

2020 Trends Report



Photo: Township of Schaumburg, Illinois



# Table of Contents

Introduction .....	3
Volunteer Driver Programs in the Age of COVID-19 .....	5
Transportation for People with Intellectual and Developmental Disabilities (I/DD) .....	13
A Fixed-Route Response to Assisting Local Communities during the Coronavirus Pandemic.....	18
Meeting the Transportation Needs of Diverse Older Adults and People with Disabilities .....	23
Medicare Advantage Transportation Programs .....	31
Inclusive Planning for Older Adults and Persons with Disabilities .....	36

The National Aging and Disability Transportation Center (NADTC) is a program funded by the Federal Transit Administration and administered by Easterseals and the National Association of Area Agencies on Aging (n4a), with guidance from the U.S. Department of Health and Human Services, Administration for Community Living.

**NADTC’s Mission** is to increase accessible transportation options for older adults, people with disabilities, and caregivers nationwide.

National Aging and Disability Transportation Center  
Washington, D.C. 20003  
Telephone and toll-free hotline: (866) 983-3222  
TTY: (202) 347-7385  
Email: [contact@nadtc.org](mailto:contact@nadtc.org)  
Website: [www.nadtc.org](http://www.nadtc.org)

Follow us:

[Facebook](#)

[Twitter](#)

[YouTube](#)

[LinkedIn](#)

# Introduction

Each year, the National Aging and Disability Transportation Center (NADTC) publishes a **Trends Report** highlighting emergent topics in transportation. The report provides overviews of transportation issues and challenges being faced within the transportation industry, including examples of how solutions are being implemented in communities across the United States. Individual topic spotlights from the full report will be released throughout 2021 and available for download on our website.

NADTC's mission is to increase the availability and accessibility of transportation for older adults and people with disabilities. We recognize that our work must be grounded in, and respond to, the needs of the communities and organizations that we serve. Imperative to NADTC's success, it is critical to highlight community efforts to develop accessible transportation programs and ensure easy access to transportation information. The Trends Report also enables NADTC to showcase innovative leaders in the transportation field.

The topics selected for the 2020 report grew out of NADTC staff work over the past year, including a review of applied research and published reports, as well as numerous conversations and virtual interactions with transit providers and other professionals and organizations in the field of transportation for older adults and people with disabilities.

The 2020 Trends Report reviews:

- **Volunteer Driver Programs in the Age of COVID-19**  
This information brief summarizes the challenges and opportunities for volunteer transportation programs during the pandemic, whose drivers and riders are primarily older adults, and features some innovative ways to continue to serve those who rely on volunteer transportation programs.
- **Transportation for People with Intellectual and Developmental Disabilities**  
This report, focused on systemic barriers to transportation for people with intellectual and development disabilities, introduces tools and methodologies to navigate the often confusing and complex transportation services available.
- **A Fixed-Route Response to Assisting Local Communities During a Pandemic**  
This report highlights the innovative approach fixed-route transportation operators have taken to overcome the impacts of the pandemic, how they have assisted the community, and ways fixed-route transportation providers can improve the health and safety of its riders.

- **Meeting the Transportation Needs of Diverse Older Adults and People with Disabilities**  
This informational brief highlights the work of two local programs that are working on ways to address the transportation needs of diverse older adults and people with disabilities. The paper also discusses current research findings and recommendations for moving the needle forward in addressing the transportation needs of these populations.
- **Medicare Advantage Transportation Programs**  
This report outlines how transportation assistance plans, provided through Medicare Advantage Programs for eligible Medicare members, work and explains who Medicare plans work with to provide the rides. It also provides information on how Medicare Advantage members can use this benefit to access medical appointments and other essential life trips.
- **Inclusive Planning for Older Adults and Persons with Disabilities**  
This informational brief addresses inclusivity of older adults and people with disabilities in the planning process. It emphasizes cultivating an environment of respect for different perspectives and provides a greater understanding of how riders' personal experiences are impacted by program policies and practices. The report demonstrates that by introducing a diversity of opinions in the decision-making process, communities can begin to address and repair a history of inequity.

If you have questions about any topic highlighted in this report or have a story to share from your community, please reach out to us at (866) 983-3222 or email [contact@nadtc.org](mailto:contact@nadtc.org).

# Volunteer Driver Programs in the Age of COVID-19

## Introduction

Volunteer driver programs have long been an affordable and efficient transportation service. They tend to be more flexible and can operate any time of the day, in any geography depending on the driver’s availability and preferences. Volunteer driver programs are recognized as an effective use of private resources for public good. Volunteer riders *and* drivers tend to skew older and are subsequently in the high-risk category for contracting COVID-19. With the onset of the pandemic in March of 2020, many volunteer driver programs stopped operations completely for the safety of the driver and rider. Other programs, because the volunteers know their riders and precautions were put in place, have continued to offer limited, essential rides only. More programs are ramping up, as they have drivers willing to allow others in their vehicles. Whether they continued rides or not, some programs kept volunteers engaged by asking them to deliver groceries or prescriptions or to make wellness phone calls to riders.

This report will summarize the challenges and opportunities for volunteer driver programs during the pandemic and feature some innovative ways to continue to serve those who rely on volunteer transportation programs.

## Challenges and Opportunities

While often referred to as the “best kept secret”, volunteer driver programs offer transportation in places where there are no other or limited transportation options. They have long been opportunities for community members to give back to their neighbors, families and friends by offering rides. It is a volunteer activity that is often mutually beneficial for the rider and the driver.

During the pandemic, it has become clear that volunteer driver programs, and the volunteers who drive, are essential parts of the support systems for older adults and people with disabilities. The need for these programs became especially apparent when many stopped running, leaving those who depend on this service to find other ways to get to appointments or to purchase

While rural infrastructure and budgets are often limited, culture is an innate strength, and a **neighbor helping neighbor** strategy plays to that strength. This may explain the ability of even small places to field enthusiastic volunteer driver programs, which many rural strategists see as the most sustainable and cost-effective option for filling gaps in service and helping older people maintain mobility in rural and frontier settings.

**Volunteer drivers go the extra mile**, offering much more than a ride; they provide a high-touch, supportive, social experience well beyond the reach of other forms of transportation.

*Blind Spot: Mobility and Aging in Rural America – Insights for Philanthropy, 2020*

food. Also noticeable was that not everyone can get to a drive-through COVID testing location or to the doctor should they test positive for COVID and need treatment. Out of necessity, new or augmented relationships have been formed with public health, hospitals and other community partners. Programs have been flexible and pivoted to add new services and, in some cases, recruited new volunteers willing to step up during the pandemic.

Recruiting volunteers is a consistent challenge; however, the pandemic has raised awareness of the essential role volunteers play in our social safety net programs. Many people have been looking for ways to help and have connected to programs through online searches of volunteer opportunities or the volunteer program website. Some volunteer programs have been actively recruiting new volunteers through inserts in mailings like tax bills, through town newsletters, and of course, word of mouth continues to be the most effective method. Some programs have been featuring the opportunity for occasional or one-off volunteering, which is a trend in volunteer engagement, particularly among younger volunteers.

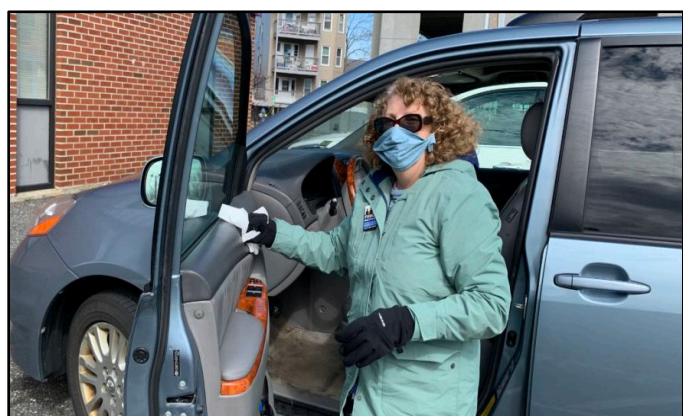
### **Volunteer and Rider Safety**

An essential foundation for any volunteer driver program, even before the pandemic, is the assurance of rider and volunteer safety. Some programs stopped operating due to safety concerns specific to the pandemic, while others have implemented new policies and procedures and continued to operate, some with limited capacity and restricted ride purpose.

Risk management for volunteer driver programs is an established operational priority due to the nature of the volunteer task and relationships and interactions with vulnerable adults. Safety protocols, training requirements, and evaluations of volunteers are essential elements for every volunteer driver program.

With the onset of the pandemic, the need for new protective measures was essential for rider and driver safety. New safety procedures commonly implemented include:

- Masks required for drivers and riders.
- Hand sanitizer in all vehicles
- Rear passenger-side seating for riders able to sit in the back of vehicle.
- Windows open while riding
- Vehicle disinfection.
- Removable partitions between the front and back seats.
- Use of larger agency vehicles to allow more spacing for passenger.



*Jewish Family Service of Metrowest, Framingham, MA*

These measures required new training for volunteers on the proper use of Personal Protective Equipment (PPE) and sanitation supplies. Programs have done this training through written bulletins, short videos, and in-person training following public health and CDC guidelines.

