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Stuck At Home: By-Passing Transportation Roadblocks To Community Mobility and Independence

A report prepared for the Arizona Developmental Disabilities Planning Council

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Stuck At Home: By-Passing Transportation Roadblocks To Community Mobility And Independence

Of the nearly 2 million people in the United States who never leave their homes, 560,000 never leave because of transportation difficulties.¹ This mobility limitation results in fewer opportunities to contribute to their communities as individuals, consumers, workers, and taxpayers. The decline of state and federal funding for transit systems and mobility programs for older adults and people with disabilities, coupled with route reductions and fare increases, have isolated individuals from their communities. And, as a result of high customer demand, the private sector has been asked to take on more responsibility for filling the transportation gaps for those with low incomes and significant disability.

This brief will discuss the importance of transportation, problems accessing it, and the utilization of public transportation by people with disabilities. It will describe the barriers experienced in rural and urban settings, and how public transportation programs in Arizona are addressing these barriers. Finally, it will conclude with best practices and future trends in the wake of government funding cuts, including the establishment of one call centers, volunteer driver programs, and shared vans operated by non-profit organizations.

Effects on Health Care

In 2010, when compared with those without disabilities, Arizonans with disabilities were **almost four times more likely** to report that a lack of transportation was the primary reason there was a delay in getting the care, tests, or treatment a doctor believed was necessary.

Transportation Barriers Continue To Be a Problem

The Numbers

The availability of affordable and accessible public transportation is critical. Without it, many would be unable to access education, employment, health care, housing, recreation, or participate in their communities. A national poll conducted by Harris Interactive in 2010² found that 34 percent of people with disabilities found their transportation options to be inadequate - up from 30 percent in 2004. What is even more discouraging is the wide gap between people with disabilities (34% found transportation inadequate) and people without disabilities (16%) reporting transportation problems. Further, transportation difficulties were more frequent among those with severe disability and/or lower income.

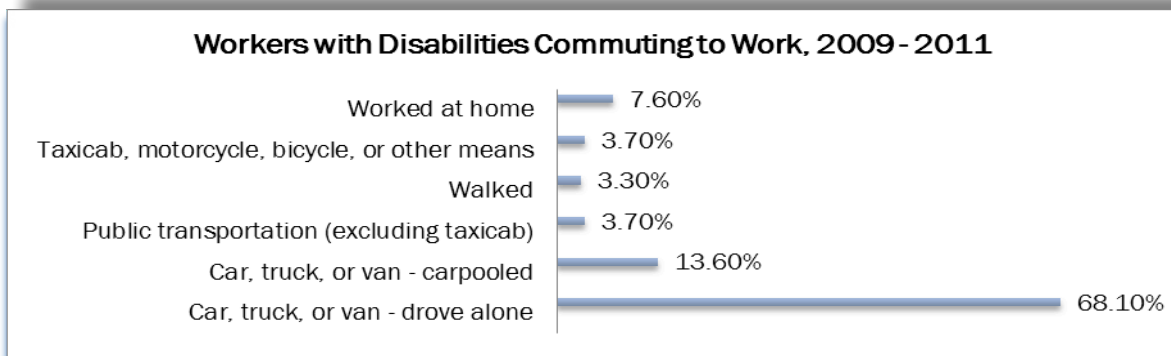
¹ American Association of People with Disabilities, 2010. Equity in Transportation for People with Disabilities.

² Kessler Foundation/National Organization on Disability, 2010. 2010 *Survey of Americans with Disabilities*. www.2010DisabilitySurveys.org.

This is not good news for Arizona, where poverty rates are high. In 2009 - 2011, more than one in five (20.3 percent) people with disabilities, ages 16 and over, reported incomes below the poverty line, significantly higher than those without disabilities (14.6 percent).³ These transportation barriers may also impact health care. In 2010, when compared with those without disabilities, people with disabilities in Arizona were almost four times more likely to report that a lack of transportation was the primary reason there was a delay in getting the care, tests, or treatment a doctor believed was necessary.⁴ And of those with disabilities reporting problems, 45 percent were living at or below the federal poverty line.

