*S*upplemental Transportation Programs *for* Seniors

A Report on STPs in America

Acknowledgments

The original June 2001 report, Supplemental Transportation Programs for Seniors, and this update are the result of considerable effort on the part of more than 400 supplemental transportation programs (STPs) in the database. These programs provided the original inspiration for the project as well as the information needed for the updated report.

Eighteen Senior Transportation Action Response (STAR) Awards for Excellence have been awarded to exceptional STPs, all of which are profiled in this report. Each of these programs represents a model service or process that can be adapted by other organizations that are engaged in similar efforts to deliver "senior-friendly" transportation.

The information gathering and update process would not have been possible without the participation of numerous national network organizations, including Shepherd's Centers of America; the Retired and Senior Volunteer Program Directors Association; the National Association of State Units on Aging; the National Indian Council on Aging; the Easter Seals Society; the Community Transportation Association of America; and the American Association of Homes and Services for the Aging.

The AAA Foundation for Traffic Safety was a major contributor to the surveys, the awards, the original report, and this update. In 2000, the AAA Foundation joined with the Beverly Foundation to undertake the first STAR Search effort, and it has been the Beverly Foundation's partner in the three-year STPs Mobilizer Project. The Mobilizer Project has included annual STPs surveys, annual STAR Awards for Excellence, an STPs pilot project in Pasadena, California, and numerous informational and technical products. The results of the STPs Mobilizer Project are discussed throughout this report.

Finally, it is important to acknowledge the staff and friends of STPs, those who have responded to the needs of seniors for transportation and acted as supportive caregivers. By developing innovative means for providing transportation, they enable seniors to get where they need to go. By serving as role models for innovative action, they offer hope that tomorrow's communities will be even better for seniors and their families.

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Foreword

Seniors who drive may not have problems with transportation. It is when they are about to stop driving, or have stopped driving, that they may face major difficulties in getting where they need to go.

In more than 20 focus groups conducted by the Beverly Foundation in 1999, seniors who continued to drive were passionate about the importance of their car. They also expressed fear and apprehension about having to stop driving.

"Can't see, can't hear, can't walk, but I have my car . . ."

"Driving is the key to life."

"I have macular degeneration, and I am worried about what will happen to me when I can no longer drive."

"I don't want to be dependent on other people all the time."

"I only drive in my neighborhood, and never after dark."

"To limit your driving is to limit your life."

"I will always love my wheels."

Most older adults see giving up the keys as a traumatic event—and the older one gets, the higher the probability that this event will occur. A recent study in the *American Journal of Public Health** emphasizes this point. The difference between life expectancy and driving expectancy is about six years for men and ten years for women. Older people tend to stop driving because of physical and mental limitations, and this results in what might be called "transportation dependency."

Transportation dependency, to which the emergence of STPs is a response, is broader than a person's having to relinquish the car keys. The same limitations that force older people to give up their keys can also make it difficult for them to use

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* Foley, D. J., Heimovitz, H. K., Guralnik, J. M., & Brock, D. B. (2002). *Driving life expectancy of persons aged 70 years and older in the United States*. *American Journal of Public Health, 92, 1284-1289.*

public and paratransit transportation options. STPs supplement or complement the efforts of family members, neighbors, and friends to provide options that enable seniors to stop driving without losing their ability to go places. They also fill in the gaps where traditional transit options are unavailable or cannot accommodate the special needs of seniors.

Senior transportation dependency is not an isolated problem, nor are STPs an isolated solution. Communities throughout the United States are taking action to respond to the transportation needs of seniors. In many communities, STPs have filled transportation gaps faced by seniors and have become a major element of the array of transportation options.

This report continues the discussion of STPs and their importance to the nation's senior service and transportation agenda and recognizes the hard work of hundreds of STPs throughout the country.

PHOTO BY STEWART SMITH

Executive Summary

Many discussions of senior transportation problems and solutions begin with efforts to enable senior drivers to continue driving as long as possible. Discussion of supplemental transportation programs (STPs) for seniors, by contrast, begins with the assumption that seniors who do not drive need transportation options to get where they need to go and that family members may not be available to provide necessary transportation services.

This report summarizes the purposes, activities, and outcomes of the Supplemental Transportation Programs for Seniors project, an effort to identify, document, and understand STPs for seniors in the United States initiated in 2000 by the Beverly Foundation and the AAA Foundation for Traffic Safety.

A focus group study conducted in 1999 by the Beverly Foundation to investigate issues of transportation in an aging society identified senior transportation problems and solicited recommendations for solutions from seniors and their lay caregivers. The study identified difficulties seniors face when public, paratransit, and other transportation options do not meet their needs. It also identified criteria for what could be considered "senior-friendly" transportation and uncovered practical solutions in the form of informal community-based transportation programs. These findings provided the impetus for the Supplemental Transportation Program for Seniors project.

The report *Supplemental Transportation Programs for Seniors*, published in June 2001, identified and documented more than 236 community-based organizations and groups throughout the United States that provided transportation services to older adults. The report, a product of the first Senior Transportation Action Response (STAR) Search survey, included discussion of the results of the survey along with extensive information about the 11 winners of STAR Awards for Excellence. It also included program profiles, program reviews, and case studies.

This report is an update of the first. It uses data from the first study along with additional data from surveys conducted between 2001 and 2003 as part of the continued partnership between the Beverly Foundation and the AAA Foundation for Traffic Safety.

The report begins with a brief section that summarizes the STPs approach, discussing its features, advantages, and principles and providing key data from the report. Next is a section detailing results from the Senior Transportation Action Response (STAR) Search effort. Information about the institutional and operational characteristics of STPs were gathered from each organization that responded to the annual STAR Search survey. The resulting database contains a great deal of data on STPs, such as location, program type, organization and service relationships, specifics of services provided, budget and fund-raising, management issues, and so on. All 50 states are represented in the STPs database; the greatest concentrations are in New York, California, Michigan, and Washington. Information on STPs in three special sectors (Indian Country, institutional settings, and rural areas) also has been introduced.

A section on the concepts and practices of STPs includes discussion of the insights provided by an in-depth analysis of the data, extensive discussions with program staff, researchers, and policy makers. Key topics include the features of senior-friendly transportation, the cost/maintenance continuum, and the "volunteer friends" approach.

An 18-month "volunteer friends" pilot project undertaken in Pasadena, California, is described in the next section. In addition to providing rides for seniors, "**PasRide**" was designed to test a low-cost/low-maintenance service model that would complement existing transportation services as well as to create an adaptable process model that could be implemented in communities throughout the country. The end result was a successful pilot project (and **PasRide** was then placed in a permanent home), a demonstrated approach that could be adapted by others, and informational and technical materials that include all the necessary information for planning and start-up activities.

Next the STAR Awards for Excellence are described. A brief overview of the award is provided, and then profiles and program reviews of the seven STAR Award Winners from 2002 and 2003 are presented.

In the concluding section, an agenda for action is described. The several hundred STPs included in this study are just the tip of the iceberg: there are indications that thousands of STPs are operating throughout the country, sponsored by hospitals, nursing homes, churches and interfaith communities, volunteer groups, health programs, senior centers, nutrition programs, agencies on aging, and even by transportation services. Whatever their sponsorship, most STPs indicate that they face a variety of challenges, and these must be addressed as STPs become an agenda for action.

Appendices to the report provide an index of STPs by state and a description of the Travel Reimbursement and Information Program (TRIP) in Pasadena (the mentor program of **PasRide**).

The STPs Approach

Supplemental transportation programs for seniors (STPs) are community-based transportation programs that complement or supplement existing transportation services and thus enable seniors to get where they need to go. STPs provide services seniors need that public transit systems and paratransit are not able to provide. What sets them apart from most other transportation programs is that they reach a hidden population of older adults who have special mobility needs. STPs are organized to meet those needs through trip chaining, transportation escorts, door-through-door service, and numerous other means of personal support.

Seniors need affordable rides and some control over when and how they occur. STPs fill an important niche for seniors who need rides for a variety of purposes, at a variety of times, and to a variety of places. They are "senior friendly," they allow seniors to remain in the community, and they enhance their quality of life.

Additionally:

STPs *can target the 85+ age group*, whose health and mobility conditions may limit not only their ability to drive but also their access to public transportation facilities. Many STPs service broader populations, such as persons with disabilities, children, and even the general population.

STPs *can provide important transportation services for seniors* who need special care and support and want to maintain both a high quality of life (access to the essentials) and a high "quantity of life" (access to the nonessentials). Such services may include transportation escorts, door-through-door assistance, and transportation across the boundaries of transit systems to allow seniors to take quality-of-life as well as quantity-of-life trips.

STPs *can provide a viable and senior-friendly transportation system* that supports efforts within a community, neighborhood, or family to enable seniors who need or want to give up their car keys to do so. Seniors who are unable to continue driving are also often unable to walk to a bus stop, get into a van, travel without an escort, or afford the regular use of taxicabs. Senior-friendly transportation addresses the limitations of seniors who no longer drive.

STPs *can complement existing traditional transportation options* rather than compete with them. The high demand for transportation that meets the needs of seniors requires that more services be created or adapted. Specialized services, which public or paratransit programs may not be able to provide, can be developed by creative and innovative STPs.

In some instances STPs have been initiated by or integrated into public or paratransit programs as a means of developing a more comprehensive mix of services. However, it can be difficult or impossible for traditional systems to provide such senior-friendly services. Thus STPs function as a critical part of the transportation service system in a community.

Key Data

A summary of data relevant to STPs' organization, function, demographics, and the mechanics of how they provide transportation is presented in the chart below.

Location	40% target rural areas; 21% urban; 13% suburban; 28% mixed
Longevity	50% established since the mid-1980s
Organization	80% nonprofit
Purpose	61% medical; 42% social; 19% religious; 35% any purpose
Availability	58% daytime; 50% weekdays
Service	71% door-to-door service; 19% curb-to-curb; 10% fixed route
Escorts	47% provide or can provide escort services
Vehicles	50% use vans; 42% use autos; 29% use buses; 6% use taxis
Rider fees	57% no fees; 21% flat rate fee; 11% mileage rate; 8% sliding fee
Drivers	34% volunteers only; 42% paid only; 20% mix of both
Funding	63% grants; 51% fees or donations from riders; 18% tax revenue
Problems	41% finances; 40% insurance; 36% driver issues

Key Features

The data suggest that STPs have a wide range of organizational and service features. Some STPs provide service in urban areas, some in rural areas, and some in a mix of areas. Some have large budgets, others small. Some are organized just for seniors, and others serve a more varied clientele. Some have paid drivers, some use volunteer drivers, and some use both. Some provide rides for specific needs, such as medical appointments, and others provide rides for any purpose. Some provide escorts, some do not. Some have no rider fees but accept donations, some are fee based, and some receive tax support, grant funding, or both. Some transport single riders, and others offer only ride sharing. Some use passenger vehicles only, and others use a mixed fleet of vehicles. Some pay close attention to risk management issues while others do not. Some provide hundreds of rides a year, and others thousands. Although there are significant variations in how STPs are structured and operated, they are inherently more flexible than traditional transportation options and are highly responsive to individual needs.

Communities throughout the country as well as organizations and groups concerned with aging and transportation are interested in the concept and practice of STPs. The sections that follow discuss research, conceptual development, and demonstration of the STPs approach.

10 Principles of the STPs Approach

1. **STPs fill the gaps.** Seniors face many difficulties in getting where they need to go when they can no longer drive or do not have access to traditional transportation options. STPs supplement the traditional options, thus filling the gaps created by access problems and service limitations.

2. **STPs are solution oriented.** Communities face many problems in meeting the needs of seniors and their caregivers for transportation. STPs provide solutions in the form of affordable, manageable transportation.

3. **STPs are especially important for the "old old."** While STPs can meet the transportation needs of people in all age groups, those aged 85+ often have physical impairments that limit their mobility and thus their access to standard means of transportation. Specialized programs such as STPs can address the needs of this age group directly and specifically.

4. **There is a basic STPs model.** The components of the model are riders, drivers, vehicles, and infrastructure.

5. **STPs are organized along a continuum.** STPs can be low-maintenance/low-cost or high-maintenance/high-cost enterprises.

6. **STPs should meet the criteria for being senior friendly.** The five A's of senior-friendly transportation are availability, accessibility, affordability, acceptability, and adaptability.

7. **STPs can be consumer driven.** While there are many models, the "volunteer friends" approach gives seniors control over the recruitment of their volunteer drivers as well as a financial mechanism for asking for help and saying thank you.

8. **Escorts are frequently an essential component of STPs.** Many users of STPs rely on transportation escorts, sometimes called "transportation caregivers," for physical assistance with mobility as well as emotional support for security.

9. **STPs can and should be part of the transportation system.** The purpose of STPs is not to replace or compete with existing transportation services but rather to complement them and, wherever possible, to provide links to them.

10. **STPs are frequently "the tie that binds."** While many STPs emphasize the need for essential rides to medical appointments and social services, others provide rides for "nonessential" services and activities, such as to the hairdresser or to visit friends. In providing both essential and nonessential transportation services, STPs can link seniors to the array of activities, services, and social contacts that make a full life.

STAR Search

Senior Transportation Action Response (STAR) Search is an annual survey that identifies, indexes, and describes STPs. Over the four years that the survey has been conducted (2000-2003), information has been collected on more than 400 specialized programs that provide transportation to seniors. This section discusses the results of STAR Search.

Approach

The method used in collecting information about STPs has been fairly consistent over the course of the project. It includes a media release, an initial inquiry, a written survey, and an incentive. The survey process itself involves the distribution of an initial information inquiry to individual organizations. Each organization that responds to the inquiry is then sent an extensive survey that solicits information about the organization's history, location, structure, services, finances, and risk management as well as the problems it has faced and the solutions it has used. National networks of organizations that focus on aging or transportation have served as the distribution channel for inquiries and surveys.

To date, almost 600 initial inquiries and more than 400 surveys have been returned in response to the STAR Search effort. Response rates for the surveys range from 25% to 64%. Data from each survey were entered into the STPs database, and a profile of each program was developed. At the end of each round of surveys, organizations were selected to receive STAR Awards for Excellence—a total of 18 so far. The awards provide them with recognition as well as cash prizes ranging from $500 to $1,500.

The selection of winners was made by project staff and panels of experts on aging and transportation issues. Profiles, case studies, and summary program reviews have been developed for STAR Award winners. The reviews include information about the background, history, transportation service, special issues, and challenges for the future. Project staff have gathered this information via survey, teleconference, review of archival and secondary resources, and, in some cases, site visits and focus groups.

Results at a Glance

The chart below summarizes some of the characteristics of the 419 STPs included in the STAR Search database at the end of 2003. To view the details of these programs, visit the Senior Clearinghouse Web site (www.seniordrivers.org).

Location	40% Rural; 28% Mixed; 21% Urban; 13% Suburban
Organization	80% Nonprofit
Ridership	50% Seniors only; 36% Seniors and disabled; 5% Seniors and others; 9% General public
Trip Purpose	61% Medical appointments only; 35% Any purpose; 42% Social and recreation trips; 20% Essential trips; 19% Religious events
Escorts	47% Can provide transit escorts
Vehicles	50% Vans; 42% Autos; 29% Buses; 6% Taxis
Rider Fees	57% No fees; 21% Flat rate fee; 13% Rider donations; 11% Mileage rate
Drivers	42% Paid only; 34% volunteer only; 20% Volunteer and paid
Funding	63% Grant funding; 51% Fees/donations from riders; 18% Taxes
Problems	41% Finances; 36% Drivers; 11% Vehicles

Changes in STPs Data from 2001 to 2003

Data from the first STAR Search effort were presented in the June 2001 report, which included questionnaires from 236 respondents. Although no substantial changes appeared over time in the data, some slight differences were observed, as summarized in the chart below.

Much of the continuity can be accounted for by the fact that the STAR Search surveys were generally undertaken through senior service networks or community-based senior service providers. Another reason for the continuity may be that when asked about changes or trends in their programs over time, respondents indicated increases in transportation operations such as ridership, drivers, numbers of trips, numbers of vehicles, and service size. At the same time, while a high number of programs indicated that their budget and income had increased, a surprising number indicated that their budget and income had decreased.

Changes from 2001 to 2003

	2000	2003
Location – Rural areas	33%	40%
Trip Purpose		
Medical trips	45%	61%
Social and recreational trips	29%	42%
Trips for religious events	7%	19%
Transportation Escorts – Escorts	45%	47%
Vehicles – Vans	46%	50%
Rider Fees – No fee	67%	57%
Volunteer drivers	39%	34%
Funding		
Grant funding	67%	68%
Fees and donations from riders	43%	50%

The differences noted in the chart can be accounted for in part by an increasing demand for medical transportation for seniors and the inclusion of programs in Indian Country and in housing and community-based service programs, both of which have a high demand for health-related transportation trips. Increases in health-related trips in turn fuel increases in other factors listed in the chart, such as number of vans, funding, and use of escorts. The inclusion of STPs from Indian Country also may contribute to the increase in programs in rural areas. For purpose of this study, Indian country refers to land with the boundaries of an Indian reservation, areas of tribal sovereignty recognized by the federal government, areas with tribal cultural or religious significance or areas in which special health or social services are offered to Indians.

Special Sector Comparisons

In addition to the general analysis of STPs, data were also analyzed with respect to STPs in specific sectors:

STPs in rural areas. Data on STPs in rural areas were developed from sector analysis of the general STPs database. The database of STPs in rural areas includes 132 programs, 2 of which started since 2000 and 65 of which were started in the past 20 years.

STPs with volunteer drivers. Data on STPs that include volunteer drivers were developed from sector analysis of the general STPs database. The volunteer driver database includes 104 programs, 3 of which were started since 2000 and 85 of which were started in the past 20 years.

STPs with special transportation escort services. Data on STPs with special transportation escort services were developed from sector analysis of the general STPs database. The transportation escort database includes 135 programs, 86 of which were started since 2000 and 43 of which were started in the past 20 years.

STPs located in housing and community-based service (HCBS) programs. Data on STPs associated with HCBS programs were developed from a special sector survey undertaken in 2003. The HCBS database includes 34 surveys. Given that this sample is too small for statistically significant analysis, the discussion on HCBS programs is offered only as an initial glimpse of transportation in this sector.

STPs in American Indian senior services programs. Data on American Indian senior services were developed from a special sector survey undertaken in 2003. The Indian Country STPs database includes 87 inquiries and 16 surveys. Here too, the sample is very small, and thus the discussion is offered as an initial glimpse of senior transportation in this sector.

Because comparisons of these sectors with one another and with STPs in general are included in the presentation of data (below), it may be helpful for the reader to review the discussion of each sector that is provided at the end of this section.

A summary of characteristics of the STPs and comparisons of sector specific data are provided in the discussion that follows.

History

As Figure 1 shows, many STPs have been operating for a considerable period of time. Indeed, more than one-third were established before 1980.

Figure 1
Year STPs Were Started

Before 1959	4%
1960-1979	32%
1980-1999	54%
2000-2003	2%
Missing	8%
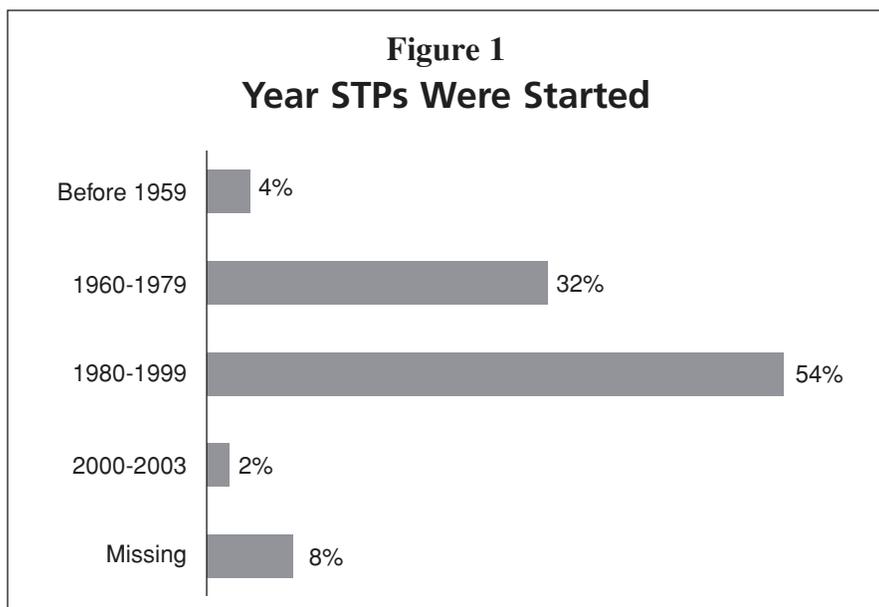
Comparison: Age of STPs

As the table shows, among STPs in HCBS programs, 24% have been in existence for more than 40 years, and 50% were started more than 20 years ago.

Year Started	Before 1959	1960–1979	1980–1999	2000–2003
All STPs	4%	32%	54%	2%
STPs in Rural Areas	6%	36%	49%	2%
STPs Volunteer Drivers	0%	13%	82%	3%
STPs Escorts	7%	27%	60%	2%
STPs in Indian Country	1%	2%	0%	0%
STPs in HCBS Programs	24%	26%	44%	0%

The table also suggests that the use of volunteer drivers and transportation escorts may be a relatively new phenomenon.

Location

All 50 states are represented in the STPs database. Please see the section on STAR Awards for Excellence for a map showing where STPs are located in the United States, and Appendix 1 for an index of STPs. Figure 2 summarizes the distribution of STPs in urban, suburban, mixed, and rural areas. As the figure indicates, STPs are located predominantly in rural areas.

Figure 2
STPs' Service Area
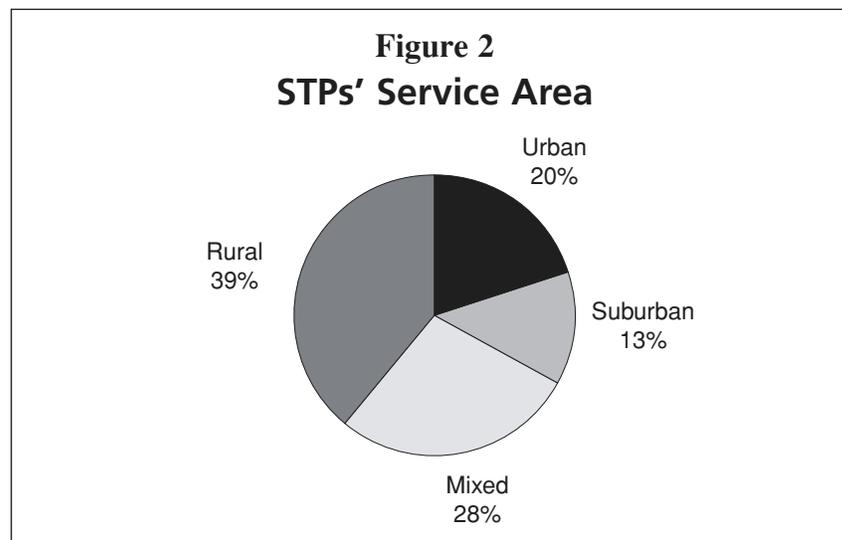
Comparison: Location of STPs

It is worth noting that 81% of the programs in Indian Country are located in rural communities, while rural areas contain only 38% of the STPs in HCBS programs. Programs located in urban and suburban areas have the greatest percentage of special

services such as escorts (50%), and those in HCBS programs have the greatest percentage of volunteer drivers (84%), followed by programs with escorts (44%).

Service Relationships

The vast majority of STPs (80%) are operated by nonprofit organizations. As indicated in Figure 3, they have a broad variety of service relationships.

Figure 3
STPs' Service Relationships

Service	Percentage
Aging-related services	66%
Senior centers	44%
Social service	42%
Government	37%
Faith based	34%
Community volunteer	31%
Hospital & health services	31%
Local transit	27%
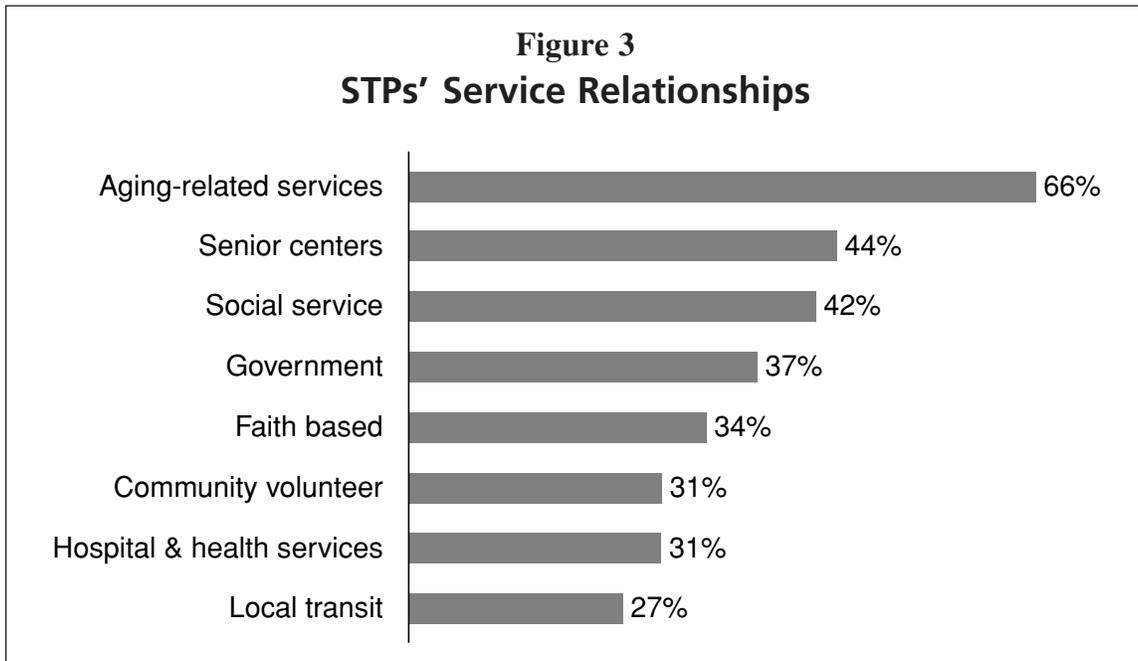
Comparison: Service Relationships

Generally, the programs that have the greatest number of relationships with aging services are those that provide escorts for riders (96%). The next most common relationships are in rural programs with social services (46%) and health care organizations (44%). The most common service relationships for STPs in urban areas are with aging services (64%) and senior centers (51%). HCBS program relationships are primarily with retirement communities (62%), assisted living centers (59%), and faith-based organizations (56%).