Some programs have implemented new risk statements and informed consent waivers for the drivers and riders to sign that acknowledges the safety processes in place. It also informs the driver and rider there is still a risk of contracting COVID or other diseases despite safety protocols.

Another practice adopted by some programs is to consistently assign the same volunteer driver to a specific rider. This reduces the exposure potential for those who are high risk and need multiple rides due to dialysis or cancer treatments.

Continually improving safety procedures in these programs is a priority and continues to impact operating decisions, especially as spikes in COVID occur and will be important when vaccine distribution begins.

### **Funding Support**

Even as the demand for rides has decreased during the pandemic, the need for funding volunteer program operations still exists. [Federal Enhanced Mobility of Seniors & Individuals with Disabilities – Section 5310](#) is one funding source many volunteer transportation programs use for operations. Non-traditional Section 5310 project examples listed on the FTA program website specifically include volunteer driver programs. The Federal Section 5310 funds are allocated to States and designated direct recipients, with eligible subrecipients that can include private nonprofit organizations, states or local government authorities, or operators of public transportation. While not all volunteer driver programs access this funding, many do.

Noteworthy, especially during the pandemic, is that FTA's Section 5310 program allows grantees to coordinate and assist in regularly providing meal delivery service for individuals who are homebound, if the delivery service does not conflict with providing public transportation service or reduce service to public transportation passengers. The Area Agency on



*Disability Network West Michigan, Muskegon, MI*

Aging Sonoma Access Transportation Programs which include six volunteer driver programs transitioned to meal delivery during the early days of the pandemic.

The Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (CRRSAA) and American Rescue Plan Act of 2021 each allocated \$50 million for the Enhanced Mobility of Seniors and Individuals with Disabilities formula program Section 5310. This funding is being used to acquire and pay for Personal Protective Equipment (PPE) and sanitation supplies for their drivers and riders and assist with operational expenses. The cost of operations does not directly correlate with the decrease in rides and in some cases has increased as these programs shifted to meal, prescription and other essential goods deliver. Some programs were also able to access CARES Act funding through other entities like their Area Agencies on Aging.

Another concern for volunteer driver programs is that often, their funding from year to year is dependent on the number of rides provided in the previous year. With the significant decline or stoppage of service, ride numbers in 2020 may severely reduce their 2021 allocation.

### **Operational Support**

While programs continue to upgrade their safety measures and procedures, coming together virtually to share successes, concerns, and stories has helped disseminate best practices among programs. These peer exchanges, both formal and informal have been valuable as programs navigate these difficult times.

#### *Informal Networks*

The Maine Council on Aging hosts the [Tri-state Learning Collaborative on Aging](#) (TSLCA) forums around relevant topics to the aging network in Maine, New Hampshire and Vermont. The Resiliency and Recovery Conversation Check-in Calls for Volunteer Transportation is one of these forums. Volunteer driver programs learn how others have adapted, discuss reopening plans, and serve as an exchange for sharing experiences, policies, and new services. For example, The Friends in Action program in Hancock, Maine noted they use the [CDC guidance - What Rideshare, Taxi, Limo and other Passenger Drivers-for-Hire Need to Know about COVID-19](#) as guidance for their program.



Participants on these video calls have shared how they moved orientation online which has helped new volunteers on-board more quickly, safely and conveniently; produced new sample waivers and policy statements; surveyed their current and past volunteers about continuing to drive now or in the future; and have acted as a support group as everyone is trying to figure out how to continue their good work while protecting volunteer drivers and riders.



## *Formal Networks*

Another resource shared by one program during the TSLCA forum is the benefit they experience as part of a national organization like the [National Volunteer Caregiving](#)



[Network](#). NVCN is a membership organization of programs that provide volunteer caregiving services across the United States. The majority of NVCN members provide volunteer driver services as one of, or the only, caregiving service they offer. Membership benefits include professional development opportunities, branding and marketing tools, support and resources, including low-cost access to an online portal to automate and track data. During the pandemic, NVCN members have access to sample templates for policies or informed consent waivers, tools to recruit volunteers, ideas to reintroduce transportation, and discussion of issues such as HIPAA compliance. Members can access an online toolbox including a resource library of policies, operational documents, waivers, bylaws, marketing campaigns, and client assessment tools.

This is one example of a membership organization that can provide support for volunteer driver programs who often operate with minimal staff or solely with volunteers.

### **Program Examples**

The following three program examples highlight other innovative ways volunteer driver programs have continued to provide transportation for their program participants when their traditional volunteer driver program was not operating or did not have enough volunteers to meet demand. In these examples, agencies were able to capitalize on programs and partnerships that began prior to the pandemic.

#### *Sound Generations – King County, Washington*

[Sound Generations](#) provides free, personalized, and safe transportation to essential healthcare appointments for older adults in King County, WA. When the pandemic started, their volunteer pool dropped by about 75%. Initially, the rides requested declined as well, but as ride requests started to increase, volunteers willing to drive did not increase to match the need. Sound Generations received a grant in 2019 to pilot the use of [UberHealth](#) to provide certain rides to their clients. Because there have been fewer volunteer drivers to meet ride request demand as the pandemic continues, Sound Generations is using this existing partnership with Uber to fill ride requests. This service is used for riders who are appropriate for this level of service, who agree to and are comfortable using it. This is a temporary solution as not all riders are capable of or willing to use Uber; these rides are more expensive; and there is a lack of funding to sustain the program long-term.

### *Transportation Improvement Program – Iowa, Statewide*

To address the need for reliable and expanded transportation solutions in Iowa, the Transportation Improvement Program began to form partnerships between the American Cancer Society, the [Iowa Cancer Consortium](#), and public transit agencies in 2019. The [American Cancer Society Road to Recovery](#) program is a network of volunteers who provide free rides for cancer patients to medical appointments and procedures.



*The Center for Volunteer Caregiving, Cary, NC*

In March of 2020, the American Cancer Society temporarily shut down their volunteer driver program to help mitigate the spread of COVID-19. During this critical moment, the staff at the Iowa Cancer Consortium and American Cancer Society quickly turned to public transit because of the distancing and strict cleaning protocols they had already implemented to reduce virus spread. Public transit became the referral for some cancer patients who had no other way of getting to treatment. With emergency funding from the Iowa Cancer Consortium, the [Des Moines Area Regional Transit Authority](#) and [Heart of Iowa Regional Transit Agency](#) have provided over 350 rides to ensure cancer patients did not skip their treatment appointments due to lack of transportation.

### *Freedom Road Transportation – Orion, Michigan*

[Freedom Road Transportation](#) program in Orion, MI offers both traditional volunteer rides, where volunteers are found and scheduled by the agency, as well as a program where the riders choose their own drivers and reimburse them directly with mileage reimbursement provided by Freedom Road Transportation. While the agency-scheduled volunteer rides ceased at the start of the pandemic, arrangements for rides made between the rider and volunteer driver continued. Those who qualify for this program must fill out an application in order to be eligible for reimbursement, which they in turn give to their driver. Volunteer drivers must fill out a form identifying themselves and their passenger. Mutually convenient travel arrangements are made between the rider and the volunteer driver. Because the rider acquires their own driver, they have control over the person with whom they ride. The rider and volunteer are usually already in the same circle. This arrangement alleviates some of the concerns of riding with a volunteer driver who the rider may not know. Due to this unique set-up, this portion of the Freedom Road Transportation Program did not see a reduction in usage,

except due to outside forces such as stay-at-home orders or cancelled routine medical appointments. This operational model is based on the TRIP Model found [here](#).

## Summary

It has become more evident than ever that volunteer drivers are essential front-line workers who provide direct access to food, medical treatment, prescriptions, and necessary appointments for people with no other transportation options. Despite initial reduction in rides requested in the beginning of the pandemic, ridership demand is increasing. Unfortunately, the number of volunteer drivers willing to drive is not increasing as quickly. Many volunteers are in the high-risk category and are choosing not to drive others or will only transport goods. With appropriate risk management procedures in place, volunteer driver programs have consistently been an efficient and effective transportation solution, particularly for difficult to serve geographies and populations. COVID-19 has been difficult on the entire transportation network and has forced new partnerships and arrangements to continue to provide an option for those with no other way to get around. It is essential that the importance of volunteer driver programs is recognized and supported because they will continue to be needed to provide mobility for older adults and people with disabilities. As more of the population becomes vaccinated, hopefully more of the volunteer drivers will once again return to the volunteer programs.

