



2017

Available free to the public,
not for individual sale.



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

A report prepared for the Arizona Developmental Disabilities Planning Council

Erica S. McFadden, PhD, Author
Eric Hedberg, PhD, Contributor

ASU Morrison Institute
for Public Policy
Arizona State University



STUCK AT HOME: BY-PASSING TRANSPORTATION ROADBLOCKS TO COMMUNITY MOBILITY AND INDEPENDENCE

Author: Erica McFadden, Ph.D., senior policy analyst
Contributor: Eric Hedberg, Ph.D., senior research fellow

Of the nearly 2 million Americans who never leave their homes, 560,000 don't because of transportation difficulties.¹ These mobility limitations result in fewer opportunities to contribute to the 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 served to isolate 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 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 call centers, volunteer driver programs, and shared vans operated by non-profit organizations.

Transportation Barriers Continue to be a Problem

The Numbers

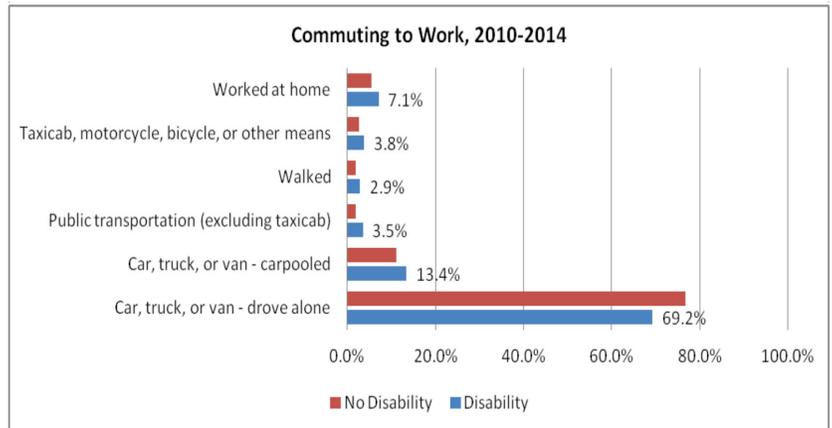
The availability of affordable and accessible public transportation is critical. Without it, many would be unable to access education, employment, health care, housing, recreation, or participate in their communities. The transportation mode a person uses is dependent on where they live and with whom they live. Areas with no accessible transportation service require familial or staff support, but low-income persons with disabilities are less likely to get rides from household members. As a result, public transit has a more substantial role to play in their mobility than it does in the mobility of others with disabilities. Thus, the availability of affordable transportation is a top concern for both individuals and families. In Arizona, a 2015 survey of adults with developmental disabilities (DD) finds that the majority of them (68%) normally get rides from family members; 64% report always having a way to get places. When compared to the other 28 participating states, Arizona performs worst when it comes to transportation reliability.

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

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 medical care, tests, and treatment a doctor believed was necessary.² Further, of those with disabilities reporting problems, 45 percent live 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.³ Predictably, most riders are concentrated in the Phoenix, Tucson, and Flagstaff metro areas. Public transportation is used more than twice as often by people with disabilities when compared to those without disabilities.⁴ Yet, it remains one of the least utilized transportation options, by workers with disabilities. According to the American Community Survey for 2010 - 2014,⁵ of the 147,891 workers with disabilities in Arizona, 69.2% drive to work, 13.4% carpool, 7.1% work from home, and **only 3.5% use public transportation.**



This pattern is clearly demonstrated in Maricopa County’s public transportation ridership. While the numbers of public transportation riders with disabilities have gradually increased over the past ten years, they still only represents 0.5% of total ridership in 2016 (approximately 312,729 riders out of 67.4 million).⁶

Commonly Reported Public Transportation Barriers by Passengers⁷

Reasons people with disabilities do not rely on public transportation differ by urban and rural areas. Rural areas are much more limited on the options they provide due to the large geographic areas served, limited budgets, and sparse population distribution. However, in both urban and rural settings, transit/bus systems are required to be accessible for those with disabilities under the Americans with Disabilities Act (ADA). But, problems 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, causing riders with intellectual disabilities and visual impairments to miss their stops or get off at the wrong stop

² 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.’