Ridership

The ridership of STPs is divided for the most part between seniors (50%) and a mix of seniors and persons with disabilities. Members of the general public constitute about a tenth of the ridership. There are no great differences in STPs ridership when compared by sector.

Figure 4
Ridership: Who Uses STPs

Category	Percentage
Seniors	50%
Seniors and people with disabilities	36%
General public	9%
Unknown	8%
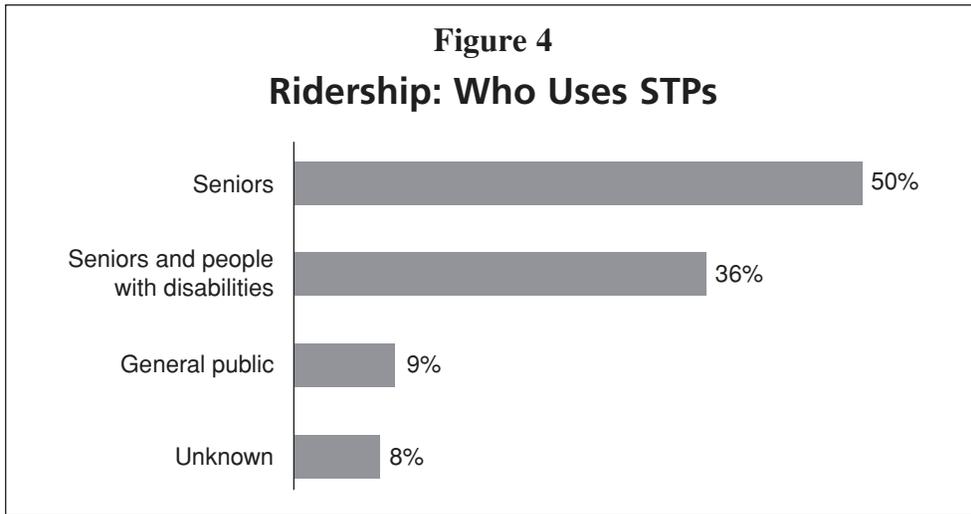
Purpose of Trips

As Figure 5 shows, nearly two-thirds of the STPs provide transportation for medical appointments. Social and recreational trips are well represented, and more than a third of STPs provide transportation for trips for any purpose.

Figure 5
Purpose of trips

Category	Percentage
Medical appointments	61%
Social activities	42%
Any purpose	35%
Essential trips	20%
Religious events	19%
Other	11%
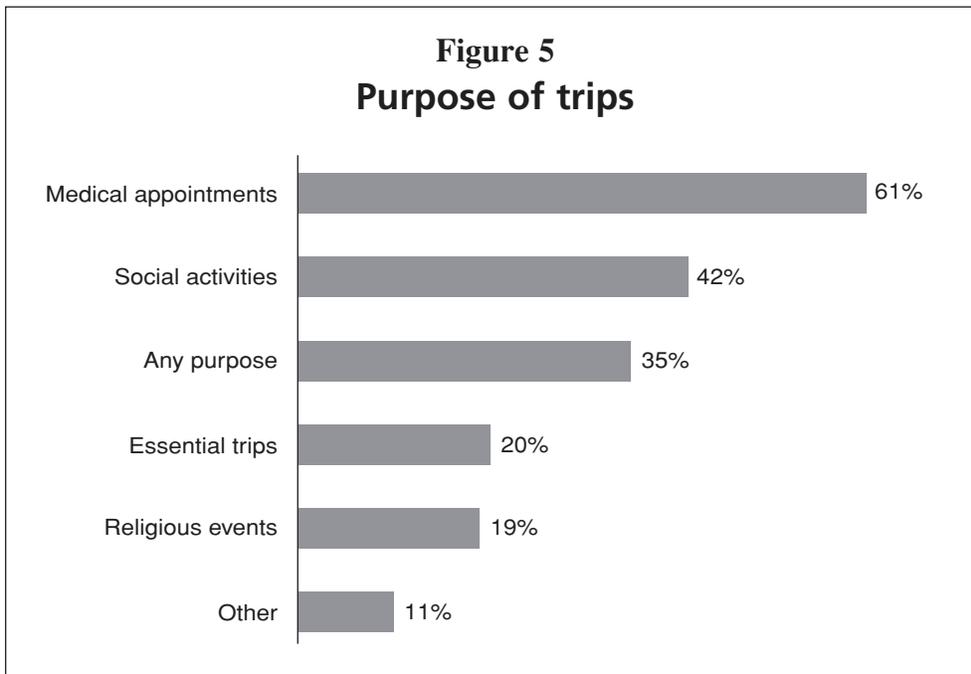
Comparison: Purpose of Trips

Many of the programs are for medical purposes only. Trips for medical purposes appear to be of much greater importance in programs in Indian Country (94%) than in STPs in general. In HCBS programs, transportation for social and recreational trips are just as important as medical trips (85%), and religious trips are also important (53%).

Vehicle Type

As Figure 6 indicates, vans are the most commonly used type of vehicle among STPs, followed by autos and buses. A small proportion of programs use taxis and other types of vehicles.

Figure 6
Types of Vehicles Used

Vehicle	Percentage
Vans	50%
Autos	42%
Buses	29%
Other	10%
Taxis	6%
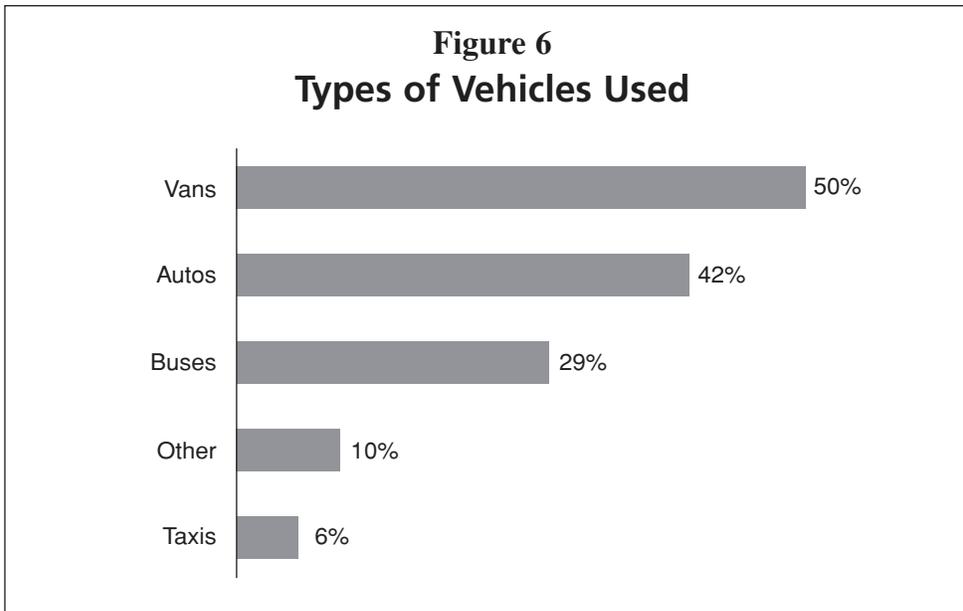
Comparison: Vehicle Type

The distribution of vehicle types used in STPs in rural areas is similar to that of STPs as a whole. STPs that include volunteer drivers tend to use more autos than vans (69% vs. 17%), as do STPs that use escorts (52% vs. 40%). HCBS programs are more likely to use vans than autos (84% vs. 72%).

	Vans	Autos	Buses	Taxis	Other
Total STPs	50%	42%	29%	6%	10%
STPs in Rural Areas	54%	36%	35%	2%	8%
STPs in HCBS Programs	84%	72%	75%	75%	3%
STPs in Indian Country	30%	6%	6%	8%	0%
STPs with Escorts	40%	52%	25%	6%	13%
STPs with Volunteer Drivers	17%	69%	4%	3%	18%

Type of Service

Figure 7 indicates the type of services provided by the STPs.

Figure 7
Types of Services Provided

Service	Percentage
Door-to -door	71%
Curb-to-curb	19%
Fixed route	10%
Door-through-door	10%
Other	7%
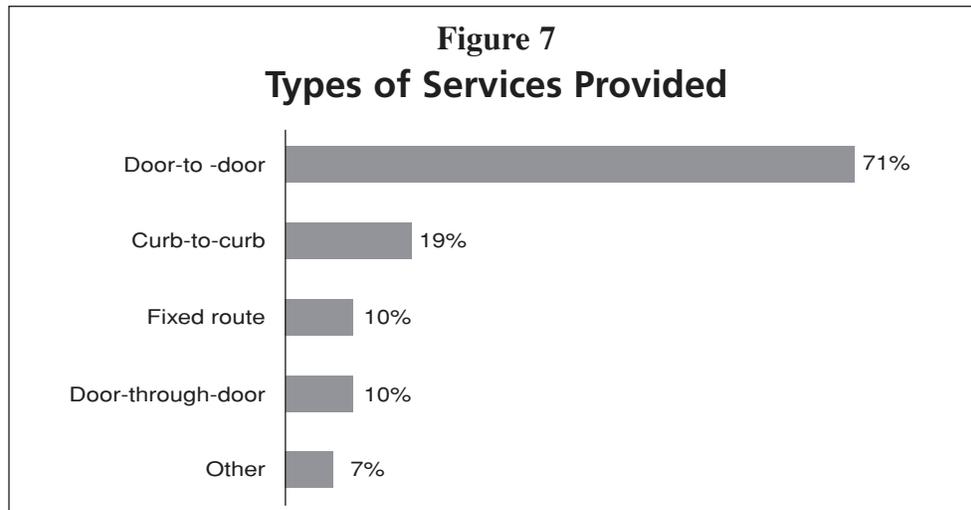
The combined percentage of door-to-door and door-through-door service (81%) may be related to the special support that many STPs provide to seniors who have mobility limitations that make it difficult for them to walk to the bus stop or the curb to gain access to traditional forms of transportation.

Comparison: Type of Service

The greatest emphasis on door-to-door services is in STPs that have volunteer drivers (87%), provide escorts (81%), or are located in Indian Country (75%). STPs associated with HCBS programs typically provide more fixed-route services (91%). STPs in HCBS programs also frequently provide door-through-door service (44%).

Drivers

As Figure 8 shows, 41% of the programs use paid drivers, 33% use volunteer drivers, and 20% use a mix of volunteer and paid drivers.

Figure 8
Types of Drivers Used

Unknown 6%
Volunteer and paid 20%
Paid only 41%
Volunteer only 33%
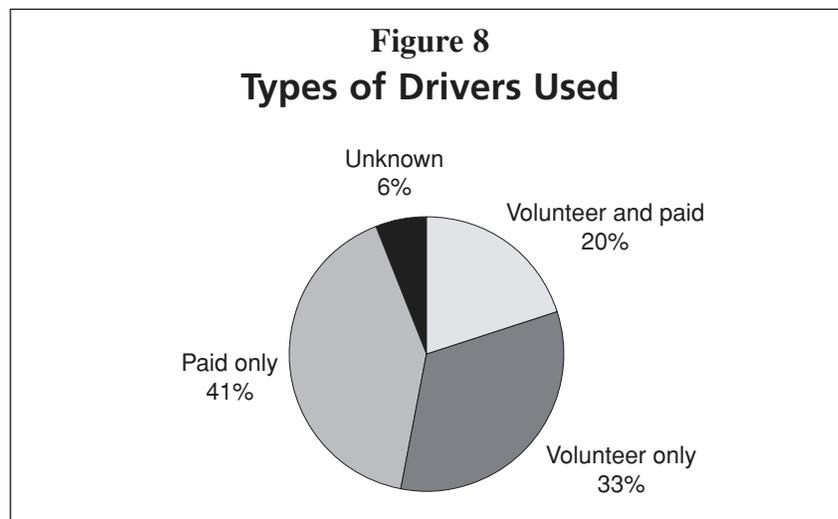
Comparison: Drivers

Programs in rural, urban, and suburban areas tend to parallel STPs in general with respect to drivers. Programs that provide escorts use a higher proportion of volunteer drivers than paid drivers (44% vs. 33%), and programs that do not provide escorts use a higher proportion of paid drivers than volunteer drivers (51% vs. 26%).

Special Services—Escorts

Transportation escorts are provided in 47% of the STPs.

Comparison: Special Services—Escorts

The following chart compares escort use across sectors.

Total STPs	47%
STPs in Rural Areas	42%
STPs in Urban and Suburban Areas	50%
STPs in HCBS programs	62%
STPs in Indian Country	50%
STPs with Volunteer Drivers	60%

As indicated in the discussion in the section "Special Sector: Escorts," STPs that provide escorts tend to use more volunteer drivers than STPs in general (44% vs. 34%). They also use a higher level of door-through-door service than STPs in general (71% vs. 10%).

Reservation Requirements

STPs tend to emphasize daytime services (58%) and weekday services (50%). While weekday and weekend service is provided by almost a quarter (22%) of the STPs, service "anytime" is offered by only 4%.

Figure 9
Reservation Policies

Unknown 8%

24 hours in advance 30%

2 days in advance 19%

2+ days in advance 21%
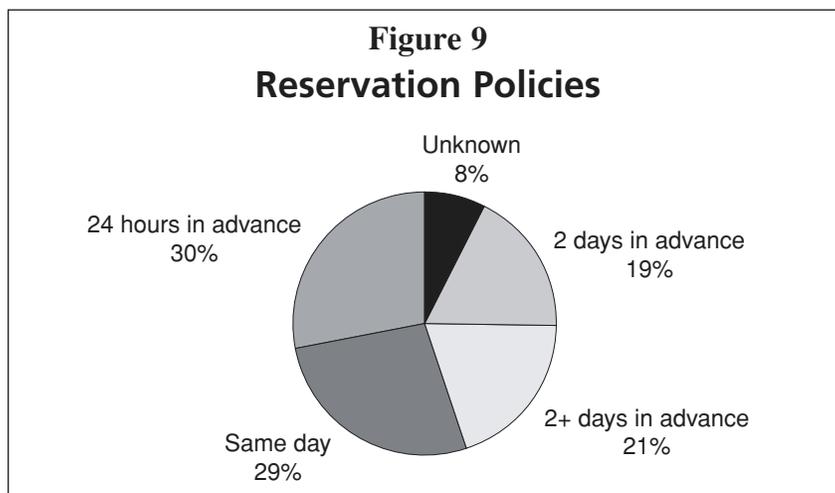
Same day 29%

Many STPs offer same-day services (29%) or require or request that reservations be made 24 hours in advance (30%). The greatest percentage (40%) require or request that reservations be made 2 or more days in advance.

Comparison: Reservations
The chart below summarizes reservation requirements in STPs as compared with special sectors.

	Same Day	Advance 24 hr.	2 Days	2+ Days
Total STPs	29%	30%	19%	21%
STPs in Rural Areas	35%	35%	20%	17%
STPs in Urban and Suburban Areas	26%	28%	20%	23%
STPs in HCBS Programs	53%	29%	56%	41%
STPs in Indian Country	56%	13%	13%	13%
STPs with Volunteer Drivers	18%	23%	26%	30%
STPs with Escorts	27%	26%	26%	26%

STPs in rural areas require reservations 24 hours in advance at a higher rate than other sectors (35%), and STPs in Indian Country and in HCBS programs provide same-day service at a higher rate than others (56% and 53%, respectively). Indian Country and HCBS programs both provide Sunday transportation (44% and 69%, respectively).

Rider Fees

Although STPs use several types of rider fees, most (57%) have no fee at all. The most common fee is a flat rate fee (21%), followed by rider donations (13%), mileage rates (11%), and sliding scale fees (8%).

Figure 10
Types of Program Fees

No rider fee	57%
Flat fee	21%
Rider donations	13%
Mileage rate	11%
Sliding scale fee	8%
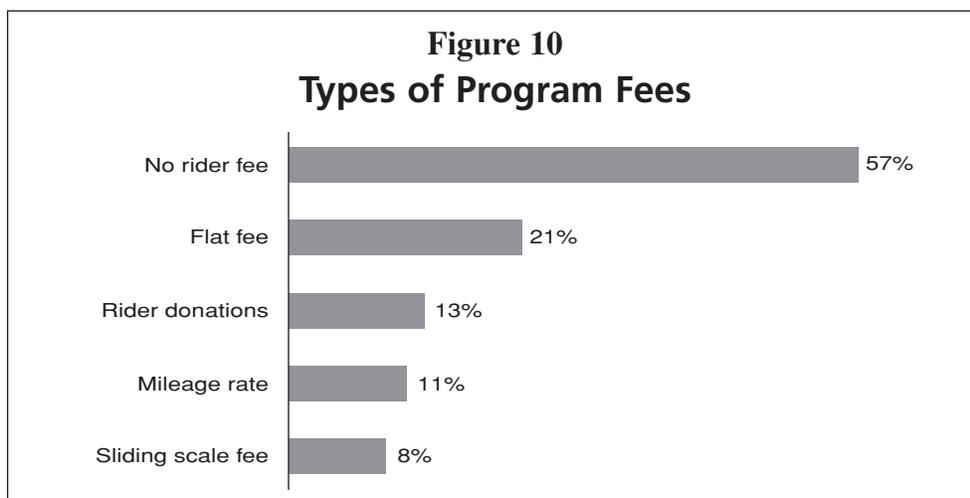
Comparison: Rider Fees

STPs that use volunteer drivers and those that provide escorts are more likely than others to charge no rider fee (74% and 64%, respectively), and STPs in HCBS programs are more likely than others to charge a flat rate (41%). In rural areas, more than half of STPs charge no fee (54%), and about one-fifth rely on rider donations (19%) and/or charge a flat rate (19%).

Program Funding

Although STPs typically use a mix of funding, the most common source of funding is grants, followed by rider fees, tax revenue, and rider donations. Notably, more than half of the funding sources identified by survey respondents are in the "other" category.

Figure 11
Sources of Funding for STPs

Source	Percentage
Grants	63%
Other	51%
Rider fees	40%
Tax revenue	18%
Donations	11%
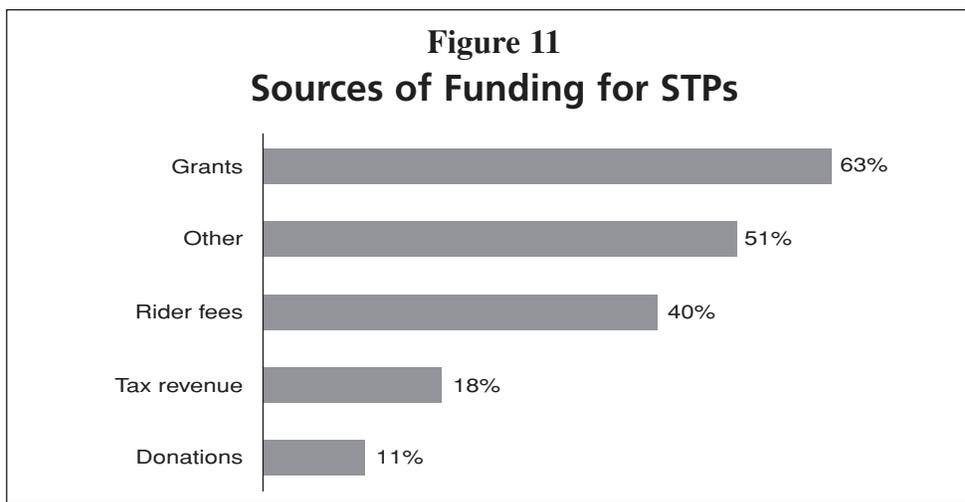
Comparison: Funding

The chart below compares sources of funding among sectors.

	Grants	Fees	Taxes	Donations	Other
Total STPs	63%	40%	18%	11%	51%
STPs in Rural Areas	71%	41%	20%	15%	50%
STPs in Urban and Suburban Areas	58%	40%	18%	9%	52%
STPs in HCBS Programs	12%	20%	6%	9%	53%
STPs with Escorts	66%	33%	15%	12%	60%
STPs with Volunteer Drivers	64%	23%	12%	6%	58%

STPs in general and across all sectors tend to have a broad range of funding, and, with the exception of those in HCBS programs, they rely most on grant-related funding.

Driver Screening and Training

Two-thirds of STPs (67%) indicate that they conduct driver screenings, and 54% provide some type of training to drivers. Figure 12 identifies the top four types of driver screening and driver training activities undertaken by STPs.

Figure 12
Driver Screening and Training

Category	Percent
Pre-employment drug test	46%
Criminal record check	57%
Driver record check	77%
Driver's license check	94%
First Aid/CPR	49%
Traffic laws and safety	50%
Wheelchair lift and transfer	60%
Sensitivity to seniors	64%
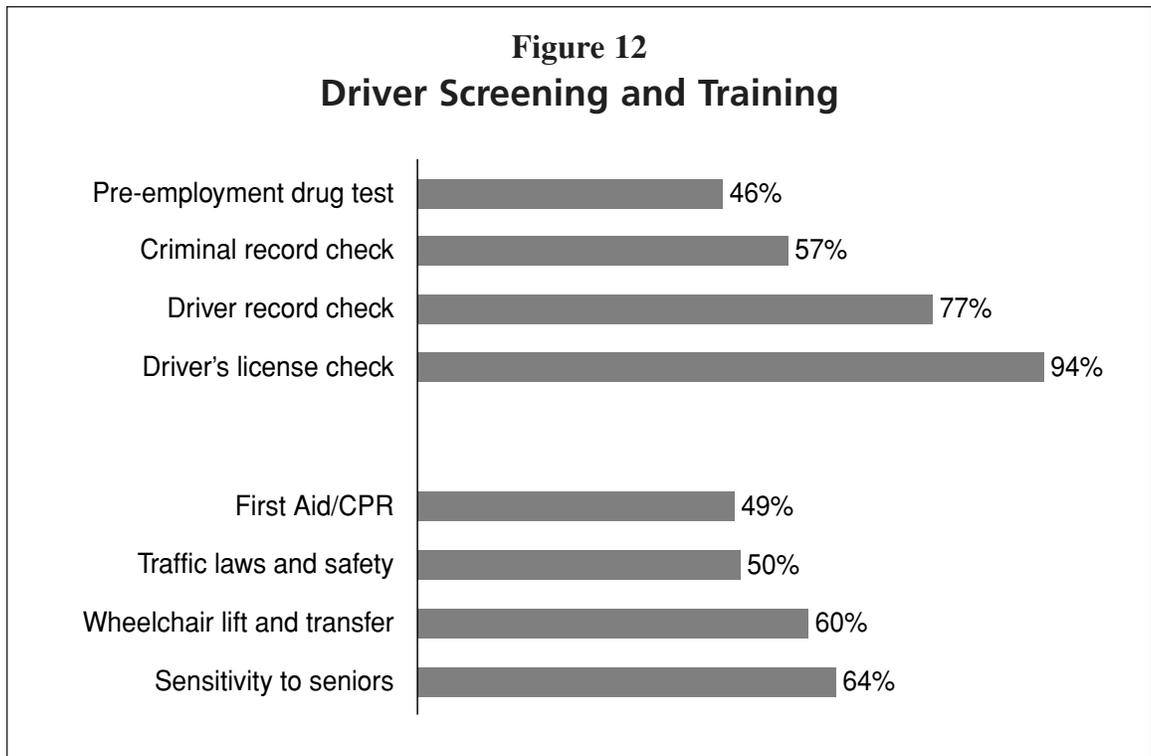
Comparison: Driver Screening

STPs with volunteer drivers have a lower rate of checking driver records (53%) and a higher rate of checking driver insurance (71%) than STPs in general. They also have a lower rate of providing training in wheelchair lift and transfer (13%), traffic laws and safety (18%), and First Aid/CPR (29%). Programs in Indian Country have a much lower rate of checking criminal records (38%) and of providing senior sensitivity training and training in wheelchair lift and transfer (31% and 31%, respectively).

Problems

The three principal problems faced by STPs were identified as financial problems (41%), driver problems (36%), and insurance problems (40%).

