medical visits. To support the partnership, providers reviewed transit contracts that governed their service areas, and towns discussed how to share liability to enable the rides to happen.

The Regional Coordinating Council, a partnership between the social service agencies and the regional transit authority, with representation from residents with disabilities and older adults, was a strong partner and advocate. Elder Services of Berkshire County, Inc., the local Area Agency on Aging which has a toll-free phone line, arranged all rides with the Councils on Aging and other transportation providers and handled reporting.

Since the NADTC grant ended in 2017, the partnership has continued with area COAs providing rides. Two towns are applying for a joint grant for an accessible vehicle. Four-wheel-drive vehicles are being considered for the future fleet, to help drivers navigate the area’s snow-packed roads during the winter.

Coordinated Transportation: First Steps
If your agency is seeking information on ways to better coordinate transportation services in your region, below are a few key considerations to keep in mind based on the experiences of North Front Range MPO and Berkshire RPC.

- Readiness to coordinate. Critical questions include the following: Has your area completed regional planning or other outreach that identified transportation gaps? Do you have existing transportation options that could be run through a central coordinator? Do your elected officials, community leaders, other stakeholders and community members support the project? Are members of the target population supportive? Are partners in place? Do partners have shared challenges that could act as catalysts for action? Whether an organization has addressed factors like these in advance can indicate a readiness to coordinate.

- Determine roles and responsibilities. It is important to identify all essential tasks and specific agency responsibilities. One agency does not have to do everything. Berkshire provides an example. Those running the rides program are not transportation professionals used to managing the puzzle of pick-ups and drop-offs needed, but Council on Aging staff and sometimes volunteers are in charge. Elder Services of Berkshire County, Inc. provides scheduling through its
existing call center. The Councils on Aging have vehicles and provide transportation and in-kind donations of staff time. Berkshire RPC encourages municipalities to pair off two by two to help share the load.

- **Include older adults and people with disabilities in every stage of your program.** Only by having potential riders tell you their needs themselves will you be able to design a truly effective program to meet those needs. (See best practice on outreach and engagement for additional details.)

- **Reach out to educate and cultivate champions.** Community partners, staff and volunteers can serve as champions, helping to promote and reduce unease about your program. For North Front Range MPO’s regional efforts, a County Commissioner helped advance the project. Berkshire RPC established personal relationships with town councils to address issues such as funding and how to share liability across jurisdictional borders.

- **Establish a lead agency to streamline the process, coordinate communication, and more.** In Project MILES, North Front Range MPO took seriously its role to facilitate the collaboration of local governments, interested parties and residents in policymaking and planning, which helped streamline the project.

Learnings

The grantees interviewed for this best practice were asked to provide insights into key takeaways they gathered through the implementation of their grants. Below are summaries of the most critical concepts for others seeking to develop and enhance their coordination with other agencies.

- **Prioritize building trust.** Partners must trust one another to coordinate effectively. At the start of planning, determine what the group and each partner seek from the project. Be open and ask questions of all partners. Stay curious to find good solutions.

  North Front Range MPO noted that it took time for the partners to learn to trust one another. Because each of these transportation providers serve special populations, they worried about whether other providers would be dependable and care for their long-time riders in the same way. Partner organizations also feared changing their operations and losing their identity.

  Once the partners began to meet regularly and work together, they learned that each partner shared a high level of professionalism and care for riders, and that no rider would be left waiting for a ride. Partners also realized that each organization would be able keep its own identity, and the concerns dissipated.

  None of the organizations working with North Front Range MPO had sophisticated technology, but they learned that a centralized call center could improve their operations and reduce the time spent answering phones. As time went on, the partners developed a sense of community, appreciating their new built-in team of colleagues.

- **Collaboration can break down traditional barriers and enable agencies to coordinate.** Both North Front Range MPO and Berkshire RPC found that conversations among partnering organizations led to a re-examination of contracts and small policy changes that enabled providers to give rides to those who lived just outside regular ride-service boundaries.

- **A call center made booking rides easier for riders.** Having a single number or website to request rides simplified the process, which encouraged more ride bookings and helped to build riders’ trust. These programs found that a central coordinator is crucial for ensuring that requests do not get misdirected and that limited resources are used effectively.

- **Having a central coordinator supports the collection of community transportation data.** Using a call center or mobility manager supports collection and analysis of data on the number of rides provided, unmet ride requests and gaps in service, as well as other critical information.

- **Coordination and outreach go hand-in-hand.** Knowing that riders may be more receptive to a message coming from an organization they already know and trust, partner organizations can tap their own networks to reach different communities and populations.

- **Shared documents can help orient riders and keep all providers on the same page.** North Front Range MPO created a Riders Guide and a Providers Guide, specifying hours of operation, pickup spots, maps with
boundaries and other useful information. These guides also helped ensure consistency of service standards across the five participating providers.

- **Coordination, partner relationships and expanded services require time and patience to develop.** Both North Front Range MPO and Berkshire RPC were able to bring the partners and prospective riders into a planning process. This enabled both to identify barriers and begin to address trust issues. Even when services began, it took time to build interest in the program and work out partners’ concerns. Finally, neither grantee considered their work to be done at the end of the NADTC grant and both continue to work on expansion and improvement.

- **A strong collaboration can move a community forward.** In the Colorado project, the county government, Area Agency on Aging and nonprofits collaborated to create a robust Senior Rural Transportation Needs Assessment. Throughout the design and implementation phases of the pilot project, government organizations, ride providers, riders and advocates all contributed time and resources. The willingness of Via Mobility to make its call center available for the pilot project was essential for building the success shared by everyone involved.

**Funding**

Below is a breakdown of funding used by North Front Range Metropolitan Planning Organization and Berkshire Regional Planning Commission for their projects.

- **Traditional Federal and State Sources:**
  - North Front Range MPO:
    - Uses Federal Transit Administration (FTA) Section 5310 (Seniors and People with Disabilities) funds and does a sales tax exchange to fund the Mobility Coordinator’s time.
    - Leveraged a Colorado Department of Transportation (CDOT) / FTA Section 5304 grant to support creation of the Larimer County Senior Transportation Implementation Plan (a business plan) to deliver coordinated dispatch services. This funding lent stability and credibility to approach new and existing partners.
    - Applying to the Colorado Department of Transportation to expand its program to a neighboring county. North Front Range MPO is also applying for additional Section 5310 funding to make the program truly regional. State Multimodal Options funding will predominantly be used in the North Front Range MPO region.
  - Berkshire RPC receives FTA Section 5310 funding and State Mobility Assistance Program (MAP) funding to purchase vans for use by Councils on Aging or other social service agencies.

- **Grants and Partnerships:**
  - At North Front Range MPO, Partnership for Age Friendly Communities provided leadership and staff time for concept development.
  - At Berkshire RPC:
    - Councils on Aging contributed in-kind staff time.
    - Successive partners received vehicles to augment services through funds from insurance companies, car dealers and donations.
    - A mini-grant from a community foundation paid for staff time to do further outreach to learn of evolving community needs.
Expanding Transportation Programs to Evening/Weekend Hours

Reliable, accessible transportation can help older adults and people with disabilities meet a wide variety of needs—including the need to socialize with others. Because many social and recreational activities happen on evenings and weekends, transportation programs that offer extended hours can help the riders participating in these programs live happier, healthier lives.

According to the National Institute on Aging, research has linked social isolation and loneliness to higher risks for a variety of physical and mental health conditions: high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer’s disease and even death. People who find themselves alone due to loss of mobility and lack of transportation are at particular risk. The importance of policies that support accessible public transportation so that people with disabilities can fully participate in recreational and other leisure activities, thus increasing their social inclusion, was highlighted in a recent study from the University of British Columbia.

The Senior Transportation Connection (STC) in North Olmsted, a suburb of Cleveland, OH, used its 2017 NADTC grant to expand its operating hours to evenings and weekends, enabling riders to attend recreational and social activities. STC already had a thriving program carrying older adults and people with disabilities to medical and other appointments during the week. To expand service well, STC reached out to its riders to learn more about their needs. STC also worked with local partners to develop and promote the new hours, market and launch the service. By the end of the 12-month grant period, STC was consistently providing a full schedule of transportation to older adults and people with disabilities on Saturdays. This successful program also expanded to a larger service area ahead of schedule.

Building on a Solid Base of Weekday Rides

When their project began in 2017, North Olmsted used 2014 U.S. Census figures to show that more than 10,000 residents (nearly 8,500 people aged 60 and older and more than 1,700 working-age residents living with a disability) needed accessible transportation to participate fully in community life. STC provides transportation to older adults and people with disabilities through contracts with municipalities, social service agencies and Greater Cleveland Regional Transit Authority (GCRTA) Paratransit. STC also provides transportation to clients of Cuyahoga County Division of Senior & Adult Services.

STC had a solid weekday ridership base before expanding to nights and weekends. During the grant period, STC managed 50 accessible vehicles and provided 130,000 annual trips. The city assumed most of the cost of scheduled weekday trips to medical care, personal appointments and senior center functions, with passengers covering a co-pay, usually $3 to $5 per trip. However, there was little other transportation in the area, especially for non-medical purposes and after business hours. Few affordable evening and weekend options existed that guaranteed accessibility, especially for people using wheelchairs or other mobility devices.

Engaging Riders and Partners

Immediately prior to applying for the NADTC grant, STC surveyed its riders to gauge the need for access to after-hours social and recreation opportunities, including worship and other local activities. Survey respondents indicated they wanted evening and weekend services that they could schedule and pay for themselves. Respondents

This best practice is based on the experiences of grant programs funded by the National Aging and Disability Transportation Center (NADTC) from 2017 to 2019 to support innovative programs to increase the accessibility of community transportation services for people with disabilities and older adults.
also expressed high satisfaction with STC’s scheduled daytime service, indicating trust in STC.