³ Arizona Department of Transportation, 2011. What Moves You Arizona Long Range Transportation Plan, 2010-2035.

⁴ American Community Survey 5 year estimates, 2010-2014. Table S1811 - Selected Economic Characteristics for the Civilian Noninstitutionalized Population By Disability Status.

⁵ Ibid.

⁶ Valley Metro Annual Ridership Report, FY 2016.

⁷ National Council on Disability, 2005. The Current State of Transportation for People with Disabilities in the United States

And, although fixed route systems – i.e., systems that do not deviate from a predetermined route - are least expensive to operate, they 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 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 providing fixed-route bus and rail service to also provide para-transit service - a complementary transportation system in which vans or mini-buses provide on-demand, door-to-door service for people with disabilities who are unable to use the fixed-route service. These services are required to travel to destinations located 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, 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)
- Restrictive eligibility criteria
- Unfair trip denials
- Tardiness or failure to arrive
- Inefficient and unfriendly telephone reservation systems
- Inaccurate information
- Failure to respond to complaints
- Slow en route service
- Lack of driver training
- Drivers' lack of respect for users
- Punitive cancellation policies

Statistics show that people with disabilities are overrepresented in rural areas and more likely to live there in poverty, where employment opportunities are scarcer. 16.7% of rural residents have a disability – higher than the 12.9% state average for disability prevalence.⁸

The need for public transportation in rural areas is great, but insufficient funding 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 bus or van traveling along a fixed route, keeping to a timetable, but deviating 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 returns to the point where it deviated from the fixed-route. This flexible arrangement is ideal for many people with disabilities, but costly to provide.

In some rural areas, there is very limited public transportation, if any. A household survey administered by Arizona Department of Transportation (ADOT) to residents living in rural areas of Arizona focused on transportation behaviors in general and transit specifically.⁹ More than half (51%) believe public transit availability in their area is "poor," and nearly one-half would like to have the opportunity to make greater use of both intercity bus service and regularly scheduled local bus service.

⁸ American Community Survey 1 year estimate, 2015. Percent of People with a Disability: Urban/Rural and Inside/Outside Micropolitan Area

⁹ Transit in Greater Arizona, ADOT, 2016. Available at https://apps.azdot.gov/ADOTLibrary/publications/project_reports/pdf/SPR733.pdf

Preliminary findings from focus groups in rural areas across the state conducted in 2013 describe the barriers that exist among those with DD:

- “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.”

In 2012, the Arizona Department of Transportation (ADOT), as required by Title II of the ADA, conducted a comprehensive statewide survey to evaluate current accessibility along existing public rights-of-way. The field survey included sidewalks, curb ramps, and pedestrian crossings (e.g., median treatments, over/underpasses, signals, handrails). It found levels of noncompliance as follows: 17% of sidewalks, 81% of curb ramps, 73% of traffic islands, and 5% of handrails. ADOT’s public comment and this study’s 2013 and 2015 focus group results corroborated the lack of accessible sidewalks and curb cuts that allow people with disabilities to freely access their communities, especially in rural areas. Focus group participants reported that in many cases there are just dirt roads and no sidewalks at all. 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.

Funding Woes Continue

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 – 2011.¹⁰ 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, however, remain intact. 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. Consequently, Maricopa County Mass Transit receives 31.5 percent of Powerball proceeds.¹¹

City of Phoenix Comprehensive Transportation Funding

In 2015, Maricopa County voters adopted a 0.7% transportation sales tax for 35 years that generated funding for transportation projects, adding a significant investment in light rail, new and improved freeways, street improvements, and bus transit.