Comparison: Problems

The chart below provides a comparison of problems by sector.

	Financial	Insurance	Driver	Recruitment	Vehicles	Staff
Total STPs	41%	40%	36%	13%	11%	14%
STPs in Rural Areas	45%	13%	71%	11%	29%	20%
STPs in Urban and Suburban Areas	40%	4%	43%	8%	10%	5%
STPs in HCBS Programs	47%	9%	62%	6%	0%	12%
STPs in Indian Country	47%	0%	0%	6%	0%	0%
STPs with Volunteer Drivers	32%	3%	59%	53%	4%	1%
STPs with Escorts	51%	7%	55%	9%	9%	5%

STPs in rural areas identify driver problems more often (71%) than do those in other sectors. Driver recruitment appears to be the primary problem of STPs with volunteer drivers.

Additional problems that were reported in open-ended questions on the survey provide some insight into why financial and driver problems were so prominent.

> *"While we use grants and other funding, it is still difficult to run such an expensive operation on a shoestring."*

> *"Our funding has been cut by DOT [the Department of Transportation]."*

> *"A lot of the riders in our area cannot afford the suggested $1.00 donation."*

> *"Each driver operates their own vehicle. Insurance is a big problem, and we cannot obtain the necessary insurance."*

> *"Finding good drivers and being able to keep them for what we pay is a big problem."*

> *"Volunteer drivers themselves are aging."*

Several other comments indicate the difficulties programs face when they do not have enough funds or drivers to meet the needs of seniors.

> *"Our [enrollment] waiting list is 4 to 12 months. This is too long to wait when you are frail and 85."*

"We are in a very rural setting and have had to stop providing services outside the county because of the cost of travel, even though all medical services are outside the county."

"Riders cannot afford to pay the actual cost of the service, so we are always seeking subsidy funding."

Best Practices

STPs are always interested in learning about the successes and failures of other programs and how problems were resolved. Survey respondents were asked to say a few words about what they considered their program's best practice. The responses suggest that the drivers, especially volunteer drivers, are at the root of the best practices—for example, "friendliness of the drivers," "generosity of drivers," "drivers working as a team," "patience of drivers," "caring drivers," and "high quality of the drivers."

Several specialized services, especially door-to-door service, and administrative procedures also were identified as best practices:

"Customizing the service to meet client needs"

"Providing service at a minimum cost to the rider"

"Staff courtesy and on-time performance"

"Offering seniors a service they do not have access to with any other agency in the county"

"Providing trips out of town for seniors who otherwise have no means to go"

"Door-to-door service and drivers' patience and care for our clients"

"Scheduling a volunteer companion as well as the driver"

"Close working relationship with doctors' offices to coordinate schedules"

"Open door policy for eligibility—making eligibility simple, not burdensome"

"Reimbursing volunteers for mileage to keep overhead costs down"

"Minimal demand on each volunteer to ease both recruitment and retention"

Keys to Success

Here too, drivers appear to play a major role in the success of STPs. One comment is especially telling:

"Our driver is the key to the success. His interaction with riders is what makes riders want to use the service."

Below are additional comments that suggest the value of drivers.

"Caring drivers"

"Communication between drivers and dispatcher"

"Drivers who work as a team"

"Attracting good volunteers"

"Maintaining positive volunteer relationships"

"Dedication of volunteers"

"Personal service our drivers provide to our customers"

"The quality of drivers"

"Volunteer drivers' attitudes and willingness to help out"

It also appears that success can be determined by how the program is organized, coordinated, administered, and even packaged.

"Having broad community support and acceptance"

"Keeping fares low"

"Our reputation for affordable, safe, and reliable service"

"Making service available door-to-door in a gated retirement community"

"Linking with state and federal capital grant programs for vehicles"

"Maintaining our own fleet of vehicles"

"Reputation for on-time service"

"Friendly, on-time service and helping clients on and off vehicles"

"Keeping a close eye on cash flow"

"Flexibility of service provided"

"Cooperation among agencies"

"Cooperation in sponsorship with the local government"

"Good basic coordination of services such as scheduling and billing"

Perhaps the real value of these STPs is captured in the following comment one provider made in giving advice to experts in the field:

"This service saves lives and improves the quality of life of seniors."

Special Sector: Rural Areas

Seniors living in rural areas tend to be older, to have lower incomes, and to be in poorer health than those in urban and suburban areas. Transportation can be a major problem for them because of the limited public and paratransit services available and the long distances they often must travel to obtain health and social services and to get to quality-of-life activities.

The table below provides a summary of data on STPs in rural areas.

Rural Transportation Programs

Organizational Status			**Escorts**	
Nonprofit	86%		Provided	38%
Funding			Not provided	57%
Grants	71%		**Service Hours**	
Tax revenue	20%		Daytime	61%
Rider fees	41%		Daytime and evenings	16%
Rider donations	15%		Weekdays	55%
Purpose of Trip			7 days a week	20%
Medical	70%		Sundays	5%
Essential	18%		Anytime	4%
Religious	21%		**Reservation Requirements**	
Social/recreation	44%		Same-day service	35%
Any	42%		24 hours in advance	35%
Other	11%		2 days in advance	20%
Vehicles Used			2+ days in advance	17%
Auto	36%		**Service Type**	
Taxi	2%		Door-to-door	72%
Van	54%		Curb-to-curb	13%
Bus	35%		Fixed route	6%
Drivers			Door-through-door	14%
Volunteer	31%		Other	3%
Paid	44%		**Rider Fees**	
Mix	21%		Flat rate	19%
Riders Targeted			Mileage rate	14%
Senior	64%		Sliding scale	9%
Seniors and disabled	40%		Rider donation	16%
General public	14%		None	54%

The data indicate that STPs in rural locations receive a large proportion of their funding from grants (71%), provide more transportation for medical purposes (70%) than for other purposes, tend to rely on vans (54%) as well as on autos (36%) and buses (35%), tend not to use escorts (57%), are more likely to use paid drivers (44%) than volunteer drivers (31%), emphasize door-to-door service (72%) more than other types of service, and often do not charge rider fees (54%).

Drivers and Vehicles. There were no major differences in the types of drivers used by rural or urban/suburban STPs. While there is some variation in the types of vehicles used, the two areas tend to use autos, vans, and buses at about the same rate. Figure 13 illustrates the differences between rural and urban/suburban areas in types of vehicles and drivers used.

Figure 13
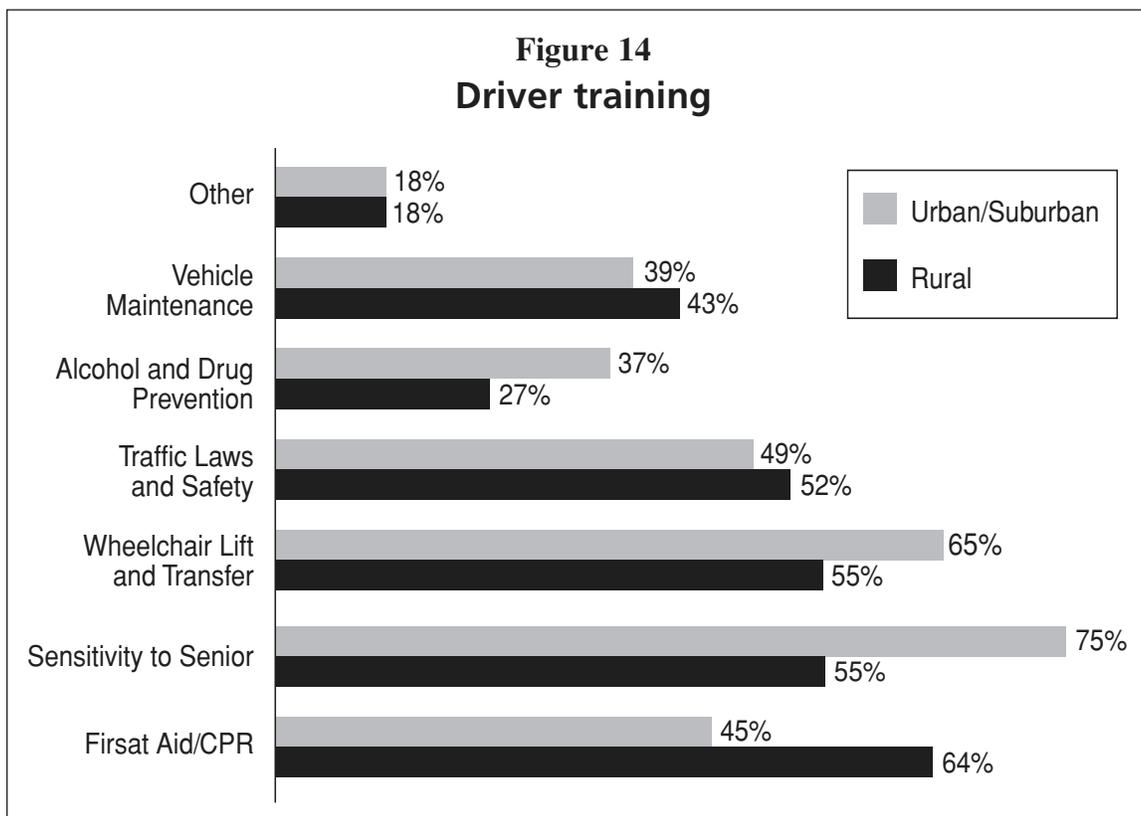## Types of Drivers and Vehicles
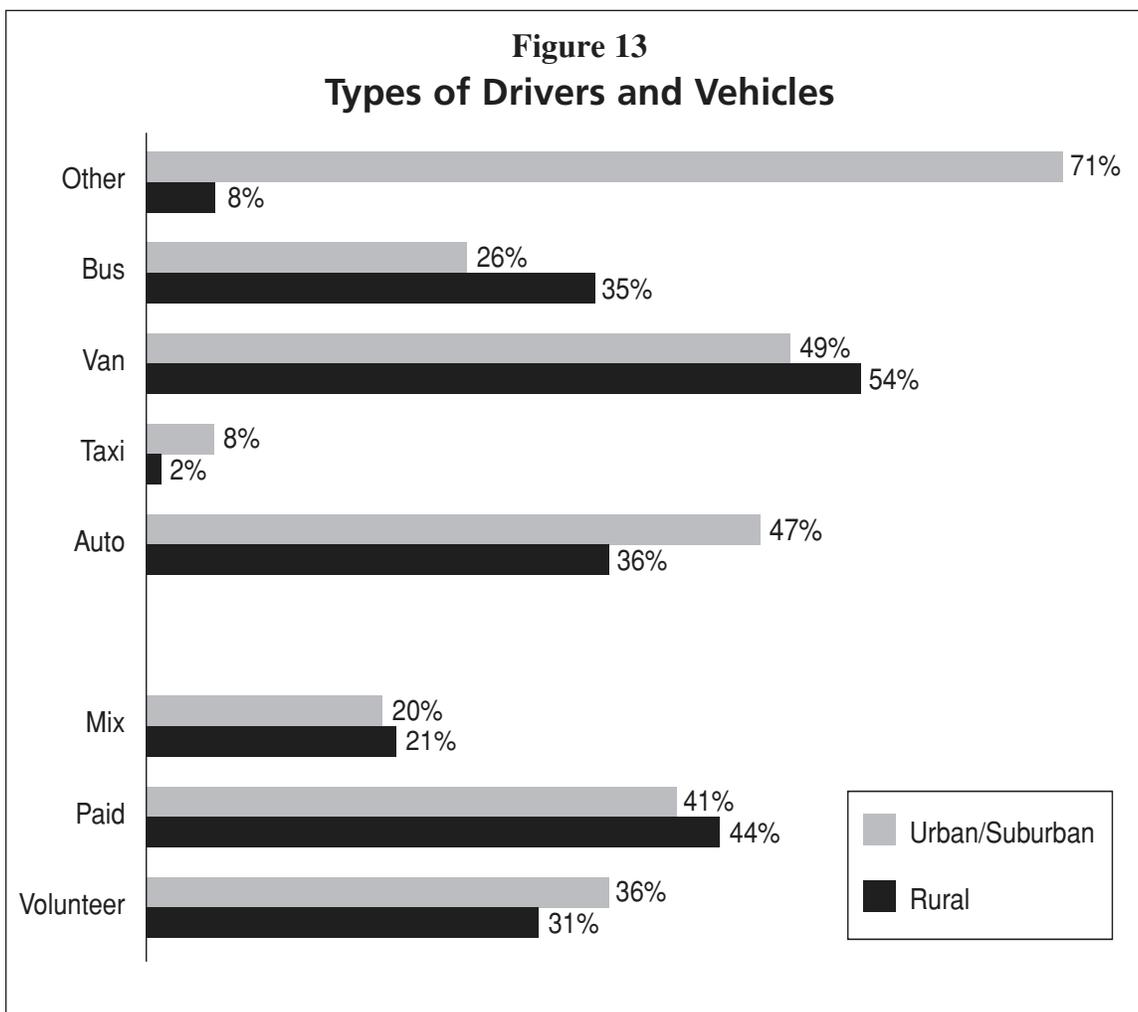
Reservations. Reservation requirements are similar in both groups, although rural STPs are more likely to provide same-day service (35% vs. 26%) and to require 24-hour reservations (35% vs. 28%). Program service hours are similar.

Trip Purpose. Rural STPs appear to place more emphasis on transportation for medical purposes (70% vs. 54%). Urban/suburban programs put slightly more emphasis on essential trips (31% vs. 18%).

Rider Fees. Rural programs are less likely than STPs in general to charge rider fees (54% vs. 10% charging no fee), and urban/suburban programs are more likely to have flat rate fees (24% vs. 19%).

Driver Training. Figure 14 illustrates the types of training used by STPs in rural and in urban/suburban areas. STPs in the two sectors provide training at similar rates, although urban/suburban STPs tend more often to provide sensitivity training (75% vs. 55%) and wheelchair lift and transfer training (65% vs. 55%). Although the two sectors use similar types of driver screening, rural programs are more likely to screen drivers (85% vs. 67%).

Figure 14
Driver training

Other — Urban/Suburban 18%, Rural 18%
Vehicle Maintenance — Urban/Suburban 39%, Rural 43%
Alcohol and Drug Prevention — Urban/Suburban 37%, Rural 27%
Traffic Laws and Safety — Urban/Suburban 49%, Rural 52%
Wheelchair Lift and Transfer — Urban/Suburban 65%, Rural 55%
Sensitivity to Senior — Urban/Suburban 75%, Rural 55%
Firsat Aid/CPR — Urban/Suburban 45%, Rural 64%

Problems. The most important problems for both rural and urban/suburban programs are financial problems (45% and 40%, respectively) and driver problems (71% vs. 43%, respectively).

Summary. Transportation programs that meet the needs of seniors in rural areas are distinctive in several ways. These distinctions are a product of the types of programs, the lower income and poorer health of rural seniors, and the distances that must be traveled to reach services.

Special Sector: Volunteer Drivers

Volunteer drivers play an important role in helping seniors get where they need to go. They not only drive neighbors and friends on an informal basis, they also participate in formal STPs and in some public and paratransit services.

The table below provides a summary of data on STPs with volunteer drivers.

Volunteer Drivers

Organizational Status		Location	
Nonprofit	85%	Rural	35%
Funding		Urban/suburban	27%
Grants	64%	Mix	36%
Tax revenue	12%	**Service Hours**	
Rider fees	23%	Daytime	47%
Rider donations	6%	Daytime and evenings	10%
Purpose of Trip		Weekdays	44%
Medical	66%	7 days a week	34%
Essential	30%	Sundays	7%
Religious	10%	Anytime	5%
Social/recreation	22%	**Reservation Requirements**	
Any	37%	Same-day service	18%
Other	7%	24 hours in advance	23%
Vehicles Used		2 days in advance	26%
Auto	69%	2+ days in advance	30%
Taxi	3%	**Service Type**	
Van	17%	Door-to-door	87%
Bus	4%	Curb-to-curb	6%
Escorts		Fixed route	0%
Provided	60%	Door-through-door	10%
Not provided	37%	Other	10%
Riders Targeted		**Rider Fees**	
Senior	60%	Flat rate	5%
Seniors and disabled	39%	Mileage rate	7%
General public	9%	Sliding scale	8%
		Rider donation	9%
		None	74%

STPs with volunteer drivers receive a large percentage of their funding from grants (64%), provide a greater amount of medical transportation (66%) than other types of transportation, tend to emphasize the use of autos (69%) and vans (17%),

tend to use escorts (60%), are located in both rural and urban/suburban areas (35% and 27%, respectively), typically provide door-to-door service (87%), and generally do not charge rider fees (74%).

Vehicles and Drivers. Two of the major differences between STPs with volunteer drivers and those with paid drivers are in the types of vehicles they use (Figure 15) and the special services they provide, such as escorts and door-to-door service.

Figure 15
Types of Vehicles
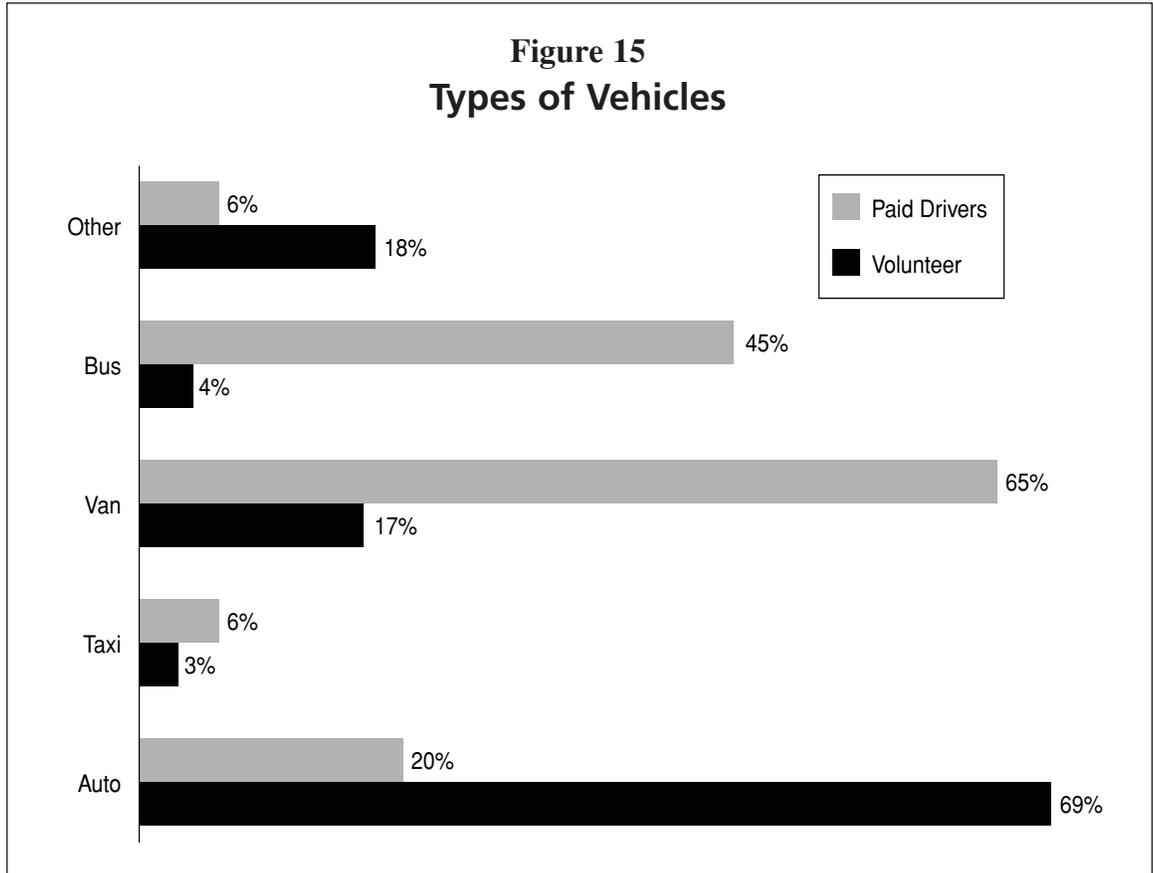
STPs with volunteer drivers are more likely than those with paid drivers to use autos (69% vs. 20%) and tend not to use taxis, buses, and vans (3%, 4%, and 17%, respectively). Those with paid drivers are more likely to use vans and buses (65% and 45%, respectively).

Special Services. STPs with volunteer drivers are more likely than in those with paid drivers to use escorts (60% vs. 36%) and to provide door-to-door service (87% vs. 66%). STPs with paid drivers are more likely than those with volunteer drivers to offer fixed route and curb-to-curb service (17% vs. 26%).

Trip Purpose. STPs with volunteer drivers place more emphasis on medical trips than programs with paid drivers (66% vs. 55%), but paid driver programs are more likely to provide transportation for social and recreational trips (52% vs. 22%).

Rider Fees. Figure 16 presents a comparison of rider fees between STPs with volunteer and paid drivers. Three-quarters of STPs with volunteer drivers do not charge rider fees (74%), compared with about half of STPs with paid drivers (51%). While about one-third of paid driver programs use a flat rate fee, only 1 out of 20 volunteer driver programs do so (5%).

Figure 16
Rider Fees
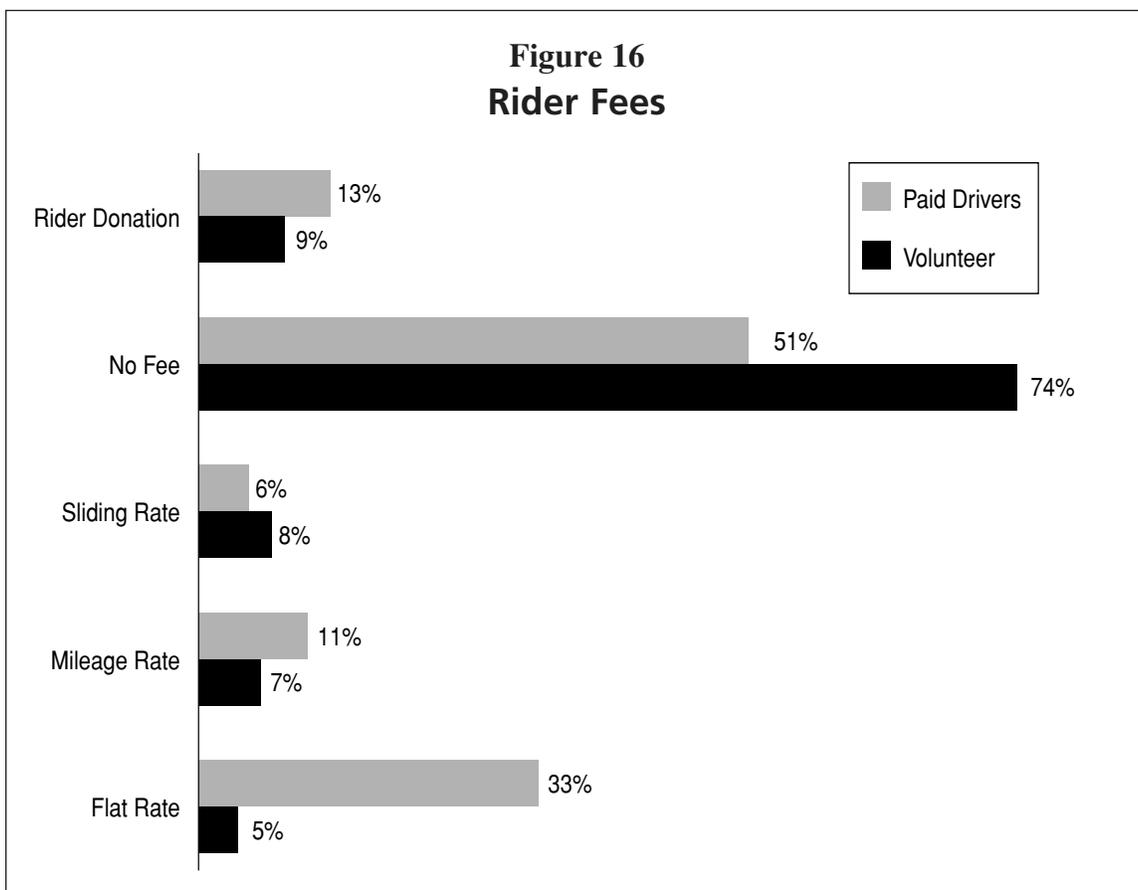
Driver Training. Both volunteer and paid driver STPs tend to use driver screening (77% and 83%, respectively), and paid driver programs more frequently use driver training (73% vs. 49%).

Funding. Both paid and volunteer driver STPs generally rely on funding from grants and other sources (59% and 64%, respectively), although STPs with paid drivers are more likely than those with volunteer drivers to rely on rider fees (43%).

