Transportation Voucher Pilot Project

Phase II and III

December 2010

Dates of Transportation Voucher Pilot Project:

Initial Phase……………………….. July – September 2008

Phase II……………………………. January 2009 – November 2009

Phase III…………………………… November 2009 – July 2010

Background

Nationwide, transportation has been identified as a critical component of livable communities for older adults. Washtenaw County is no exception. Even with existing options in urban and rural parts of the county, Blueprint for Aging surveys, focus groups, and interviews found access to reliable, affordable transportation among the highest priorities of seniors and their families. Although older adults express a desire to operate their own vehicles for as long as possible because it is practical and because of the symbolic freedom and independence associated with driving, with increased age often comes decreased ability to drive. Former drivers report a loss of independence and sense of self. They have more difficulty meeting everyday needs such as grocery shopping and making medical appointments and may suffer a decrease in quality of life due to lack of health supporting activities of socialization, exercise, and balanced meals.

In response to community input, the Blueprint for Aging conducted a 3-month pilot project using transportation vouchers. At-risk seniors identified by senior service agency personnel from one urban and one rural community learned about available transportation options ranging from formal (such as a cab or paratransit services) to informal (a relative or friend) and received BFA vouchers to purchase transportation services. In this phase of the pilot, informal or "natural" helpers provided 67% of the 500+ trips taken and formal transportation service providers provided 33%. Regardless of mode of transportation, vouchers were used most frequently for medical appointments, followed by shopping and social outings. High levels of satisfaction were reported among participants and most said they would use vouchers again in the future. Findings from Phase I informed pilot changes for subsequent phases outlined below.

Overview and Pilot Objectives - Phase II

Moving from a base of findings and logistical information gathered in Phase I, the Blueprint for Aging shifted focus for utilization of transportation vouchers from supporting individuals to supporting systems that serve seniors, with the aim of testing for a greater, more meaningful impact on aging in place. Two important target destination areas (senior centers and medical clinics serving seniors) were selected. This phase tested the assumption that participating program directors and social workers would be aware of member/patient transportation challenges and would distribute vouchers in the most effective ways. The Phase II Pilot would show whether there was increased participation in programs and decreased numbers of missed medical appointments.

Methods

A phone survey of county senior centers and medical clinics serving seniors was conducted to determine 1) greatest need for transportation support and 2) ability to dedicate staff time to participation in the pilot. Representatives from interested and appropriate sites completed a 2-hour orientation session. Each site received a program manual and a supply of vouchers and gift cards in locking money pouches.

Evaluation of Phase II included analysis of data collected at the time vouchers were distributed to travelers. Participating senior centers and medical clinics documented the type of trip (one way vs. round trip), purpose of the trip (class, meal, work, medical, recreational/social, volunteer activities), and transportation provider (A-Ride, People's Express, WAVE, Blue Cab, NSS, informal provider). In addition, individuals receiving a voucher were asked to indicate if they were visiting a location for the first time, if they would have taken the trip without a voucher, and why the voucher was needed.

Results

Record keeping by social workers and senior center directors was not always complete and resulted in missing data. Results reported here are for complete sets received.

Riders

In Phase II, a total of 81 individuals used vouchers. Eighty-three percent of participants (66) were female. Voucher recipients were an average age of 73 years.