Public Transportation Utilization

As gas prices and poverty levels have risen since the onset of the “Great Recession,” ridership on Arizona’s 40 transit systems and 24 rural transit systems has also increased.⁵ Most riders are concentrated in the Phoenix, Tucson, and Flagstaff metro areas. Public transportation is used more than twice as much by people with disabilities when compared to those without disabilities.⁶ Yet, it is still one of the least utilized transportation options, with the exception of walking, by workers with disabilities. According to the American Community Survey for 2009 - 2011⁷, of the 130,729 workers with disabilities in Arizona, 68.1 percent drive to work, 13.6 percent carpool, 7.6 percent work from home, **but only 3.7 percent use public transportation.**



This pattern is clearly demonstrated when looking at Maricopa County’s public transportation ridership. The numbers of public transportation riders with disabilities has gradually increased over the past ten years in Maricopa County, but they still only represented 0.04% of overall ridership in 2011-2012 (approximately 210,000 riders out of 71 million).⁸

³ American Community Survey 3 year estimates, 2009-2011. *Selected Economic Characteristics for the Civilian Noninstitutionalized Population by Disability Status.* ⁴ St. Luke’s Health Initiatives, 2010. *Arizona Health Survey, Adult Survey.* Proxy measures for disability were ‘Not Looking for a Job Due to a Disability,’ ‘Receives SSI But Less than 65,’ ‘Receives SSDI,’ and ‘Difficulty Going Outside Home Due to Physical/Mental Condition.’

⁵ Arizona Department of Transportation, 2011. *What Moves You Arizona Long Range Transportation Plan, 2010-2035.*

⁶ American Community Survey 3 year estimates, 2009-2011.

⁷ Ibid.

⁸ Valley Metro Annual Ridership Report, FY 2011-2012,

http://www.valleymetro.org/images/uploads/ridership_reports/FY_2011-2012_Annual_Ridership_report.pdf

Commonly Reported Public Transportation Barriers by Passengers⁹

There are many reasons why people with disabilities do not rely on public transportation. These reasons differ by urban and rural areas, as rural areas are much more limited on the options they are able to provide due to large areas served, limited budgets, and small populations. However, in both areas, transit/bus systems are required to be accessible to those with disabilities under the Americans with Disabilities Act (ADA). But, problems with these systems still occur. For example, passengers with disabilities report:

- Buses are mandated to be equipped with wheelchair lifts, but they do not always function properly;
- The lifts may not be wide enough for some wheelchairs.
- A stop is required to be verbally announced at appropriate times, although this doesn't always happen, leaving riders with intellectual disabilities and visual impairments to miss their stops or get off at the wrong stop.

And, although the least expensive option, fixed route systems – i.e. systems that do not deviate from a predetermined route - may not be the best option for those with mobility or intellectual disabilities. The individual's destination may not be located close to the bus or rail stop and may require some walking, or the person may require some assistance when using the fixed-route system. Some riders are also confused by the bus system and frustrated by how much time it takes to get from point A to point B. In response, public transportation services and some non-profits - such as Arizona Bridge to Independent Living - have initiated travel training programs. These programs use a trainer to teach the passenger, in one-on-one sessions, how to safely, efficiently and independently use the fixed route system by riding with the passenger on a specific route. While travel training has been useful, it remains a vastly underutilized service.

Therefore, the ADA requires transit agencies that provide fixed-route bus and rail service to also provide para-transit service - a complementary transportation system whose vans or mini-buses provide on demand, door-to-door service for people with disabilities who are unable to use the fixed-route service. Dial-A-Ride, for instance, provides these services in Maricopa County. Para-transit services are required to travel to destinations at least $\frac{3}{4}$ mile from all fixed routes. While this has become the preferred transportation service for many people with disabilities, it is costly to provide, causing many cities and towns to promote options that would discourage its use. There also continue to be many barriers that make it more difficult to access, including:

- costly passenger fares (as much as twice the cost of fixed route fare each way);¹⁰
- restrictive eligibility criteria;
- unfair trip denials;
- tardiness or failure to show;
- slow service en route;

⁹ National Council on Disability, 2005. *The Current State of Transportation for People with Disabilities in the United States*.

¹⁰ In June, 2013, Phoenix Dial-A-Ride is \$4 each way. Tucson Sun Van is \$3.00 each way.

- inefficient and unfriendly telephone reservation systems;
- inaccurate information;
- failure to respond to complaints;
- lack of training for drivers;
- drivers' lack of respect for users;
- punitive cancellation policies.

Although approximately 20 percent of Arizona's population lives in rural areas with populations of less than 50,000, more than 15 percent of these residents have a disability – higher than the 11 percent state average.¹¹ Statistics show that people with disabilities are overrepresented in rural areas and are also more likely to live there in poverty, where employment opportunities are scarcer.