STC engaged three existing partners to help develop its expanded after hours and weekend program, called STC Plus. Two partners—Services for Independent Living (SIL) and the City of North Olmsted Senior Center (NOSC)—conducted outreach to promote the expansion. A third partner, Northeast Ohio Areawide Coordinating Agency (NOACA), ensured that STC Plus aligned with the local coordinated transit—human services plan. NOACA’s Mobility Coalition convenes diverse stakeholders, including consumers, to address access, public awareness and transit needs of people with disabilities to develop the plan.

The cost of after-hours STC Plus rides is comparable to a cab ride but has several advantages. These value-added rides come with an accessible vehicle, no-surprises pricing, a door-to-door escort and reliability. STC Plus also offers more rider choice in destinations, because the rider is paying for his or her own trip rather than supplementing a limited, city-sponsored service. These reliable rides often were used by dialysis patients with weekend appointments; these riders or their caregivers paid the cost of the ride.

Successful Outreach

The STC Plus project was STC’s first mass marketing campaign. STC quickly discovered that marketing requires plenty of education and community outreach (see best practice on outreach), and that its small staff had underestimated the scope of outreach needed to promote the new service. Undaunted, they took a slow approach to marketing, as they knew growing the project would take time. STC found that one of the most-effective outreach tools was its participation in local senior health and wellness fairs, because those events allowed it to combine outreach and marketing.

To measure the success of its efforts, STC placed coupons for a free first round-trip ride or a percentage off the first trip in a community Town Planner Calendar and tracked coupon usage. STC placed ads on TV and in the calendar but found that paid advertising was expensive and it was hard to quantify the results. Like other NADTC grantees, STC found that the best outreach was word of mouth.

Outcomes

Success is contingent on having a strong core service upon which to build expanded hours. A core service ensures reliable trained drivers who welcome the opportunity to pick up extra hours of work and the availability of sufficient vehicles. An established customer base, relationships with communities, senior living facilities and other entities are essential to market the program and attract passengers.

By the end of the 12-month grant period, STC Plus was consistently booking full shifts on Saturdays and had provided 548 trips to 138 riders. Twenty-eight were repeat riders, which was 94 percent of STC’s goal of providing 30 repeat rides.
Building on its success, STC Plus was able to expand beyond North Olmsted ahead of schedule, with little disruption to the core weekday schedule. The expansion offered the opportunity to become countywide rather than limited to the 30 communities STC was contracted to serve in its weekday program. STC’s expansion also was intended to raise interest in its Monday to Friday rides. Since the grant ended, STC has continued its weekend and evening service, providing between 80 and 100 trips per month. Passengers in the communities served are able to pay for all trips, making the model sustainable.

### Learnings

The grantee interviewed for this best practice was asked to provide insights into key takeaways gathered through the implementation of the grant. Below are summaries of the most critical concepts for others seeking to provide evening and/or weekend rides.

- **Ask critical questions during your outreach.** While researching rider needs, fully explore these types of questions: What do you think you spend monthly on transportation? What could you really afford? Where would you go? What types of trips would you always call a friend or family member for? Can we be of value outside of our traditional weekday hours? Would you call us or another provider for those rides?

- **Set your agency up for success.** STC chose to pilot the service in a community where it was already known and trusted. There, residents are more likely to have the means to pay for a well-priced, efficient and quality ride. North Olmsted is a robust community, with a busy calendar of social, recreational and spiritual activities, including a popular adaptive golf program. This community has much to offer outside of business hours. Activities are near each other, which helps to control costs. STC offered an introductory free round-trip ride to demonstrate value to new users.

- **Assess your capacity.** To determine if extended hours were feasible, STC first asked what financial resources and capacity the organization had (e.g., drivers, vehicles) and sought information from riders about what they were willing and able to pay for rides. They learned that it is also important to understand that members of the older adult population may, for various reasons, have poor follow-through on rides due to health or other issues.

- **Think through the process carefully.** For example, STC’s call center is only open during regular business hours, Monday through Friday, so drivers assigned to work weekends must make confirmation calls to riders and have in place emergency contingency plans, in case they are unable to provide the ride at the last minute.
• STC drivers always have access to a supervisor on call who would either serve as backup or be able to make arrangements for another employee to come in.
• STC requires drivers to call riders before they leave the depot to confirm trips are still required.
• STC tries to be efficient in scheduling so that the driver has as little down time as possible, but that is not always possible. If the wait window is more than four hours, the driver clocks out, then back in when service resumes. No other agencies use the vehicles during down time.

Understand that it may be a long time before extended hours are sustainable. Predicting demand is difficult, and patience and flexibility are key. The overall response from STC’s pilot community was modest, despite indications from the rider needs research. Had the project not expanded beyond its original scope, STC would not have achieved its volume targets. Build those uncertainties into your model and ask what your organization can support.

Look for the backbone in your program—the consistent riders and needs—and infill other rides. For the STC Plus program, the backbone was dialysis. A couple of patients needed to go on Saturday, so STC had a driver ready to serve social and other needs. Weekend dialysis trips were paid by the patient or caregiver. In North Olmstead there are many destinations within a 10-mile radius where riders wanted to go, so it worked. STC also found that social needs often outweigh health needs, an important learning for weekend hours.

Consider downtime as you plan your service. A dialysis treatment could require a driver to wait for three hours. Providing rides to area churches on Sundays can be easier, as you can stagger pickup times, which also allows people opportunities to socialize while they are waiting. The time of day, not the number of trips, can be more important for scheduling. Identify the number of hours when the need for rides is greatest on weekends and take mileage and the deadhead miles involved into consideration when planning your weekend program. Also find out if frequently desired destinations are close enough to justify scheduling one or two specific routes.

Conduct internal, as well as external, outreach and education about the program to reach staff and regular riders. To avoid confusion, be clear about what hours rides are available. If you are booked during the weekdays with contracts, be sure that the call center and riders are aware extended hours are after 5:00 PM and on weekends.

Cost and Billing Learnings
• Despite extensive research into local transportation rates, many seniors perceived the service as too expensive. Those who required accessible features (wheelchair users, for example) did not. Billing customers after the free-trip promotion required timely charges to their credit card and a clear explanation. Some passengers had the perception that the service was free, or they believed it was an extension of their existing, low-cost community contract. While it has not explored in detail the option to provide rides for those who cannot afford market rate, STC thinks there may be some interest from foundations, faith-based groups and other local organizations willing to consider subsidizing the cost.

Funding
As a rider-pay model, this program is self-sustaining as an add-on to an existing service where vehicles and drivers already exist. Pricing for these trips is calculated as a pro-rated cost of the entire trip with rider fares covering a portion of the expense. With continued marketing and advertising, it earns enough income to carry the program forward.

Please note: Weekend and evening hours can also be offered by programs funded by FTA, whether Section 5307, 5311 or 5310. Dialysis rides may be paid through Medicaid Non-Emergency Medical Transportation (NEMT) when provided by a participating NEMT provider.
Engagement and Outreach for Transportation Programs

For older adults and people with disabilities, transportation is essential to quality of life. Rides to doctor’s appointments, grocery shopping and social activities can help people stay healthy, independent and engaged in community living. Most NADTC grantees found outreach and engagement of older adults and people with disabilities to be critical to their success in developing community innovations. Grantees also emphasized the importance of building trust among riders, communities and partners, and valued outreach as a way to raise awareness and increase support for new transportation services.

Barriers to trust that affect ridership are numerous and often unpredictable. Riders may have overarching concerns: fear of seeking health care assistance, pride within an independent community, or prior negative experiences with organizations claiming to help yet failing to do so. Riders may have felt left out of the process or consider the transportation options available not to be a good fit for their needs. Riders may also be reluctant to give up their existing ride arrangements for a new program that seems temporary. Organizations may have difficulty trusting potential partners out of concern for their existing riders.

Overall, NADTC grantees found solutions to these challenges. The practices described below present innovations in inclusive planning, accommodating various abilities in focus groups, engaging partners and volunteers to help reach certain populations, and using outreach to identify specific needs. Included are ideas on how to build trust with riders in hard-to-reach communities and within a corporate culture.

### Inclusive Planning

An effective way to build support for your program from the beginning is with inclusive planning. Inviting older adults and people with disabilities to play a role in the creation of your program helps to ensure that the transportation services under development will meet their needs. Focus groups also provide an opportunity to meet potential riders and engage them in spreading news of the program.

Easterseals DC/MD/VA provides an example of how to conduct inclusive planning. The project’s goal was to plan for development of a mobile app for users of the Washington Metropolitan Area Transit Authority’s (WMATA) MetroAccess, the paratransit service for riders in the Washington, DC, area. The app would let older adults and people with disabilities know when their transportation would arrive, helping them to better plan their day and be more independent.

Easterseals convened a working group primarily comprised of older adults and people with a wide range of abilities, and engaged partners and volunteers to help reach certain populations, and using outreach to identify specific needs. Included are ideas on how to build trust with riders in hard-to-reach communities.
of disabilities. Also included were regional government employees, paratransit experts, mobile-app developers and WMATA MetroAccess employees. Approximately 30 group members met monthly for four months. By talking to the people who would be using the app first, before coming up with solutions, the group was able to develop plans for an app that would truly meet riders’ needs.

Easterseals also found that keeping group members focused on solutions and giving them specific tasks, such as asking them to narrow down a list of functions for the app, engaged them in the project. While the app has not yet been funded, MetroAccess now has a solid template with which to proceed.

Ensuring Full Participation in Planning

An important part of inclusive planning is making sure that all participants are able to fully participate. Organizations conducting transportation planning may need effective ways to accommodate different types of disabilities in focus groups. Here are two examples.