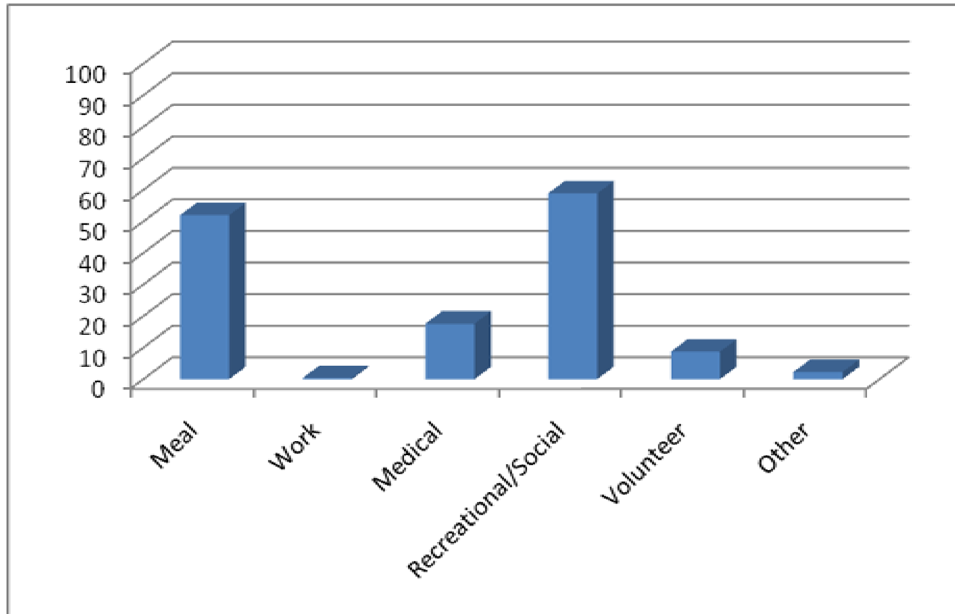
Providers

Vouchers were used to purchase transportation services for 1247 trips from formal and informal providers. Of those trips for which there is provider information (*note: missing info on 353 (28.3%) of trips*) 137 (15%) were provided by a family member, friend, neighbor, or other type of informal provider. Among the four formal providers, slightly more than 43% were from A-Ride, almost 29% from People's Express, 5.5% from NSS Medical Access Program, almost 5% from Blue Cab, and 2.5% from W.A.V.E.

Trips

During Phase II, 31% of trips were one-way and 64% were round trips (*note: missing info on 59 (4.7%) of trips*).

Figure 1: Purpose of Trips



Note: Trips could be designated as having more than one purpose

As shown above in Figure 1, recipients used vouchers for a wide variety of trip types. Nearly 60% of trips included a recreation or social purpose, while 52% included a meal, almost 18% included a medical visit, about 9% helped seniors get to volunteer activities, and less than 1% got people to work. Of those who indicated that they used transportation voucher(s) to attend a class, more than 72% took an exercise class, 15% took an education class, and nearly 13% took a health class (e.g., nutrition, memory, or disease prevention). Taking a broad view, 100% of voucher supported transportation trips were used for health enhancing/disease prevention activities that support aging in place for Washtenaw County seniors.

Table 1: Purpose of Trip by Provider Type

	Informal Provider (n=137) Frequency (%)	Formal Provider (n=757) Frequency (%)
Class	42 (30.6)	185 (24.4)
Meal	55 (40.1)	368 (48.6)
Work	5 (3.6)	0
Medical	10 (7.3)	201 (26.5)
-Physical Activity/Social Interaction	82 (59.8)	382 (50.5)
Volunteer	0	33 (4.3)

Note: Trips could be designated as having more than one purpose

Table 1 compares informal and formal providers in terms of the purpose of each trip. When using informal providers, almost 60% were for physical activity or social interaction purposes, followed by meals (40%), classes (more than 30%), medical appointments (over 7%), and work (3.6%). Similarly, among trips by formal providers, the largest percentage (50.5%) was for physical activity and social interaction purposes. An additional 48.6% was for meals, followed by medical appointments (26.5%), classes (24.4%), and volunteer activities (4.3%).

Potential Benefits of Vouchers

According to voucher recipients, 52 (4.2%) of the vouchers were used to visit a location for the first time.

It appears that vouchers facilitate mobility of recipients, as almost 84% of trips would not have been taken without the voucher. This may be especially true of those who have fewer financial resources, as more than 80% indicated that they needed vouchers due to financial limitations. Other reasons for needing a voucher included a desire to compensate their informal provider (7.3%), their usual ride was unavailable (5.8%), and weather conditions (1.7%).

Discussion

Trips taken with vouchers for both formal and informal providers were most likely to have health enhancing social or recreational purposes. While there were no restrictions on trip purpose, it is important to note that senior centers were the primary Phase II Pilot participants and distributors of vouchers. As was discovered in Phase I, these sites that provide physical activity, social

interaction, and mental stimulation also provide nutrition programs, health education, and other core services that enhance aging in place.

Senior centers emerged as central to this phase of the pilot as medical clinics ultimately did not use many vouchers. Early in this phase they were dropped from the pilot. Though great need was initially reported in the phone interviews and at the orientation, in practice, vouchers were too difficult to use in large, busy clinics where multiple workers needed to understand and follow protocol. Also, seniors with transportation problems tended to figure out a way of getting to their medical appointments or didn't know about vouchers and therefore did not keep their appointments. As the pilot did not run long enough for planning trips for appointments 3 or 6 months in the future, medical appointment attendance was not extensively tested in these settings. Senior centers were more suitable to the program design. However, in Phase II, vouchers were used to support a relatively small number of senior center members on a regular basis thereby serving a few very well.