Summary. As the population of seniors expands, their needs for transportation will increase, as will competition for transportation funding. With these trends, the importance of volunteer drivers will very likely increase as well.
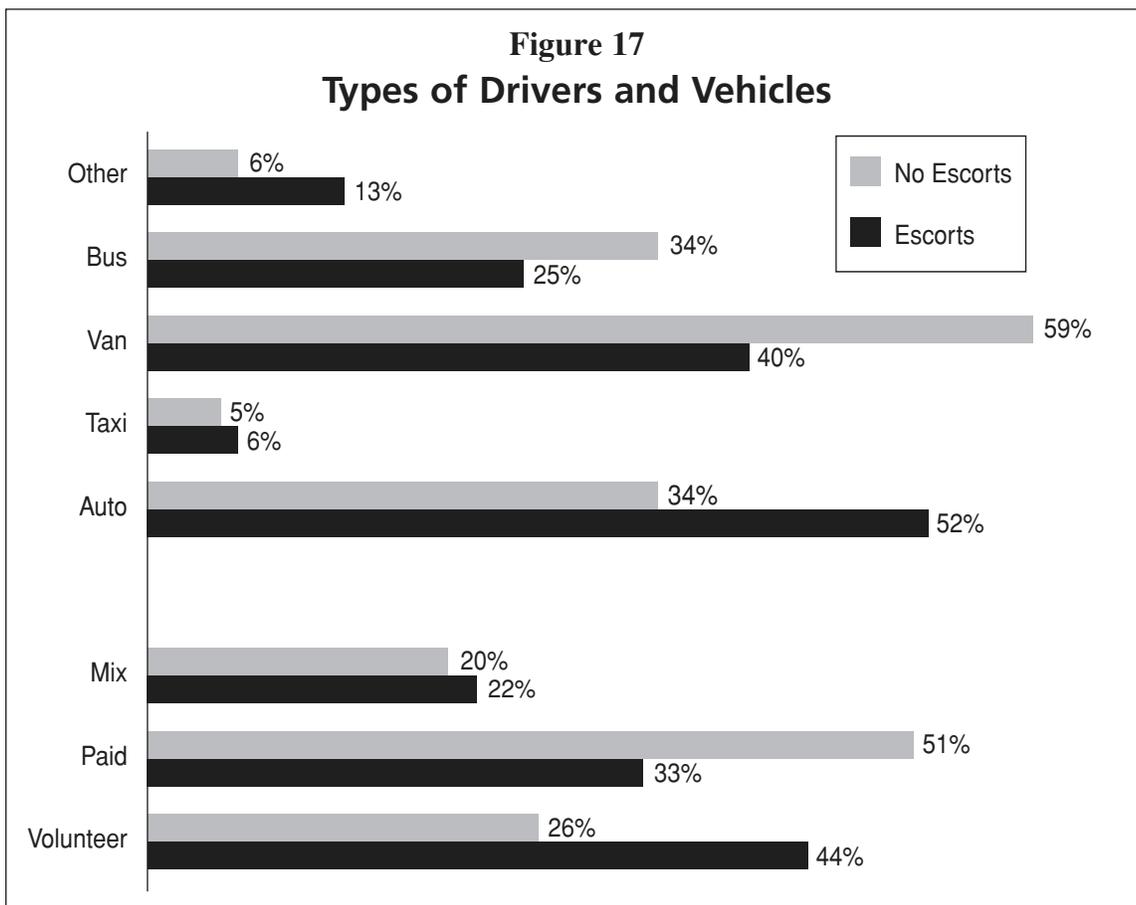
Special Sector: Escorts

Many older adults need special assistance. Those in the 85+ age group who no longer drive and who have mobility or cognition impairments in addition to chronic health conditions are particularly likely to need at least some help with the tasks of everyday living. Transportation escorts provide physical and emotional support to seniors. The involvement of escorts in transportation programs can be critical to the ability of many seniors to get where they need to go.

The table below provides a summary of data on STPs that provide escorts.

Special Services: Escorts

Organizational Status		Location	
Nonprofit	88%	Rural	36%
Funding		Urban/suburban	35%
Grants	66%	Mix	31%
Tax revenue	15%	**Service Hours**	
Rider fees	33%	Daytime	57%
Rider donations	9%	Daytime and evenings	17%
Purpose of Trip		Weekdays	54%
Medical	63%	7 days a week	25%
Essential	24%	Sundays	11%
Religious	23%	Anytime	4%
Social/recreation	40%	**Reservation Requirements**	
Any	33%	Same-day service	27%
Other	11%	24 hours in advance	26%
Vehicles Used		2 days in advance	26%
Auto	52%	2+ days in advance	26%
Taxi	6%	**Service Type**	
Van	40%	Door-to-door	81%
Bus	25%	Curb-to-curb	12%
Drivers		Fixed route	4%
Volunteer	44%	Door-through-door	71%
Paid	33%	Other	7%
Mix	22%	**Rider Fees**	
Riders Targeted		Flat rate	16%
Senior	59%	Mileage rate	14%
Seniors and disabled	49%	Sliding scale	9%
General public	7%	Rider donation	15%
		None	64%

Programs that use escorts typically receive a large proportion of their funding from grants (66%), provide transportation more often for medical appointments than for social and recreational purposes (63% vs. 40%), use volunteer drivers more often than paid drivers (44% vs. 33%), typically provide door-to-door services (81%), and tend not to charge rider fees (64%).

Drivers and Vehicles. A major difference between programs that provide escorts and those that do not is in the types drivers and vehicles they use (Figure 17). Programs that provide escorts tend to use volunteer drivers more often than paid drivers (44% vs. 33%), and programs that do not provide escorts tend to use paid drivers more often than volunteer drivers (51% vs. 26%). Programs that do not provide escorts tend to use vans more often than autos (59% vs. 34%).

Figure 17
Types of Drivers and Vehicles

Legend: No Escorts, Escorts

Category	No Escorts	Escorts
Other	6%	13%
Bus	34%	25%
Van	59%	40%
Taxi	5%	6%
Auto	34%	52%
Mix	20%	22%
Paid	51%	33%
Volunteer	26%	44%

Reservations. Service hours and reservation requirements are similar in STPs with and without escorts, although those without are more likely to require 24-hour advance reservations (34% vs. 26%).

Driver Training. STPs with and without escorts use driver screening (81% and 82%, respectively) and driver training (69% and 63%, respectively) at similar rates. Programs that use escorts are more likely to conduct driver's license checks and driver record checks.

Rider Fees. Figure 18 compares rider fees in STPs with and without escorts. Those without escorts are more likely than those with escorts to use flat-rate fees (27% vs. 16%), and those with escorts are more likely to charge no fee (64% vs. 53%).

Figure 18
Rider fees

Fee Type	No Escorts	Escorts
Rider Donation	12%	15%
No Fee	53%	64%
Sliding Rate	7%	9%
Mileage Rate	10%	14%
Flat Rate	27%	16%
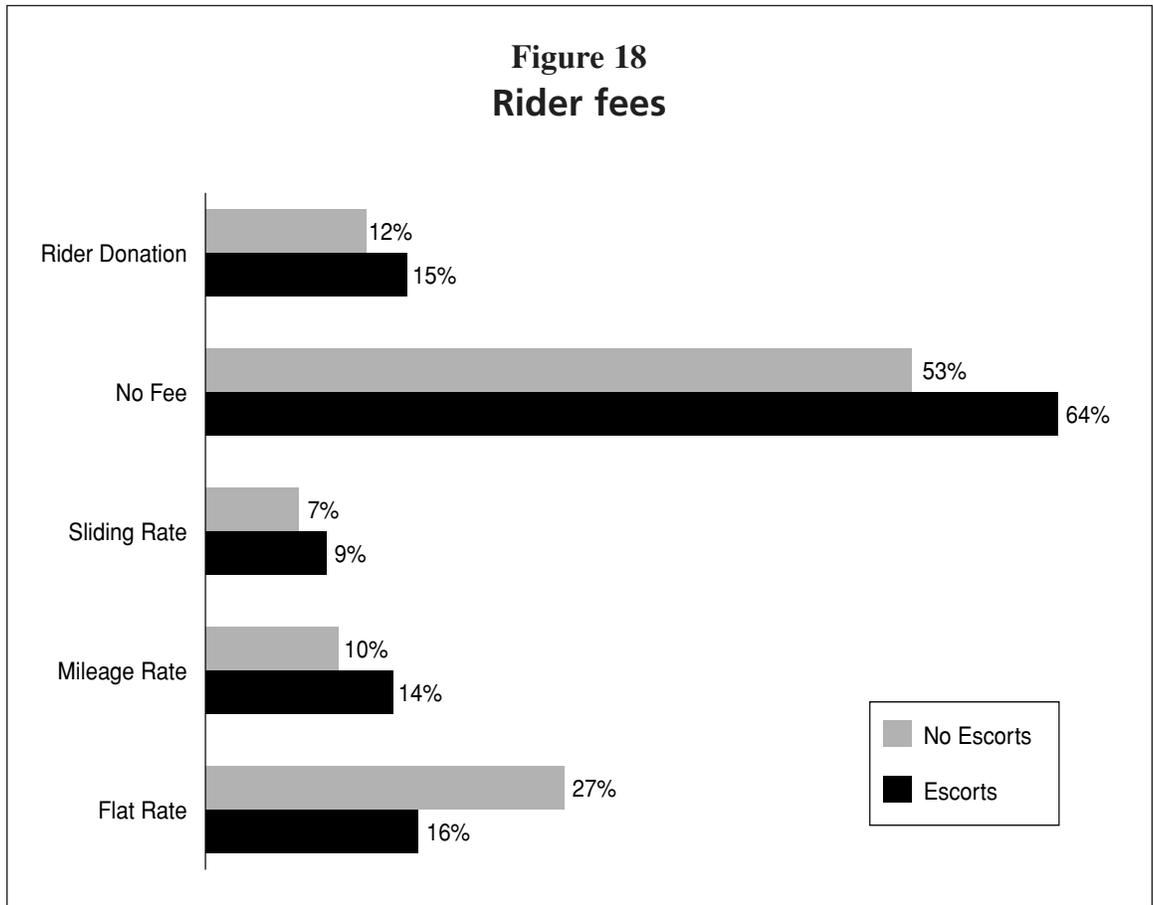
Problems. The two most-cited problems in programs with escorts were driver problems (55%) and financial problems (51%).

Summary. A population that needs escorts may need other special assistance, which may be why so many escort programs also provide door-through-door services. The reliance of escort programs on volunteer drivers also may be related to the types of riders and rides that require escorts and the fact that volunteer drivers often play a dual role of driver and escort. Demographic projections provide every indication that the need for such services will continue to increase.

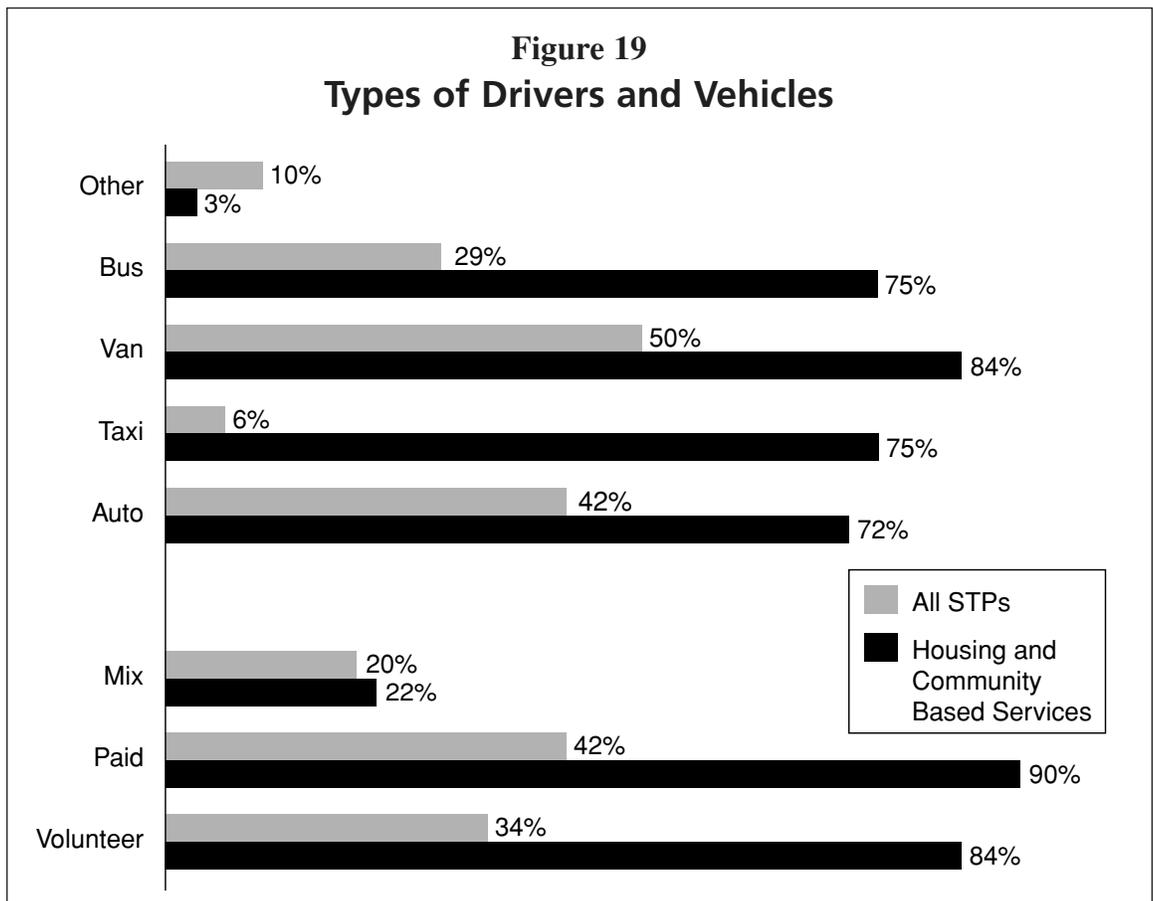# Special Sector: Housing and Community-Based Service Programs

HCBS (housing and community-based seice) programs serve a large population, include many senior residents who are dependent for transportation, and offer a wide range of transportation services. Data collection on this sector was done in cooperation with the American Association of Homes and Services for the Aging.

The table below provides a summary of data on STPs in HCBS programs.

Housing and Community-Based Service (HCBS) Programs

Organizational Status			**Location**	
Nonprofit	97%		Rural	38%
Funding			Urban/suburban	39%
Grants	12%		Mix	29%
Tax revenue	6%		**Service Hours**	
Rider fees	20%		Daytime	74%
Rider donations	9%		Daytime and evenings	44%
Purpose of Trip			Weekdays	91%
Medical	85%		Sundays	44%
Religious	53%		**Reservation Requirements**	
Social/recreation	85%		Same-day service	53%
Vehicles Used			24 hours in advance	29%
Auto	72%		2 days in advance	56%
Taxi	75%		2+ days in advance	41%
Van	84%		**Service Type**	
Bus	75%		Door-to-door	50%
Drivers			Curb-to-curb	21%
Volunteer	84%		Fixed route	9%
Paid	90%		Door-through-door	44%
Escorts			**Rider Fees**	
Provided	62%		Flat rate	41%
Not provided	38%		Mileage rate	22%
			Sliding scale	12%
			Rider donation	18%
			None	35%

STPs in HCBS programs provide similar amounts of medical and social and recreational transportation (85% each), tend to use all types of vehicles, use both paid and volunteer drivers, often provide Sunday transportation (44%), provide fixed route, door-to-door, and door-through-door service (91%, 50%, and 44%, respectively), and are more likely to charge a flat fee (41%) than no fee (35%).
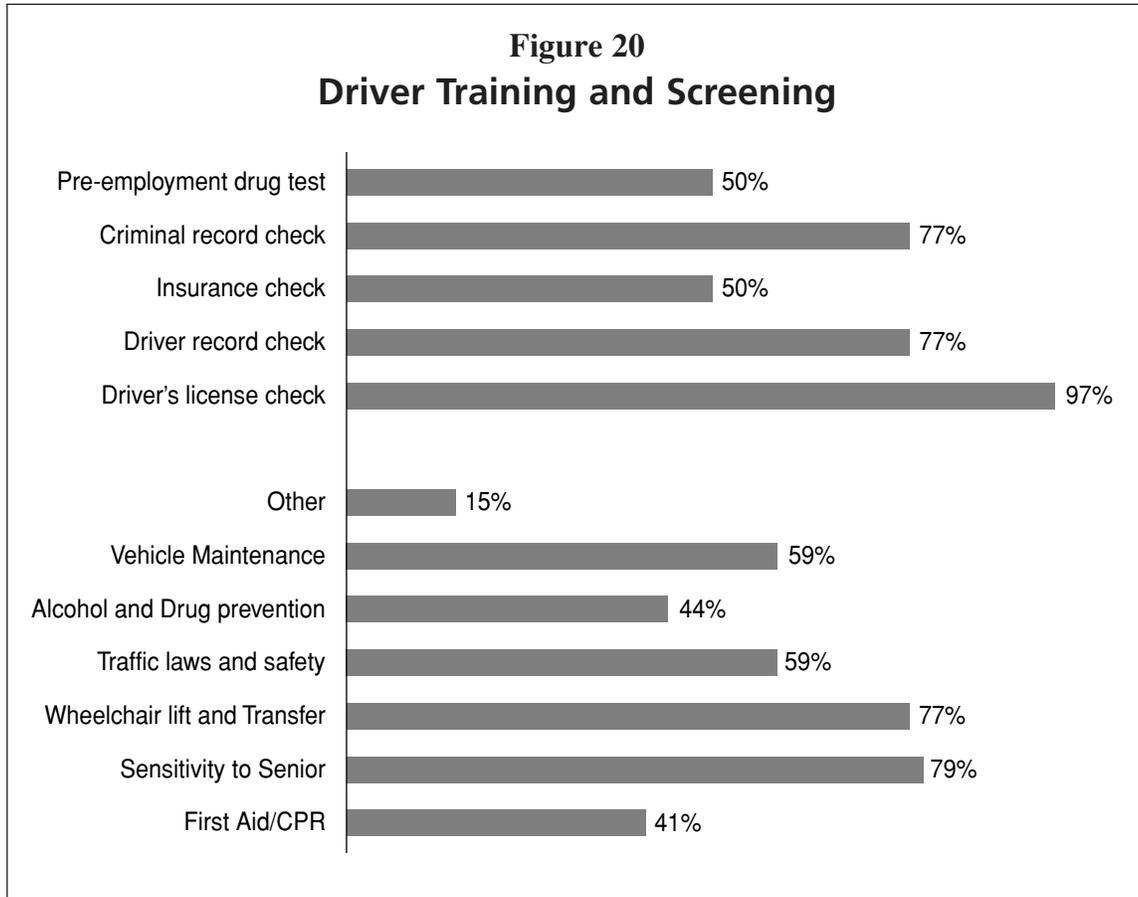
Drivers and Vehicles. Figure 19 illustrates the differences in types of vehicles and drivers used by STPs in HCBS programs and by STPs in general. HCBS programs use paid (90%) and volunteer (84%) drivers and commonly use vans (84%), buses (75%), taxis (75%), and autos (72%). HCBS programs use taxis at a far higher rate than STPs generally.

Figure 19
Types of Drivers and Vehicles

Category	All STPs	Housing and Community Based Services
Other	10%	3%
Bus	29%	75%
Van	50%	84%
Taxi	6%	75%
Auto	42%	72%
Mix	20%	22%
Paid	42%	90%
Volunteer	34%	84%

Reservations. In HCBS programs, same-day services (53%) and two-day advance reservations (56%) are most common. Service hours tend to be daytime (74%) on weekdays (91%). HCBS programs provide service on Sunday more often than STPs in general (44% vs. 10%).

Special Services. HCBS programs provide escorts at about the same rate as STPs in general (50% and 47%, respectively). They are less likely to provide door-to-door service (50% vs. 71%) and more likely to provide door-through-door service (44% vs. 10%).

Driver Training and Screening. HCBS programs use driver screening (97%) and driver training (80%) more than STPs in general (67% vs. 54%). Figure 20 illustrates the types of driver screening and training used in STPs in HCBS programs. Sensitivity training (79%) and wheelchair lift and transfer training (77%) are the types of training most often provided to drivers.

Figure 20
Driver Training and Screening

Category	Percentage
Pre-employment drug test	50%
Criminal record check	77%
Insurance check	50%
Driver record check	77%
Driver's license check	97%
Other	15%
Vehicle Maintenance	59%
Alcohol and Drug prevention	44%
Traffic laws and safety	59%
Wheelchair lift and Transfer	77%
Sensitivity to Senior	79%
First Aid/CPR	41%

Problems. The two most commonly cited problems in HCBS programs were driver problems (62%) and financial problems (47%).

Summary. This general snapshot illustrates how STPs in HCBS programs differ from STPs in general. The differences may be due to the needs of the population they serve and the environment in which they operate.

Special Sector: American Indian Senior Services

Indian seniors often have chronic and acute health conditions that limit their mobility and require them to use health services and supportive care. Many Indian seniors live in rural areas where the availability of health and social services is limited, which can make transportation both necessary and difficult for them and their service providers. The data collection on this sector was done in cooperation with the National Council on Indian Aging.

The table below provides a summary of data on STPs in Indian Country.

American Indian Senior Services

Organizational Status		Location	
Nonprofit	56%	Rural	81%
Funding		Urban/suburban	26%
Grants	44%	**Service Hours**	
Tribe Revenue	38%	Daytime	94%
Other	25%	Daytime and evenings	19%
Purpose of Trip		Weekdays	75%
Medical	94%	Sundays	69%
Religious	13%	**Reservation Requirements**	
Social/recreation	33%	Same-day service	56%
Vehicles Used		24 hours in advance	13%
Auto	6%	2 days in advance	13%
Taxi	8%	2+ days in advance	13%
Van	30%	**Service Type**	
Bus	6%	Door-to-door	75%
Drivers		Curb-to-curb	0%
Volunteer	13%	Fixed route	6%
Paid	38%	Door-through-door	19%
Riders Targeted		**Rider Fees**	
Senior	44%	Flat rate	0%
Seniors and disabled	38%	Mileage rate	0%
		Sliding scale	0%
		Rider donation	0%
		None	81%

According to the data, STPs in Indian Country emphasize transportation for medical purposes (94%), although they also frequently provide transportation for social activities and recreation (33%), shopping (44%), and overnight trips (25%). They

use vans (30%) more than other vehicles, tend not to provide escorts (50%), use paid drivers (38%) more than volunteer drivers (13%), provide door-to-door service (75%) more than other types of service, and generally do not charge rider fees (81%).

The response rate to many of the surveys in this sector was quite low. Because the total percentages are based on all surveys returned, including many in which not all questions were completed, the percentages reported here do not tell the whole story.

Drivers and Vehicles. Figure 21 illustrates the differences in vehicle and driver types between STPs in general and STPs in Indian Country. Vans appear to be the vehicle of choice in Indian Country. Although STPs in general use vans at a similar rate, STPs in Indian Country appear to use autos and buses at much lower rates (6% and 6% vs. 42% and 29%). Paid drivers are used at almost three times the rate of volunteer drivers in Indian Country, a much greater difference than in STPs as a whole.

Figure 21
Types of Drivers and Vehicles
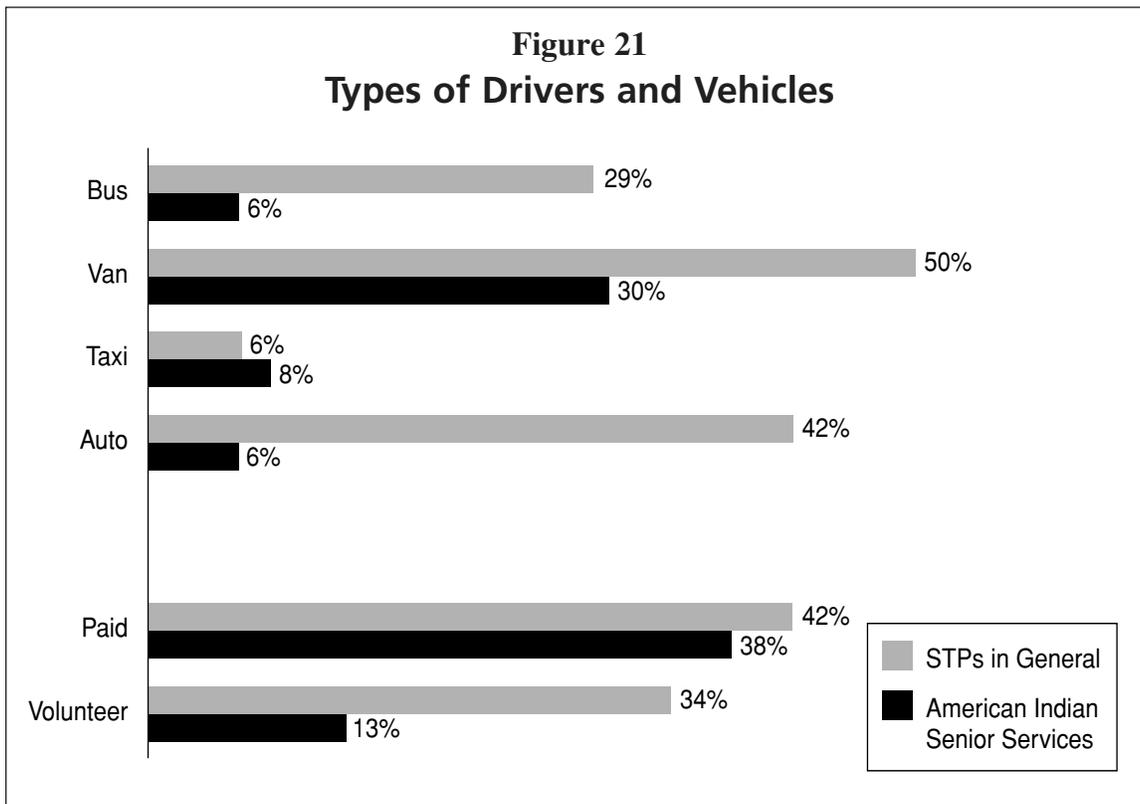
Reservations. More than half of STPs in Indian Country provide same-day service, compared with 29 percent of STPs overall. Only 13 percent of STPs in Indian Country require 24-hour advance reservations, compared with 30% of STPs overall.