- **Engaging people with different disabilities.** In researching whether various forms of alternative mobility (such as bicycles) are feasible options for older adults, people with disabilities and veterans, Shared Mobility Inc. (SMI) partnered with the University at Buffalo’s Center for Inclusive Design and Environmental Access (IDeA Center). Together, they hosted focus groups for nearly 40 participants and collaborated on the research findings. Rather than bringing people with various disabilities and life experiences together in one group, they convened small, more homogeneous groups, each representing a different type of disability, then rotated each group among three rooms with different topics—ride sharing, car sharing and bike sharing—to ask participants to identify the challenges they had encountered and what prevented them from using the various services.

- **Engaging partners and volunteers to help reach certain populations.** Two grantees engaged people with disabilities to help create research instruments. The Sanford Center for Aging at the University of Nevada, Reno wanted to increase transportation and mobility options in the Reno/Sparks area to ensure more opportunities for social engagement. They engaged people with disabilities and older adults, as well as members of the transportation, aging, and disability service provider networks, in developing an online and paper survey. One partner organization—a support group for people with visual impairments at the Nevada Center for Independent Living—helped create an online survey design that was easy to navigate on a smartphone for people with visual impairments. This partnership enabled the Sanford Center to obtain needed input from people with vision loss to ensure that the transportation services being planned would meet the needs of everyone.

To gain a deeper understanding of the needs and wants of potential users as they considered expanding service hours, 3P Ride in York, PA, prepared to conduct six focus groups by connecting with local community groups to find people who were already invested in the issues. Doing so brought highly engaged volunteers—a person in a wheelchair led one focus group, and a couple with vision loss translated focus group questions into Braille. 3P Ride felt that giving ownership to people who had already shown interest in transportation issues, and practicing active listening, yielded real conversations and much needed input.

Using Outreach to Identify Specific Needs

Focus groups and surveys conducted by the Piedmont Triad Regional Council Area Agency on Aging (PTRC) in rural North Carolina pointed to specific barriers that hindered transportation after hospital discharges. PTRC sought to enable recovering patients to pick up prescriptions and groceries and keep follow-up doctor’s appointments. Older adults, people with disabilities and caregivers were included at every stage of the planning process. They served on the planning committee, participated in focus groups, and completed and helped administer surveys. Many community partners also participated, including the Department of Social Services, county officials, emergency medical services, faith organizations, a disability advocacy organization, transportation providers, hospitals, mental health providers, a veterans’ organization, senior centers, human services organizations and others.

PTRC set up an online portal that potential respondents could use to complete the survey and provided a dedicated call-in line where older adults and people with disabilities could share their thoughts about community transportation needs. These efforts paid off. PTRC learned
that lack of money for bus fare or gas, fear of riding the bus and missing the stop, fear for safety, bad weather, inability to wait a long time for the bus to come, and reluctance to ask family members to take time off work were key barriers. This process shows how thorough and inclusive outreach can inform the design of transportation programs. PTRC continues to seek funding to increase community transportation options to address these needs.

Building Trust with Riders

To embrace a transportation program, riders must trust the provider. Sometimes that trust is built on personal choices, such as not wanting to ride in a stranger’s car. Yet, in some instances cultural considerations and past experiences affect the trust level of an entire community. Here are some examples—and ways to build trust that address cultural concerns.

- **Addressing mistrust and fear.** For Mountain Empire Older Citizens (MEOC) in southwestern Virginia, pride was a barrier to transportation. In remote Appalachian coal-mining communities, people had worked hard all their lives and had seen their fair share of broken promises from government agencies. Asking for help felt culturally difficult to many area older adults and people with disabilities.

  As the public transit provider and Area Agency on Aging, MEOC wanted to provide both rides and at-home support to local older adults and people with disabilities who needed dialysis and treatment for chronic conditions at medical centers located up to 75 miles away. MEOC addressed this challenge by adding a Care Coordinator to its existing transportation call center. The Care Coordinator not only works with a Mobility Manager to arrange rides through an existing transportation service, but also adds a human touch. After conducting a needs assessment, the Care Coordinator connects each rider with a local volunteer from a pool of approximately 35 volunteers who have completed a four-hour training at MEOC. The volunteer accompanies the rider to medical appointments, then continues to check on the rider for the week or month of their volunteer stint to make sure the rider’s basic needs, such as food and medication, are met.

  This additional social engagement and support has made riders more likely to keep medical appointments and has improved the curve of decline. Because the program linked neighbors to neighbors, it built personal relationships that eased the dynamics of asking for a ride and other needed support.

- **Language is critical.** Capacity Builders Inc. (CBI), which connects older adults and people with disabilities living in the Navajo Nation in remote New Mexico, faced similar challenges. Distances are vast, with a food pantry and services in the nearest town up to 70 miles away, and the Navajo often do not trust entities outside the Tribe.

  To fill transportation gaps, CBI formed the Northwest New Mexico Transportation Alliance, made up of four older adults, four people with disabilities and four community representatives, to create a needs assessment and strategy. Thanks to a 20-year history of working in the area, CBI already had longstanding relationships with the Navajo Nation, which helped ensure that Tribal members were included in the Alliance. To gain further input on transportation needs, CBI visited chapter houses and community gatherings along with a Navajo interpreter. Once an interpreter became an integral part of the team, meetings on the Navajo Nation proceeded smoothly and more attendees completed surveys than had been completed without the interpreter.

- **Time needed to build relationships.** The Cancer Justice Network (CJN) in Cincinnati, Ohio, connects people with low incomes and minorities with cancer screenings and treatment. Yet the first step is to address clients’ fear of health care, which is often prompted by a lifetime without health care access and, in some cases, with negative experiences around emergency room visits. As a result, members of the population often are suspicious of authority figures, and this distrust extends to CJN’s volunteer navigators, who apprentice with CJN and meet clients at area churches and community dinners. Navigators undertake the long process of building relationships with clients, talking with them about kids and grandkids and the Cincinnati Reds—the local baseball team—before broaching the subject of trips to the doctor.

  CJN also provided an easy first step into health care: trips to the dentist and eye doctor. Many clients had never been to the dentist before and welcomed the opportunity. Over time, clients warm to the idea...
of receiving cancer screenings. Only after building relationships do navigators accompany older adults and people with disabilities to health screenings and treatment. Transportation is provided through a partnership between CJN and the Cincinnati Area Senior Services, which has a wheelchair-accessible van.

Empowering riders. 3P Ride’s engagement with riders grew out of a culture created by the local transportation authority. For many years, the Central Pennsylvania Transportation Authority (CPTA) supported a venue for riders to discuss barriers experienced through riding public transportation. Riders came onsite to the CPTA location and had the opportunity to present challenges and complaints in a public process that typically generated low participation. Staff took notes, but there was not an inclusionary practice that supported joint problem solving, planning and implementation of a resolution. CPTA and 3P Ride later underwent a paradigmatic shift that moved toward a process of empowerment to drive change and establish trust. The two organizations worked diligently to demonstrate that they sought true partnership, so that riders understood they were seeking paired discussion and implementation, not simply responding to complaints. This partnership grew into a positive force in the community.

Trust-Building Among Partners

Trust-building is also critical to unite partners. In Larimer County, CO the North Front Range Metropolitan Planning Organization (MPO) coordinated services in a rural/suburban area. They initiated an ongoing collaboration of regional transportation planners and providers, city and county government officials, nonprofit agencies, business owners and service users, including the Partnership for Age-Friendly Communities. The project piloted two mobility management software systems that would support a one-call/one-click service for older adults and adults with disabilities, then implemented that system. Yet in North Front Range MPO’s bid to unite disparate transportation providers, they experienced issues with trust. Because the partners serve special populations, initially they worried about whether other providers would be as dependable and care for their longtime riders. Partner organizations also feared changing their operations and losing their identities.

Once the partners began to meet and work with one another, they learned that each provider shared a high level of professionalism and care for riders and that no rider would be left waiting for a ride (see the best practice on coordination for additional information). Partners began to trust that each organization would keep its identity, and the concerns dissipated. As none of the organizations had sophisticated technology, they realized the call center could improve their operations and reduce their time spent answering phones. The partners also developed a sense of community, appreciating their new built-in team of colleagues.

Lack of Trust Is a Barrier to Success

Outreach can pinpoint ways lack of trust can stymie a transportation program and suggest ways programs can be structured to earn riders’ trust. In Cumberland County, ME, lack of coordination among transportation, social services and health care providers brought challenges for older adults and people with disabilities who used public transportation to buy food. The Greater Portland Council of Governments (GPCOG) wanted to empower older adults, people with disabilities and people of color to craft mobility solutions for themselves and their communities. GPCOG formed a Steering Committee that included 19 older adults and people with disabilities and engaged more than 400 stakeholders, including members of the target audience, through focus groups, surveys and a Mobility Solutions Workshop. The resulting Shopper Links
pilot project tested two ways to provide rides to food outlets: a Shopper Shuttle operated by local paratransit, and on-demand rides through GoGo Grandparent, which allows riders to request rides through Uber or Lyft without needing a smartphone (see the best practice on food access for additional information).

Despite good planning and outreach, however, ridership numbers were low. To better understand the reasons why, GPCOG surveyed registrants, collected input from Steering Committee members and held a Community Conversation with 20 South Portland senior residents who had not used the service. Two key findings related to trust. First, residents were reluctant to try new transportation methods, especially in a pilot program that may not continue. They needed to trust that the service would be there when needed. Second, they had safety concerns. Participants in the Community Conversation reported feeling fearful of trying rides through Uber and Lyft. One person commented, "We all grew up being told 'don't get in a car with a stranger.'” Many registrants chose only the shuttle, and when surveyed, explained they had no interest in the on-demand rides because of safety concerns.