The need for public transportation in these areas is great, but insufficient funding in rural areas has left people with disabilities with very few options. And with lower population density and fewer transportation options, some rural towns provide a deviated fixed-route system. A deviated fixed-route service operates a bus or van along a fixed route and keeps to a timetable, but the bus or van can deviate from the route to pick up or drop off a passenger at a specific location, such as a house, child care center or employment site. Once the pick-up or drop-off is made, the vehicle goes back to the point where it deviated from the fixed-route. This flexible arrangement is ideal for many people with disabilities, but it is costly to provide.

In some rural areas, there is still no public transportation at all. A state transit demand and need analysis released in 2008 estimated that if no changes to existing services are made, the percentage of those passengers who are unable to access transportation in rural areas will increase from 82 percent in the year 2007 to 87 percent in 2016.¹² Preliminary findings from focus groups in rural areas across the state conducted in 2013 describe the barriers that exist among those with developmental disabilities:

- *“There is very little transportation where I live. I once had to wait for over two and a half months to get my cast off of my arm, because I couldn't find any transportation to town.”*
- *“Transportation is very expensive. If I can't walk there, I won't be able to get there.”*
- *“I just can't walk very far, so I am unable to use the bus system with the stops so far from where I need to go. Para-transit is expensive, and volunteer services only provide medical transportation. I'm just very limited on where I can go.”*
- *“I would love to be able to hang out with friends on the weekends or get a job, but I need help to get places, and have to depend on my group home staff to take me places. I can only go anywhere when it is convenient for her to take me.”*

Thus, many are unable to access needed services due to a lack of transportation, which exacerbates isolation and dependence, while negatively impacting an individual's quality of life.

¹¹ American Community Survey 3 year estimates, 2009-2011. Percent of People with a Disability: Urban/Rural and Inside/Outside Metropolitan Area

¹² Cambridge Systematics, May, 2008. *Arizona Rural Transit Needs Study*. Prepared for Arizona Department of Transportation.

Funding Woes Continue

The U.S. Department of Transportation Federal Transit Administration provides some support for non-urbanized areas - defined as areas with populations less than 50,000 - through 5311 formula funds. These funds flow through Arizona's Department of Transportation (ADOT). Eighty percent of the apportionment of these funds is based on Arizona's nonurbanized population and 20 percent is based on land area. The goal of 5311 funding is to help maintain, develop, and improve public transportation systems in rural areas so that people have access to shopping, health care, education, employment, public services, and recreation. These are flexible funds that can also be used for transit training and technical assistance for transit operators (including ADA training), tribal transit programs, and connector services between towns.

In Arizona, the 5311 program funded 3.8 million revenue miles transporting approximately 1.3 million passenger trips in FY 2011 – 2012.¹³ 5311 allocations make up almost half of the spending for transit programs in the state and its allocations are continuing to rise through 2014. This is a central source of transportation funding for rural areas, supplemented by other federal grants, and local revenue through sales taxes, property taxes, and/or fare box revenue.

In addition to 5311 funds, state Local Transportation Assistance Funds (LTAF II) were a big support to local governments in both rural and urban areas, boosting public transportation programs across the state. LTAF II was funded by lottery revenues and disbursed more than \$127 million towards public transportation from 1998 – 2011.¹⁴ Facing a budget shortfall in 2010, the state legislature repealed LTAF II and redirected these funds to the state General Fund. Maricopa County's LTAF II funds are still intact, however. The district court in 2011 ordered the legislature to restore funding, because Maricopa's distribution was part of the state implementation plan to ensure compliance with the Clean Air Act. Maricopa County Mass Transit receives 31.5 percent of Powerball proceeds.¹⁵

**LTAF II
(REPEALED)**

Provided \$127 million of state lottery funds allocated to local communities for public transportation purposes.

Local governments outside Maricopa County have to rely exclusively on federal and local funding with zero state support for transit programs. As a result, they have been unable to effectively serve the transportation needs of their populations. In many areas across the state where local revenues are hard hit by the recession, fares have increased, routes and hours of operation reduced, and wheelchair-accessible vehicles are more difficult to acquire and maintain.

¹³ Arizona Department of Transportation, 2013. *Transit Grants and Programs Annual Report*.