Special Services. Of those responding to the question on escorts, 69% indicated that escorts could be provided, compared with 47% of STPs as a whole.

Driver Training and Screening. Driver screening activities in Indian Country appear to be similar to those of STPs in general. As Figure 22 suggests, Indian Country STPs appear to be more likely to use pre-employment drug testing and vehicle maintenance training than STPs in general.

Figure 22
Driver Training and Screening
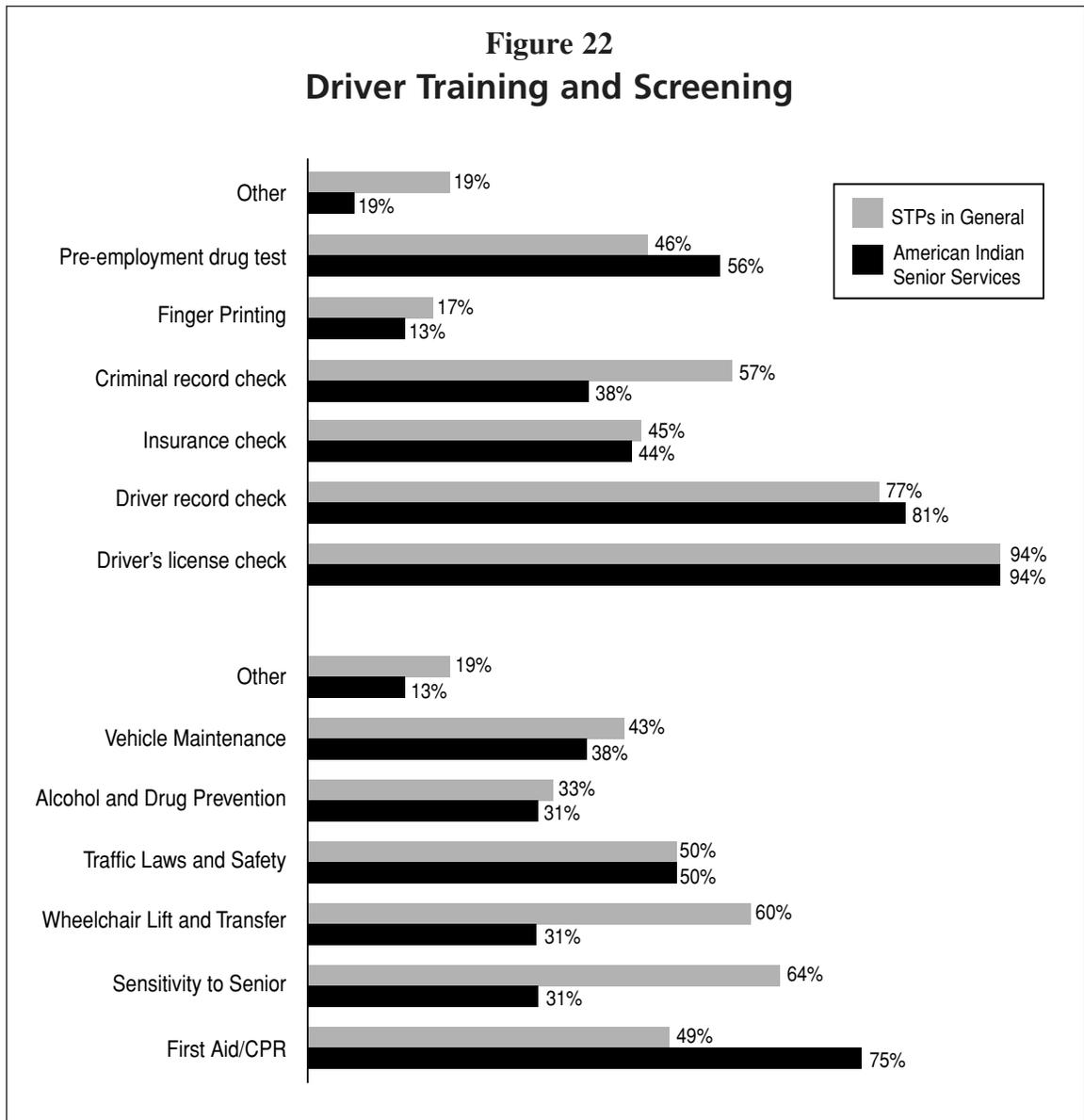
Rider Fees and Funding. Tribal revenue and grant funding make up the bulk of funding for STPs in Indian Country.

Summary. Given the data limitations, this discussion provides only a glimpse of senior transportation services in Indian Country. It is clear that a high proportion of Indian Country programs are in rural areas (81%) and that transportation for non-emergency medical services is of major importance for Indian seniors (94%).

STPs:
Concepts and Practices

In-depth analysis of the data from the survey and from case studies and program reviews has produced numerous insights into the concepts and practices of STPs. The sections below address the following areas: (1) the dilemma of transportation dependency, (2) the template of transportation options, (3) the five A's of senior-friendly transportation, (4) options for action, (5) the STPs model, (6) the cost/maintenance continuum, (7) the "volunteer friends" approach, and (8) transportation as "the tie that binds."

The Dilemma of Transportation Dependency

Americans in the 85+ age group, which is the fastest-growing segment of the older population, face the probability of living several years beyond the time they have to give up their car keys. A recent study in the *American Journal of Public Health** noted that the difference between life expectancy and driving expectancy for people aged 70–74 years is six years for men and ten years for women.

Transportation dependency, defined as dependence on transportation options other than driving a car, often begins when driving expectancy ends. Alternatives to driving might include family members, friends, neighbors, the local bus system, the local paratransit service or Dial-A-Ride program, local taxi or limousine services, community shuttle or jitney services, or a specialized transportation program for seniors such as an STPs.

The traditional response to the problem of transportation dependency has been for family members to transport people who can no longer drive. Today, how-

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* Foley, D. J., Heimovitz, H. K., Guralnik, J. M., & Brock, D. B. (2002). *Driving life expectancy of persons aged 70 years and older in the United States. American Journal of Public Health, 92, 1284-1289.*

Dilemmas of Transportation Dependency

Organizations and Communities
- How to get supportive services and activities to seniors
- How to get seniors to supportive services and activities
- How to inform seniors and caregivers about transportation options
- How to assess the usability of existing options
- Whether to organize specialized options

Seniors and Caregivers
- How to get to the essentials and to fun things
- What to do when you can no longer drive
- Whom to go to in order to identify options that are available
- How to link with services and transportation to get where you need to go

ever, given our mobile and dispersed society, family members may not be available, able, or willing to serve as the primary transportation service for older people. For many seniors, the same health or mobility factors that made it difficult or impossible for them to continue to drive also make it difficult for them to use traditional transportation options. Comments from focus groups* of seniors and caregivers about giving up their car keys provide an indication of the anxiety generated by thinking about or experiencing transportation dependency:

"I have not driven for two years. It is the most terrible thing that has ever happened to me."

"My husband has a problem walking and we can't get to the bus stop."

"I can see myself being stranded."

"I am concerned about security on public transportation."

"Paratransit is very frustrating…You have to be gone 3 hours for what would be a 10 minute drive in a car."

"Transportation is available for essentials. It is not available for getting to the hair salon or visiting friends."

Policy makers and professionals in the fields of aging and transportation as well seniors and their caregivers realize that transportation for seniors is attended by countless dilemmas. They also know that it takes a variety of transportation options to make it possible for seniors who no longer drive to make essential and nonessential trips.

A Template of Ground Transportation Options for Seniors

In many communities, seniors who can no longer drive have a broad range of transportation options, ranging from public and paratransit to private transit and specialized transit. In some communities, low-speed vehicles, bicycles, and walking are also viable options.

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* Beverly Foundation Focus Group Project with National Highway Traffic Safety Administration for the development of Transportation in an Aging Society, 1999.

A Template of Senior Transportation Alternatives

Automobile

Public Transit
- Buses
- Light rail transit
- Cable cars
- Trains/subways
- Community shuttles and jitneys

Paratransit (Demand Response)
- ADA transit
- Dial-A-Ride transit

Private Transit
- Taxis
- Limousines
- Chauffeur services

Specialized Transit
- Hospital-based transit programs
- Business shuttles (to supermarkets, shopping, services)
- Senior center transit programs
- Adult day services transit
- Retirement Community transit
- Church-based programs
- Volunteer service programs (e.g., Red Cross, American Cancer Society)
- Volunteer transportation programs (e.g., TRIP, **PasRide**)

Other Options
- Bicycles
- Golf cart type vehicles
- Walking

Information and Referral
- I & R services (DMV, Auto Club)
- Mobility managers

The chart below identifies the range of transportation alternatives that are available to seniors in what might be considered transportation-rich communities. Even when such options are available, however, if they are not senior friendly, seniors may not use them.

Obviously, many communities do not have this range of transportation options. Communities considered "transportation deprived" are especially common in rural areas.

The Five A's of Senior-Friendly Transportation

While many communities work hard to make public transportation and paratransit available for seniors, availability does not necessarily mean that these services will be used. Why? Because many seniors who do not drive cannot walk to a bus stop, cannot get into a van unassisted, cannot get to a physician's office without an escort, or cannot afford a taxi. In other words, special equipment, individualized services, and specialized driver training may not be enough to address the real needs of seniors. Comments from seniors and caregivers highlight the problem:

> *"There is no close public transportation, and I have to walk several blocks and need to take lots of transfers."*

> *"I couldn't step up on the bus. I would have to crawl."*

"Bus drivers have no compassion, especially for seniors."

"Taxis are expensive."

"I have a knee problem and the van doesn't pull up to the door."

"It's not just availability . . ."

The Five A's of Senior-Friendly Transportation

Availability
Transportation exists and is available when needed (e.g., transportation is at hand, evenings and/or weekends).

Accessibility
Transportation can be reached and used (e.g., bus stairs can be negotiated; seats are high enough; bus stop is reachable).

Acceptability
Standards are upheld in conditions such as cleanliness (e.g., the bus is not dirty); safety (e.g., bus stops are in safe areas); and user-friendliness (e.g., transit operators are courteous and helpful).

Affordability
Fees are affordable; fees are comparable to or less than driving a car; vouchers or coupons help defray out-of-pocket expenses.

Adaptability
Transportation can be modified or adjusted to meet special needs (e.g., wheelchair can be accommodated; trip chaining is possible).

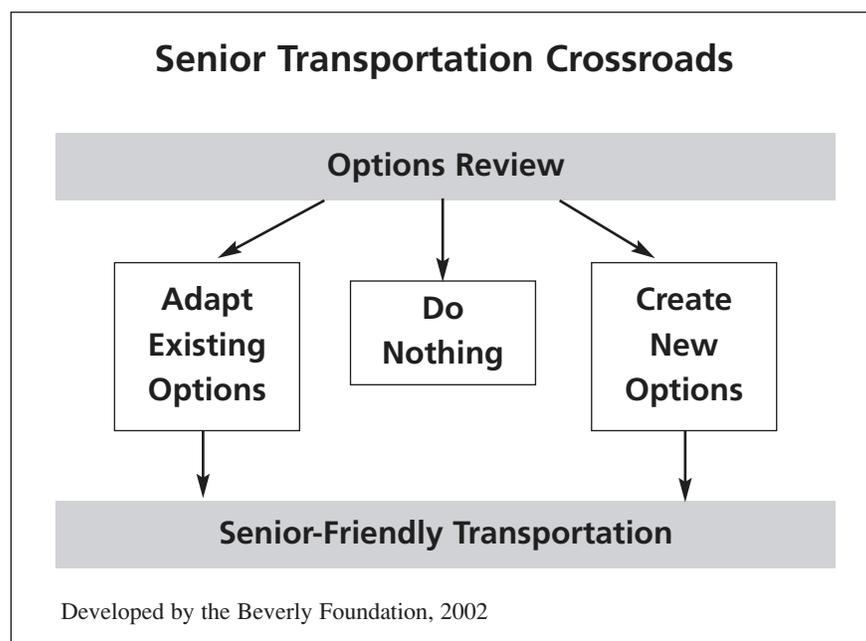Developed by the Beverly Foundation, 2000

Such comments suggest that in addition to availability, transportation for seniors also needs to be accessible, acceptable, adaptable, and affordable. These five factors have become known as "the five A's of senior-friendly transportation."

Professionals, policy makers, and service providers involved in transportation and aging issues need to know whether the options that are available actually meet the special needs of older adults, especially the "old old"—the age group with the highest risk of having chronic health and mobility conditions that make it difficult to use traditional transportation options. In other words, transportation providers need to know about individualized services, driver attitudes, routes, and senior riders.

Options for Action

Policy, structure, and process can make it difficult or impossible for traditional transportation services to be considered senior friendly. Seniors often complain that point-to-point rather than flex-route services are the norm, that transportation system boundaries limit their lives, that long waits can be humiliating, and that drivers insensitive to their needs are embarrassing. Seniors who have physical limitations also may need a transportation escort to assist them in traveling.

Communities are at a crossroads in helping older adults in gaining access to transportation. Essentially, they have three choices: to modify or adapt existing options, to create new options, or to do nothing. Although some communities opt to do nothing, this course can have a number of detrimental outcomes for older adults, such as lack of access to necessary services, isolation, a decline in quality of life, and even traffic fatalities. It can also have a negative impact on business and on the overall well-being of the community.

Senior Transportation Crossroads

Options Review → Adapt Existing Options / Do Nothing / Create New Options → Senior-Friendly Transportation

Developed by the Beverly Foundation, 2002

Adapting or Modifying Options

Public and paratransit systems can adapt existing transportation equipment and programs in numerous ways to meet the needs of older adults. The following are examples of physical and social adaptations:

- Purchasing equipment such as low-floor buses and buses that kneel

- Altering or modifying routes

- Changing pickup and delivery locations

- Linking with volunteer groups to provide transportation escorts

- Offering driver senior sensitivity training

- Providing financial incentives

- Providing door-to-door (in addition to curb-to-curb) service

- Providing "quality-of-life" rides in addition to "quantity-of-life" rides

- Travel training

- Mobility management

- 24-hour or late-night service

- Shortened wait time and same-day reservations

However, even with these traditional options, seniors (especially those in the "old old" age group) still face difficulties with access. Unfortunately, not all communities are willing or able to make such adjustments and expenditures. In many instances such adaptations will not make the vehicle or the program more senior friendly.
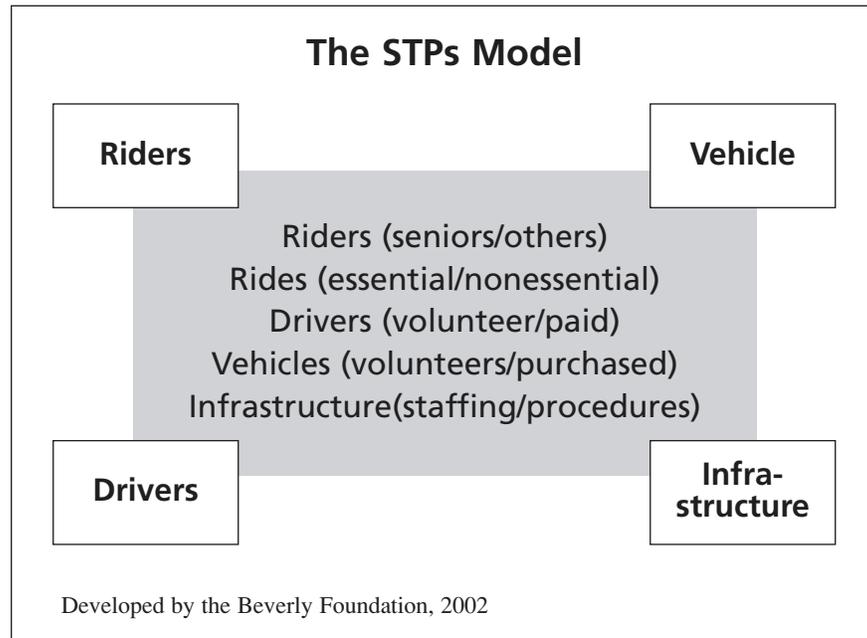
Creating New Options

During the course of the focus group project mentioned earlier, seniors and their caregivers discussed transportation problems as well as community-based solutions. Many of the solutions involved specialized transportation programs that grassroots groups, senior organizations, and transportation providers developed "just for seniors."

When communities begin exploring ways to meet the transportation needs of seniors, it is important that they consider not only the development of new options but also ways in which existing options can be adapted.

The STPs Model

Basically, an STPs includes four elements: riders, drivers, vehicles, and an administrative mechanism. Vehicles may include automobiles, vans, and buses, which may be owned by the STPs or provided by volunteers. Drivers may work as volunteers or may be paid, or both. Administration may require a large office space and paid staff or little more than a telephone staffed by a volunteer.
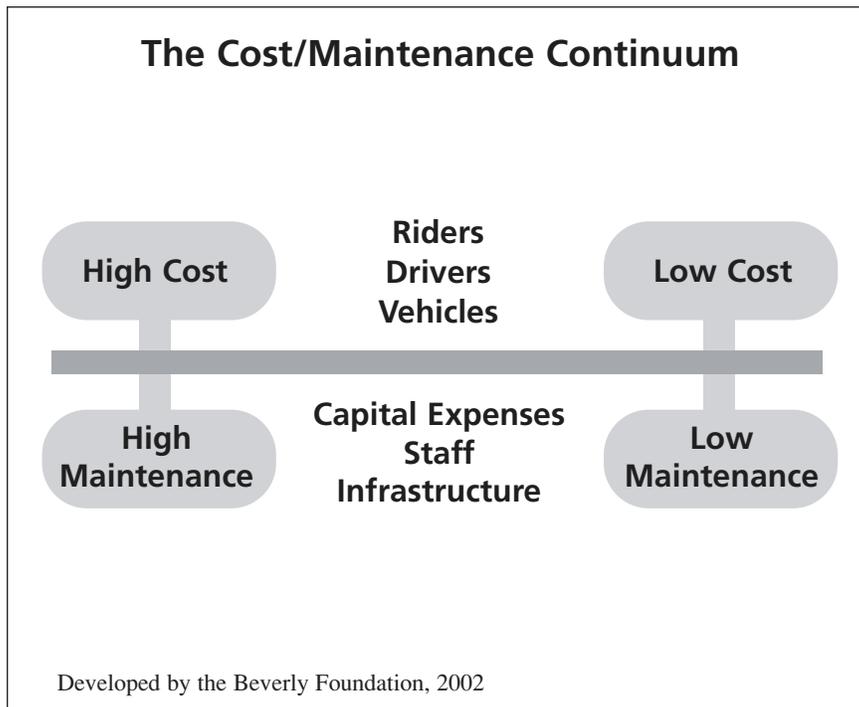
The STPs Model

Riders	**Vehicle**

Riders (seniors/others)
Rides (essential/nonessential)
Drivers (volunteer/paid)
Vehicles (volunteers/purchased)
Infrastructure(staffing/procedures)

Drivers	**Infra-structure**

Developed by the Beverly Foundation, 2002

The composition of each of these elements has an impact on the requirements for capital expenditures, staff, and operating budget.

Cost/Maintenance Continuum

The data on STPs indicate that while many are large and costly (high-cost/high-maintenance) the majority are relatively small and fairly inexpensive (low-cost/low-maintenance). The high-cost/high-maintenance STPs tend to serve many groups of riders, tend to purchase vehicles, and tend to hire paid drivers. Hence, they generally incur both capital costs and ongoing costs for vehicles, maintenance, staffing, and related infrastructure.

Many STPs take a low-cost/low-maintenance approach. These STPs have limited budgets, and depend on volunteers for many operations, especially driving. How do they do it? They eliminate many traditional transportation service costs and mainte-nance requirements by focusing on a target clientele, using volunteer drivers, and using "volunteer" vehicles that are provided by drivers. These programs eliminate the requirements for capital expenditures and limit the number of paid staff and infrastructure requirements.

The Cost/Maintenance Continuum

High Cost

**Riders
Drivers
Vehicles**

Low Cost

**High
Maintenance**

**Capital Expenses
Staff
Infrastructure**

**Low
Maintenance**

Developed by the Beverly Foundation, 2002

The position of an STPs along the continuum will be determined in large part by whether capital and recurrent costs are incurred for the purchase and maintenance of vehicles and for staff support. For example, the purchase of a van or fleet of vans and the hiring of paid staff to recruit and train drivers, to drive, to recruit riders, and to schedule rides will result in a program at the high-cost/high-maintenance end of the continuum. Conversely, the use of volunteer vehicles and the use of volunteer drivers and staff will result in a program at the low-cost/low-maintenance end of the continuum.
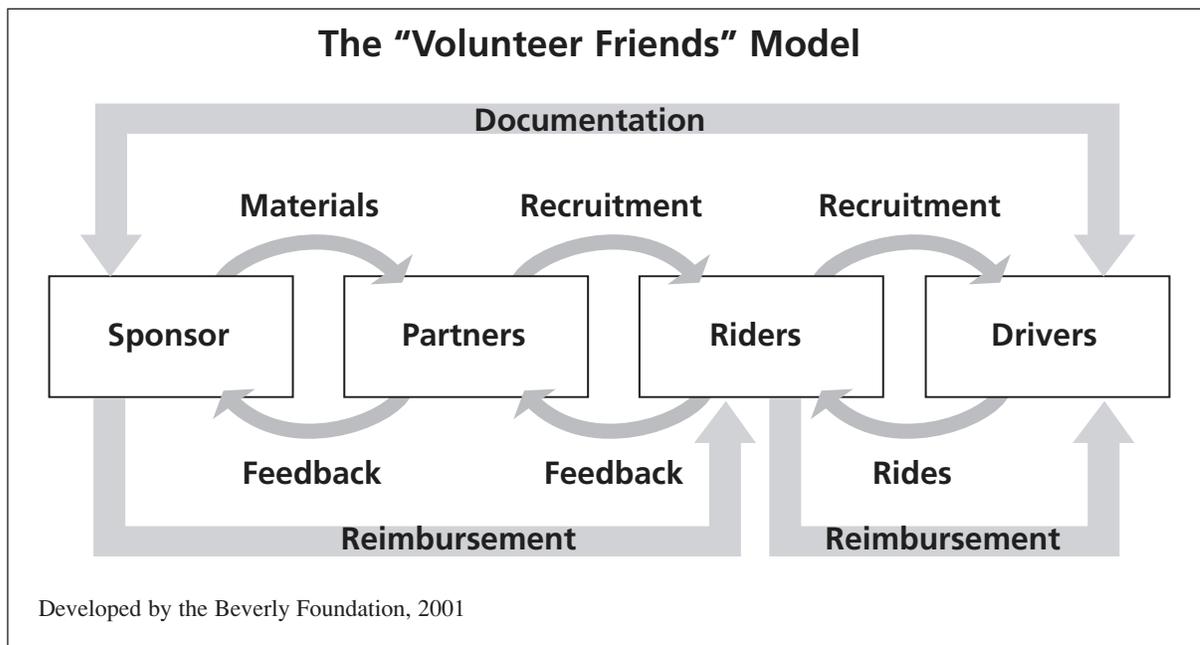
According to the cost/maintenance continuum, what drives the costs and maintenance requirements of an STPs includes the riders and ridership levels, the drivers, and the vehicles, which in turn determine the size and type of fleet, the capital costs, the staff and administrative requirements, and the ongoing operations budget.

The low-cost/low-maintenance concept was helpful in the development of the STPs pilot project in Pasadena (described below), because decisions had to be made during the design and start-up phase on vehicle type and cost, rider and driver recruitment, driver training, the range of services to be provided, the target population, and the costs of service and delivery. The most critical decisions, of course, were related to vehicles and drivers.

The "Volunteer Friends" Approach

The design for a "volunteer friends" senior transportation program was developed in part on basis of the results of the first STAR Search effort. The design drew concepts and practices from other STPs, especially the TRIP (travel reimbursement and information program) program in Riverside, California (see Appendix 2). For many in the field, the design was seen as a consumer-driven approach that emphasized the role of riders.

The "volunteer friends" design emphasized elements of the low-cost/low-maintenance model. The model included a sponsor/operating entity, service organizations for rider recruitment, riders who recruited and reimbursed their own drivers, and volunteer drivers who used their own vehicles to provide transportation. The major role of the sponsor/operating entity was to communicate with riders and drivers, document transportation delivery, and provide reimbursements.