Learnings

- **Building trust is essential—and it takes substantial time.** Effective transportation programs are built on trust and establishing that trust likely will take much longer than expected.
  - Relationship building is done through having coffee with partners and potential riders, going to programs at community centers, walking housing complexes and communities to pass out flyers, and other similar activities.
  - Building trust means consistently delivering on promises to riders. It also means being transparent when, for whatever reason, promises cannot be kept.
  - Trust-building means being dependable, communicating often and maintaining an open relationship with the community throughout the process.
  - Trust also requires working hand-in-hand with partners and maintaining relationships with stakeholders whose buy-in can affect your operations and program funding.
  - Building trust requires that you get buy-in from program leaders, then dedicate substantial time in your day-to-day routine to build relationships, in addition to handling the nuts and bolts of arranging transportation.
  - Expect it to take at least a couple of years for your transportation program to really get rolling. Riders must trust that the new transportation program will be available longer term before they feel comfortable giving up their current arrangements, even if those arrangements are less than ideal.

- **Trust and comfort with drivers and schedulers are important to riders.** One project found that despite access to a central scheduling system, people were afraid to ride with strangers for on-demand rides. It is worth exploring whether a highly personalized experience with a central scheduler can alleviate concerns, as it did for some, but not all, grantees (see the best practice on transportation call centers for additional information).

- **Include older adults and people with disabilities in every stage of your program development process.** Only by having potential riders tell you their needs themselves, starting with the first planning step, will you be able to design a truly effective program to meet those needs.

- **When conducting outreach, consider all segments of the community.**
  - Each disability is unique. Physical, cognitive, vision and hearing impairments all pose specific challenges, so it is important to accommodate each in your outreach and engagement efforts. Tap the expertise of local partner organizations and/or community volunteers to help shape your outreach approach to special populations and fully communicate with the target audience.
  - Community members who are affected by transportation issues often are excited to share their input, so it is important to consider how you will provide transportation to meetings for those who need it.

- **Find and cultivate champions.** As word of mouth is critically important to building trust and promoting a new service, identify allies and cheerleaders and let them help you promote your transportation program.
Take special steps to surmount trust issues born of cultural experience.

- Find an insider—a recognized spokesperson in the target community—to advocate for and promote your transportation program. Bridge the trust gap by building a personal relationship.
- Simplify your services, enabling riders to navigate the system through just one phone call.
- Make sure both staff and riders know the hours of operation and other critical information, so that everyone feels confident in the reliability of the program.

Outreach

Many grantees said that outreach materials were effective in building awareness of their programs yet were not the primary factor that built ongoing ridership. Instead, outreach materials were often a first step toward enabling trust and relationship-building to take place. True engagement came from old-fashioned efforts to nurture relationships, such as having repeated face-to-face interactions and always delivering on promises to potential riders. Once trust is established, word-of-mouth about the program can be expected to grow.

In the end, most grantees also agreed that they could have benefitted from conducting much more dedicated outreach than they had. Below are some valuable learnings on how to do outreach well.

Outreach Learnings

- Consider how best to reach the target audience. How and where does your audience receive news? Find out, then share your message through those channels. For example:
  - With older adults, paper surveys usually receive more responses than online ones.
  - In areas where radio is a top means of public communication, consider creating and placing public service announcements. For instance, on the Navajo Reservation, where many homes do not have electricity, elders rely on battery-powered radios for their news.
  - Letters signed by the housing authority and posted on residents’ doors carry credibility.

- Go directly to the target population.
  - Visit places like senior centers, senior housing and sheltered workshops.
  - Leaving flyers, posters and postcards and setting up presentations with residents, social services coordinators or resident managers can be effective first steps, then word-of-mouth can take over.

- Work closely with partner organizations to identify shared goals. Test and see what works for you.
  - Some grantees have found this approach successful. For example, one grantee who partnered with a grocery store to give rides to shoppers received permission to put flyers in the store.
  - Other grantees found this approach less effective when partners and their audiences did not share their priorities.

- Use social media to build awareness. Some grantees noted that social media was effective for building awareness, but not for getting direct action such as rider or driver signups. Social media can be more effective in reaching family members, caregivers and younger people with disabilities.

- Big, simple, eye-catching materials with few words work best. Image-based materials with high contrast between text and background are easier for those with visual impairments or aging eyes. Consider using template materials such as those from Every Ride Counts, a collection of customizable advertising materials developed by NADTC to assist transportation providers as they promote their programs in their communities. Available in English and Spanish, these plug-and-play materials can be found at www.nadtc.org/everyridecounts and can be good if the approach matches your community’s culture, size and needs.
The need for transportation in rural America is high, due to both demographics and distance. In rural areas, transportation programs that serve older adults and people with disabilities are especially important. Visual and mobility impairments related to aging or disability may impact an individual’s ability to drive or use public transportation. Long trips are often cost-prohibitive. Without adequate transportation to meet their needs, older adults and people with disabilities cannot access health care, fresh food or the social activities vital to a healthy, independent life.

According to the U. S. Census Bureau’s report, The Older Population in Rural America: 2012-2016, 17.5 percent of the rural population was age 65 and older compared to 13.8 percent in urban areas. Older adults may drive less frequently or not at all, and many rely on family members, caregivers or public transportation. The Rural Health Information Hub (RHIhub) presents 2014-2018 data from the American Community Survey showing that the disability rate in rural communities is 15 percent, higher than in metropolitan areas (11 percent).

This best practice presents the experiences of NADTC grantees who developed transportation programs in rural areas. Common themes include the need to build trust with riders, coordinate with other providers and structure programs to serve long distances.

Crossing Jurisdictional Boundaries

In western Massachusetts, residents must travel long distances to medical appointments. It can take 90 minutes to cross Berkshire County by car and more than two hours to reach Boston for specialty care. In Berkshire, 32 jurisdictions maintained their own transportation systems with varied levels of service. Older adults and people with disabilities who lived in a municipality with a Council on Aging vehicle or another van service had access to transportation, but those living just across the municipal line often did not. This situation led to health care inequities and meant that each organization invested available resources to run its own independent program.

The Berkshire Regional Planning Commission (BRPC) fostered cross-jurisdictional transportation by encouraging local entities to pair up with neighboring communities to provide rides, primarily to pre-arranged medical appointments. Together, six groups of municipalities found ways to collaborate. Municipalities met to decide how to share liability, and providers reviewed transportation contracts to find flexibility that would allow them to serve individuals living outside their traditional service areas and cover longer distances.

An Area Agency on Aging, Elder Services of Berkshire County, Inc. (ESBCI), offered its toll-free number and remains a central access point for scheduling rides. During the grant period, ESBCI handled reporting and arranged all rides with the Councils on Aging (those that had vehicles) and other transportation providers. While ESBCI is no longer the only access point for transportation, it continues to respond to call requests for rides.
The NADTC project ended in 2017, but area Councils on Aging continue to work together to provide rides to older adults and people with disabilities. Two towns are applying for a joint grant for an accessible vehicle. Four-wheel-drive vehicles are being considered for the future fleet, to help drivers navigate the area’s snow-packed winter roads.

Covering Vast Distances

Transportation options were few in remote San Juan County, NM, which includes part of the Navajo Nation. Prior to the NADTC grant, Capacity Builders Inc. (CBI) already operated the local transit and taxi services. Due to vast distances, with rides up to 70 miles one way to the nearest town, Farmington, pickup times were only once per day, sometimes taking all day to make the round trip with a long wait to go back home after an appointment. Travel costs were prohibitive for many residents. Some older residents, unable to make regular trips to the food bank in town, were stretching food boxes meant for one week into a month’s worth of meals.

CBI founded the Northwest New Mexico Transportation Alliance Project to identify transportation needs, gather data, and find and implement solutions. Building trust was critical in this tribal community, long skeptical of outsiders. The Alliance brought together Navajo elders and people with disabilities residing on the Navajo Reservation, the local transit service and a center for independence, as well as local nonprofits and business owners.

A community survey revealed that 75 percent of respondents needed transportation assistance. Survey results also identified barriers and missed trips impacting all aspects of life, including trips to shopping, groceries, banks, medical/dental appointments, social outings, religious service, work and school.

Informed by the Alliance’s work, CBI provided five 12-hour days of curb-to-curb, paratransit transportation services on the Navajo Reservation, at no cost to older adults and people with disabilities who live in remote areas of the reservation. To address language barriers, dispatchers and drivers who speak the Navajo language were hired. During the grant period, CBI provided 1,295 rides with an average ridership of 257 per month.

Filling Gaps with Volunteers

In the rural Coastal Bend of Texas, residents face environmental and economic challenges. Public transit does not reach outlying areas on a frequent basis and trips must be booked several days in advance. The region is prone to flooding, which makes accessing driveways difficult. Arsenic in the water requires residents to haul gallons of clean water to their homes, a challenge since public transit rules limit each passenger to three bags. Transportation costs are high, and many residents live in poverty.

Feonix—Mobility Rising reached out to four major stakeholder groups and ultimately convened Mobility Leadership Circles, which included engagement from agencies serving older adults and people with disabilities, as well as education, employment, health care, transportation and other social service providers. Members determined a volunteer transportation program would address gaps in existing transportation and be affordable. They knew building the program would take years and identified a need for more than 100 volunteers.

Using targeted outreach materials including Facebook ads, Feonix recruited volunteer drivers and paid mileage. The volunteer driver program is managed by Feonix for Coastal Bend. The program has become an important part of the mobility ecosystem serving this rural area, providing longer-distance rides and transportation to destinations such as grocery stores, churches, Walmart or the post office. By the end of the grant period, January 30, 2019, the volunteer program had provided 52 trips for more than 30 clients. The program continues to operate today and includes a centralized online scheduling system and call center.
Transportation for People with Chronic Health Conditions

In the remote Appalachians in southwest Virginia, the area served by Mountain Empire Older Citizens (MEOC), trips to medical specialists are sometimes as far as 75 miles each way. As the primary transportation provider in the area, MEOC Transit became aware of the rising numbers of local older adults and people with disabilities with chronic conditions who did not have anyone to travel with them or provide needed support at home. In addition, some were too confused by the complex health care and transportation system to arrange the rides they needed. Adding to the challenge, residents of this tight-knit coal-mining community are hard-working, proud, often distrustful of government agencies and reluctant to accept help.