## References

Blind Spot: Mobility and Aging in Rural America, Insights for Philanthropy, Age Friendly Arizona, Elliott Sparkman Walker, Strategic Communications & Planning. August 2020

[http://www.agefriendlyaz.org/Portals/4/Blind-Spot-MAG-Rural-Mobility-report-08022020-FINAL\\_1.pdf](http://www.agefriendlyaz.org/Portals/4/Blind-Spot-MAG-Rural-Mobility-report-08022020-FINAL_1.pdf)

Federal Transit Administration (n.d.). Enhanced Mobility of Seniors and Individuals with Disabilities – Section 5310. Retrieved from

<https://www.transit.dot.gov/funding/grants/enhanced-mobility-seniors-individuals-disabilities-section-5310>

## Resources

National Aging and Disability Transportation Center – Operating Volunteer Driver Programs in a Pandemic: <http://www.nadtc.org/wp-content/uploads/Volunteer-Driver-Suggestions-COVID.pdf>

National Aging and Disability Transportation Center – The Impact of COVID-19 on Transportation Services for Older Adults and People with Disabilities: A Conversation with

Volunteer Driver Programs (webinar) <https://www.nadtc.org/event/the-impact-of-covid-19-on-transportation-services-for-older-adults-and-people-with-disabilities-a-conversation-with-volunteer-driver-programs/>

National Aging and Disability Transportation Center – Emergency Activity Tracking for Transportation Programs <http://www.nadtc.org/wp-content/uploads/Emergency-Activity-Tracking.pdf>

The Impact of COVID-19 on Transportation Access and Social Isolation (blog) <https://us5.campaign-archive.com/?u=8e5a58f0539f4d7433f4faafc&id=f878b8a7ad>

CDC Cleaning and Disinfection of Non-emergency Transport Vehicles <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>

OSHA – COVID-19 Guidance for Rideshare, Taxi, and Car Service Workers <https://www.osha.gov/Publications/OSHA4021.pdf>

Coronavirus Aid, Relief, and Economic Security (CARES) Act FAQs <https://www.transit.dot.gov/frequently-asked-questions-fta-grantees-regarding-coronavirus-disease-2019-covid-19#CARES>

---

# Transportation for People with Intellectual and Developmental Disabilities (I/DD)

## Introduction

The passage of the Americans With Disabilities Act in 1990 increased physical accessibility to public transportation. For millions of individuals with disabilities, public transportation is their only option to maintain their independence and stay connected to their communities. However, even with the tremendous progress of the last thirty years, transportation remains a top barrier for people with disabilities. According to the [NADTC Transportation Needs and Assessment](#) report, 8 in 10 non-drivers with a disability cannot do the activities or chores they need or like to because of transportation barriers.

For people with intellectual and developmental disabilities (I/DD) accessing dependable and accessible transportation services in their communities continues to be a significant barrier to independence and opportunities. During their lifetime, persons with I/DD need access to an array of services that may include employment/vocational training, healthcare, education, socialization, and other activities of daily living. Transportation services provide access to these vital services and activities.

## What is Intellectual and Developmental Disability?

According to the Family & Individual Needs for Disability Supports (FINDS) Community Report, an estimated [7.4 million](#) people with an intellectual or developmental disability live in the United States. Intellectual and developmental disabilities (I/DD) are disorders that are usually present at birth and that negatively affect the trajectory of the individual's physical, intellectual, and/or emotional development. The American Association of Intellectual and Developmental Disabilities (AAIDD) defines I/DD as follows:

- **The acronym IDD** is the abbreviation commonly used to reference intellectual and developmental disabilities.
- **Intellectual Disability (ID)** is a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. This disability originates before the age of 18.
- **Developmental Disabilities (DD)** is an umbrella term that includes intellectual disability but also includes other disabilities that are apparent during childhood. Developmental disabilities are severe chronic disabilities that can be cognitive or physical or both. The disabilities appear before the age of 22 and are likely to be lifelong. Some developmental disabilities are largely physical issues, such as cerebral palsy or epilepsy. Some individuals may have a condition that includes a physical and intellectual disability, for example Down syndrome or fetal alcohol syndrome.

## Barriers to Transportation

For Individuals with disabilities, transportation is one of the top barriers to inclusion in society and accessing opportunities. People with I/DD often have trouble with many of the skills that navigating transportation requires, such as comprehension, memory, attention, time management, literacy, multitasking, and problem solving (Davies, et al. 2010). The travel process can be complex, confusing, and inconsistent. Riders with intellectual and developmental disabilities need clear and understandable signage, stop announcements, fare payment and other policy information to support trip planning and travel.

In addition, people with I/DD also face systemic barriers to transportation which limit their options. Individuals with I/DD often rely on Medicaid nonemergency transportation as their only alternative to rides provided by family, friends and/or caregivers. Medicaid Home and Community-Based Services 1915(c) Waivers is the largest provider of long-term services and supports for people with IDD. Medicaid provides many in the I/DD community with non-emergency medical transportation but does not require transportation related to other aspects necessary for community living such as accessing work, errands, or recreational activities (Friedman & Rizzolo, 2016).



*MetroWest Regional Transit Authority,  
Framingham, MA*

Another barrier is the need for coordination of transportation services and limited federal, state, and local funding to support transportation. People with I/DD and their caregivers also struggle to find out about the community transportation services that would meet their needs, since comprehensive information may not be readily available, especially in communities without a mobility manager.

Other factors that increase barriers to transportation for individuals with I/DD include:

- Limited transit travel training programs are targeted to individuals with I/DD.
- Individuals with I/DD often do not have driving privileges. Problems associated with I/DD, such as difficulty reading and processing information, problems with motor skills, executing problem solving and visual and spatial awareness are thought to impact the various skills required for safe driving.

## **Travel Training, Transportation and Coordination**

Across the nation, federal, state, and local entities are working to increase the accessibility of transportation for people with disabilities through better coordination of transportation services and tailoring programs to educate individuals on transportation options. The following are examples of organizations providing transportation, travel training and enhancing coordination to increase mobility and improve access to transit.

### *Local Examples: Travel Training*

[The Kennedy Center, Inc., Trumbull, Connecticut](#) teaches people with disabilities and older adults to use the local bus and rail system properly and safely on a one-to-one basis. The program also addresses how to safely cross the street, interacting with strangers, and self-advocacy. Since 1991, The Kennedy Center has successfully trained more than 3,000 people with cognitive, sensory, and physical disabilities. The program is funded by the Connecticut Department of Transportation.

[The Ride Share Education Program, Honeyman Services, LLC., Northglenn, Colorado](#) is an educational program designed to teach adults with intellectual and developmental disabilities how to safely access ride share services such as Uber and Lyft to meet their individual transportation needs. Students first participate in intense classroom study and then get first-hand experience with an instructor by taking a few test rides. Honeyman Services, LLC provides this service through its partnerships with the Developmental Pathways, Rocky Mountain Human Services and the Developmental Disabilities Resource Center. Honeyman Services, LLC. received funding from Rocky Mountain Human Services and Developmental Pathways.

### *Local Examples: Transportation Programs*

[Providence Center, Glen Burnie, Maryland](#) is a non-profit organization supporting adults with intellectual and developmental disabilities in Anne Arundel County. Providence Center operates a fleet of 50 vans, trucks, and cars to transport the people they serve to jobs, residential programs, social activities, volunteer assignments and home to connect with family members. Transportation service is provided Monday – Friday from 6:00 am – 6:00 pm. Providence receives state and federal government funding. Additional funding is received from corporate and individual donations and fundraising.

[Ride Connection, Portland, Oregon](#) is a door-to-door non-profit organization based in Portland, Oregon, that has been linking people to transportation in their community for over 25 years. Currently Ride Connection provides door-to-door services for older adults (60+) and people with disabilities free of charge for any purpose, including medical, meals, shopping, recreation, and volunteering or work. Ride Connection also provides travel training through its RideWise

program which offers a variety of services that include: 1) personalized trip planning to provide customers with information on all available transportation options; 2) vehicle familiarization services for those with disabilities or others who may require specialized assistance while boarding the vehicle; and 3) specialized short-term individualized instruction with a staff travel trainer. Ride Connection has received funding from Federal Transit Administration (FTA) Section 5310 and state grants. Additional funding is received from private foundation grants and both corporate and individual donations.

### *Local Examples: Coordination*

[The Tennessee Council on Developmental Disabilities](#), a coalition of disability, aging and transportation experts, teamed up with legislative leaders to address better coordination with the goal of expanding and improving accessible transportation by introducing the [Tennessee Accessible Transportation and Mobility Act of 2020](#). The effort was led by the Tennessee Council on Developmental Disabilities, which engaged people who use or need accessible transportation throughout Tennessee as key advisors. The legislation creates a new office within the Tennessee Department of Transportation (TDOT) that will focus solely on accessible transportation and offer a new and sustained level of support to localities across the state. The new statewide office will work with a diverse advisory group to identify the state's needs and solutions that can change over time. The law also advises government agencies to coordinate with TDOT toward the goal of expanding and improving accessible transportation and mobility across Tennessee.

### **Summary**

Individuals with intellectual and developmental disabilities can have unique challenges in accessing employment, health care, instrumental activities of daily living (e.g., shopping and running errands) and community participation. Having access to safe, accessible, and reliable transportation can expand opportunities and allow people with I/DD to participate fully in society. To fully meet the needs of their customers, transportation providers must involve individuals with I/DD and their caregivers in the planning and implementation of coordinated transportation systems.



## Resources

Davies DK, Stock SE, Holloway S, Wehmeyer ML. (2010). Evaluating a GPS-based transportation device to support independent bus travel by people with intellectual disability. *Intellectual and Developmental Disabilities*.