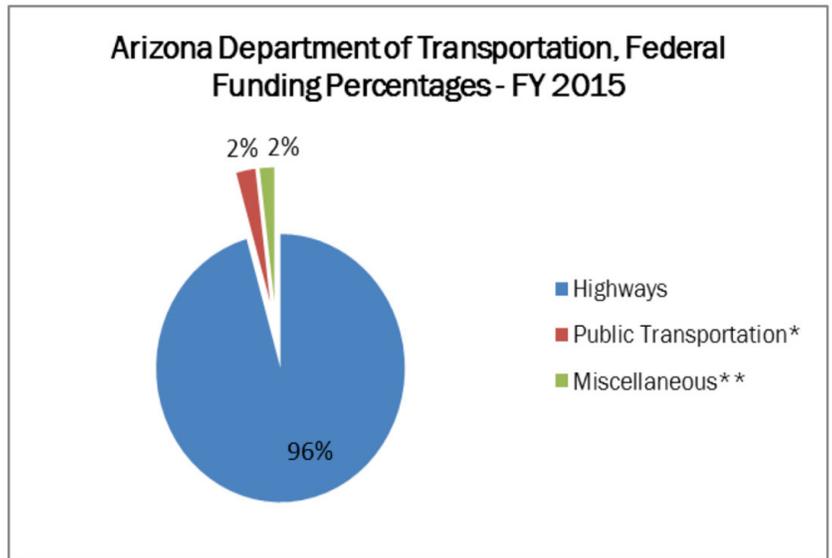
Local governments outside Maricopa County must rely exclusively on federal and local funding with zero state support for transit programs. As a result, they have been unable to effectively serve the transportation needs of their populations. In many areas fares have increased, routes and hours of operation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

¹⁰ http://www.azdot.gov/mpd/Transit_Programs_Grants/STF.asp

¹¹ Joint Legislative Budget Committee, January 2016. FY 2016 Baseline Book, Arizona State Lottery Commission. <http://www.azleg.gov/jlbc/16baseline/lot.pdf>

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, a 2015 audit found that \$24.2 billion will be needed;¹² a total of **\$67.2 billion will be needed for all of Arizona's transportation needs through 2035.**¹³

On its current course, ADOT only will receive \$26.2 billion in revenue — from various federal and state taxes — by 2035. The department needs about \$88.9 billion to maintain operations and develop new infrastructure, according to the audit. There was no mention of transit programs in the audit. The priority continues to be on highways. 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.¹⁴ In 2015, more than 95% of Arizona's federal transportation funding was allocated to highways, while only 2.5% was directed to public transportation programs.¹⁵



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

**Miscellaneous includes airport improvement, regional information sharing systems, commercial vehicle information systems and safety, and recreational trails

Federal Programs Supporting Transportation for People with Disabilities

On December 4, 2015, President Obama signed the Fixing America's Surface Transportation (FAST) Act, reauthorizing surface transportation programs through Fiscal Year 2020. Through this Act, the U.S. Department of Transportation Federal Transit Administration provides support for state transit programs and an incremental increase through 2020.¹⁶

Included in FAST are 5311 formula funds targeted to transportation in non-urbanized areas - defined as areas with populations of less than 50,000. These funds flow through Arizona's Department of Transportation (ADOT). Eighty percent of the apportionment of these funds is based on Arizona's non-urbanized 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.

¹² Arizona Department of Transportation, 2011. What Moves You Arizona Long Range Transportation Plan, 2010-2035

¹³ https://www.azauditor.gov/sites/default/files/15-113_Report_0.pdf

¹⁴ 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>

¹⁵ Governor's Office of Strategic Budgeting & Planning. Statement of Federal Funds, Fiscal Years 2015 – 2017

¹⁶ <https://www.transit.dot.gov/FAST>

¹⁷ <http://www.azdot.gov/planning/TransitProgramsandGrants/5311-rural-public-transportation-program>

In Arizona, the 5311 program funds approximately 3.1 million miles of transportation service annually to more than 968,000 passengers in rural areas. Over 190,000 hours of service are provided by these systems.¹⁷ 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.