The "Volunteer Friends" Model

Documentation

| Materials | Recruitment | Recruitment |

| Sponsor | Partners | Riders | Drivers |

| Feedback | Feedback | Rides |

Reimbursement **Reimbursement**

Developed by the Beverly Foundation, 2001

The model undoubtedly met the test of a low-cost/low-maintenance approach to transportation service because it did not require capital expenditures for vehicles or equipment, it involved volunteer drivers and volunteer vehicles, and it required minimal paid staff, equipment, and infrastructure.
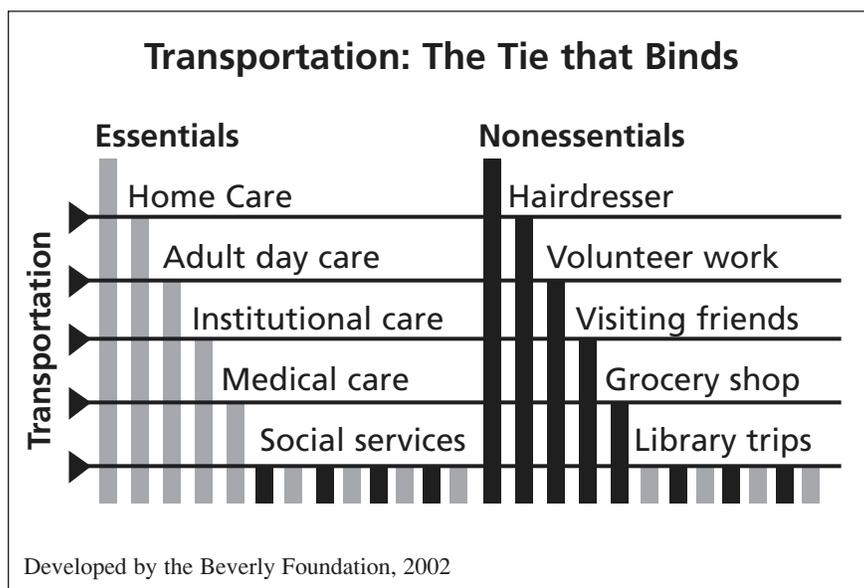
The "volunteer friends" model was demonstrated in the **PasRide** pilot project in Pasadena, California. Although its potential for adaptation was initially expected to be embraced by groups that wanted to create a new, stand-alone transportation option, its ability to add to an existing menu of aging services or to be adapted as a supplemental service within an existing transportation program was also apparent.

"The Tie That Binds"

While some service providers might view transportation as the avenue for getting services to seniors, it is in fact a two-way street. It also enables people to get where they need to go. This two-way street, however, can both enable and prevent seniors from gaining access to quantity-of-life and quality-of-life experiences.

Transportation generally is viewed as a means to get seniors where they need to go—the doctor's office, social service agencies, the social security office, the grocery store, the pharmacy, and the like. These are essentials of life. But, as one caregiver put it, "There is more to life than going to the doctor."

Getting to nonessential places such as the nursing home to visit a spouse, the hairdresser, the senior center, a nutrition program, or adult day service programs can be just as important. Some seniors do not view these trips as nonessential, for they serve important functions in their lives—including trips to the hairdresser.

Transportation: The Tie that Binds

Essentials	Nonessentials
Home Care	Hairdresser
Adult day care	Volunteer work
Institutional care	Visiting friends
Medical care	Grocery shop
Social services	Library trips

Developed by the Beverly Foundation, 2002

As a binding experience, transportation is a necessity of life, not just a convenience. Professionals and service providers in transportation and aging as well as older adults and their families are all too aware that the problems that make it necessary for seniors to stop driving are the same problems that can make it difficult to use alternative transportation options. These problems are not a function of age; rather, they are related to the health and mobility consequences of aging.

When transportation becomes limited, life becomes limited. The availability, accessibility, affordability, adaptability, and acceptability of transportation options can be the difference between independence and dependence for seniors.

PasRide: A Senior-Friendly Pilot Project

In August 2003, an 18-month STPs pilot project in Pasadena, California, called **PasRide** (Pasadena Area Seniors Ride) was completed and relocated to a permanent administrative setting.

The Objectives

The pilot had two objectives: (1) to design and implement a transportation service model that would provide rides to seniors and complement existing transportation services, and (2) to create an adaptable process model that could be implemented in communities throughout the country.
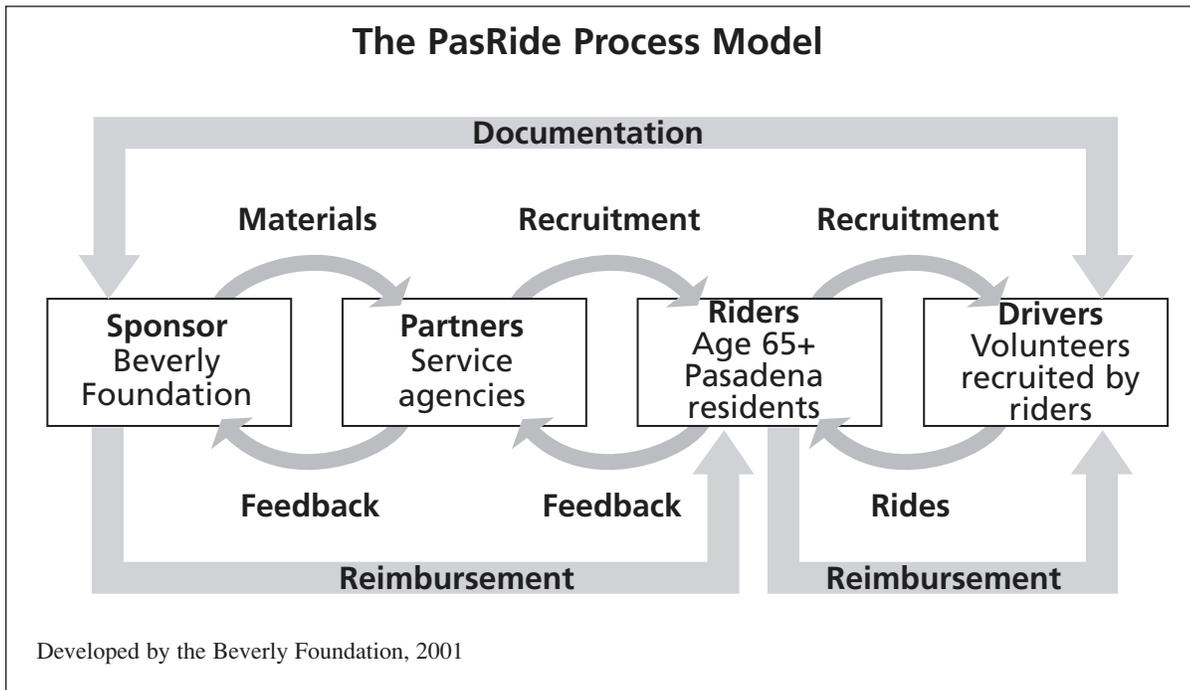
The Approach

The **PasRide** model is a senior-friendly, consumer-driven, "volunteer friends" approach to transportation. It is an outgrowth of five assumptions:

1. Many seniors need rides.
2. If seniors who need rides have something to offer friends and neighbors in return, they will feel more comfortable asking for rides.
3. If friends and neighbors can be reimbursed for their travel, they will be more likely to provide rides.
4. If friends and neighbors can use their own cars, there will be no need to purchase vehicles.
5. If rider and driver can work out the schedule for rides, there will be no need for staffing and infrastructure.

Key Elements

The key elements of **PasRide** are a sponsor, partners, riders, volunteer drivers, documentation, and reimbursement. The process model below illustrates the interaction among these key elements.

Information about each of these elements, as they were designed for the **PasRide** model and applied in the **PasRide** pilot project, is provided in the sidebar on Key Elements.

The PasRide Process Model

Documentation

Materials   **Recruitment**   **Recruitment**

| **Sponsor** Beverly Foundation | **Partners** Service agencies | **Riders** Age 65+ Pasadena residents | **Drivers** Volunteers recruited by riders |

Feedback   **Feedback**   **Rides**

Reimbursement   **Reimbursement**

Developed by the Beverly Foundation, 2001

Planning and Implementation

To plan **PasRide**, the Beverly Foundation consulted over a period of six months with professionals in transportation, aging, service delivery, risk management and insurance, and with seniors themselves.

Planning

Seven major planning activities were undertaken: involvement of community groups; identification of transportation options in the community; design of criteria for driver selection and reimbursement; attention to risk management (exposure, liability, and insurance); development of management systems and procedures; preparation of program start-up and operations materials; and preparation of program publicity materials.

Risk Management

Any budding transportation program, regardless of who sponsors it or how it is organized, cannot move beyond the early stages of discussion without addressing risk management. In many instances, the issue of liability itself ends the discussion. STPs across the country indicate that whether the potential sponsor is a government agency, a corporation, or a nonprofit, concerns about liability can be a major barrier to undertaking or even considering a program. In fact, it is often the reason communities have not organized a senior transportation program, regardless of the need for one. An appropriate risk management strategy reduces concerns about liability by minimizing the potential impact of threats posed by personal injury or property damage.

Key Elements of PasRide: The Design and The Pilot Project

Sponsor

Design. A sponsoring organization that has a presence in the community and can provide funds for the program.

Application. **PasRide***'s* sponsor was the Beverly Foundation with co-funding from the AAA Foundation for Traffic Safety.

Partners

Design. Program partners that identify and refer clients.

Application. **PasRide***'s* partners included an array of social service and health-related organizations with care managers who recruited the riders.

Riders

Design. Riders recruit their own drivers.

Application. **PasRide***'s* riders included Pasadena residents aged 65 years and older.

Volunteer Drivers

Design. Drivers are recruited by riders, provide rides in their own vehicles, and maintain their own liability insurance.

Application. **PasRide***'s* drivers used their own automobiles, maintained their own liability insurance, and were reimbursed for travel.

Documentation

Design. Depends on insurance requirements.

Application. Before volunteer drivers could join **PasRide**, they had to provide a copy of their driver's license and proof of insurance.

Reimbursement

Design. Travel reimbursements were provided to riders, who in turn gave the reimbursement to their driver. The travel reimbursement is key to the success of the model, as it gives riders something to offer drivers in return for rides.

Application. **PasRide**'s riders submitted invoices. Travel reimbursement checks were prepared and conveyed to the riders, and the riders gave the checks to their drivers.

Discussions and decisions related to risk management were perhaps the most important **PasRide** planning activities. Decisions on how to manage exposure, liability, and insurance were guided by the input that the Beverly Foundation received from outside experts as well as by the goals and design of the pilot. The major issues and related decisions are addressed in the sidebars on liability, exposure, and insurance.

Limiting Liability

Even when efforts have been undertaken to control exposure, there always will be some concern, on the part of both organizations and volunteer drivers, about liability and legal obligations. For example, the driver could break something in the home of the rider or cause some physical harm to the rider. Adding a vehicle to the equation increases the potential for property damage or human injury.

Advice from insurance and legal sources about potential liability was inconsistent, however. What was clear was that regardless of efforts taken to minimize exposure, there would always be some risk. With respect to sponsor liability, the axiom appeared to be that "the deeper the pockets, the greater the potential for liability."

Because the program did not purchase or maintain vehicles, hire drivers, or schedule rides—all factors normally associated with a transportation program— it minimized its legal obligations and liability. In fact, **PasRide**'s design provided additional safeguards that were strengthened by the driver screening method of controlling exposure. These safeguards included (1) rider recruitment of drivers, (2) travel reimbursement conveyed to riders rather than drivers, and (3) a signed agreement with drivers and riders releasing the sponsor from legal liability in the event of injury or harm while being transported or escorted. What presented potential liability were the riders, the drivers, and the vehicles.

Implementation

The program was designed to get up and running quickly. Service organizations began to identify and contact eligible seniors even before the pilot project itself was under way. Initially as well as throughout the pilot project, case managers and care managers were the lead referral resource. They identified qualifying seniors in their member or client rolls and used a standard set of procedures (with some variations) to guide the referral process. Registration materials were provided to the referring organization, and the referring organization took the lead in recruitment and screening.

Controlling Exposure

In **PasRide**, driver screening was considered the most straightforward method of managing or controlling exposure. Driver screening was also a prerequisite for acquiring insurance. The **PasRide** design assumes that riders have a preexisting relationship with their drivers and would not select someone they knew was an unsafe driver. This relationship offers the potential for recruiting a safe group of drivers. Despite these assumptions, the program initiated a driver screening program, as illustrated in the diagram.

PasRide documented the driver screening information by requiring that all drivers provide a copy of their driver's license, auto registration, the declaration page of their auto insurance policy, and a signed declaration that their driving record complied with the program's performance standards.

Driver Screening

Qualifications	Driving Performance Requirements
At least 18 years of age Valid driver's license Minimum 2 years driving experience Valid auto registration Personal auto liability insurance	Past 4 years: No major violation or violation for driving with suspended license Past 3 years: No more than ... ... 3 moving violations or 2 accidents or a combination of no more than 4 of above; and ... 4 violations for failure to appear, unlicensed driver, or no proof of insurance

Once contact information was received, information packets were sent to potential participants, providing suggestions about how to ask friends, neighbors, and family members to join them in the project so that they could reimburse them for travel. After participants had registered, they were welcomed to the program, any remaining questions were answered, and the foundation verified that travel reimbursement information and forms had been received.

Although the intention was to limit the number of active riders to 25 during the pilot project, a total of 32 riders registered for participation. Many riders were able to recruit drivers easily, while others had significant difficulties even identifying
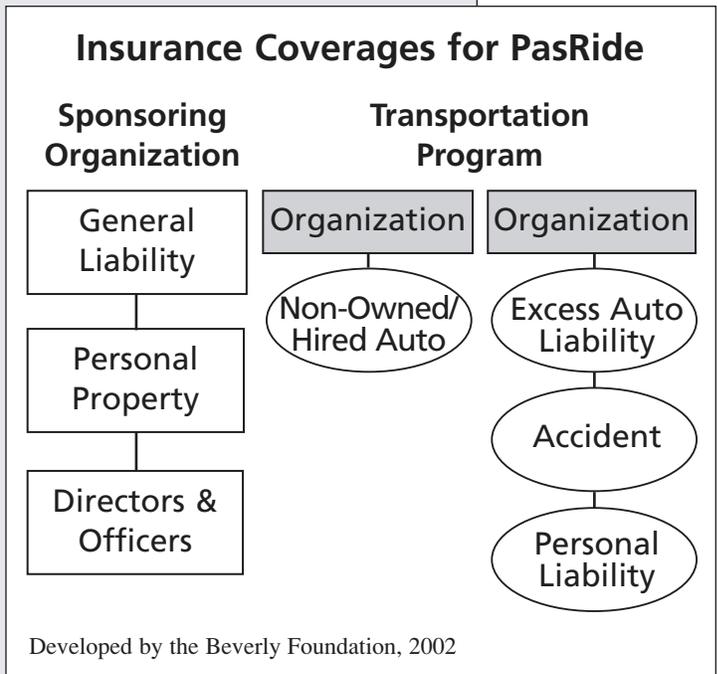
Purchasing Insurance

Some risk can be financed by purchasing insurance. In the case of a transportation program such as **PasRide**, two major types of insurance related to transportation services were considered.
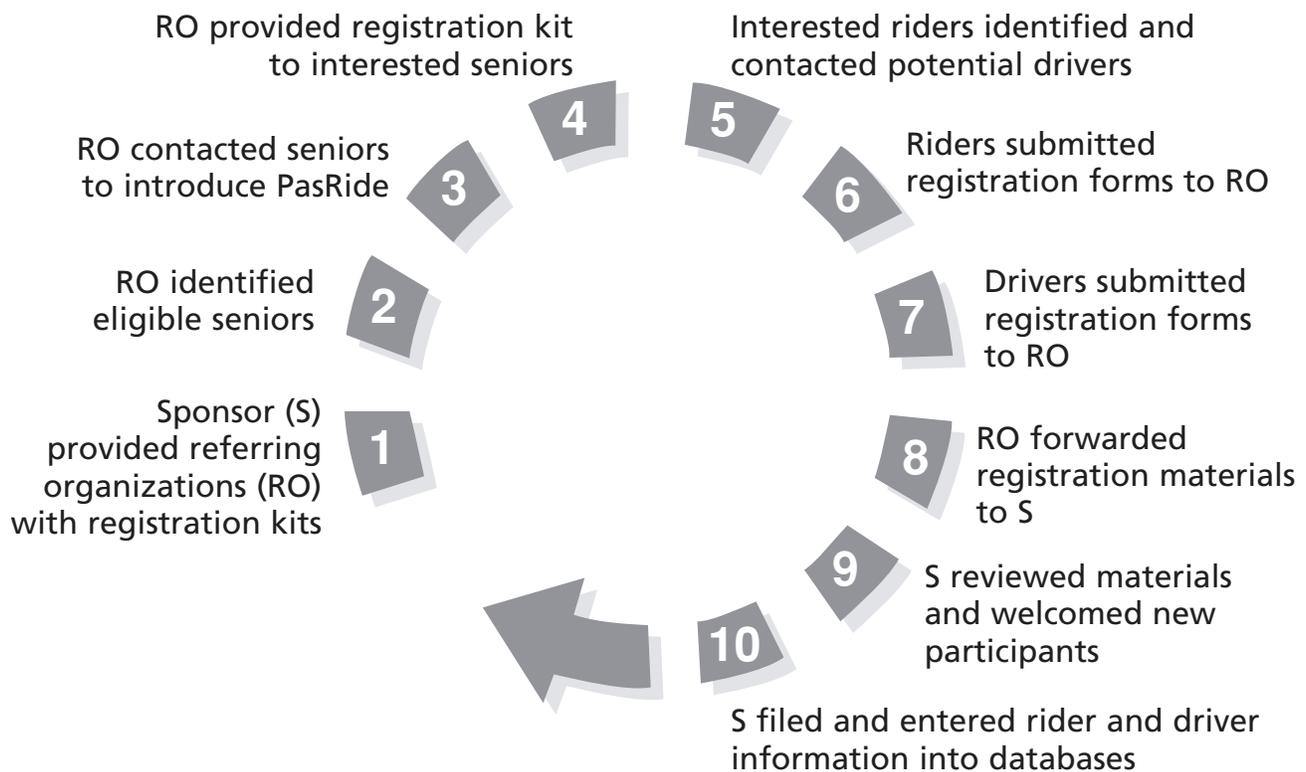
Non-owned/hired auto coverage protects the sponsor when an employee or volunteer drives a personal vehicle on agency business. If the organization is held liable for the employee or volunteer's actions involving their vehicle, the coverage is engaged after the limits of the individual's personal auto insurance policy have been exhausted. *Volunteer driver insurance*, secondary insurance coverage over and above the volunteer driver's personal auto policy, can protect the driver and rider liability for bodily injury or property damage arising from volunteer driving. It may include (1) excess auto liability, which protects the driver in cases of bodily injury or property damage arising from their volunteer driving activities; (2) accident insurance, which pays for medical claims resulting from covered accidents; and (3) personal liability insurance, which provides coverage for non auto covered expenses resulting from covered accidents.

The Beverly Foundation, **PasRide**'s sponsor, had several types of preexisting commercial insurance coverage to finance its risk. Insurance coverage for that purpose included general liability, personal property, and directors and officers. With the launching of **PasRide**, additional coverage was obtained: non-owned/hired auto insurance (as part of the commercial liability policy) and insurance coverage for volunteer drivers, including excess auto liability, accident, and personal liability. Coverage for non-owned/hired auto insurance was $1 million per occurrence. Excess auto liability insurance covered volunteer drivers for a combined limit of $500,000 per accident. Accident insurance covered **PasRide** participants for up to $25,000. Personal liability insurance covered volunteers for up to $1 million per occurrence.

Several options were available for financing insurance coverage, including obtaining insurance from commercial vendors, self-insuring, or participating in an insurance pool. Coverage for the one-year pilot cost approximately $2,300.

Insurance Coverages for PasRide

Sponsoring Organization	Transportation Program	
General Liability	Organization	Organization
Personal Property	Non-Owned/Hired Auto	Excess Auto Liability
Directors & Officers		Accident
		Personal Liability

Developed by the Beverly Foundation, 2002

PasRide Registration Process

4 RO provided registration kit to interested seniors

3 RO contacted seniors to introduce PasRide

2 RO identified eligible seniors

1 Sponsor (S) provided referring organizations (RO) with registration kits

5 Interested riders identified and contacted potential drivers

6 Riders submitted registration forms to RO

7 Drivers submitted registration forms to RO

8 RO forwarded registration materials to S

9 S reviewed materials and welcomed new participants

10 S filed and entered rider and driver information into databases

Developed by the Beverly Foundation, 2002

whom to contact. For the latter, coaching and recruitment tips and suggestions were provided. In some cases, the referring organization took the lead in matching them with an organization volunteer.

For a variety of reasons, many of the people initially referred to the program were unable to participate. For example, some were too young, resided outside Pasadena, had travel needs beyond the city limits, or did not really need the program. Several perceived the registration process as too complicated or the reimbursement level, which began at $12 per month and increased to $24 per month, as too low. (See sidebar, Travel Reimbursement.) Although efforts were made to correct misconceptions, several worried about liability and expressed concerns that their participation would compromise their eligibility for government support programs or that their tax status would be jeopardized.

Many people who were enthusiastic about the program and might have considered being volunteer drivers were unwilling to enroll because of concerns about liability. The availability of a secondary volunteer insurance policy was not always a persuasive factor. In a few cases, people who had initially agreed to become drivers declined after learning that they would have to provide proof of auto insurance.

PasRide Travel Reimbursement

As the **PasRide** pilot evolved, three plans for travel reimbursement were developed. Riders who normally traveled short distances (within their city of residence) used the trip plan. Riders who made mostly intercity trips used the mileage plan. The monthly stipend plan was intended for riders who needed to go longer distances (e.g., across county boundaries for medical care). A monthly reimbursement cap of $24.00 was established for all three plans. The cap provided a generous travel reimbursement for riders and their drivers and created a mechanism for the program to control its reimbursement costs.

For INTRACITY travel (e.g., Pasadena), use:

TRIP PLAN
($2.50 per trip)

For INTERCITY travel (e.g., Pasadena to Glendale), use:

MILEAGE PLAN
(30¢ per mile)

For LONG DISTANCE travel (e.g., Pasadena to Santa Monica), use:

MONTHLY STIPEND PLAN
($24 per month)

These individuals may have lacked coverage or may simply have been opposed to revealing financial information related to policy limits.

Once riders and drivers were recruited and involved in the program, administrative activities included bimonthly communication with riders (and sometimes drivers), receipt of monthly ride data and invoices for reimbursement, entry of travel data into a database, processing of reimbursement payments, and mailing reimbursement checks and additional information relevant to the project. During the course of the pilot, two program newsletters were prepared and distributed. Local merchants were encouraged to participate in **PasRide** by contributing gifts for riders and drivers. Gifts received included theatre tickets, restaurant coupons, flowers, and telephone calling cards. Quarterly **PasRide** reports were prepared after ride data were analyzed.

Ten Lessons Learned from the PasRide Pilot Project

Sponsorship. It is not a simple matter for an organization that does not provide services to seniors or to the community to operate a transportation program for seniors. In this context, it becomes even more important to involve community partnerships, which need to be established on the ground level.

Low Cost. A low cost/low maintenance approach can set the stage for a program that has the potential for planned complexity and growth.

Outreach. Reaching seniors who are unable to gain access to transportation and are in the most need of the program can be extremely difficult.

Liability and Risk. Risk management must be addressed before start-up, not only to meet operational requirements, but also to assuage the liability concerns of participants.

Escorts. Drivers can also play the role of transportation escorts.

Reimbursement. A reimbursement process needs to be simple to understand and administer. The process may need to go beyond the mileage reimbursement option, and it may be necessary to provide reimbursement directly to volunteer drivers.

Rides. While programs might emphasize one-person, one-ride, point-to-point transportation, quality-of-life rides for group activities can be important for some seniors.

Data Tracking. Complete and accurate records must be maintained to monitor program progress and ongoing results.

Service. Volunteer drivers can support program activities by doing light office work while they are not providing rides. The "friends helping friends" approach is the epitome of volunteer community service for seniors.

Recognition. Regular contact with drivers and riders is needed to keep them energized and to show appreciation. Community businesses can be generous with in-kind contributions for driver recognition.