Anderson, L., Hewitt, A., Pettingell, S., Lulinski, A., Taylor, M., & Reagan, J. (2018). Family and Individual Needs for Disability Supports (v.2) Community Report 2017. Minnesota: Research and Training Center on Community Living, Institute on Community Integration, University of Minnesota. Retrieved from: [https://thearc.org/wp-content/uploads/forchapters/FINDS\\_report-2017-FINAL-VERSION.pdf](https://thearc.org/wp-content/uploads/forchapters/FINDS_report-2017-FINAL-VERSION.pdf)

Friedman, C., & Rizzolo, M. C. (2016). The state of transportation for people with intellectual and developmental disabilities in Medicaid Home and Community-Based Services 1915 (c) waivers. *Journal of Disability Policy Studies*, 27(3), 168-177. Retrieved from: [https://www.researchgate.net/publication/292401454\\_The\\_State\\_of\\_Transportation\\_for\\_People\\_With\\_Intellectual\\_and\\_Developmental\\_Disabilities\\_in\\_Medicaid\\_Home\\_and\\_Community-Based\\_Services\\_1915c\\_Waivers](https://www.researchgate.net/publication/292401454_The_State_of_Transportation_for_People_With_Intellectual_and_Developmental_Disabilities_in_Medicaid_Home_and_Community-Based_Services_1915c_Waivers)

---

# A Fixed-Route Response to Assisting Local Communities during the Coronavirus Pandemic

## Introduction

While 2020 has been in many ways unprecedented, many transit agencies have continued to excel at what they do best – move people. With their employees deemed essential workers, most transit authorities across the country remained in service during the pandemic, while developing innovative ways to operate in our new normal. The core ridership of public transportation is the aging and disability communities; however, during this time of uncertainty transit agencies have stepped out of the daily routine to assist a community truly in need.

Many fixed-route systems stopped fare collection temporarily and required passengers to board through the rear entrance, to avoid contact with the driver; however still allowing persons needing a ramp or lift to use the front entrance. While on board, transit agencies encouraged mask usage and physical spacing, while communicating a message of safety and cleanliness. Although the social landscape has appeared a little different, riders still need to access everyday necessities like groceries, medical appointments and jobs. The following report discusses how several large urban transit agencies have stepped up to assist their communities during these trying times.

## Challenges and Opportunities

At the onset of the Coronavirus pandemic in March of 2020, transit agencies encountered a new challenge: close their doors and face layoffs or transform the way transit services are delivered. A large majority of transit systems across the U.S. saw a decrease in ridership; allowing time for strategic planning efforts, enhanced cleaning regimens, and the development of new safety guidelines to ensure riders could feel confident in returning to transit for regular use. By the end of March 2020, the President signed into law, [H.R.748 – Coronavirus Aid, Relief, and Economic Security Act \(CARES Act\)](#), which appropriated almost \$50 billion to be distributed to FTA recipients of both rural and urbanized areas, provided at a 100-percent federal share. The funding supported capital and operating expenses eligible under the Federal Transit Administration’s [Section 5307 and Section 5311 formula programs](#) to prevent, prepare for, and respond to the ongoing COVID-19 pandemic.

CARES Act funding has allowed transit systems across the country to not only recover some lost revenues but also invest in technologies or system improvements to prepare their transit system for future operations. Since the onset of the pandemic, Congress has enacted three emergency funding Bills, which include funding for transportation programs.

The following examples are just a few urbanized fixed-route systems that have assisted their communities, while ensuring that riders return safely to actively riding the bus again.

## Local Examples

### *VIA Metropolitan Transit, San Antonio, Texas*

When businesses, restaurants and schools started closing in March 2020, a lack of access to basic amenities like Wi-Fi technology to access online resources, especially schoolwork, became very apparent, particularly in high density, low-income neighborhoods. VIA Metropolitan Transit in San Antonio, Texas developed [VIA Cares – Connecting Our Community](#) to organize available resources for neighborhoods in need and match volunteers with opportunities to serve the community.



*VIAtrans, WiFi locations)*

the community and made available to students who may not have access to a reliable Wi-Fi connection at home. This free service was available through the end of the 2019-2020 school year, or as deemed necessary.

### *Bay Area Healthy Transit Plan, San Francisco, California*

The Bay Area sought to welcome riders back to their system and wanted to convey a message of safety and reliability. The transit agencies within the nine bay area counties developed the “Riding Together, Bay Area Healthy Transit Plan” which commits to a shared responsibility of

limiting the spread of COVID-19. Within this plan, transit riders are asked to wear face coverings, physically distance, minimize talking to slow the spread, as well as encouraging touchless fares and the use of mobile payments.

Bay Area transit leaders have come together for the common good, SFMTA Director of Transportation Jeffery Tumlin states “economic recovery can't happen without transit. And transit doesn't work if our passengers and operators don't feel safe.” Area leaders are encouraging rider confidence, remaining transparent, and informing the public how to safely return to daily transit use.



*Bay Area Healthy Transit Plan*

By implementing these safety measures, Bay Area transit leaders have increased the confidence of older adult passengers as well as those with disabilities to feel as though they can ride safely and be as well-protected as possible when they need to use public transportation.

In July 2020, Bay Area Rapid Transit (BART) released a [15-Step Plan to Welcome Back Riders](#) as the region began to open back up, allowing riders to ‘reimagine’ transit service. The plan highlights several guidelines from the Healthy Transit Plan, but includes: using longer trains to allow for social distancing, reporting crowding data, implementing [new ventilation filtration](#) technologies and giving riders the option to purchase a personal hand strap to travel with you in an effort to reduce touch transfer while utilizing buses and railcars.

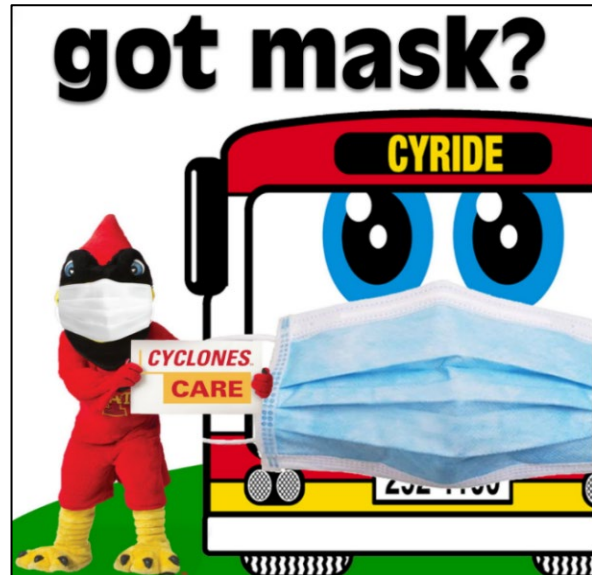
### *CyRide, City of Ames, Iowa*

Under the purview of both the City and Iowa State University (ISU), the College of Engineering wanted to study the mechanics of airflow on-board buses and how that would affect bus riders. That information will be used to develop a best practice for maintaining rider safety, especially for the most vulnerable. Using computer generated wind-tunnel simulations, ISU staff and students were able to test various window and roof venting combinations allowing them to understand air flow patterns and ultimately determining how long air cycles into and out of the bus. The average speed of a standard 40-foot heavy duty bus is 13 mph, considering boarding and alighting, and with windows and vents open air can cycle through the vehicle at a rate of 51-71 seconds. Obviously, when more windows are open the more air circulation and purified the air can be. This [study](#), conducted in August 2020, indicates that when all windows and vents

are closed the circulation period nearly doubles, likely creating a problem when cold midwestern weather comes to the region.

Not only is this an area that rarely receives attention, but it greatly contributes to how the transit industry will continue to evolve into a new reality. Transit bus manufacturers and air filtration vendors can capture data from studies like this and enhance their products for future implementation, allowing for our most at-risk passengers to feel safe riding public transportation.

Like many fixed route systems, [CyRide](#) continued to offer daily service while working behind the scenes to determine the best method of keeping the community and its most vulnerable riders, older adults and people with disabilities, safe. In September 2020, following a citywide mask ordinance, [CyRide Cares](#) was launched in an effort to keep buses and riders safe, following “Five C’s – Clean, Cover, Contact, Chat, Clean.”



CyRide

## Summary

Choice riders and transit-dependent individuals, those who choose to use transit over personal vehicles or who have no other choice but to use public transportation, will inevitably come back to transit, but transit agencies still must generate rider confidence for the entire community and those who rely on public transit for vital services – especially our most vulnerable riders, including the aging population and persons with disabilities. While many businesses and community services have temporarily closed their doors or limited the number of people who can be present in their buildings, public transportation remains in operation and has shown up to serve its community even when daily ridership has decreased to unsustainable levels.

They have supported their communities through food and prescription deliveries, mobile Wi-Fi hotspots parked within the community, by generating a heightened understanding of how air circulates through the bus for safe operations and the development of easy-to-follow guidelines for safely riding. Most citizens view public transit as only for certain groups of people, but more transit agencies have emerged as a visible and important service, demonstrating overwhelming support for those they regularly serve and the entire community.