Section 5310, known as Enhanced Mobility of Seniors and Individuals with Disabilities (or the Coordinated Mobility program), is also included under FAST. The 5310 program provides formula funding to assist private nonprofit groups in meeting the transportation needs of seniors and individuals with disabilities when existing transportation services 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 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 between 2015 and 2020 for 5310 will increase by about 11%.¹⁸ The majority of 5310 funding is spent on non-profit van acquisitions with and without lifts.

There is a drawback to the 5310 program, however. Agencies often receive transportation requests from the general public, but many agencies accept only agency clients, shutting out non-clients. Many of these agencies provide transportation only to and from agency activities or medical appointments. 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.

The Road Ahead

People with DD would like to visit friends on the weekends, go to concerts or movies, shop, or get a ride to work. Even if the person can get transportation as an agency client, hours of operation and locations served are often selected by the agency, not the client. In most cases, if a person with a DD needs a ride, 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. Those that are often charge “lift fees” for wheelchair users, costing as much as \$40 each way, which many believe violates ADA guidelines. Newer companies that use ride apps, such as Uber and Lyft, are facing ADA lawsuits with drivers refusing to serve riders with service animals or not having available wheelchair-accessible vehicles. People with DD who live in rural areas do not fare much better. When a mobility manager was asked what a person with a DD 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 DD with the state’s current transportation infrastructure. Flexibility and affordability for future transportation programming are key components.

¹⁸ <https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/5310%20Enhanced%20Mobility%20of%20Seniors%20%26%20Disabled%20Fact%20Sheet.pdf>

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
- 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 coordinating transportation regions and doing more with fewer resources. ADOT is encouraging the regions to develop one click/one call centers. These centers would operate through one main phone number and website to access several transportation providers, and ensure 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 the resource sharing plan 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 serving people with DD, and plan 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 fit into their mission to serve

those who are shut in. They have never had an issue with insurance coverage. In Pima County, Community Food Bank contracted with Marana Health Center to transport food bank clientele. The Community Food Bank used its 5310 funds to pay Marana an hourly rate, which compensated for Marana's higher insurance premiums and driver time, allowing Marana to serve more people with a van that would have otherwise been idle. Its insurance company viewed food bank and health center clientele as the same population served, so 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 specify 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.¹⁹

Conclusion

It is evident that much more needs to be done with transportation options to help connect people with DD to their communities in the ways in which they want to be included. While the state does not prioritize transit programs in its funding, federal grants that have targeted transit programs to those with disabilities and rural areas are slowly on the rise. Arizona agencies have increasingly begun to share vehicles with other agencies and investigate ways to coordinate and maximize their resources. The drawback is that agency vans, funded through 5310 funds, are primarily providing transportation to agency clients for agency activities. Human services coordinated transportation plan committee meetings encourage public comment. The voices of people with DD should be heard at these meetings so their needs are better understood and 5310 funds are leveraged to create affordable, accessible and flexible transportation for people with DD who are not part of any agency. These gaps can then be addressed so that roadblocks to community participation for all people with DD are removed.

¹⁹For additional information on addressing insurance barriers, see [http://www.unitedwerride.gov/CoordinationMythsvol1no1_Insurance_080710\(1\).pdf](http://www.unitedwerride.gov/CoordinationMythsvol1no1_Insurance_080710(1).pdf)

August 2017 | Morrison Institute for Public Policy, Arizona's premier think tank, was established in 1982. An Arizona State University resource, Morrison Institute utilizes nonpartisan research, analysis, polling and public dialogue to examine critical state and regional issues. Morrison Institute provides data- and evidence-based review to help improve the state and region's quality of life. Morrison Institute is part of the ASU College of Public Service and Community Solutions.

MorrisonInstitute.asu.edu