¹⁴ http://www.azdot.gov/mpd/Transit_Programs_Grants/STF.asp

¹⁵ Joint Legislative Budget Committee, January 2013. *FY 2014 Baseline Book, Arizona State Lottery Commission*.
<http://www.azleg.gov/jlbc/14baseline/lot.pdf>

Funding support for public transportation is not expected to improve. The United States, including Arizona, has disproportionately favored investments in cars and highways over public transportation. To preserve, maintain and expand public transit services in both urban and rural areas across Arizona, **\$24.2 billion will be needed through 2035, representing 27 percent of ADOT’s transportation needs.**¹⁶ However, ADOT’s investments fall short of meeting these needs. More than 96 percent of Arizona’s federal transportation funding is allocated to highways, while only 3 percent is directed to public transportation programs.¹⁷



* Public transportation includes rural and municipal investments, and elderly and disability mobility programs

Further, Arizona allocates no state dollars to public transportation. In fact, it is only one of five states not investing any state money in public transit programs.¹⁸

Section 5310: Targeted Transportation Funds Seniors and Individuals with Disabilities

On July 6, 2012, President Obama signed into law the Moving Ahead to Progress in the 21st Century (MAP-21). The program went into full effect October 1, 2012, authorizing programs through 2014, providing steady and predictable funding, and consolidating certain transit programs to improve efficiency. Under this consolidation, the New Freedom formula grant and the Job Access Reverse Commute grant,¹⁹ which provided greater flexibility in transportation for people with disabilities, were both repealed and consolidated under Section 5310 - renamed Enhanced Mobility of Seniors and Individuals with Disabilities, or the Coordinated Mobility Programs.

¹⁶ Arizona Department of Transportation, 2011. What Moves You Arizona Long Range Transportation Plan, 2010-2035.

¹⁷ Governor’s Office of Strategic Budgeting & Planning, January, 2013. Statement of Federal Funds, Fiscal Years 2012 – 2014.

¹⁸ American Association of State Highway and Transportation Officials, 2012. Survey of State Funding for Public Transportation: Final Report 2012 (FY 2010 Data). <http://scopt.transportation.org/Documents/SSFP-6.pdf>

¹⁹ The Job Access Reverse Commute formula grant (5316) provided funding to organizations for the purpose of providing transportation for employment to low-income individuals.

The 5310 program provides formula funding for the purpose of assisting primarily private nonprofit groups in meeting the transportation needs of seniors and individuals with disabilities when transportation services currently provided are insufficient, inappropriate, or unavailable. Part of this program includes mobility managers who focus on meeting individual customer needs through a wide range of transportation options and service providers. They also coordinate these services and providers in order to achieve a more efficient transportation service delivery system for public policy makers and taxpayers who underwrite the cost of service delivery.

Federal funding levels for the new consolidated 5310 program have been reduced by approximately 35 percent from 2007 to 2014 and makes up only 5 percent of transit spending across the state. Although these mobility programs have suffered tremendous cutbacks, they are still very much in need. **In Federal Fiscal Year (FFY) 2011, the 5310 program funded 4.7 million one way trips in the Arizona for 1.3 million people.** The majority of 5310 funding is spent on non-profit van acquisitions with and without lifts.

**Section 5317:
New Freedom
(REPEALED)**

This formula grant provided additional tools to overcome existing barriers facing Americans with disabilities seeking integration into the work force and full participation in society.

There is a drawback to the 5310 program, however. Agencies often receive transportation requests from the general public, but many agencies only accept agency clients, shutting out non-clients. Further, many of these agencies provide transportation only to and from agency activities. When this issue was discussed with mobility managers, most assumed that people with disabilities would be agency clients; but, in reality, many are not. There have also been problems with needed accessible vehicles standing idle, vehicles operating only during the work hours on weekdays, and a lack of coordination between agencies sharing service areas, leading to gaps in service.

People with developmental disabilities would like to visit friends on the weekends, go to a concert or a movie, shop, or get a ride to work. In most cases, if a person with a developmental disability needs a ride and is not an agency client, he or she would have to pay more for para-transit services. If transit services do not serve the area, a more costly private transportation provider, such as taxis, would have to be utilized; but many private taxis are not wheelchair accessible. Even if the person is an agency client, hours of operation and locations served are often selected by the agency, not the client.

People with developmental disabilities who live in rural areas do not fare much better. When a mobility manager was asked what a person with a developmental disability with few resources, living in a rural area, should do to pay for transportation, she replied, "they should move." Opportunities to access society are vastly restricted for people with developmental disabilities with the state's current transportation infrastructure. Flexibility and affordability for future transportation programming are key components.

The Road Ahead

Coordinating Resources

With funding levels on the decline, transportation coordination is critical to meeting demands. The federal transit law requires that projects selected for funding under the Section 5310 program be derived from a locally developed, coordinated human services transportation plan. The coordination plan brings together non-profit agencies, citizens, municipalities, and faith-based communities to:



- identify the transportation needs and gaps of individuals with disabilities and older adults;
- develop an inventory of available services to identify gaps and avoid duplication of services;
- provide strategies for meeting needs and overcoming these gaps;
- and prioritize transportation services for funding and implementation.