## References

VIA Cares – Connecting Our Community

<https://www.viainfo.net/cares>

15 Step Plan for Welcoming Riders Back

<https://www.bart.gov/news/articles/2020/news20200526>

Ventilation on BART: What you Need to Know About Airflow and More

<https://www.bart.gov/news/articles/2020/news20200813>

Riding Together, Bay Area Healthy Transit Plan

<http://www.healthytransitplan.org/>

CyRide Signals

<https://www.cyride.com/Home/ShowDocument?id=9943>

Transportation Adjustments for Students during the COVID-19 Pandemic

[https://www.iowastatedaily.com/news/iowa-state-university-ames-transportation-adjustments-cyride-parking-division-students-and-community-members-accommodations-disinfecting/article\\_e781c610-f14b-11ea-a343-23f52f4bd4db.html](https://www.iowastatedaily.com/news/iowa-state-university-ames-transportation-adjustments-cyride-parking-division-students-and-community-members-accommodations-disinfecting/article_e781c610-f14b-11ea-a343-23f52f4bd4db.html)

## Resources

National Aging and Disability Transportation Center – COVID-19 Resources

<https://www.nadtc.org/covid-19-resource-center/>

APTA - Health and Safety Commitments Program Toolkit

<https://www.apta.com/advocacy-legislation-policy/advocacy/ahscprogram/>

Community Transportation Association – COVID-19 Resources

<https://ctaa.org/covid-19-resources/>

U.S. DOT, FTA Coronavirus Frequently Asked Questions

<https://www.transit.dot.gov/frequently-asked-questions-fta-grantees-regarding-coronavirus-disease-2019-covid-19#CARES>

# Meeting the Transportation Needs of Diverse Older Adults and People with Disabilities

## Introduction

The population of older adults and people with disabilities in the U.S. continues to grow at an unprecedented rate. The percentage of the population that is aged 65 and over is expected to grow from 15 percent to 24 percent between 2014 and 2060 (Colby & Ortman, 2015). As the population continues to age, the rate of people with disabilities increases. According to the 2017 Disability Statistics Annual Report (2017), the percentage of those with a disability in the U.S. civilian population increased from 11.9% in 2010 to 12.8% in 2016. Addressing the transportation needs of older adults and people with disabilities is key to ensuring the health and well-being of these groups for years to come. Transportation has been deemed a social determinant of health, noting that a lack of transportation access can have wide-ranging and lasting impacts on a person's health status. The American Journal of Public Health (2020) reported that 5.8 million people delayed medical care in the U.S. in 2017, because they did not have transportation.

As the number of older Americans in the U.S. increases, the aging population is becoming more racially and ethnically diverse. The share of the older population that is non-Hispanic white is projected to drop from 77 percent to 55 percent between 2018 and 2060 (Colby & Ortman, 2015). Additionally, the foreign-born population aged 65 and older is projected to increase by over 300 percent between 2014 and 2060, from 6 million in 2014 to 25 million in 2060 (Colby & Ortman, 2015).

Based on a supplemental analysis of NADTC's 2017 poll of older adults, people with disabilities and caregivers, we found that African Americans, Hispanic Americans and whites differ in notable ways in the way they use alternative forms of transportation. However, the data we collected at that time was not sufficiently representative of the racial, ethnic and cultural diversity of the United States from which to draw conclusions. As a Center, we needed to know more and decided to dig deeper.

At the start the Center's fifth year, the National Aging and Disability Transportation Center (NADTC) embarked on a multi-pronged initiative to shine a light on transportation challenges that specifically impact diverse older adults, people with disabilities and caregivers. This initiative encompasses racial, ethnic and cultural diversity and includes Tribal elders and people with disabilities, new immigrant groups, those with Limited English Proficiency (LEP), and non-English speakers.

This Trends Report serves as a brief introduction to the challenges and opportunities of addressing the transportation needs of diverse older adults and people with disabilities and highlights the work that local programs are engaged in regarding these issues. This brief also discusses current research findings and recommendations for future research to move the needle forward in addressing the transportation needs of these diverse populations.

## The Challenge

All too often, transportation options for older adults and people with disabilities are limited, lacking in accessibility and affordability or simply just not available in many areas. Accessing transportation for older adults and people with disabilities can be challenging, but for ethnically and culturally diverse members of these population groups, connecting with transportation options poses a unique set of challenges and barriers.



Understanding the transportation challenges facing diverse older adults and people with disabilities can help to shed light on transportation gaps experienced by many, if not all, older adults and people with disabilities. However, it is imperative to recognize that historic inequities based on race, ethnicity and culture continue to produce disparities in service availability and accessibility in communities across the U.S.

### *Understanding the Key Challenges Facing Culturally and Ethnically Diverse Older Adults and People with Disabilities*

In the United States, transportation has been identified as one of three major types of infrastructure that contribute to the separation of the races, along with housing and education. (Brenman, 2007). Transportation services are often not available to all older adults and people with disabilities. This is especially true in rural areas, but it is also true for certain groups who live in communities with extensive transportation resources. Institutional and systemic configurations have been at the core of transportation inequities and disparities affecting diverse groups for centuries, and they remain present today.

People of color are more likely to live in low-income neighborhoods where income inequality is highest and access to transportation options is low. Diverse population groups experience several barriers to transportation that are distinctly their own, including economic challenges. Research supports that “inefficient, crumbling and scarce public transportation options” are directly related to income inequality (Velan, 2015). For example, Black households are more



than three times more likely to have no access to a vehicle as white households (National Equality Access, n.d.). This could be a result of location, cultural or ethnic attitudes and preferences, but certainly illustrates a reliance on public transportation by those experiencing economic hardship.

Culturally and ethnically diverse older adults and people with disabilities who do not drive especially rely on public transportation. NADTC’s 2017 poll of older adults and people with disabilities found that cost was a significant barrier to accessing transportation for many; however, the availability of alternative transportation options was the biggest barrier reported. Currently, we are seeing transportation systems struggle to serve essential workers living in low-income and underserved communities. Service suspensions that have resulted from the global pandemic disproportionately affect people of all ages and circumstances living in these neighborhoods.

There are several challenges diverse older adults and people with disabilities experience when trying to find and access public transportation and other alternatives. These challenges can include a lack of translated materials (i.e., signage, schedules) in the native language of the rider or for limited English-speaking individuals. Another challenge is lack of outreach to communities of color, including Tribes, immigrant groups, those with Limited English Proficiency (LEP), and non-English speakers by transportation systems and programs to educate and inform these groups about services.

Residential isolation and segregation also play a role in how readily available and accessible transportation is for culturally and ethnically diverse older adults and people with disabilities. Because there is a heavier reliance on public transportation in underserved and vulnerable communities, these areas are often labeled “transit deserts.” “Transit deserts, like food deserts, occur when the demand for public transportation exceeds supply” (Tehrani, Wu & Roberts, 2019). If an older adult or person with a disability is fortunate enough to find a transportation option in their community, barriers may still exist in getting where they need or want to go. For those living in rural, Tribal or frontier communities, which are often segregated and isolated areas, one must consider the vast distances to travel to get to needed services or desired locations as a major barrier.

Because there is very little research and limited data on transportation equity for diverse older adults and people with disabilities, there is a great opportunity to focus particular attention on this topic. We are encouraged to know of local transportation agencies and organizations that are working in partnership with ethnically diverse older adults and people with disabilities to

#### **KEY CHALLENGES & BARRIERS**

- Economic inequities
- Lack of translated materials
- Lack of targeted outreach
- Residential segregation/isolation
- Vast distances to travel to get to places.

highlight and address the barriers associated with accessing transportation in underserved communities. Three of these programs are discussed in the following section.

## Addressing the Transportation Needs of Diverse Populations

### *Demographic Scope*

The total population of King County has grown by roughly a quarter million people since 2010. Individuals who were born in another country make up nearly half of this increase. This influx of immigrants and resettled refugees in King County is due to refugee resettlement programs and U.S. policies like the Immigration Reform and Control Act of 1986.

Overall, persons of color make up more than a third of Seattle's population. The 2014-2018 American Community Survey (ACS) estimates that about 35.5% of Seattle residents are people of color. Based on the 2014-2018 ACS, Asians comprise the largest group (14.9% of the city's population). The next two most populous groups of color are persons of Black or African American race (6.8%) and persons who are of Hispanic/Latino ethnicity, any race (6.6%). Six percent of Seattle residents indicated two or more races.

### *Promising Practice*

In June 2019, Hopelink and King County Mobility Coalition partnered to conduct a study titled, *“Transportation Barriers and Needs for Immigrants and Refugees: An Exploratory Needs Assessment.”* This report

aimed to provide a better understanding of the transportation needs and barriers immigrants and refugees face in King County in order to provide recommendations for transportation systems and policies that prioritize the needs of these communities. One of four key recommendations based on study findings included the need to develop a “One Stop Shop” for Transportation Services Specific to Immigrant and Refugee Needs. You can learn about other recommendations and access the full report, [here](#).