MEOC added a Care Coordinator to work with an existing mobility manager at the local call center operated by the Area Agency on Aging (also housed within MEOC). Callers were asked about their needs for food, prescription delivery and utility payments as well as rides. MEOC tapped local volunteers, many from area faith-based organizations, to ride with patients to medical appointments and then help provide the patient’s at-home needs for the next week. Volunteer stints were kept short, to make it easy for more people to volunteer.

Creating a single number for people to call for rides simplified the process and began building trust. By joining neighbors with neighbors, MEOC further nurtured trust. Ultimately, the program enabled more older adults and people with disabilities to receive the health care they needed, improving the curve of decline.

Learnings

The grantees interviewed for this best practice were asked to provide insights into key takeaways they gathered through the implementation of their grants. Below are summaries of the most critical concepts for others seeking to develop and enhance transportation programs that serve rural areas.

- **Coordination is especially important in rural areas where resources are limited.** CBI noted that partnering and leveraging resources is the only way to successfully address the challenges posed by low population density across a vast geographic area.
  - Coordinating eases the burden for all partner organizations and can ultimately save money and time, and help each program reach its individual goals.
  - All stakeholders must be involved from the beginning if coordination is to succeed.

- **Needs determine solutions.**
  - CBI found that residents of the Navajo Reservation faced numerous barriers that made driving themselves difficult, including not always feeling well enough to drive, traveling in unfamiliar territory, high-speed roads and destinations more than three miles away.
  - Research is needed to identify where and when residents actually need rides. In areas with low population density, even if need is high, a program must be flexible and convenient to attract enough riders.
  - It is important to be prepared to make program adjustments over time because needs may evolve. CBI offered rides to meet multiple needs but discovered specific needs as the program served more people.
    - Because older residents were not able to get to the food pantry often enough, CBI worked with the ECHO Food Bank Senior Program to become its official transportation provider and made more frequent trips to that destination.
    - Berkshire RPC started with medical rides and expanded to include rides to hair appointments, grocery stores and other destinations that riders wanted. They also found that escorted “medical specialty” rides outside the county were needed more than other medical rides.

- **Find efficiencies to serve more riders with limited resources.**
  - Once you determine where the need is greatest, figure routes, costs, and how many riders you will need for the program to break even financially.
  - Consider multipurpose rides that combine long drives to medical appointments with shopping trips.
  - Balance appointments at set times with trips like grocery shopping that may fit into the schedule.
  - While it is important to be able to accommodate riders with last-minute needs, an advance notice requirement supports the practice of piecing together a ride schedule.
• **Outreach is crucial.** While word of mouth is still the top driver, additional outreach is necessary for creating interest and increasing ridership.
  
  • Be very clear in the information you provide about a new service and who is eligible to receive rides. If you are also recruiting volunteer drivers, be clear about what they will be asked to do.
  
  • Know where your audience is most likely to find information. Ensure that you are also using a variety of outreach approaches. Facebook ads, for example, can be effective if your audience is on Facebook.
  
  • Consider how the physical environment affects riders’ access to information. On the Navajo Reservation, where many people do not have electricity and use battery-operated radios, radio ads and public service announcements were effective in gaining riders. Refrigerator magnets with the provider’s logo and phone number were also effective.
  
• **Building trust** in a tribal community or other highly rural areas is essential and requires additional effort. Trust builds support for new programs that can lead to alliances and recognition of shared purpose. To quote Mitch Elliott from MEOC, “If the problem is in the community, the answer is in the community.”
  
  • CBI had already worked in the area for 20 years and had longstanding relationships with the Navajo community, which brought tribal members into the Alliance.
  
  • CBI reached out by visiting chapter houses and community gatherings accompanied by a Navajo interpreter. Once an interpreter became an integral part of the team, meetings on the Navajo Reservation proceeded smoothly, and more attendees completed surveys.
  
  • MEOC shared its “story” about the value of transportation services with anyone and everyone, which helped to identify others who shared their vision, and those willing to champion the work.
  
  • MEOC and CBI learned that following up on promises made was essential for building trust.
  
• **Federal/State/Tribal Funding**
  
  • Two Federal Transit Administration (FTA) funds administered by states can be especially helpful in rural areas: Section 5311 (Rural Area Formula Program Grants) and Section 5310 (Enhanced Mobility of Seniors & People with Disabilities).
  
  • At Berkshire RPC, FTA Section 5310 / State Mobility Assistance Program (MAP) funding purchased vans for Councils on Aging or other social service agencies.
  
  • MEOC received FTA Section 5310 and Section 5311 funding as a subrecipient of the Virginia Department of Rail and Public Transportation.
  
  • CBI received an FTA Access and Mobility Partnership Grant, which supports innovative projects for the transportation disadvantaged that will improve the coordination of transportation services and non-emergency medical transportation services.
  
  • CBI also applied to provide rides for recipients of a state Developmental Disabilities Medicaid waiver program, which would provide payment vouchers for rides.
  
• **Innovative Solutions**
  
  • Feonix obtained a grant from a private source to continue and expand the volunteer driver program and enhance access to care. Grant funds currently are used to support pharmacy delivery for clients of the Coastal Plains Community Center.
  
  • MEOC receives funding from local community organizations and faith-based organizations to help meet grant match requirements.
  
  • After the NADTC grant in Berkshire ended, successive partners received vehicles to augment services through funds from insurance companies, car dealers and donations. A mini-grant from a community foundation paid for staff time to conduct further outreach to learn of evolving community needs.
For those who run transportation programs, providing rides is only a portion of the work. Providers must also make their transportation easy for riders to access. For older adults and people with disabilities, not knowing how to get a ride can keep them at home, away from the medical appointments, healthy food stores, or chances to socialize that can help them live healthy and fulfilling lives. This transportation best practice highlights successful strategies call centers can use to increase ridership by simplifying the process and increasing trust.

Two NADTC grantees had special insight into the challenge of helping riders secure rides.

In applying for its grant to provide rides for patients to cancer treatment appointments, the Cancer Justice Network (CJN) in Cincinnati, OH, noted that the most likely challenge to its project would be from the task of understanding and coordinating the dense array of transit options already available in the community for cancer patients.

- A public meeting led by the Ohio-Kentucky-Indiana Regional Council of Governments (OKI) had found that “individuals in the target audience may put off routine, or non-emergency medical appointments due to not having a convenient way to travel, which can lead to their medical issues becoming more serious.”
- A survey of 500 University of Cincinnati Medical Center patients found that 68 percent missed appointments for lack of transportation. Patients who miss three appointments are banned from seeking further treatment.

The Sanford Center for Aging at the University of Nevada, Reno School of Medicine, found through its “Speak Up and Be Heard” community gathering that 17 percent of older adults and people with disabilities identified logistics, including being unfamiliar with transportation options, as barriers to engagement in activities outside the home.

### One Call, Many Jurisdictions

In Berkshire County in rural western Massachusetts, 32 municipalities shared borders but not rides. When transportation services are created, they are usually conceived as a benefit to their own county or township. Yet jurisdictional boundaries that govern such programs can prevent people from accessing essential services and lead to expensive rides, especially in a rural area like Berkshire where medical specialists and other services can be far from home. While regional transportation is increasingly valued, putting it in place requires overcoming fears about doing things differently.

The Berkshire Regional Planning Commission (BRPC) applied for an NADTC grant in 2017 to help improve transportation for its rural residents. A central call number served diverse jurisdictions that, for the first time, were coordinating transportation to medical appointments.
Riders could call a single number at a trusted organization to arrange their rides, gaining easy access to transportation as well as a human voice and continuity. Providing a single phone number for riders to call meant that riders did not have to navigate multiple agencies in search of a ride.

Nearby communities joined together and reviewed their transportation contracts to learn how they could partner. Six communities paired off to give rides. Elder Services of Berkshire County, Inc. (ESBI) was chosen to be the central scheduler, as it already had an 800 number that riders could call to schedule rides. In addition, ESBI had been a trusted source in the community for more than 40 years, which was important against this backdrop. ESBCI arranged the rides with the Councils on Aging and other transportation providers that serve the six communities.

The central scheduler kept riders from having to actively search for rides, and it provided a personal touch—a human being always picked up the phone. Partnerships and rides to necessary appointments such as the doctor, as well as to places like the grocery store and hairdresser, continue in the six communities today.

Coordination through Uber Health

At the Indian Nations Council of Governments (INCOG) Area Agency on Aging in Tulsa, OK, a dedicated call number bridged the technology gap for people who lived in a food desert and did not have, or did not feel comfortable using, smartphones. The central call number gave residents easy access to a ride to a full-service grocery store, where they could stock up on fresh, nutritious food. Through its C.A.N. (Creating Access to Nutrition) Ride Program, INCOG identified the opportunities and challenges in connecting older adults and people with disabilities to an on-demand ride service such as Uber.

INCOG set up rides to local grocery stores and markets through Uber Health service and a private, paratransit provider. An information and assistance specialist (I&A) at INCOG scheduled these rides, which eliminated the need for riders to have a smartphone, download the Uber app, or give Uber a credit card number, which many older adults are reluctant to do. Riders called INCOG when they were ready to go to the store. At partner stores, riders could go to the customer service counter and call the I&A specialist to arrange a return ride.

However, INCOG found that much hand-holding was needed to schedule the rides. Things can change quickly with this population—people might forget that a ride was scheduled, have an unexpected conflict or simply not feel well on the day of a planned trip to the store—so the I&A specialist would stay on the phone with the rider while the driver was en route. The I&A specialist provided the driver’s car description and color, license plate number, and other relevant information to riders.