Outcome

In keeping with its initial objectives, **PasRide** provided rides to seniors who could no longer drive and had health, mobility, or financial limitations that made it difficult or impossible to use traditional transportation options. (See sidebar, Ten Lessons Learned from the **PasRide** Pilot Project.)
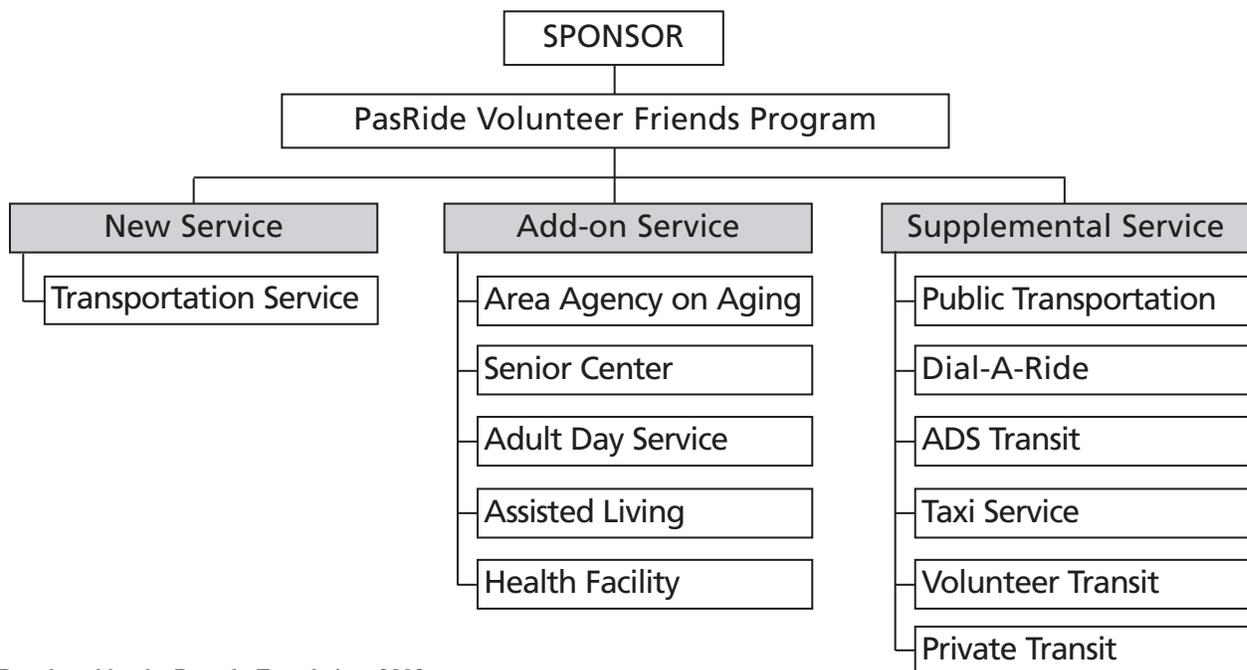
Perhaps most important, the pilot provided tangible evidence that a program of this type could be undertaken in an economical and efficient manner with very little additional funding. **PasRide** was designed such that there would be no need to purchase vehicles, to hire paid drivers, or to schedule rides. To demonstrate that the

PasRide Adaptation

The **PasRide** Pilot was designed and tested in order to develop an approach for providing senior transportation that could be adapted by other organizations and groups throughout the country. The distinction between adaptation and replication is an important one: PasRide reflects the context and culture of its community, and as such it is a model may be adapted to conditions rather than replicated in its entirety.

The three ways that **PasRide** can be adapted are illustrated below.

PasRide Adaptation Methods

SPONSOR

PasRide Volunteer Friends Program

New Service	Add-on Service	Supplemental Service
Transportation Service	Area Agency on Aging	Public Transportation
	Senior Center	Dial-A-Ride
	Adult Day Service	ADS Transit
	Assisted Living	Taxi Service
	Health Facility	Volunteer Transit
		Private Transit

Developed by the Beverly Foundation, 2002

As a new, stand-alone service, the **PasRide** model could be organized by an entity created explicitly for that purpose. As an add-on service, it could be organized by a social service organization, a senior center, an adult day service program, or a faith-based group and perhaps incorporated into an existing menu of services. As a supplemental service, it could be organized within a transportation organization—for example, an existing Dial-A-Ride or ADA program.

PasRide's "anyone-can-do-it" approach was a response to the reality that limited funding is available for senior transportation regardless of who provides it. The model's flexibility appears to be ideal for community groups and service providers who want to provide senior-friendly transportation but cannot meet the needs of seniors with a high cost/high maintenance approach.

Numerous products are available to facilitate adaptation: an operations packet with administrative forms and program procedures; a rider and driver registration kit; a PowerPoint presentation to use with community groups; a directory of senior transportation options; and program newsletters. These materials may be found in the STPs Clearinghouse at www.seniordrivers.org.

design worked, the pilot sponsor—the Beverly Foundation—did not incur capital expenditures, expand its physical infrastructure, or hire new staff. Consequently, the budget for the one-year pilot project was less than $15,000, and the cost per ride was about $6.50.

The **PasRide** design is highly adaptable. In fact, it has been called the ultimate community transportation hybrid, because it can be adapted as a stand-alone program, it can be integrated into an existing volunteer aging service program, or it can be incorporated into a public or paratransit service.

The **PasRide** project created materials not only for its own operation but also for use by other groups that want to adapt the **PasRide** model to their own community. These materials can help the process of adaptation in almost any community by almost any group or organization while minimizing the time needed for planning and start-up.

For more detailed discussion on the planning, design, and implementation of **PasRide**, visit the Web site of the Beverly Foundation (www.beverlyfoundation.org) or the AAA Foundation for Traffic Safety (www.seniordrivers.org) and select the White Paper on **PasRide** Planning and/or the White Paper on **PasRide** Implementation.

STAR Awards for Excellence

Annual STAR Awards for Excellence have been given by the Beverly Foundation and the AAA Foundation for Traffic Safety since the beginning of the STAR Search program and are tied closely to the survey process. Each organization that responds to the survey is eligible for a STAR Award. The STAR Awards are "for Excellence" because of the sponsoring organizations' desire to identify, recognize, and promote innovation and excellence as well as best practices.

Criteria for selection of STAR Award winners have included:

Purpose (inclusion or emphasis on senior riders)

Availability (weekdays, evenings, weekends)

Adaptability (reservation options)

Affordability (fee, donation, government grant)

Acceptability (vehicle options, including auto, taxi, bus, van)

Accessibility (fixed route, curb-to-curb, door-to-door, door-through-door)

Special support (transportation assistants, escorts)

Staff (emphasis on paid and/or volunteer drivers)

Community ties (involvement of community sponsors and volunteers)

Stability (in operation for a given period of time, e.g., five years)

STAR Awards have ranged from $500 to $1,500, although STAR Award winners generally agree that, "it is the recognition, not the money that matters." While the award sponsors have undertaken limited efforts to publicize winning programs, some of the award winners have generated local publicity for their achievement and award.

Below is a list of the 18 programs that have received STAR Awards thus far, along with a U.S. map indicating their locations. In the following pages, a profile and brief program review is provided for each of the seven 2002–2003 STAR Award winners, which are in boldface in the list.

Star Awards for Excellence
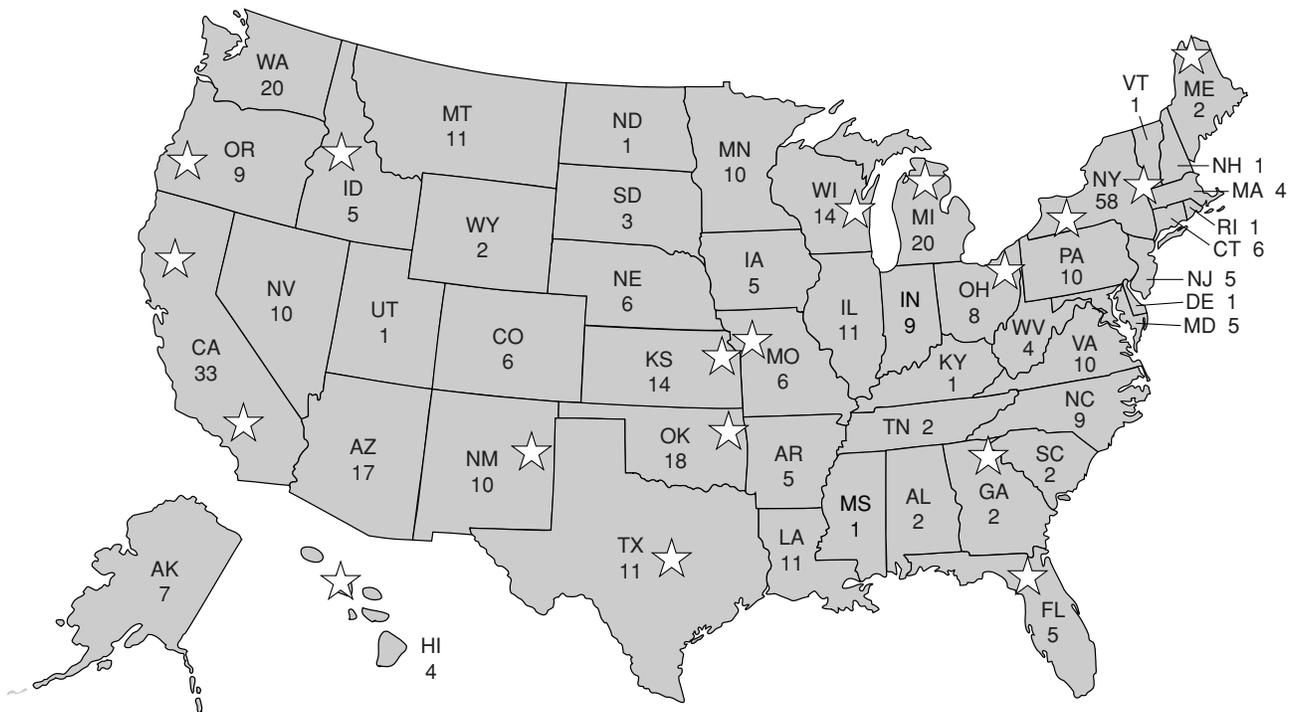
- ★ Area IV Agency on Aging Senior Transportation Program (Twin Falls, Idaho)
- ★ Campbell Stone Apartments, Inc. (Atlanta, Georgia)
- ★ Community Health Representative Program of Muscogee Creek (Okmulgee, Oklahoma)
- ★ Gadabout Transportation Service (Ithaca, New York)
- ★ Gold Country Telecare, Inc. (Grass Valley, California)
- ★ Independent Transportation Network (Westbrook, Maine)
- ★ Jefferson County Service Organization (Oskaloosa, Kansas)
- ★ Lac du Flambeau Senior and Disability Services (Lac du Flambeau, Wisconsin)
- ★ Lauderhill Transportation Program (Lauderhill, Florida)
- ★ Project DANA (Honolulu, Hawaii)
- ★ Rensselaer County (Troy, New York)
- ★ Ride Connection (Portland, Oregon)
- ★ San Felipe Elderly Transportation Program (San Felipe, New Mexico)
- ★ Shepherd's Center Escort Transportation (Kalamazoo, Michigan)
- ★ Shepherd's Center of the Northland (Kansas City, Missouri)
- ★ Transportation Reimbursement and Information Program (Riverside, California)
- ★ Wesley Community Services (Cincinnati, Ohio)
- ★ West Austin Caregivers (Austin, Texas)

Campbell-Stone North Apartments

2003 STAR Award Winner
Special Sector: Housing and Community-Based Service Programs

Background. Sandy Springs is an unincorporated city located in Fulton County, Georgia, north of Atlanta and south of Roswell. As of the 2000 census, the city had a population of 85,781, of which 9.8% were 65 and over. It is the seventh largest city in Georgia, and it has been lobbying the state legislature for incorporation for several years.

History. Campbell-Stone first began providing residential housing and services to senior adults in Atlanta, Georgia, in 1964. Campbell-Stone is a not-for-profit organization sponsored by the Christian Church (Disciples of Christ) in Georgia.

Transportation. As one of the many services offered at Campbell-Stone, transportation is provided to all residents seven days a week, daytime and evenings. Escorts can be provided, and residents are asked to make transportation reservations 24 hours in advance. Riders are asked to pay for the transportation services, although benevolence is given to individuals who cannot afford the service.

Transportation is provided three times a week to grocery stores, shopping centers, banks, and other locations. Transportation for medical appointments is provided within 10 miles of the community. Campbell-Stone staff work with area churches and synagogues to arrange transportation for weekly services, special events, and holiday celebrations.

Special Issues. Campbell-Stone employs two part-time drivers who have commercial driver's licenses for larger vehicles (15 or more passengers). Criminal record checks, reviews of motor vehicle reports, and drug screenings are conducted regularly. All drivers receive comprehensive training on proper vehicle use and defensive driving skills. A scheduled preventative maintenance program is in place to ensure that all vehicles are operating safely and effectively.

Challenges for the Future. Since seniors must meet the eligibility criteria of the Section 8 rental assistance program to live in the apartments, they have low incomes and can afford only the low-cost services provided by Campbell-Stone. Coupled with limited affordable transportation services within the Atlanta community, Campbell-Stone must constantly evaluate the transportation program to ensure that the service is both effective and affordable to the senior passengers. The community relies on the financial support of individual donors, private foundations, and benevolent businesses to help cover the costs associated with the transportation services. Without this support, transportation options for the older adult residents of Campbell-Stone would be severely limited.

Campbell-Stone North Apartments, Inc.
350 Carpenter Drive NE
Atlanta, GA 30328
Tel: (404) 256-2612, Fax: (404) 843-3426
Contact: Cliff Pepper, Executive Director

Year Program Started: 1978
Organization Status: Nonprofit
Organization Type: Retirement Community

Service Relationships: Faith-based, assisted living, and retirement community

Service Scope: Provides a menu of services, including transportation
Area Served: Suburban and urban
Vehicles: Van (1), Bus (1)
Drivers: Paid (2)
Riders Targeted: Seniors
Reservations: Schedule 24 hours in advance or same day
Availability: Daytime and evening, weekdays and weekends
Type of Service: Curb-to-curb, fixed route, door-to-door, and door-through-door
Rider Fees: No rider fees, flat rate, or rider donation
Transportation Escorts: Escorts can be provided
Annual Number of Riders Served: 250
Annual Number of Rides Provided: 4,298

Transportation Program Budget: $31,000
Funding Resources: Rider fees and fund-raising

Driver Screening: Valid driver's license, driver record, criminal record check, and
    pre-employment drug testing
Driver Training: First Aid/CPR, sensitivity training, wheelchair lift and transferring,
    traffic laws, driving procedures, and alcohol and drug prevention
Insurance for Vehicles: Program provides for their vehicles
Insurance for Drivers: Program provides for their paid drivers, volunteers provide
    their own insurance

Strategies: Program is not marketed
Methods: Word of mouth

Most Difficult Problems: Financial; "we serve low-income seniors who cannot
    afford to pay for transportation"

Unique Feature: Providing a safe and reliable service

Wesley Community Services

2003 STAR Award Winner
Special Sector: Housing and Community-Based Service Programs

Background. Wesley Community Services is part of Wesley Services Organization, which comprises Wesley Hall and Lincoln Crawford Nursing and Rehabilitation Centers. It offers a range of services, including adult day care, homemaker/housecleaning, home delivered meals, and medical transportation. In 2003, it served nearly 1,800 Cincinnati seniors.

History. Wesley Community Services, which began operations in 1992, is a home and community-based organization serving Cincinnati's senior population.

Transportation Services. Transportation is available seven days a week from early morning hours to early evening, if necessary. On Sundays, the program provides transportation from a continuing care retirement community to a neighborhood church. Riders must make a reservation for services 24 hours in advance, but some same-day trips are made if a vehicle is available. Fees for transportation vary, although for clients who use a wheelchair, a flat rate is used. Annually the program serves nearly 700 riders, and in 2003 it provided over 20,000 trips. The program has a full-time dispatcher, a transport scheduler, and 12 paid drivers, several of whom are retired seniors who have elected to return to the workforce.

Special Issues. Recruitment and retention of drivers is a problem identified by the program. This issue is particularly challenging because of the physical demands of the job, the requirements that potential drivers have a safe driving history and no felony record, availability for Saturday and early morning (sometimes as early as 4 a.m.) pick-ups, and the requirement that outstanding customer service be provided.

Challenges for the Future. Maintaining vehicle availability while minimizing repair and maintenance costs will be a continuing challenge, and maintaining a high level of service as the fleet of 11 vehicles ages will be a special challenge. In customer service, it will be a challenge for the program to continue serving a growing group of clients with the personalized service for which they are known.

A survey of seniors in metropolitan Cincinnati identified transportation needs as the top priority. Thus, as the number of seniors continues to grow, so will the need for transportation services. The ability to fulfill this need will be a continuing challenge.

Wesley Community Services

3333 Glenmore Avenue
Cincinnati, OH 45230
Tel: (513) 661-2777, Fax: (513) 389-3092
Contact: Stephen Smookler, Executive Director

Year Program Started: 1992
Organization Status: Nonprofit
Organization Type: Housing and community-based services

Service Relationships: Area Agency on Aging

Service Scope: Provides a menu of services, including transportation
Area Served: Urban
Vehicles: Auto (2), Van (5), Bus (3)
Drivers: Paid (12), Senior (retired) drivers (3)
Riders Targeted: Seniors
Reservations: Schedule 24 hours in advance
Availability: Daytime and evening, weekdays and weekends
Type of Service: Door-to-door
Rider Fees: Flat fee and mileage rate
Transportation Escorts: Escorts are not available
Annual Number of Riders Served: 700
Annual Number of Rides Provided: 20,000

Transportation Program Budget: $125,000
Budget Funding: Rider fees and tax revenue

Driver Screening: Valid driver's license, driver record, insurance and criminal
record check, fingerprinting, and pre-employment drug testing
Driver Training: Sensitivity training, wheelchair lift and transferring, traffic laws,
driving procedures, alcohol and drug prevention, and vehicle maintenance/repair
Insurance for Vehicles: Program provides for their vehicles
Insurance for Drivers: Program provides for their paid drivers

Strategies: Program is not marketed
Methods: Word of mouth

Most Difficult Problems: Driver recruitment and retention

Unique Feature: Customer service orientation

Community Health Representative, Muscogee (Creek) Nation

2003 STAR Award Winner
Special Sector: American Indian Senior Services

Background. The Community Health Representative (CHR) program is a unique community-based outreach program staffed by well-trained, medically guided, paraprofessional health care providers who include native concepts in providing a variety of health services within the American Indian and Alaska Native community. Community health representatives are trained in the basic concepts of health care, disease control, communication skills, and health planning to provide community outreach services to individuals, families, and communities. The CHR program, funded by Indian Health Services, began in 1968 and is one of the oldest continuing programs in the tribes.

History. The Muscogee (Creek) Nation is a tribal government located in east-central Oklahoma with a boundary including 11 Counties: Creek, Hughes (Tukvpvtce), Mayes, McIntosh, Muskogee, Okfuskee, Okmulgee, Rogers, Seminole, Tulsa, and Wagoner.

Transportation Services. Transportation makes up 80%–85% of the services provided by the CHR program. Approximately 75% of the clientele are seniors who do not own a car or who have, for medical reasons, been restricted from driving. Many of the clients require the use of a community health representative for interpretation. About 40% of the current CHR program staff can speak the Muscogee language fluently or can understand it well enough to translate care plans to the client or to act as client advocates. The CHR program contracts with the Government Service Administration for the vehicles used, and it owns two lift vans purchased with program money. The program provides door-to-door and door-through-door services and escorts for medical visits for their clients.

Special Issues. Because of the driver's license checks, driver record checks, criminal background checks, and pre-employment drug testing service, driver recruitment and retention are difficult.

Challenges for the Future. Dialysis transportation is a demanding and increasing need within the Creek Nation. Patients typically reside in rural areas and need to travel approximately 60 or more miles three times a week to the nearest dialysis unit. Some dialysis clients are scheduled for Saturday treatments, although the CHR program does not provide transportation on Saturdays or holidays. Several of the community health representatives must begin their day at 3:30 a.m., a demanding schedule that contributes to burnout. However, community health representatives are committed to meeting their client's needs for access to necessary treatment and will go to great lengths to carry out this duty.

Community Health Representative

700 N Mission
Okmulgee, OK 74447
Tel: (918) 756-1941, Fax: (918) 756-9906
Contact: Cyndi Gilks, Manager

Year Program Started: 1968
Organizational Status: Self-governance
Organization Type: Tribal/HIS health clinic/hospital

Services: Program provides several services, including transportation
Area Served: Rural
Transportation Type: Provides transportation services directly
Vehicles: Auto, Van
Drivers: Paid (19)
Riders Targeted: Seniors
Seniors Served Weekly: 200
Weekly Number of Rides Provided: Data not available
Reservations: Schedule 2 or more days in advance
Availability: Weekdays, daytime
Type of Service: Door-to-door and door-through-door
Rider Fees: None
Transportation Escorts: Escorts are provided

Annual Budget: Data not available
Budget Funding: Other, Indian Health Services

Driver Screening: Valid driver's license, driver record, insurance and criminal
    record check, and pre-employment drug testing
Driver Training: First Aid/CPR, sensitivity training, wheelchair lifting and transfer-
    ring, traffic laws and safety, alcohol and drug prevention, vehicle
    maintenance/repair, and annual defensive driving

Advertising: Other
Medium for advertising: Program not marketed

Major challenge: Financial and staffing

Best Practice: Community education

Key to success: Considerate employees

Lac du Flambeau Senior and Disabilities Services

2003 STAR Award Winner
Special Sector: American Indian Senior Services

Background. Lac du Flambeau is located in a rural area and includes some 3,600 residents, about 10% of whom are seniors. The Senior and Disabilities Services have pooled different disciplines into a one-stop resource senior center with on-site and outreach services. The Lac du Flambeau Tribe has been generous in providing money to help tribal people stay in their homes and has been instrumental in funding medical and activities transport through Senior and Disabilities Services. The Great Lakes Intertribal Council has Title V employees and senior companions when transportation needs cannot be met otherwise.

History. The Lac du Flambeau Chippewa Reservation has been a permanent settlement of the Lake Superior Chippewa Indians since 1745, when Chief Keeshkemun (Sharpened Stone) led his band to the area for access to wild rice, fish, and game. Lac du Flambeau, or "Lake of the Torches," is the name given to the tribe by French traders and trappers in the area for the group's practice of harvesting fish at night by torchlight. (For more information, see www.glitc.org/tribes/lac_du_flambeau.)

Transportation Services. The Community Health Representative (CHR) program provides most of the medical transportation for the community. However, when that program is filled, the community health representatives call the senior center. While most trips are for nonemergency medical appointments, many seniors need individualized social transport. The senior center transportation program takes people to medical services, on personal outings, and shopping twice a week. Secondary transportation is for personal activities.

Special Issues. The transportation program includes three vehicles: a minivan with companion seat access, a bus with a lift, and a van for ambulatory seniors. The tribe purchases the vehicles from the general fund. Staff sometimes use their personal cars. One full-time staff member serves as the driver, and the meal site manager is the next person in line for this role. The senior center director, the Veteran Services Officer, and some Title V employees also drive if necessary. The drivers generally serve as a companion or escort because of personal needs and geographic distances to services.

Challenges for the Future. The Senior and Disabilities Services are facing budget cuts. Additional vehicles are needed, and vehicle maintenance is costly. In 2003, more than $10,000 was spent for vehicle maintenance. The program has considered recruiting volunteers but has found that most people are looking for paid jobs. If it were possible to pay a volunteer stipend and reimburse for mileage, it might be possible to expand the service.

Lac du Flambeau Senior and Disabilities Services
P.O. Box 67
Lac du Flambeau, WI 54538
Tel: (715) 588-9621, Fax: (715) 588-3677
Contact: Tanya Meyer, Director

Year Program Started: 1980s
Organizational Status: Title VI
Organization Type: Senior Center/Program

Services: Program provides several services, including transportation
Area Served: Rural
Transportation Type: Provides transportation directly
Vehicles: Van (2), Bus (1)
Drivers: Volunteer (2), Paid (3), Senior Retired (1)
Riders Targeted: Seniors and persons with disabilities
Seniors Served Weekly: 27
Weekly Number of Rides Provided: 54
Reservations: Same day
Availability: Daytime and evenings, weekdays and weekends
Type of Service: Door-to-door
Rider Fees: None
Transportation Escorts: Escorts are not available

Annual Budget: $35,000
Budget Funding: Grants and tribe

Driver Screening: Valid driver's license, driver record check, and pre-employment drug test
Driver Training: None

Advertising: Word of mouth
Medium for advertising: Program not marketed

Major challenge: Staffing and vehicle maintenance

Best Practice: Biannual driver background checks

State of the Art Technology: Companion seat in lieu of wheelchair lift

Key to success: Flexible staff that tries to accommodate for needs

Project Dana

2002 STAR Award Winner

Background. The population of the state of Hawaii is a little over a million, 71% of whom are aged 60+. The greatest concentration of older adults is in urban Honolulu (Oahu) and accounts for 55% of Oahu's population.

History. Sponsored by the Moiliili Hongwanji Mission, a Buddhist temple in urban Honolulu, Project Dana began a caregiving ministry to offer social support to homebound frail elderly and disabled persons in 1989. With start-up funds and 55 volunteers from one temple in 1990, it has developed an ecumenical coalition of 31 churches/temples with 700 trained volunteers on four of Hawaii's seven islands. Today, Project Dana (pronounced "dah-nah") is an interfaith volunteer caregivers program that offers a culturally sensitive service with mutual benefits for those being served as well as those providing the service. The universal spirit of "Dana," which combines selfless giving and compassion, guides volunteers who desire neither recognition nor reward.

Transportation Services. Transportation to medical appointments, grocery shopping, and religious services is offered as one of services to the frail, elderly, and disabled. Volunteers from Project Dana are assigned to service transportation needs on a one-to-one basis, allowing lasting relationships to develop. It is not unusual for a volunteer to provide transportation to a senior over a period of 3 to 5 years. Volunteer drivers provide door-to-door assistance and, in many situations, door-through-door service. Escorts can be provided if needed. There are no fees for transportation, but donations can be made. Project Dana's services are especially important in rural areas, as there is no adequate bus transportation.