### *Promising Practice*

Seattle Department of Transportation’s Transportation (SDOT) Equity Program provides safe, environmentally sustainable, accessible, and affordable transportation options that support communities of color, low-income communities, immigrant and refugee communities, people with disabilities, people experiencing homelessness or housing insecurity, the LGBTQ community, women and girls, youth, and



seniors – to thrive in place in vibrant and healthy communities and mitigate racial disparities and the effects of displacement. In partnership with Seattle Department of Neighborhoods, King County Metro and King County Public Health, SDOT is providing income-eligible people living, working, learning, and playing in Seattle with a pre-loaded ORCA LIFT reduced fare card through engagement and enrollment. To learn more about this Low-Income Transit Access program and other activities visit: [Transportation Equity Program](#)

### *Demographic Scope*

The County of Los Angeles is one of the largest, most populous, and ethnically diverse counties in the entire nation, and the aging population is becoming more racially and ethnically diverse than any other county in the United States. According to the U.S. Census Bureau (2020), Los Angeles had the largest American Indian or Alaska Native population (229,594), the largest Asian population (1,716,196) and the largest Hispanic population (4,881,970) in 2019 in the U.S.



### *Promising Practice*

Purposeful Aging Los Angeles (PALA) – An Age-Friendly Initiative – seeks to prepare the Los Angeles region for a rapidly aging population through an innovative, sustained initiative that unites public and private leadership, resources, ideas and strategies. PALA seeks to improve the lives of older adults and Angelenos of all ages. The PALA Initiative Age-Friendly Action Plan report outlines action plan recommendations across the transportation livable domain for their growing diverse aging populations. Recommendations included: 1) ensuring that current and new public transportation systems reflect the needs of a growing older adult population (including individuals with physical and cognitive needs) and 2) supporting the ability of older adults to safely walk in their communities as a means of transportation, through infrastructure enhancements in areas with a high-density of older adults. You can access the full report [here](#).

### **Future Work for the NADTC**

As a part of NADTC's *Transportation Diversity, Equity and Inclusion* initiative, the Center has partnered with organizations that represent racially, ethnically and culturally diverse groups with expertise in accessible transportation, aging and disability, to serve on our National Advisory Committee on Transportation Diversity, Equity and Inclusion. The Center will conduct a national diversity transportation environmental scan to gauge opinions and obtain information from a representative sample of racially, ethnically and culturally diverse older

adults, people with disabilities and family caregivers about their experiences accessing and using local transportation options in the United States. This survey will launch in the first quarter of 2021.

## Conclusion

From 2015 to 2060, the number of Black older adults in the U.S. will nearly triple, and the number of Hispanic older adults will more than quintuple, while the number of whites will not quite double in size. (Fox-Grage, 2016). Additionally, more than 40 million people currently living in the U.S. were born in another country (Budiman, 2020). Recent events underscore the critical importance of addressing barriers and inequities in public programs and policies that discriminate on the basis of race, culture or ethnicity.



Now, more than ever, is the time to explore the unique transportation barriers and needs of diverse older adults and people with disabilities. We hope that the findings from our national survey and our partnership and coordination with the National Advisory Committee on Transportation Diversity, Equity and Inclusion, as well as other local organizations that are implementing solutions for providing transportation to community residents who are underserved and most vulnerable, will effectively guide our future work in promoting education, guidance and support for communities to encourage development of transportation services that are equitable and accessible to all.

## References

American Journal of Public Health (June 2020). Transportation Barriers to Health Care in the United States: Findings From the National Health Interview Survey, 1997–2017. Retrieved from <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2020.305579>

Bailey, T., Hower, R., Ratner, E & Spencer, S. (2019). Transportation Barriers and Needs for Immigrants and Refugees: An Exploratory Needs Assessment. Retrieved from <https://irp-cdn.multiscreensite.com/c86a044e/files/uploaded/King%20County%20Immigrant%20and%20Refugee%20Transportation%20Needs%20Assessment%20May%202019.pdf>

Brenman, M. ( July 2007) Transportation Inequity in the United States: A Historical Overview. Retrieved from [https://www.americanbar.org/groups/crsj/publications/human\\_rights\\_magazine\\_home/human\\_rights\\_vol34\\_2007/summer2007/hr\\_summer07\\_brenma/](https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/human_rights_vol34_2007/summer2007/hr_summer07_brenma/)

Budiman, A. (August 2020). Key findings about U.S. immigrants. <https://www.pewresearch.org/fact-tank/2020/08/20/key-findings-about-u-s-immigrants/>

Colby, S. L., & Ortman, J. M. (2015). Projections of the Size and Composition of the U.S. Population: 2014 to 2060. United States Census Bureau. <https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf>

Fox-Grage, W. (April 18, 2016). The Growing Racial and Ethnic Diversity of Older Adults. <https://blog.aarp.org/thinking-policy/the-growing-racial-and-ethnic-diversity-of-older-adults#:~:text=The%20older%20population%20is%20projected,as%20our%20multicultural%20society%20ages.&text=The%20dramatic%20increase%20in%20the,groups%2C%20particularly%20the%20Hispanic%20population.>

National Equality Access. (n.d.). Retrieved from [https://nationalequityatlas.org/indicators/Car\\_access#/?breakdown=2](https://nationalequityatlas.org/indicators/Car_access#/?breakdown=2)

Purposeful Aging Los Angeles. (2018). Age Friendly Action Plan for the Los Angeles Region 2018-2021. Retrieved from <https://www.purposefulagingla.com/sites/default/files/Age-Friendly%20Action%20Plan%20for%20the%20Los%20Angeles%20Region%202018-2021-V12-compressed.pdf>

Velan, M. (December 2015). Breaking Down the Relationship Between Transportation and Inequality. Retrieved from <https://www.gov1.com/community-development/articles/breaking->

[down-the-relationship-between-transportation-and-inequality-MqfvHUIpmZN5GhQa/](#)

Seattle Department of Transportation. (2019) Transportation Equity Program. Retrieved from [www.seattle.gov/transportation/projects-and-programs/programs/transportation-equity-program](http://www.seattle.gov/transportation/projects-and-programs/programs/transportation-equity-program)

Tehrani, S. O., Wu, S. J., & Roberts, J. D. (2019). The Color of Health: Residential Segregation, Light Rail Transit Developments, and Gentrification in the United States. *International journal of environmental research and public health*, 16(19), 3683.  
<https://doi.org/10.3390/ijerph16193683>

The 2017 Disability Statistics Annual Report. (2017). University of New Hampshire.  
[https://disabilitycompendium.org/sites/default/files/user-uploads/2017 AnnualReport 2017 FINAL.pdf](https://disabilitycompendium.org/sites/default/files/user-uploads/2017%20AnnualReport%202017%20FINAL.pdf)

U.S. Census Bureau (2020). 65 and Older Population Grows Rapidly as Baby Boomers Age. Retrieved from <https://www.census.gov/newsroom/press-releases/2020/65-older-population-grows.html>

---

# Medicare Advantage Transportation Programs

## Introduction

Following doctors' instructions, whether attending medical and rehabilitation appointments, exercise programs, or buying healthy food, is reliant on mobility and access to affordable transportation. In recent years, Medicare Advantage (MA) Plans have been providing rides to eligible customers who do not have reliable transportation. In fact, many hospitals and other managed care organizations are also offering transportation to their customers, as the cost of a ride is far less expensive than unmet appointments and preventable hospital treatments.

The current pandemic has proven that Social Determinants of Health (SDoH) are the foundation of wellness and well-being. As noted in the pre-publication draft of TCRP Report 223 *Guidebook and Research Plan to Help Communities Improve Transportation to Health Care Services* (2020) Social Determinants of Health (SDoH) include "transportation but also such factors as economic stability, employment, housing, education, and social support networks." SDoH factors subjectively contribute to 80 percent of our health outcomes. According to the report, SDoH data points like these, are critical predictors to the outcome of a pandemic for an individual, a community, and our society as a whole.

Medicare Advantage Plans, often referred to as "Part C" or "MA Plans," are offered by Medicare-approved private companies that must follow established Medicare policy and procedures. These plans offer medical benefits, as well as coverage for things the basic Medicare plan does not cover, such as vision, hearing, dental, and fitness programs (such as gym memberships or discounts) and Part D prescription drug coverage.

Transportation is another eligible benefit to many Medicare Advantage programs, offering reliable transportation options for members going to medical or related treatments, pharmacies, and other services to promote health and wellness. In 2020, the Center for Medicare and Medicaid Services (CMS) allowed MA Plans the flexibility to offer transportation for members seeking preventative and wellness services, including trips to the grocery store, massage therapy, chiropractic care and other approved destinations.

Transportation is the third most commonly cited barrier to healthcare access for older adults, affecting 3,600,000 Americans a year in missed appointments. Missed healthcare appointments cost healthcare providers \$150B annually.

## Challenges and Opportunities

### *Why Medicare Advantage Transportation Matters*

Many older adults are isolated and cannot easily reach medical and rehabilitative appointments, stores selling produce, and exercise opportunities. According to a [2017 report](#) published by the Administration for Community Living (ACL) and Administration on Aging (AOA), nearly 1 in 3 older Americans and nearly half of women age 75 and over live alone -- many without access to reliable transportation. Social isolation can also contribute significantly to loneliness among older citizens, putting this population at a significant health risk. Recent research has shown that loneliness can be as damaging to health as smoking 15 cigarettes daily.