INCOG found that the Uber Health platform was highly user-friendly, yet challenges existed with some drivers. Occasionally drivers would cancel after they accepted a job, causing a delay until another driver picked up the request. Sometimes drivers would simply not arrive, or they would drive a vehicle that the passenger was not able to step into. One driver, whom INCOG blocked, was not nice to riders and refused to take them. The I&A specialist navigated this fluid and highly time-intensive situation.

The overall outcomes, however, were positive: the I&A specialist as the central contact paved the way for riders to set up trips to buy fresh, healthy food. During the grant period, Tulsa C.A.N. Ride provided 594 round trips to older adults, and 430 to people with disabilities. Eighty-four percent of participants used the service more than once, far exceeding the goal of 30 percent.

Calling for Rides and Volunteer Assistance for People with Chronic Conditions

In Virginia’s remote Appalachian Mountains, a call center cuts through a confusing system that had led many in the proud mining community of Big Stone Gap to give up on transportation, even when they need it. Mountain Empire Older Citizens (MEOC) provides rides to dialysis and cancer treatment appointments through MEOC Transit. Rides are available to people of all ages, and to people in wheelchairs or walkers, on a demand-response basis with 24-hour notice. Yet MEOC was seeing an increase in riders who did not have anyone to support them at home or on the rides, which could be up to 75 miles one way. Some people with disabilities and older adults were unable to navigate the complex transportation and health care system and were missing their appointments.

To streamline the process of seeking help and provide access to life-saving health care to people who were too
confused by the system to book rides, MEOC added its own dedicated care coordinator to an existing call center. The new one-call system focused on transportation for people who have chronic health conditions.

The call center greatly simplified the system for patients—all they had to do was call one number. When people with chronic conditions called the central phone number, the care coordinator would not only arrange a ride but also ask about other needs the rider might have. For instance, did they have food and medicine at home? Did they need help paying the power bill? The MEOC Care Coordinator, who was trained in transportation, and an existing mobility manager worked to meet the caller’s full range of needs and assign a local volunteer when there was a question about whether the rider could travel independently. The volunteer would ride with the patient to the medical appointment on MEOC Transit, then support the rider with food, prescription refills and other necessities over the next few days.

The ease of use of the call center, and the personal touch that volunteers brought, encouraged more people to go to their medical appointments and likely had a positive impact on their health. The Care Coordinator gave MEOC the capacity to increase the number of one-way trips it provided by 20 percent over the prior year.

A Call to the City, a Ride to Cancer Care

The Cancer Justice Network (CJN) serves people who historically have not had access to health care and have a strong distrust of authority figures. CJN’s population also experienced challenges in understanding a confusing city transit system and being able to keep medical appointments. The city bus service can be unpredictable, especially for people in wheelchairs.

CJN provides rides to cancer screenings and treatment, as well as dental and vision exams through partnership with Cincinnati Area Senior Services (CASS). CASS has a wheelchair-accessible van and provides 95 percent of CJN’s rides. For the small percentage of rides that cannot be scheduled with CASS transit, a Navigator arranges a ride through Uber or Lyft, paid for by funds from grants to the Cancer Justice Network.

CJN has a Navigator at CASS who maintains a calendar of rides scheduled each week and the number of rides taken. Patients calling the city phone number are assigned to a CJN Navigator who arranges transportation to the health care appointment and ensures that another CJN Navigator will accompany the patient on the trip.

CASS provides trust, which is critically important with this population. CASS drivers are respectful and helpful to CJN passengers. Equally important, they offer predictable transportation. The one-call system created by CJN and CASS ensures that riders will be treated well, which increases the chances that patients will keep their medical appointments.

One-Call/One-Click Center Rises from New Partnerships

In the suburban and rural mix of Larimer County, CO, transportation options were limited and costly in the less-populated areas. Coordination services did not exist, so individuals seeking transportation needed to contact each provider separately to secure a ride. NADTC grantee North Front Range Metropolitan Planning Organization (MPO) in Fort Collins, CO, helped to coordinate a wide-ranging partnership. The project ultimately expanded the service of a One-Call/One-Click center to include more partners and a wider geographical area.

Project MILES, the county’s inclusive planning project, concluded that Larimer County would benefit from coordinated ride services through a mobility management software system, and that collaborators at all levels were ready to move forward. Via Mobility, which already operated a highly regarded call center and provided rides in one of the county’s mountain communities, joined Project MILES on a volunteer basis. Via Mobility offered to expand its service area and call center operation into more of Larimer County. Ride providers, who participated in Project MILES, agreed to coordinate with Via Mobility to use its One-Call/One-Click center through software provided by RouteMatch, another project partner.

Five transportation providers agreed to work together to cover community members’ needs. Thanks to these partnerships, 420 rides were delivered between May and September 2019. The project continues and is now expanding to neighboring Weld County.

Learnings

The grantees interviewed for this best practice were asked to provide insights into key takeaways they gathered through the implementation of their grants. Below are
• The call center supported providers’ long-term commitment to working together and continuing to serve older adults and people with disabilities on a regional level. They also learned that while some riders are loyal to a particular provider, many do not care who gives the rides, only that their ride is on time and works well for them.

• The partners recognized the call center’s potential to improve their operations through giving them access to technology that none of them had on their own.

• Providers found that not having to answer phones enabled them to focus on other priorities that could advance their service.

A call center may do more than schedule rides.
• A call center that serves older adults and people with disabilities may need to do more than take care of ride logistics. Providing care and attention to riders can be an important function. For example, when using Uber, INCOG’s I&A specialist monitored the situation until the driver picked up the rider, provided reassurance that their ride was on the way and made an alternative arrangement if, for some reason, the driver failed to show up as expected. This hands-on assistance was a critical element in the program’s success in getting older adults and people with disabilities to their destinations and back home again.

• A call center can also provide a personal touch, making it easier for older adults and people with disabilities to schedule their rides and get connected to other services, as is the case with MEOC. During the COVID-19 pandemic, call center staff can provide a much-needed social connection at a time when in-person interactions are greatly reduced, particularly for older adults.

Funding

Traditional Transportation Funding Sources
• Federal Transit Administration (FTA) Section 5311 (Rural) and Section 5310 (Seniors and People with Disabilities) funds can be used to develop and manage call centers.

• The North Front Range MPO project leveraged a Colorado Department of Transportation/FTA Section 5304 grant (planning funds), to develop a plan for coordinated dispatch services. This funding lent stability and credibility to the work.
Partnerships and Matching Funds
- Look for a community partner that can do the work and receive Section 5310 funds if your organization cannot.
- Partners can donate staff time for concept development and implementation, plus expertise in grant management and administration.

Innovative Funding Ideas
- Leverage funding from grants, local government, local universities and faith-based organizations, and hospitals or medical centers looking to improve patient outcomes.
Transportation services enable older adults and people with disabilities to access essential services such as medical appointments, grocery stores and pharmacies and help them stay connected to friends and family, social activities and the community at large. However, many are not familiar with the transportation services available in the communities where they live, and others are fearful or confused about how to use those services. For example, a 2017 study in the Journal of Disability Policy Studies, Public Transportation: An Investigation of Barriers for People With Disabilities, found that 20 percent of respondents were unable to navigate the public transportation system.

The original intent of travel training was to introduce potential riders, particularly people with disabilities, to the public transit system and help them become independent users of this vital community service. Over time, travel training has evolved to address specific travel needs in different communities, but no matter the focus, these programs can provide older adults and people with disabilities with the knowledge and tools they need to travel more independently and with greater confidence.

One NADTC planning grantee, the Sanford Center for Aging at the University of Nevada, Reno School of Medicine, reported that at least 17 percent of older adults and people with disabilities in that community identified travel logistics, including lack of familiarity with transportation options and how to get a ride, as major barriers to engaging in activities outside the home. Another grantee, Area Agency on Aging 1-B, noted that travel training has the potential to increase socialization, expand employment opportunities and increase access to the community. Riders who learn to use fixed-route public transit are able to travel more independently, and those who previously used specialized transportation services may even save money if they are able to use the fixed-route system for some of their travel needs.

Area Agency on Aging 1-B in southeastern Michigan and a second NADTC grantee, INCOG Area Agency on Aging in Tulsa, OK, implemented travel training programs. This best practice describes their experiences.

### Travel Training to Access Paratransit Services

Indian Nations Council of Governments (INCOG) Area Agency on Aging created a travel training program to support the primary goal of its NADTC grant: to provide access to healthy food for older adults and people with disabilities who live in a “food desert” of nine square miles in North Tulsa, OK (for more information about the project, see the best practice on access to healthy food).

Through a comprehensive public engagement process of surveys, focus groups and a public workshop, INCOG learned that the food desert area was also a “transportation desert.” While the city’s public transit fixed-route system included stops on the perimeter of the nine-square-mile area, available routes did not connect older adults and people with disabilities living in the area.
to local grocery stores. INCOG also found that although many in the target population qualified for paratransit services, they were not using those services to meet their transportation needs. Several older adults and people with disabilities in north Tulsa actually preferred to take a 14-mile-long bus ride to the Walmart Supercenter in south Tulsa rather than shop at grocery stores that were closer, primarily because they did not have to transfer buses and the bus stop was near the store. Travel training was mentioned throughout the public engagement process as a potential solution to these challenges.

The travel training offered by INCOG focused on teaching people how to use the two paratransit options available to area residents: Morton Comprehensive Health Services, which provides paratransit to INCOG clients age 60 and older to both medical appointments and grocery stores; and the Tulsa Transit Lift Program, which offers door-to-door paratransit service for people with disabilities who meet ADA paratransit eligibility criteria. Travel training also served as an introduction to using on-demand rides provided through Uber Health, which were made available to residents of the food desert later in the project.