There are nine transportation planning regions in Arizona – six operated by Councils of Governments (COGs) shown on the following map, and three operated by Metropolitan Planning Organizations (MPOs) in Flagstaff, Yuma County, and Central Yavapai County. Each area is responsible for developing a coordinated transportation plan, and each area’s plan is in a different

level of development. For example, Maricopa Association of Governments (MAG) has conducted a full inventory of services and needs surveys, while Northern Arizona COG (NACOG) is just starting communication between agencies and tribes.

A major goal of ADOT is that transportation regions coordinate and do more with fewer resources. MAG’s Transportation Ambassador Program connects and trains hundreds of interested community members in the most current resources and strategies to empower all people to move more easily throughout the region. ADOT is also encouraging the regions to develop one click/one call centers over the next three years, operating through one main phone number and website to access several transportation providers, and ensuring that customers are aware and able to access existing transportation services. (Until those are developed, passengers may call their local COG or MPO to determine what transportation options are available in their areas.) ADOT also encourages agencies to share resources, i.e. those vehicles that stand idle could be utilized by another agency, or driven by volunteers to serve more people in need.

Dealing with Insurance Barriers

Many regions have run into insurance barriers with this type of resource sharing suggested by ADOT. For example, changing the type of passengers served when another organization uses the vehicle may constitute a material change in the primary insured's contract, which is not allowable by some insurance companies. Another complaint is that if a van is shared between two organizations with their own drivers, the owner of the van would serve as the primary insured entity and could encounter higher liability and costs.

Some providers have overcome these barriers. Foothills Caring Corporation in Maricopa County shares its vans with eight other non-profit organizations, including a city library and a local group that serves people with developmental disabilities, and they are planning to add other organizations. Drivers from these organizations become Foothills volunteers – all from the same organization. These drivers receive stringent safety, volunteer, and customer service trainings. Foothills negotiated with their insurance company by arguing that all clients transported are part of their mission to serve those who are shut in. They have never had an issue with insurance coverage. Additionally, in Pima County, Community Food Bank contracts with Marana Health Center to transport food bank clientele. The Community Food Bank uses its 5310 funds to pay Marana an hourly rate, which compensates for Marana's higher insurance premiums and driver time, and allows Marana to serve more people with a van that would have been idle. Its insurance company viewed food bank and health center clientele as the same population served, thus it was not perceived as a material change in the contract.

When companies share vehicles with separate drivers, strategies to reduce liability include creating an "additional insured" addendum on the insurance policy. For example, the vehicle owner and borrower would enter into a lease agreement for some nominal consideration (e.g., \$1) for the "lease" of the vehicle, and through a formal memorandum of understanding specifies the insurance coverage of the borrowed vehicle(s). The borrower then adds borrowed vehicles as "non-owned" vehicles to its policy. Both agencies would then name each other as "additional insureds" on their respective policies and provide certificates of insurance to each other. In addition, the vehicle owner should request assurance from the borrower to demonstrate that the borrower's driver selection, training, safety and supervision programs meet the vehicle owner's standards, or else mandate that they complete the vehicle owner's driver training. Thus, when an agency loans a vehicle to the secondary operator, and there is an accident, the vehicle owner's insurance will pay the claim first, and then seek reimbursement from the secondary operator's insurer. 5310 funds can also be leveraged to support these partnerships. (For additional information on addressing insurance barriers, see [http://www.unitedweride.gov/CoordinationMythsvol1no1_Insurance_080710\(1\).pdf](http://www.unitedweride.gov/CoordinationMythsvol1no1_Insurance_080710(1).pdf)).

Conclusion

It is evident that much more needs to be done with transportation options to help connect people with developmental disabilities to their communities in the ways in which they want to be included. Grants that have targeted this effort in the past have been cut back or eliminated, state funds have dried up, and federal funding has been reduced. Agency vans, funded through 5310 funds, are primarily providing transportation to agency clients for agency activities, and mobility managers seem to be unaware of the need for affordable, accessible and flexible transportation for people with developmental disabilities who are not part of any agency. Human services coordinated transportation plan committee meetings encourage public comment. The voices of people with developmental disabilities should be heard at these meetings so their needs are better understood and 5310 funds are leveraged in meaningful ways. These gaps can then finally be addressed so that roadblocks to community participation for all people with developmental disabilities are finally removed.