*Texarkana Urban Transit District, Texas*

According to [CareMore Health](#), a healthcare provider, which operates in 8 states and the District of Columbia with a focus on Medicare patients, an estimated \$6.7 billion in annual federal spending is attributable to social isolation among older adults. Studies have shown that poor social relationships were associated with a 29 percent increase in risk of coronary heart disease and a 32 percent rise in the risk of stroke, while expecting the financial and public health impact of loneliness to increase as the nation's population ages.

Many people 65 years and older cannot or no longer drive and struggle to access their family, friends, community, and healthcare. Seniors who cannot drive attend fewer medical appointments, go shopping and out for meals less often, and visit less with family and friends compared to seniors who drive. According to a [2016 TransitCenter survey](#) more than 44.6 million Americans were 65 or older (the number grew to 52.4 million in 2018, according to 2019 Profile of Older Americans), representing 14% of the population. As indicated in the Administration for Community Living (ACL) [2019 Profile of Older Americans](#), about 28% of older persons lived alone, and among women ages 75+, 44% lived alone, which further proves the need of accessible transportation options for older adults to safely access essential services.



## *Medicare Advantage Transportation*

Public transportation options in general can often present a real challenge for older adults and people with disabilities. Infrequent service, confusing reservation processes and route information or mobility issues often contribute to older adults choosing to stay home in isolation and often miss preventative or much needed medical services. By providing transportation assistance, members can access destinations while supporting their physical and emotional health. Eligible members are able to pick up groceries or prescriptions, attend counseling, access nutritional and fitness programs or socialize with friends.

### *How Does it Work?*

Most MA plans contract with a transportation brokerage company to provide services based upon a fee-for-service or per-capita model. The transportation broker is selected based on a variety of qualifications which may include cost, experience, and knowledge of the industry or region. The transportation broker is responsible for ensuring that members are transported by licensed and credentialed transportation providers in their area or region.

Additional responsibilities may include, but are not limited to, provider management, eligibility verification, trip reporting, and grievance management. MA transportation plans can vary by brokerage company, but often include an allocated number of rides within a certain timeframe. When setting up eligibility, the member will be instructed on their ride allotment.



*Source: NADTC*

### *How to Schedule a Ride*

Typically, MA Plan members can request rides from the transportation broker by using a centralized call center by phone, an internet web portal or mobile app. The broker is responsible for verifying the eligibility of the member, maintaining up-to-date contact information, and directly coordinating transportation for the member. Trips can be booked for a single use as needed, or as a series of trips as deemed necessary by the client and medical provider. The broker is responsible for maintaining an approved listing of transportation providers, and once a client requests a trip, the broker will automatically assign each ride to an appropriately licensed and credentialed ride provider based on accessibility needs, cost, and geographic service area.

Depending on the level of assistance required for the member, the ride may be assigned to a taxi, Lyft or Uber, or an accessible transportation provider. Commonly known as non-emergency medical transportation (NEMT), these providers are approved by the MA plan and assigned to members requiring additional assistance to and from the vehicle, using a wheelchair, or a mobility device. The rides are documented by the transportation provider and reported to the broker for payment or reimbursement based on the services provided. Trips may be scheduled and reimbursed using a shared technology platform or cloud-based service. When this service is available, it has potential to make for a seamless process for the member.

### **Local Examples**

[Anthem, Inc., CareMore Health](#) provides accessible vehicles offering door-to-door, on-demand, and curb-to-curb transportation services through partnerships with American [Logistics Company \(ALC\)](#), MedStar, [Uber Health](#) and other approved transportation providers. These rides are scheduled by the customer contacting Anthem and availability is determined for the pick-up time needed. Approved transportation providers like ALC and UberHealth use a 'My Ride Manager' application platform, equipped with GPS tracking, allowing members to track their ride in real-time. Since 2016, CareMore Health has provided over 1 million rides and greatly reduced wait times, a reduction in trip costs, and an excellent on-time performance record, all contributing to a 97% customer satisfaction rating.

[Independent Health, SafeRide Health](#) provides rides in Western New York State for customers traveling to healthcare destinations, including methadone clinics for those seeking treatment. Customers contact SafeRide for a ride reservation, who then assigns rides to Lyft, taxis, or accessible non-emergency medical transportation (NEMT) providers. SafeRide also contracts with fixed-route transit providers in urban areas, providing funding for bus passes to those who can use public transit to reach their end destinations.

### **Summary**

The total number of Medicare-eligible beneficiaries is expected to increase from 59.1 million in 2018 to over 80 million by 2030. At the same time, the percentage of those enrollees who participate in Medicare Advantage (MA) Plans has been steadily climbing annually since 2004. The number of Medicare Advantage plans available increased 34% [since 2017 alone](#), according to CB Insights. The proportion of Medicare consumers enrolled in MA Plans could reach 70% and is fueled by baby boomer retirements and increased financial support by the Centers for Medicare and Medicaid Services.

Currently, one-third of MA plans offer transportation benefits, up from 22% in 2019. During the COVID-19 outbreak, demand for rides has dropped. However, progressive healthcare plans

have leveraged their transportation networks to bring groceries, supplies and even COVID-19 testing to the homes of their senior members. MA Plan transportation brokers are focused on overseeing adherence to vehicle sanitation, wearing masks and other mitigation protocols.

MA Plans justify their investment in providing rides by measuring the reduction in healthcare costs and improved health maintenance for participating members, including improvement in fewer missed medical appointments. MA Plans also assess trends in member satisfaction and avoidance of fraud and abuse. Data integration with the transportation brokerage, ride providers, and healthcare agencies subsidizing the rides is key to the functionality of the technology platform and improved coordination for scheduling and payments.

## Resources

National Academies of Sciences, Engineering, and Medicine 2020. Guidebook and Research Plan to Help Communities Improve Transportation to Health Care Services. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25980>

Orgera, K. and S. Artiga, Disparities in Health and Health Care: Five Key Questions and Answers, The Henry J. Kaiser Family Foundation, August 8, 2018

Barriers to Health Care Access Among the Elderly and Who Perceives Them, Annette L. Fitzpatrick, PhD, MA, Neil R. Powe, MD, MPH, MBA, Lawton S. Cooper, MD, MPH, Diane G. Ives, MPH, and John A. Robbins, MD. Am J Public Health. 2004 October; 94(10): 1788–1794. doi: 10.2105/ajph.94.10.1788

Missed appointments cost the U.S. healthcare system \$150B each year. Jamie Grier, SCI Solutions, Health Management Technology, May 2017  
<https://www.hcinnovationgroup.com/clinical-it/article/13008175/missed-appointments-cost-the-us-healthcare-system-150b-each-year>

The Loneliness Epidemic. Health Resources & Services Administration (HRSA), January 2019  
<https://www.hrsa.gov/enews/past-issues/2019/january-17/loneliness-epidemic>

Medicare Advantage: The Incumbents, The Upstarts, and the Road Ahead. CB Insights.  
<https://www.cbinsights.com/research/medicare-advantage-opportunities-expert-intelligence/>

# Inclusive Planning for Older Adults and Persons with Disabilities

## Introduction

Human services professionals have long advocated for increased inclusion and equity in transportation planning, management and service delivery. Utilizing an inclusive planning process encourages attentiveness to the needs of underrepresented communities. By consistently practicing inclusion, transportation programs may offer older adults and people with disabilities opportunities for authentic and effective engagement in policy development and program planning. Ultimately, the impact of inclusive and equitable practices is the creation of accessible mobility solutions that better meet the needs of the people who use those services.

Building an inclusive planning process with older adults and people with disabilities cultivates an environment of respect for different perspectives and greater understanding of how riders' personal experiences are impacted by program policies and practices. By introducing a diversity of opinions in the decision-making process, communities can begin to address, and also repair, a history of inequality that



has manifested in contemporary transit systems through the lack of accessible features, lack of designated bike or pedestrian lanes, disparities in transit access, and unequal cost burdens.

The COVID-19 pandemic has presented particular challenges as it relates to establishing and maintaining inclusive practices. Social distancing and other risk mitigation safety measures have made traditional in-person inclusive practices (e.g., focus groups, community meetings) unrealistic. Of necessity, engagement has shifted online or returned to the employment of more traditional phone or mail communications. At the same time, these challenges present opportunities for reflection and conversation around why inclusive practices and public participation are so vital to maintain and how we can do better.

## Encouraging Inclusion



Many communities pursuing transportation improvements want input from users, but struggle with strategies to achieve this. Transit users may also grapple with how best to provide thoughtful input and ideas. This is where a commitment to, and experience with, inclusive planning can help. Communities seeking to identify what transportation services are working well, the gaps that may exist, and immediate future steps to better serve the community can address these issues by adopting some features of an inclusive planning process, such as:

- *Diverse participation*: Engaging with diverse community stakeholders, transportation users and potential riders representing the varying race, ethnicity, age, ability, and socioeconomic makeup of the whole community.
- *Valuing community input*, where first-hand perspectives are encouraged and respected.
- *Fostering trust* by creating authentic connections between agency leadership and participants learning from each other and working toward united goals.
- *Creating respected and valued participant roles*. Increasing opportunities for community members to be engaged, for example, soliciting meeting agenda recommendations, inviting users to speak at meetings or provide written accounts of their experiences, or creating dedicated small groups to seek specific user input.