INCOG conducted four travel training sessions, each of which included a field trip to a different grocery store near the food desert. In addition to providing round-trip transportation from their homes to an area grocery store, the field trip taught riders how to use paratransit services, including instruction on using the lift and a demonstration of how floor locks work for people who use wheelchairs and power chairs. The training also reviewed how to arrange a ride from Morton and Tulsa Transit Lift. Site visits provided through this training program were used to introduce participants to grocery stores they had not visited before, offering incentives such as gift certificates, food samples and store tours. Participants also received reusable shopping bags from Tulsa Transit with information on major bus lines and how to transfer buses to get to nearby stores. INCOG contact information and the phone numbers to call for rides were included.

While participants were a mix of those who did and did not need paratransit, travel training also served a broader educational purpose by encouraging participants to share what they learned with friends and neighbors. A total of 28 older adults and 24 people with disabilities participated in travel training. Due to funding constraints, travel training is not offered at this time, but INCOG and partners hope to build on what they learned in the next phase of C.A.N. (Creating Access to Nutrition) Ride, their food access program.

Classroom Training and One-on-One Guided Rides

Area Agency on Aging 1-B in Southfield, MI, which operates myride2, a One-Call, One-Click mobility management service, provides mobility management services in Macomb, Oakland, Washtenaw and Wayne counties in Metro Detroit, including the City of Detroit, for the Regional Transit Authority of Southeast Michigan. The Suburban Mobility Authority for Regional Transit (SMART) system first identified travel training as an unmet need in its 2014 Transit-Human Services Plan.

The following year (2015), an evaluation conducted by myride2 found that 39 percent of respondents said there was no service available where they needed to go, and 61 percent reported cost as the barrier for meeting transit needs. Although transportation options were available through the SMART bus and Dial-a-Ride service, local residents were unaware of these options. For instance, residents at one community housing complex did not even know that a fixed-route bus stop was located outside their building. Other older adults who contacted myride2 had not previously used public transportation or had not done so for many years. This information led myride2 staff to realize that providing training for older adults and people with disabilities to use the fixed-route service could meet many residents’ needs. In the area served, fixed-route transportation offers many routes and is half the cost of the demand-response system.

Originally, myride2 planned to develop a train-the-trainer program that would recruit community volunteers to provide travel training. However, the program...
encountered challenges finding older adults and people with disabilities willing to volunteer. Travel training was a new concept in the community, so it may have been too much to expect that the riders the program attempted to recruit would feel sufficiently qualified to train others to use the public transit system. As a result, myride2 shifted its focus to provide a staff-led program that offers both classroom training and one-on-one sessions. Two staff received certification as travel trainers through Easterseals Project Action.

To promote travel training, myride2 distributes rack cards in the community at places like senior centers, senior housing complexes and community events. Area facilities and organizations then invite travel trainers to come to their sites and give a presentation. Most classes take place in the spring, summer and fall to avoid Michigan’s wintry weather.

**Travel training classes** are for anyone, from first-time transit users to experienced travelers and everyone in between. Instructors explain what travel training is, describe the modes of transportation available in the area, teach riders to read bus schedules, demonstrate how to cross the street safely and board the bus, and include information on how to pay the fare. Attendees are also offered an Americans with Disabilities Act (ADA) application should they need to apply for paratransit services. SMART Bus Ombudsmen often join the class to answer specific questions about SMART Transit.

**One-on-One training** is offered to riders who want to experience public transportation with a guide. The myride2 instructors help riders plan a trip to a particular destination. With the instructor’s assistance, the rider chooses the date and maps the route. The instructor tells the rider what to watch for on the route and how to signal when it is time to get off the bus. The pair stays at the destination for about an hour, then returns. The one-on-one sessions continue as often as needed until the rider feels comfortable making the trip alone.

**Outcomes**

Began in 2017 in two counties, the myride2 travel training program now serves the counties of Macomb, Oakland and Wayne, which includes Detroit. With the expansion, myride2 now teaches riders how to go from one county to another and transfer between Detroit and the suburban system.

A 2017 survey of initial program participants indicated high satisfaction: 86 percent felt confident about using public transportation after receiving instruction; 76 percent reported learning something new at classes; and 61 percent said they are likely to use public transportation in the future. Through July 31, 2020, myride2 had provided travel training to more than 300 riders through 19 classes, 21 hands-on bus demonstrations and four one-on-one trainings. Three classes took place in 2020, while two more were put on hold due to COVID-19. In response to the pandemic, myride2 is considering online classes.

**Learnings**

The grantees interviewed for this best practice were asked to provide insights into key takeaways they gathered through the implementation of their grants. Below are summaries of the most critical concepts for others seeking to develop or enhance travel training in their communities.

- **Coordinating travel training with efforts to inform older adults and people with disabilities about transportation options can be beneficial.** AAA 1-B learned that many people who participated in myride2 travel training were interested in learning about public transportation options and wanted to know how travel training could support their independence.

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1 Easterseals Project Action Travel Training Certification offers extensive knowledge and a formal, hands-on approach, as well as guidance on assessing rider readiness to be trained.
Travel training may be more appealing when tied to a specific activity or destination. Consider where people in your target demographic want and need to go. INCOG found that the opportunity to do grocery shopping as part of the travel training experience was a positive incentive for older adults living in a food desert.

When introducing new transportation services, travel training may help increase ridership. As the area served by myride2 expanded and it became possible to cross jurisdictional boundaries using both city and suburban transit systems, travel training provided critical support to apprehensive travelers.

The first step for any program is to ensure the target population understands what travel training is. INCOG found that the term “travel training” was confusing to prospective riders, many of whom did not understand that the training could help them use the transportation options available in the community. The promotional materials developed by myride2 attempt to address this issue head-on by clearly explaining the purpose of travel training, identifying its potential benefits, and discussing how travel training can help both new and experienced transit users.

Recruiting people for travel training is best approached through partnerships with a wide array of community organizations. Staff referrals and word-of-mouth at senior housing complexes were key factors in myride2’s success. Staff promoted the travel training classes through collaboration with numerous community partners, including local faith-based organizations, Centers for Independent Living, social service organizations, neighboring Area Agencies on Aging and a strong partnership with local transit providers. INCOG benefited from the support of an area grocery store that promoted the program through a press release and offered gift cards to participants.

Developing expertise and learning from experts is critical when launching a new travel training program. At myride2, since staff and the program had no prior experience with travel training, obtaining staff certification was deemed a necessity. Shadowing an experienced trainer can also be helpful. Through its membership in the Michigan Mobility Managers Association, the program connected with a travel trainer who offered new travel trainers practical, first-hand experience on how to work one-on-one with riders. In addition, the experienced travel trainer shared templates (e.g., forms for riders that specify their destination and the correct bus number for getting where they want to go) that were adopted by the program. The staff at myride2 also recommends the Association of Travel Instruction as a good resource.

Funding

The Federal Transit Administration’s Section 5310 Program provides funding through the Regional Transportation Authority of southeast Michigan to support myride2’s travel training program.

INCOG’s NADTC grant provided the funding for its travel training program. Costs were minimal, including staff time and a fee paid to Morton Comprehensive Health Services for the use of a paratransit bus and staff to explain the process to riders. Due to limited funding, plans for continuing this program are on hold.
Volunteer Transportation

Older adults and people with disabilities who do not drive are not always able to use public transportation, especially if they live in rural communities and other areas where there are gaps in available transit. Due to economic factors, older adults and people with disabilities may need low-cost or free assisted transportation options to get to medical appointments, grocery stores and social activities to stay healthy and engaged in the community. Volunteer transportation can help fill this need.

In the Grantmakers in Aging article Volunteer Driver Programs, Helen Kerschner notes that perhaps a more compelling reason for the existence of volunteer driver programs than availability and low cost is that volunteers can meet transportation needs specific to older adults—going across county lines for appointments, making multiple stops and carrying packages. People with disabilities who use volunteer transportation find this option a good fit for their needs as well. Plus, a volunteer ride not only makes possible a visit to the doctor or the grocery store, but also provides an opportunity for social interaction with drivers and empowers riders to live independently in the community.

Reasons to Consider a Volunteer Transportation Program

Comfort with Volunteer Drivers

In research conducted as part of its NADTC grant, Shared Mobility, Inc. (SMI) sought to understand the opportunities and challenges of shared mobility options—ridesharing (e.g., Uber, Lyft), bikesharing, carsharing, and volunteer transportation—for older adults and people with disabilities. Interview and focus group participants said they did not feel the shared mobility options currently available in their community were inclusive for them. However, participants were open to a volunteer program that could serve areas beyond those served by current transit routes. They felt they would be more comfortable riding with a volunteer than with a ridesharing or taxi driver and welcomed the potential for wheelchair accessibility (not available from local ridesharing companies) and the door-to-door assistance that volunteers could provide. The ability to schedule rides over the phone appealed to those without a smartphone.

SMI partnered with the Volunteer Transportation Center Western New York (VTC) to provide volunteer transportation. VTC uses volunteers and mobility management to provide transportation to health care and other critical needs destinations for anyone who has barriers to transportation. SMI provided volunteer transportation to take older adults and people with disabilities who are Medicaid beneficiaries to non-emergency medical services in rural portions of Erie County in New York state. Specifically, the project sought to fill gaps that current shared mobility options did not address.

This best practice is based on the experiences of grant programs funded by the National Aging and Disability Transportation Center (NADTC) from 2017 to 2019 to support innovative programs to increase the accessibility of community transportation services for people with disabilities and older adults.
Affordable Option to Fill Transportation Gaps

Feonix—Mobility Rising, together with community leaders in the Coastal Bend region of Texas, identified volunteer transportation as the right option to fill the community’s transportation gaps for night, weekend, cross-county and on-demand rides. This need had been documented by the area’s regional Transit-Human Services Coordinated Transportation Plan. Mobility “leadership circles” convened by Feonix across the region included representation from a variety of agencies serving the community. Circle participants agreed that a new, affordable transportation option was needed to fill the region’s transportation gaps, and that a volunteer transportation program would meet the identified needs.