Overview and Project Objectives – Phase III

In Phase III, the Blueprint partnered with RideConnect, a county-wide transportation Information and Referral service, to test vouchers in a third innovative way. For this phase of the project, RideConnect, a program funded to give information, but not to provide service, inserted voucher dissemination into existing program operations. RideConnect operators performed administrative duties that included receiving referrals, performing intake screening, determining cost share with the customer or agency, arranging rides by contacting providers, and performing record keeping and billing tasks.

Methods

Throughout the pilot, RideConnect continued to grow its database of licensed transportation providers with a mission that included educating the public about available options taking into account geographical location, physical limitations of riders and financial situations of riders, as well as service options, cost, and service area of providers. In short, RideConnect provided information to riders on how best to get where they needed to go. For the purposes of Phase III of the Transportation Pilot, guidelines were created for eligible callers to receive vouchers that would reduce or eliminate the cost of a trip for those 55 years of age or older with unmet transportation need due to physical or financial challenges. The intake process included creation of a rider profile and a trip profile. Riders appropriate for the program were assigned a voucher amount, and the most cost effective trip was electronically ordered by RideConnect. At midpoint of Phase III of the pilot, a cost-share structure was developed and implemented.

Throughout the Pilot, RideConnect functioned according to set program guidelines and inserted vouchers when appropriate. The Blueprint for Aging was responsible for oversight and reimbursing providers that accepted vouchers. Data from the RideConnect database for voucher recipients was reported to the Blueprint for Aging.

Results

Riders

A total number of 62 passengers used trip vouchers during Phase III. The number of trips per passenger ranged from 1 trip to 37. Slightly more than 74% of recipients were female. The average age of voucher recipients was about 70 years old, with the ages ranging from 55 to 91 years.

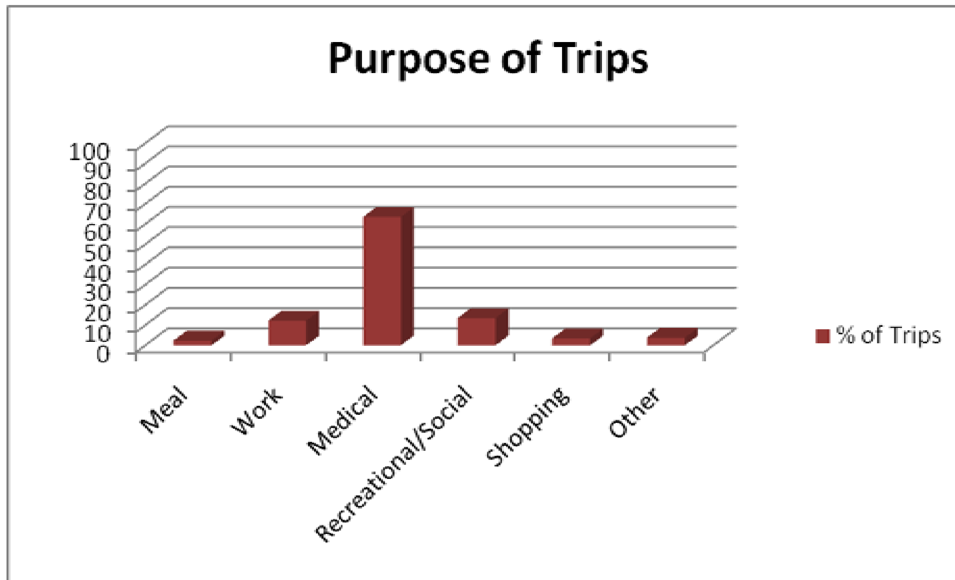
Providers

Vouchers were used for 289 trips provided by both informal and formal providers. Almost 30% of trips were given by an informal provider (e.g., family, friend, or neighbor). Among the formal providers, almost 3% were provided by A-Ride, 26.6% by Blue Cab, 4.8% by J&J Enterprises, and about 34% by Jay's Transport.

Trips

During Phase III, about 26% of trips were one-way and more than 73% were round trip.

Figure 2: Purpose of Trips



Note: Trips could be designated as having only one purpose

As shown above in Figure 2, recipients used vouchers for a wide variety of trip types. Nearly 64% of trips were for a medical visit. Other trip purposes included recreational and social activities (e.g., visiting family and friends, senior centers) (13.5%), work (12.2%), shopping (3.5%), and meals (2.4%). It should be noted that all of the trips to work were for one particular individual.