## Challenges and Opportunities

Inclusive planning creates enormous potential for civic engagement, transit service improvement, and equity among users, but these efforts are not without difficulty. Transportation agencies often balance tight budgets against an increasing demand for infrastructure improvements, increased service, and other amenities. The reality for many agencies is that dollars are simply not available to consider practices that go beyond the Americans with Disabilities Act (ADA). While the ADA includes extensive federal requirements for transit systems to maintain accessibility, the ADA standards set a minimum threshold.

Additionally, lack of funding can limit an agency's ability to do community outreach and solicit feedback from riders. Outreach can be time-consuming. Without specific staff commitment to outreach and education, outreach activities may be put on the back burner or added to the responsibilities of staff who are already overcommitted.

It can also be challenging to ensure that inclusive practices yield expected results. Failure to do so can be a source of significant frustration for community members and professionals alike. A successful inclusive process may be in place, but the ability to implement change is sometimes limited, perhaps due to administrative, financial, or other circumstances. Unforeseen circumstances that shift resources (such as the current COVID-19 pandemic or natural disasters) or organizational leadership that fails to pursue or prioritize inclusion can add to the challenge. Without a shared understanding of how and why decisions are being made and funding is allocated, public input can feel unproductive.

While inclusive planning can be difficult, embracing equity and diversity often creates significant value. An initial dedication of staff time and resources can generate lasting accessibility, the impact of which is sometimes immeasurable. Public participation in a project can lead to wider transportation advocacy and dedication to long-term community improvements.

A dedicated effort to include older adults and people with disabilities in transportation planning creates a focus on the personal, firsthand experiences that are not typically represented in decision-making. Transportation professionals often want, and need, to hear from system users to better understand how and why accessibility improvements impact riders' lives. The system then must respond to the needs of the people who use it. Within an inclusive process, everyone's voice holds value.

Through inclusive practices, transportation planners and policy makers may confront personal biases and more critically review the current accessibility shortfalls. At the same time, the inclusive process increases the awareness of older adults and people with disabilities regarding how planning and policy decisions are made, with the result that community support for a connected and accessible system may increase. Lastly, underscoring all of these opportunities, is the understanding that inclusive practices and system accessibility don't just benefit older adults and people with disabilities, but is of benefit to everyone.

Unforeseen circumstances that shift resources (such as the current COVID-19 pandemic or natural disasters) or organizational leadership that fails to pursue or prioritize inclusion can add to the challenge. Without a **shared understanding** of how and why decisions are being made and funding is allocated, public input can feel unproductive.

## *A Local Example of Inclusive Practices and Virtual Engagement*

[The Greater Portland Council of Governments](#) (GPCOG) in Portland, ME is the regional planning council in southern Maine and home to the area's Metropolitan Planning Organization (MPO). The GPCOG has put forth an extraordinary amount of effort to incorporate inclusive practices within transportation planning with the intent of elevating the voices of the underrepresented. This approach has allowed them to make meaningful decisions *with* vulnerable populations, building relationships with community members most impacted by changes in transportation services. Recently, the GPCOG has gained experience in pivoting in-person community engagement to virtual settings due to the gathering restrictions presented by the COVID-19 pandemic.

Virtual engagement follows many of the same inclusion principles that guide in-person meetings and for the GPCOG, technology tools have helped sustain inclusive practices during COVID-19 restrictions. However, the exclusive use of these platforms needs to be matched with an understanding of the potential obstacles that could lead to exclusion of older adults, people with disabilities, people with limited English proficiency, and those with limited access to technology.

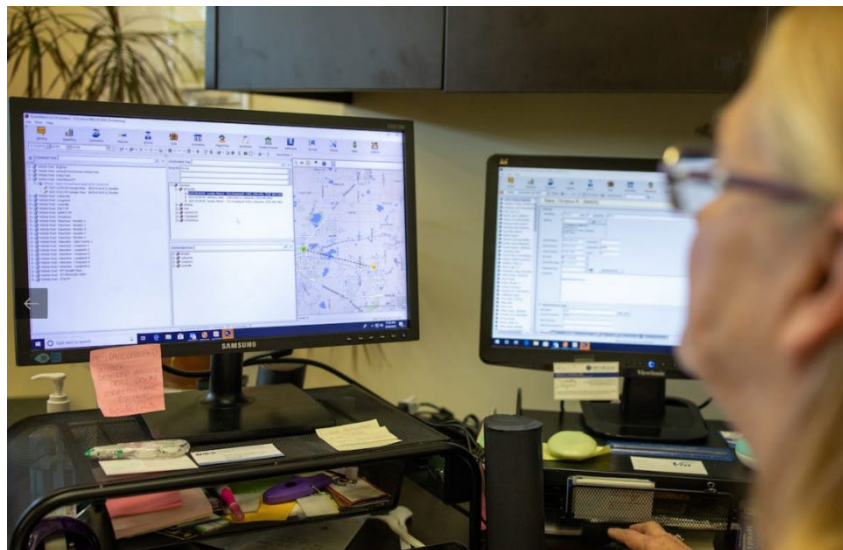
To maximize engagement of vulnerable populations, it is important to **understand the audience**, ask questions, and choose options that work the best for the identified individual needs.

To maximize engagement of vulnerable populations, it is important to understand the audience, ask questions, and choose options that work the best for the identified individual needs. Some considerations might include: Do the participants have confirmed internet access? Are the participants comfortable not only listening in, but engaging in the conversation via typed chat or voice options? Is there a language barrier that needs to be addressed? Are materials going to be distributed prior to the meeting and a summary distributed after?

Similar to in-person activities, it is important to create an environment that encourages diversity of opinion and participation from all attendees. GPCOG considers a variety of meeting platforms to allow for participants to engage in the manner they find most comfortable. For example, if the meeting is remote, it does not mean that the format must be a video meeting with a computer PowerPoint, it can include non-electronic platforms like joining via phone conference or utilizing a mailing to submit feedback in writing. Organizers should promote their meeting with an inclusivity statement and instructions on how to request accommodations if needed. Most of all, organizers must ensure that if virtual tools are used, they are ADA

compliant, and the tools have the capacity to integrate with assistive technologies such as captioning and screen readers.

In addition to the choice in meeting platform, GPCOG suggests methods of inclusive practice to incorporate throughout virtual conversations. This starts with providing upfront instruction as to how participants will engage in the discussion. For example, if running an online meeting, it may be beneficial to open the meeting 15 minutes early for tech troubleshooting and demonstrations of how to “raise your hand”, utilize the chat box to request speaking privileges, or explanation of the mute function to minimize distractions. This “early open” can also provide time to replicate the pre-meeting interactions that often happen at in person events, where people connect and chat more casually prior to the commencement of the meeting content. As a meeting begins (virtual or not), GPCOG suggests opening with a welcome statement that emphasizes the intent for inclusive practices and reminding folks how to be inclusive in their participation. This might include the instruction to use clear and loud verbal annunciation, ensure comments are spoken directly into a phone or computer microphone, remembering the verbal identification of name and affiliation when speaking, and providing a description of visuals if referencing slides. As the meeting concludes, it is important to provide open time at the end to welcome questions, thoughts, and reactions as an additional opportunity to engage.



A more equitable regional transportation system is only achievable by providing opportunities for users to participate in meaningful decision-making processes. Overall, GPCOG has had great success in encouraging inclusivity in transit planning and transitioning their practices to a virtual setting. Despite the challenges that COVID-19 has imposed on in person gathering, GPCOG has managed to maintain a comprehensive approach to inclusivity.



## Summary

Inclusiveness is not implied and cannot be assumed; it must be cultivated. Incorporating values of community engagement can further equity in transportation planning, but the practice of inclusion is a continuous effort that requires ongoing learning and improvement. Doing so consistently means that every engagement provides an opportunity to encourage meaningful conversations, address barriers, and create positive and practical change within a community's transportation system. COVID-19 restrictions presented challenges not only in gathering feedback but magnified already existing inequalities within the transportation system. Confronting these injustices through an inclusive approach reinforces the necessity and value in pursuing equitable engagement practices that address the unmet needs of vulnerable populations.

## Resources and References

Greater Portland Council of Governments. (2020). Inclusive and Accessible Virtual Engagement. Retrieved from: [https://www.gpcog.org/DocumentCenter/View/1420/GPCOG\\_Virtual-Engagement-White-Paper\\_Final\\_102120-for-website-1?bidId=](https://www.gpcog.org/DocumentCenter/View/1420/GPCOG_Virtual-Engagement-White-Paper_Final_102120-for-website-1?bidId=)

Transit Planning 4 All. (2020). Introduction to Inclusive Planning. Retrieved From: <https://transitplanning4all.org/introduction-to-inclusive-planning/>

---



# nadtC

NATIONAL AGING AND DISABILITY  
TRANSPORTATION CENTER



The National Aging and Disability Transportation Center (NADTC) is a program funded by the Federal Transit Administration and administered by Easterseals and the National Association of Area Agencies on Aging (n4a) with guidance from the U.S. Department of Health and Human Services, Administration for Community Living.