The volunteer transportation program sought to address the constraints of the public transit systems operating in Coastal Bend’s rural communities, which provided daytime only hours, required advance notice for rides and made long rides to go short distances, among other service limitations. Some residents’ homes in the area will not support construction of wheelchair ramps, making it difficult for them to leave the house without personal assistance. Further, a round-trip ride by a private provider to the doctor from some parts of this rural area can cost as much as $100, a limiting factor for low-income residents.

Circle members estimated they needed approximately 114 volunteers to satisfy demand across the Coastal Bend’s 11 counties. At the time, the veterans’ group for all 11 counties had only two volunteers. The group prepared for a three to five-year effort to establish the program.

Program Design

Partnership with Medicaid and Other Human Services Agencies

Shared Mobility, Inc. partnered with Volunteer Transportation Center Western New York to test VTC’s model in the Buffalo region. VTC offers communities “VTC in a box” which includes its own volunteer transportation program model, technology to support scheduling rides and help launching the program.

The model that SMI and VTC use is diversified. The volunteer program is supported through multiple contracts and agreements with public and private organizations to provide rides for their clients. The revenue generated through Medicaid reimbursement and from county departments of social services and local health service provider contracts covers the volunteer transportation program’s operating expenses. Volunteer transportation is a good fit for these types of rides. Medicaid uses brokers to find the lowest-cost rides, and volunteer programs cost six to ten times less than other types of rides. Even at this lower cost, the volunteer program can reimburse drivers for mileage. The VTC/SMI model is volunteer-focused, making volunteer satisfaction a high priority of the program.

SMI has obtained a contract to transport state Medicaid recipients to non-emergency medical services and is working to expand the program to bring it to scale; provide stable, consistent rides; and recruit more volunteers. Ultimately, SMI seeks to adapt VTC’s proven model so that it can serve clients from rural, suburban and urban areas alike. While SMI expects to expand eventually to Buffalo’s urban environment, currently, it is serving the more rural areas of Erie County that are experiencing sprawl and have an aging population that cannot reach public transportation and needs assistance to get to medical appointments in Buffalo.

To attract volunteer drivers, who are reimbursed for mileage, SMI conducts local outreach campaigns. Drivers must be willing to volunteer at least four hours per week, have a clean driving record and pass a criminal background check. To orient new drivers, a staff member meets with volunteers and reviews the program’s driver handbook. Staff may also accompany new drivers on their first ride. Often, volunteers are older adults or caregivers themselves and give rides to stay active and connect with others in the community.
The VTC handles day-to-day trip coordination—volunteer dispatch, trip management, and reimbursement processing. Trips are scheduled through the in-house driver management platform (called SNAP), developed by VTC.

SMI and VTC are very cognizant of how important community connections are to the success of this program. Volunteers have a human connection with riders and are providing a ride for someone who otherwise would not have one. The organizations realize that they must create a culture that supports the volunteers. SMI saw 25 percent growth in volunteer transportation trips in its first three months of operation and is now seeking to expand to other counties in western New York.

**Building a Mobility Ecosystem**

The new volunteer transportation program created by Feonix is considered part of a broader “mobility ecosystem” in the Coastal Bend community, adding a new option in an area with limited transportation choices. Volunteer drivers take riders to shop for groceries, to church, to Walmart or the post office. While shorter medical trips are typically provided by family, friends or other transportation programs, the volunteer program is a better option for long-distance trips, enabling riders to go to places that might otherwise not be possible, such as specialty medical care, visits with friends or a faraway store. Volunteers see these trips as fun expeditions and riders are able to enjoy a sense of freedom.

Feonix recruits volunteer drivers through targeted outreach and covers the cost of liability insurance for the program. Volunteers must pass a background check and complete a 90-minute online training class that covers roles, responsibilities, technology use, mileage reimbursement, safety precautions and volunteer driver procedures and policies. A central scheduling system, housed in Nebraska (Feonix’s headquarters) connects directly with volunteers to schedule rides. Volunteers are paid for mileage, including mileage for “deadhead miles” when they do not have a passenger in the car.

By the end of the grant period, January 30, 2019, the volunteer transportation program had provided 52 trips for more than 30 Coastal Plains Community Center clients. The program continues today, with a different scheduling system.

**Finding the Right Scheduling Software**

Special software or digital systems ease the task of scheduling volunteer drivers and are important as a program scales up to add volunteers or serve additional riders. Technology is a unique strength of VTC, which developed its own digital driver-management system, SNAP, to facilitate on-demand volunteer transportation services. The platform is not client facing but is designed for volunteer drivers and ride management. With SNAP, volunteer drivers receive their own tablet from VTC that digitally gives them directions, tracks miles driven and communicates with riders. In the SMI volunteer program, which provides rides to health care appointments, trips are booked through the VTC scheduler and assigned to drivers.

Referrals to the volunteer program in Coastal Bend may come through the established toll-free number of Coastal Plains Community Center or Coastal Bend Center for Independent Living, which operates a regional call center with a mobility manager and connections to most area transportation providers. The criteria for matching ride requests to providers includes reliability, affordability and the best match for the particular request. In a rural location like Coastal Bend, it is important to have a local mobility manager who is embedded in the community, to take care of last-minute issues that arise and build trust with riders. When people who need rides do not meet eligibility criteria for transportation through the Coastal Bend Center for Independent Living or the Coastal Plains Community Center, a referral may be made to a central phone number operated by Feonix with a backup answering service that provides 24/7 coverage.

**Learnings**

The grantees interviewed for this best practice were asked to provide insights into key takeaways they gathered through the implementation of their grants. Below are summaries of the most critical concepts for others seeking to develop and enhance their volunteer transportation programs.

- **Start by identifying the scope and scale of the volunteer program.** Critical issues include: Who will you serve and where? How many riders will the program be able to accommodate? How many volunteers will be needed to meet that goal? It is important to identify up front the population from which the program will recruit volunteer drivers. SMI
and Feonix targeted similar groups: local older adults, those interested in volunteerism, professional drivers like ridesharing drivers and bus drivers, and college students.

- Look carefully at factors that could be barriers to a volunteer transportation program and make a plan to address them. In Coastal Bend and in the Buffalo area, local transportation providers initially viewed a volunteer driver program as a threat to their business. Building partnerships and relationships with other transportation providers and local human services agencies at the outset is advisable. Having a smaller pool of drivers ready to go at the beginning can also be a limiting factor, so it is important not to overpromise but to slowly build ridership to match the pool of available volunteers. Sustained outreach to build the volunteer program is a necessary ingredient for success.

- Be patient, because initiating a volunteer transportation program takes a substantial amount of time and effort. New programs need to recruit and activate volunteers before the project starts. Building interest and trust (especially if the organization has not previously run a volunteer program) takes time and persistence. Outreach—going to food pantries, giving out flyers at the library and one-on-one efforts—is very time intensive. Outreach materials can help raise awareness but talking with people and building trust is what compels participation and can help ensure a program’s success (see the best practice on engagement and outreach for additional information). Piloting a volunteer transportation program for just a short time can be challenging, even though it may be a necessary first step. Once a program begins, it is vitally important to have in place a realistic sustainability plan so as not to lose the support and trust you have already built.

- When planning outreach, make sure your mission is clear. Convey exactly what you are looking for and whom you hope to serve. Feonix and SMI found success in consistent local outreach, trust building and word of mouth, plus digital and print marketing. Highly targeted Facebook ads were effective in recruiting drivers, as was partnering with other area organizations on community outreach, including sharing flyers and creating websites to promote the program.

- Continue nurturing and engaging volunteers and riders. Software is great for scheduling rides, but volunteers drive because they feel a sense of mission and trust in the people in the organization. That connection is vital and can be strengthened through efforts to create a sense of community and by showing appreciation. Consider ways to give thanks to and promote a sense of identity for the volunteers, such as t-shirts for volunteer drivers or a special luncheon.

**Funding**

- SMI worked with the local Metropolitan Planning Organization (MPO) to have the Volunteer Transportation Center Western New York program and its steering committee included in the local Coordinated Transit-Human Services Transportation Plan, to solidify the program’s eligibility for future Section 5310/5311 funding that is managed by the MPO. VTC has received a Federal Transit Administration (FTA) grant through its Access and Mobility Partnerships program to expand SMI’s program to nearby counties and continue building a volunteer transportation network.

- Feonix obtained a grant from a private source to continue and expand the volunteer driver program and enhance access to care. Grant funds are currently being used for pharmacy delivery to clients of the Coastal Plains Community Center.
Who We Are

Established in 2015, the NADTC is a federally funded technical assistance center administered by Easterseals and USAging based in Washington, DC.

The National Aging and Disability Transportation Center is funded through a cooperative agreement of Easterseals, USAging, and the U.S. Department of Transportation, Federal Transit Administration, with guidance from the U.S. Department of Health and Human Services, Administration for Community Living.

USAnoa is the 501(c)(3) national association representing and supporting the network of Area Agencies on Aging and advocating for the Title VI Native American Aging Programs. Our members help older adults and people with disabilities throughout the United States live with optimal health, well-being, independence and dignity in their homes and communities. USAging is dedicated to supporting the success of our members through advancing public policy, sparking innovation, strengthening the capacity of our members, raising their visibility and working to drive excellence in the fields of aging and home and community-based services. www.usaging.org

Easterseals is the leading non-profit provider of services for individuals with autism, developmental disabilities, physical disabilities and other special needs. For nearly 100 years, we have been offering help, hope, and answers to children and adults living with disabilities, and to the families who love them. Through therapy, training, education and support services, Easterseals creates life-changing solutions so that people with disabilities can live, learn, work and play. www.easterseals.com