Table 2: Purpose of Trip by Provider Type

	Informal Provider (n=86) Frequency (%)	A-Ride (n=8) Frequency (%)	Blue Cab (n=77) Frequency (%)	J&J Enterprises (n=14) Frequency (%)	Jay's Transport (n=98) Frequency (%)
Meal	7 (8.1)	0	0	0	0
Work	0	0	35 (45.5)	0	0
Medical	60 (69.8)	4 (57.1)	30 (39)	14 (100)	74 (75.5)
-Physical Activity /Social Interaction	4 (4.7)	3 (42.9)	6 (7.8)	0	13 (13.3)
Shopping	0	0	5 (6.5)	0	1 (1)

Table 2 shows the purpose of each trip as a percentage of all rides provided by the specific provider.

When using informal providers, almost 70% were for medical appointments, followed by meals (8.1%), and physical activity or social interaction (4.7%). Informal providers did not provide transportation services to work or shopping in Phase III.

Looking at all four formal providers combined, the largest percentage (62.2%) of trips was for medical appointments. An additional 18% was for work (note that it was for only one person), followed by physical activity and social interaction activities (11.2%), and shopping (3.1%). Formal providers did not provide transportation to meals.

Costs

For the 287 trips that included data on costs, the average trip cost $28.40, and per trip costs ranged from free to $225.00. Looking at specific providers, rides given by informal providers were the least expensive at an average cost of $7.50. Among the formal providers, Blue Cab rides had an average cost of $12.00, A-Ride and J&J Enterprises were both $25.00, and trips with Jay's Transport averaged $40.00.

For 155 of trips (54%), the voucher recipient paid part of the trip cost. Customer expenses averaged about $8 per ride. In eight trips, a nonprofit agency paid a portion of the cost, at an average of $57.00.

Lessons Learned

During Phases II and III, different methods of providing transportation services to seniors in need were employed. While early in Phase II, it became apparent that it was not feasible for large medical clinics to use vouchers, senior center directors in Phase II were successful in determining those among membership in need of transportation assistance. Center staff were able to help members use vouchers for trips to and from the centers as well as other destinations. Only one person at each site needed training to use vouchers, and, aside from incomplete reporting, operations were smooth. Vouchers dramatically improved mobility for a relatively small number of seniors who tended to use formal providers for trips related to socialization, physical activity, or meals. While voucher use within the existing community structure of senior centers was effective in reaching active seniors, those most isolated (due to transportation and other issues) were not included.

When moving to a more centralized model in Phase III, problem-solving for transportation issues was expanded and individualized options became available to qualifying riders. With one body (RideConnect) serving as a clearinghouse for transportation options and creating trip profiles based on multiple factors, the process of linking a senior in need with the best, most cost-efficient ride was seamless and simple for the rider. Because RideConnect continually adds providers – both public and private and specializing in various previously underserved areas (rural transportation, transportation geared toward seniors and people with disabilities), there was a wide range of flexibility in finding the best option for callers.

Administratively, Phase III was smooth with no glitches and only minimal additions to RideConnect's overhead, staffing, and data collection requirements. Because vouchers were electronic, there was no paper waste.

As RideConnect procedures gather detailed information during intake, staff members were able to screen callers and provide vouchers for those most in need financially, geographically, and physically. The data suggests a high level of response to core services as a majority of trips had a medical purpose (not the case in Phase II).

The cost share component, as well as competition among providers wishing to be voucher providers, contributed to RideConnect's having access to the best prices for voucher trips. Consistent throughout all phases of the transportation pilot, informal provider trips were dramatically lower than all other options. RideConnect used informal providers for almost 30% of trips overall compared to 15% of trips in Phase II.

Findings support the Phase III Pilot model for providing transportation services to segments of the population with complex transportation needs. Challenges to employing this model on a larger scale include securing funding in bleak economic times and a lack of knowledge about RideConnect among the general public. If funding for a transportation voucher program was secured, a campaign to reach seniors and programs providing assistance to seniors would be crucial to its success.

Recommendations

It is recommended that the Phase III voucher program be included in future Washtenaw County transportation plans. As there are few modification needs to this model that operated smoothly for both riders and RideConnect, funding is the primary hurdle. Given the potential this structure has to effectively and efficiently meet transportation needs of vulnerable populations (and the public at large), it should be considered in any plan to increase the ability of Washtenaw County seniors to age in place.