Special Issues. Driver screening includes ascertaining that drivers have valid driver's licenses and a clean driving record. Volunteer drivers must have their own no-fault insurance policy, and Project Dana provides excess auto liability insurance. Continual driver training is provided and ongoing follow-up with individual drivers is done by site coordinators. Even with these efforts, risk management and liability continue to be of concern to Project Dana.

Challenges for the Future. As increasing numbers of older adults cannot drive and become isolated at home, the need for transporting older adults to medical appointments and grocery shopping is increasing. The need for transportation services for the aging population in Hawaii will no doubt continue to increase, and Hawaii could benefit greatly from new providers focusing on meeting transportation needs of the frail elderly.
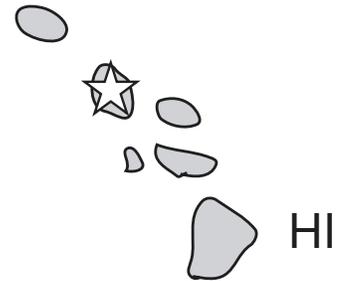
Project Dana

902 University Avenue
Honolulu, HI 96826
Tel: (808) 945-3736, Fax: (808) 945-0007
Contact: Cyndi Osajima, Volunteer Project Coordinator

Year Program Started: 1989
Organization Status: Nonprofit
Organization Type: Community volunteer program

Service Relationships: Government, faith-based organization, senior center/recreation program, social service program, community volunteer program, hospital/ health center, assisted living, retirement community, nursing home, direct from families and friends

Area Served: Mix
Vehicles: Autos (100)
Drivers: Volunteer drivers (100)
Riders Targeted: Seniors, disabled, adults, teens, children
Reservations: Must schedule more than 2 days in advance
Purpose of Rides: Any purpose
Availability: Anytime, every day
Type of Service: Door-to-door, door-through-door
Rider Fees: Rider donations
Transportation Escorts: Escorts can be provided
Annual Number of Riders Served: 300
Annual Number of Rides Provided: 1,050
Use of Technology: Computers

Transportation Program Budget: $115,000
Funding Sources: CDBG Tamura & Ifuku Foundation, HHA, Honpa Hongwanji Grant, rider donations, Moiliili Hongwanji Mission
Major Areas of Expense: Administrative staff

Driver Screening: Driver's license check, driver record check, vehicle insurance check
Driver Training: Sensitivity training
Insurance for Vehicles: Program/sponsor/volunteers provide coverage for volunteers' vehicles, volunteer insurance service
Insurance for Drivers: Volunteer provides coverage for self, volunteer insurance service

Strategies: Newspaper, television/radio, newsletter, telephone book, professional referrals
Methods: Free advertising, word of mouth, churches, brochures, service providers

Most Difficult Problem: Liability, funds needed to expand/enhance program
Unique Feature: The principle of Dana, or selfless giving of time and energy, is providing compassionate care.

Rensselaer County Department for the Aging

2002 STAR Award Winner

Background. Rensselaer County was founded in 1791 by its first settler, Kilean Van Rensselaer. The county incorporates two cities and several towns and outlying rural areas. Rensselaer is close to the Hudson River and to New York State's capital, Albany, giving the county access to local markets and resources.

History. The Rensselaer County Transportation Program, established in the early 1970s as a result of the Older Americans Act of 1965, now serves more than 4,000 seniors.

Transportation Services. "Everything we do is to facilitate getting out of the house," says Michael Angley, Deputy Commissioner for the Rensselaer County Unified Family Services Department of Aging. "Our goal is to get people to senior centers. They come to the center, enjoy the activities, have a meal, and on the way home, we'll stop by a grocery store." Shut-ins receive home-delivered meals and visits. Some seniors who have difficulty answering the door supply a house key to volunteers and staff.

The service uses a mixed fleet, including eight 15-passenger maxi-vans, two 12-passenger vans, three minivans (used for medical trips), and a car. The vehicles were chosen specifically because they are easily accessible for seniors, and one van has been modified to accommodate wheelchairs and walkers. Rensselaer uses professional drivers, many of whom are retired seniors, along with an additional pool of replacements when the usual drivers can't make it. Money for the program comes from the county, with additional contributions from the state, local governments, and federal funding from the Older Americans Act of 1965. There is a suggested contribution of $4 per trip for medical visits and 25 cents each way for other rides, but seniors who can't afford the fare travel for free.

Special Issues. To guarantee that seniors get the attention and support they need by staff and paid drivers, it is essential that they be compensated accordingly. "Staff must be paid well to take care of seniors. If the salary is good, one is bound to find respectable people dedicated to what they do," says Michael Angley. "Buying vans is the cheap part. Paying for drivers is expensive." Volunteers are of great help in supporting seniors and in cutting operating costs.

Challenges for the Future. Seniors "who are the most vulnerable are the priority, because they don't have a choice," Angley says. For transportation to be available to a senior, he or she must know that it exists. A priority for Rensselaer County is "getting the word out." Angley stresses that transportation services are not limited to essential trips; seniors go out for entertainment purposes as well as for needed services. "We get requests to go out at night to different locations."

Rensselaer County

1600 7th Avenue
Troy, NY 12180
Tel: (518) 270-2732, Fax: (518) 270-2737
Contact: Michael Angley, Deputy Commissioner

Year Program Started: 1971
Organization Status: Government
Organization Type: Government organization

Service Relationships: Government organization, senior center/recreation program, community volunteer program

Area Served: Mix
Vehicles: Auto (1), Vans (12)
Drivers: Volunteer (33), Paid (8)
Riders Targeted: Seniors
Reservations: Same-day service available
Purpose of Rides: Medical/health care, social and recreational activities, religious events
Availability: Daytime and evenings, every day
Type of Service: Door-to-door
Rider Fees: Rider donations
Transportation Escorts: Escorts can be provided
Annual Number of Riders Served: 4,001
Annual Number of Rides Provided: 40,641
Use of Technology: Alpha Pager: drivers are paged when a senior is ready to be picked up

Transportation Program Budget: $300,000
Funding Sources: State and federal grants, county tax revenue, rider fees
Major Areas of Expense: Drivers, vehicle purchase, vehicle maintenance/repair

Driver Screening: Valid driver's license check, driver record check, motor vehicle insurance check
Insurance for Vehicles: Program/sponsor provide coverage for program's vehicles
Insurance for Drivers: Program/sponsor provides coverage for paid drivers, program/sponsor provides coverage for volunteer drivers

Strategies: Program newsletter, professional referrals
Methods: Free advertising, word of mouth

Most Difficult Problem: Pickup timing at doctor's office; late cancels (hard to refill slots); another part-time driver is needed but cannot fit into the budget
Unique Feature: Prompt pickup to location and timely return

Shepherd's Center of the Northland

2002 STAR Award Winner

Background. The primary service area of Shepherd's Center of the Northland (SCN) is southern Clay County, which includes Gladstone and North Kansas City. Also, in some instances, SCN serves southern Platte County. The center has identified two areas of need: services that help older adults remain independent and retain their dignity; and enrichment programs that allow older adults to share their many areas of expertise with others in the community and to continue learning and growing themselves.

History. SCN is a community-oriented, not-for-profit organization founded in 1990. It is affiliated with Shepherd's Centers of America, a national association of more than 70 centers serving older adults across the United States. SCN is dedicated to promoting the physical, mental, and social well-being of older adults and assisting them in maintaining their dignity, continued productivity, and independence.

Transportation. "We have 68 volunteers who put in 2,300 hours last year for our transportation program," says Rebecca Gordon, director of SCN. The senior transportation program "really meets a need here in the Northland," Gordon says. Drivers take seniors to doctor's appointments, pharmacies, and banks, and the center also has a grocery van service, all at no charge. "If people who use the service want to make a donation, they can," Gordon says, "but our volunteers do it out of the goodness of their hearts. Most are seniors themselves. A lot of our seniors can't afford taxis, and the bus service isn't very good in the Northland."

Special Issues. The program also helps seniors stay in their homes longer, offering, for example, handyman services for minor home repairs, people to call or visit, personal grocery shoppers, respite care 2 to 4 hours a week for caregivers, and a grief and loss group. "Our office is an information and resource center where we give callers the phone numbers for the various agencies if Shepherd's Center can't help them." The office uses four part-time paid staff, and volunteers run all other functions. Volunteers are drawn from some 60 churches and are also recruited by word of mouth. The center advertises for drivers in the newspaper.

Challenges for the Future. "If we weren't here, a lot of people couldn't have access to health care and continue to be independent. Their families, if they have anyone close, would have to take more time off from work," Gordon says.

Shepherd's Center of the Northland

4805 NE Antioch Road, Suite 9
Kansas City, MO 64119
Tel: (816) 452-4536, Fax: (816) 452-5326
Contact: Rebecca Gordon, Executive Director

Year Program Started: 1990
Organization Status: Nonprofit
Organization Type: Community volunteer program

Service Relationships: Government organization, faith-based organization, social service program, hospital/health center

Area Served: Suburban
Vehicles: Autos (46), Vans (4)
Drivers: Volunteer drivers (46)
Riders Targeted: Seniors, people with disabilities
Reservations: Must schedule 2 days in advance
Purpose of Rides: Medical/health care, grocery shopping, and financial institutions
Availability: Daytime, weekdays
Type of Service: Door-to-door
Rider Fees: Rider donations
Transportation Escorts: Escorts can be provided
Annual Number of Riders Served: 194
Annual Number of Rides Provided: 1,312
Use of Technology: Not available

Transportation Program Budget: $60,700
Funding Sources: Not available
Major Areas of Expense: Rent, salaries, office equipment, supplies

Driver Screening: Valid driver's license check, motor vehicle insurance check
Driver Training: Sensitivity training, AARP 55 ALIVE program
Insurance for Vehicles: Volunteers provide coverage for their own vehicles
Insurance for Drivers: Volunteers provide coverage for themselves, church umbrella policy

Strategies: Newspaper articles, professional referrals
Methods: Word of mouth, social services, medical personnel

Most Difficult Problem: Driver recruitment/retention, more money to enable service to more rural elderly
Unique Feature: Volunteers stay with the client during the appointment, not just a drop-off and pickup

Conclusion:
An Agenda for Action

One of the greatest problems faced by many older people is getting where they want or need to go, especially when they can no longer drive. Transportation is what makes it possible to gain access to the essentials (what might be called quantity-of-life requirements) as well as to the nonessentials (what might be called quality-of-life opportunities). Today, with our public policy agenda emphasizing the importance of enabling seniors to live in their homes as long as possible, it is necessary to find ways that such needs can be accommodated.

Public and Paratransit Options

Some solutions to the problems of senior transportation may lie within the domain of traditional transportation providers. Some public and paratransit services are experimenting with adapting their services to the special needs of seniors. Many programs have developed flex-route services; others provide door-to-door services and door-through-door services. Some provide senior sensitivity training for bus and taxi drivers, and some have modified some of their vehicles. Some services make transportation escorts available, and some have reduced or eliminated fares.

Unfortunately, not all public or paratransit services are able to make such adaptations. When they can, it may still be difficult or impossible for transportation providers to meet the demands of the increasing number of seniors and for seniors to use these traditional transportation services.

The STPs Option

While transportation is often seen as the province of the public and paratransit systems, the emergence of community-based STPs indicates that senior transportation can fall within the purview of community groups, service clubs, senior centers' meals programs, and private providers. The emergence of STPs is a response to a greater awareness on the part of communities and organizations throughout the country that many seniors can neither drive nor gain access to public and paratransit services. At the same time, these same groups realize that transportation is essential to the ability of seniors to continue to live in the community.

STPs, then, are important for several reasons.

1. **They can be supportive.** STPs support efforts to encourage older adults who need or want to give up their car keys. As we know, it is difficult for them to do so if they do not have other transportation options.

2. **They can be flexible.** For the most part, STPs can organize themselves to meet the criteria for being senior friendly and thus can fill the transportation gaps faced by seniors who cannot use other forms of transportation. Their flexibility makes them especially suited to rural areas.

3. **They can be targeted.** While some sectors express concern about transportation programs that target seniors, STPs can serve the population of older adults who have special mobility needs. This group includes seniors, especially those aged 85+, who might not be able to remain in the community without a specialized transportation option. In many instances, these STPs also serve the disabled.

4. **They can be innovative and economical.** The STPs' responses to the transportation needs of seniors are not only innovative; many of them are highly economical. In fact, many of the STAR Awards for Excellence winners have been quite successful with a "you-can-do-a-lot-with-a-little" approach to senior transportation service delivery. The **PasRide** model is an excellent example of this low-cost/low-maintenance approach that should be cultivated if communities hope to meet the transportation needs of growing numbers of seniors.

5. **They can be complementary.** STPs are meant to complement rather than compete with traditional public transport and paratransit services in a community. When such services cannot accommodate the needs or demands of seniors, STPs can be especially important for getting seniors both to essential services and to quality-of-life experiences.

Some STPs indicate that their greatest challenge is funding, and others cite difficulty in recruiting drivers. Still others express concern that they are not viewed as legitimate transportation services because of their size, budget, or target clientele. Recent attention to the need for transportation options for seniors may strengthen the position of STPs. Perhaps their greatest challenge is to develop transferable mechanisms for coordinating with other transportation services. Only through coordination will STPs become an integral part of the fabric of community transportation services.

The STPs Agenda

In the coming years, as the population ages and the allocation of transportation and service dollars faces more complex demands, more communities will be looking for innovative ways to meet the transportation dependency needs of seniors. If the experience of STPs today is an indicator of trends, we will see STPs become one of several transportation options for seniors in some communities, while in others an STPs option will be the only means for seniors to get around. In still other communities, an STPs option will be part of a coordinated effort to provide transportation to everyone. The STPs option will enable policy makers, transportation providers, and professionals in the field of aging to succeed in their efforts to provide senior transportation that is cost efficient, service effective, and senior friendly.

In summary, the STPs option should be an Agenda for Action. It meets the needs of seniors for mobility and will help them get to both essential and quality-of-life experiences. By providing special assistance to help seniors use transportation, STPs can be part of the tapestry of a transportation system or senior service program in any community.

The partnership of the Beverly Foundation and the AAA Foundation for Traffic Safety will continue to promote STPs through the distribution of this report and related information and materials that will be available on their Web sites.

www.beverlyfoundation.org
www.seniordrivers.org
www.aaafoundation.org

Appendix 1: Index of STPs

This appendix lists the 419 supplemental transportation programs for seniors, by state, identified in STAR Search efforts undertaken between 2000 and 2003. All 50 states are represented. In 2003, STAR Search was undertaken in special sectors: American Indian senior services (*) and housing and community-based service programs (**).

For contact information for these programs, visit the Senior Clearinghouse Web site (www.seniordrivers.org), the AAA Foundation for Traffic Safety (www.aaafoundation.org), or the Beverly Foundation (www.beverlyfoundation.org).

Alabama
CASA
Montgomery Area Council on Aging

Alaska
Central Council of Tlingit Haide*
Copper River Native Association*
Emmonak Tribal Council*
Mt. Sanford Tribal Consortium*
Petersburg Indian Association*
South Central Foundation Elder
    Program*
TCC–Home Care Services*

Arkansas
CareLink
Caring Wheels–Shepherd's Center of
    Little Rock
Davis Nursing Association**
Good Samaritan Village Transit**
White River Area Agency on Aging, Inc.

Arizona
American Red Cross
American Red Cross Special
    Transportation Services
Centennial Village Corp.**
Chinle Nursing Home*

Chino Valley Senior Center
Community Caregiving Coalition of
    Greater Flagstaff
Diabetes Prevention Program*
Diabetes Wellness Center*
Enabling Transportation (ET), at Mesa
    Senior Services Inc.
Greater Foothills Helping Hands
Mo-Chem-Ho-Na Senior Citizens
    Program*
Mountain View Lutheran Church
Navajo Area Agency on Aging*
Ndee Health Web*
Pascua Yaqui Health Programs*
Verde Valley Caregivers Coalition
Volunteer Interfaith Caregiver Program
    (VICAP)

California
Beach Cities Health District, Older Adult
    Program, Errand Volunteers
Bishop Indian Tribal Elders Program*
Brea Shuttle
California Indian Manpower*
CareVan, Inc.
CareXchange
Catholic Charities Transportation
    Program

California (cont.)

Chapa-De Indian Health Program*
Chemehuevi Indian Tribe*
City of Tustin Senior Transportation
    Program
Davis Community Transit
Elder Escorts
Friendly Visitor Service
Get SMART
Gold Country Telecare, Inc.
Huntington Beach Seniors Outreach
    Program
Indian Health Center of Santa Clara
    Valley*
Indian Senior Center*
Jewish Family Service
Judy Brown Adult Day Health Care
Laguna Niguel Transportation Program
Livermore Senior Services Center
Local Shopping Van Service
Neighborhood Elder Support Team
Peninsula Shepherd Senior Center
Pit River Health Services, Inc.*
Redwood Senior Homes and Services**
San Bernardino County Public and
    Specialized Transportation Directory
Senior Escort
Senior Volunteer Outreach
Transportation Reimbursement and
    Information Project (TRIP)
Transportation to Medical Appointments
Volunteer Center

Colorado

Castle Country Assisted Living, Inc.**
Fountain Valley Senior Center
Native American Rights Fund*
SUCAP Senior Center*
Umut-Senior Citizens Program*
Weldcos Volunteer Driver Program

Connecticut

Earl W. Smith Senior Center

East Haddam Senior Services
Groton Senior Center
St. Luke's Home Outreach Ministry to
    the Elderly
The Lutheran Home of Southbury**
Town of Usbon

Delaware

New Castle County, Senior Services,
    WHEELS Healthcare Transportation

Florida

City of Sunrise Transportation
Kibbitz & Ride (at Ruth Rales Jewish
    Family Service)
Lauderhill Transportation Program
North Miami Foundation for Senior
    Citizens Services, Inc.
Shopper Hopper

Georgia

Campbell-Stone North Apartments, Inc.**
Lifespan Resources Medical Escort
    Transportation

Hawaii

Catholic Charities Elderly Services
Coordinated Services for the Elderly
Moilili Senior Center Program
Project DANA

Idaho

Area IV Agency on Aging, Senior
    Transportation Program
Benewah Medical Center*
Elderly Nutrition Program*
Ni-Mii-puu Health*
Senior Hospitality Center, Inc.

Illinois

Boone County Council on Aging
Collinsville Faith In Action
Eastern Will County Senior Services

Illinois (cont.)

Egyptian Area Agency on Aging
Elderday Center, Inc.
Lee County Council on Aging
McDonough Co ARC Transportation
MedVac
Norwood Park Seniors Network**
St. John's Home and Community Care
West Central Illinois RSVP

Indiana

Aging and Community Services, South
    Central Indiana
Allen County Council on Aging,
    Transportation
Call-A-Ride, Inc.
Indianapolis Senior Transportation
    Programs
Indianapolis Senior Transportation (The
    Access Network)
Manchester Shepherd's Center
    Transportation Assistance
Mid North Shepherd's Center
REAL Services, Transportation Program
Transportation

Iowa

Area XIV Agency on Aging/Southern
    Iowa Trolley
Lutheran Social Service of Iowa, Senior
    Helpmate Program
Northwest Iowa RSVP
United Presbyterian Home**
Volunteer Services of Cedar County

Kansas

Bethesda Home**
Catch-A-Ride
Cloud County Commission on Aging
Cloud Nine Transportation
Friendly Visitors Program
Jefferson County Service Organization
Kickapoo Health Center*

Logan County Hospital General
    Transportation**
Mt. Carmel Medical Center CareVan
OCCK Inc., Transit
Project Concern, Inc.
Schowalter Villa**
Shepherd's Center of Shawnee Mission
Wilson County Special Populations
    Transportation

Kentucky

South Frankfort Presbyterian Church
    Transportation

Louisiana

Assumption Council on Aging/Public
    Transit
Caddo Council on Aging
Catch-A-Cab
Delille Inn**
Lafourche Council on Aging
Lincoln Council on Aging, Inc.
Morehouse Council on Aging
    Transportation
Nazareth Inn I and Inn II**
Sabine Council on Aging, Inc.
St. James Parish-Department of Human
    Resources, Transportation
    Department
The Health Enrichment Network, Inc.

Maine

Independent Transportation Network
    (ITN)
Tuttle Road Respite Program

Maryland

Allied Silver Spring Interfaith Services
    for Seniors Today (ASSISST)
Cecil County Department of Aging
County Ride**
Seniors Interfaith Resource Center
Washington County Commission on Aging

Massachusetts
Elder Services of Berkshire County Medical Transportation
Shepherd's Center of Fall River
The Shepherd's Center of Cambridge–Somerville

Michigan
Bay Mills Health Center*
Bedford Health Van
Can-Do Medical Transportation
Catholic Services of Macomb
Charter Township of Chesterfield
Cherry Creek/Oakwood Village
Grand Traverse Pavilions**
Jewish Family Service**
Keweenaw Bay Indian Community Dept of Health and Human Services*
Lac Vieux Desert Health Center*
Livonia Community Transit, City of Livonia
Lutheran Home, Frankenmuth**
Mecosta County Commission on Aging
Medical Transportation Program of Little Brothers
New Horizons Senior Center, Branch County Commission on Aging
North American Indian Association of Detroit*
OTSEGO County Bus System
Scottville Area Senior Center Volunteer Transportation Program
Shepherd's Center Escort Transportation
St. Rose Senior Center

Minnesota
Cooperative Adult Ministry Grocery Shopping Transportation (CoAM)
Department of Indian Work*
Fond du Lac Public Health Nursing*
Horizon Health Faith In Action**
Meeker Council on Aging**
Northfield Retirement Center**

Out of County Medical Transportation
Prairie Five RIDES
Shepherd's Center of the Cannon Valley
Upper Sioux Community*

Mississippi
Shepherd's Center of Greater Tupelo

Missouri
Meals on Wheels Program
Medical Escort Program, Southeast Missouri Area Agency on Aging
OATS, Inc.
Provide-A-Ride
Shepherd's Center of the Northland
Shepherd's Center of Webster/Kirkwood Transportation Ministry

Montana
Angel Line, Park County Senior and Disabled Transportation
Community Needs Van Service**
Flathead County Area IX AAA, Eagle Transit
Ft. Peck*
Galavan
Helena Indian Alliance*
Mountain Line**
Rocky Mountain Development Council Senior Transportation
Rosebud Health Care Center**
Westmont Home Care and Disability Service

Nebraska
Adams County Senior Services
Car-Go
Eastern Nebraska Office on Aging
Golden Carriage Transportation Program
Portal-to-Portal Rural Transportation Program
St. Paul Community Senior Center

Nevada

Artie J. Cannon Helping Hands of
    Henderson
Boulder City Lend A Hand, Inc.
Division for Aging Services, Senior Ride
    Program
Grace Community Church Senior Ride
    Program
Helping Hands of Vegas Valley, Inc.
James Seastrand Helping Hands of North
    Las Vegas Inc.
Laughlin Lend A Hand, Inc.
Lutheran Social Services
Paiute Health and Human Services*
Pyramid Lake Health Clinic*
RSIC Health and Human Services*
Senior Citizens Program*

New Hampshire

Shepherd's Center of Northwood, Senior
    Wheels

New Jersey

Coastal Caregivers, Inc.
Courtesy Transportation
Jewish Family and Vocational Service of
    Middlesex County
Middlesex County Areawide
    Transportation Service (AWTS)
Monmouth Medical Center
    Transportation Initiative for the
    Elderly

New Mexico

Community Health Representative
    Program
Diabetes Program*
First Nations Community HealthSource,
    Diabetes Program*
Isleta Elderly Program*
Nambe Seniors Center*
Pueblo of San Felipe Elderly
    Transportation Program
San Juan Pueblo Senior Citizens Program*

Santa Clara Senior Center*
Taos Senior Citizen Program*
Tesuque Elderly Program*

New York

ARC XVI Fort Washington Inc., WHIST
    Program
Bay Ridge Center for Older Adults
Bergen Beach Youth Organization
    Services for Seniors
Builders for Family and Youth/
    Southwest Queens Senior Service
Catholic Charities of Schenectady
    County
Chautauqua County Office for the Aging
    Volunteer Medical Transportation
    Program
Children and Adults Rural Transportation
    System (C.A.R.T.S.)
Club 24 at Unity**
Community Agency for Senior Citizens
Delaware County Senior Transportation
    Program
F.I.S.H. (Friends in Service Here)
Faith In Action
FISH of Wantagh
Forest Hills Community House
Fort Greene Senior Citizens
    Transportation and Nutrition Services
Gadabout Transportation Services, Inc.
Genesee County Office of Aging,
    Tonawanda Indian Reservation
    Mealsite*
Goldenarea Transportation Project, City
    of Middletown
Heights and Hill Community Council,
    Senior Shuttle
Home Delivered Meals
Interfaith Volunteer Caregivers Program
Jamaica Service Program for Older
    Adults, Inc. (JSPOA)
Jewish Association for Service for the
    Aged Medical Transport

New York (cont.)

Jewish Community Council of Greater
    Coney Island
LINKS
Madison County OFA, Volunteer
    Transportation
Native American Service Agency*
Neighborhood Self Help by Older
    Persons Project, Inc. (SHOPP)
Niskayuna Seniors
Northern Broome Family and Senior
    Medical Transportation Program
NY Foundation Transportation, Project
    CART
Park Slope Geriatrics Day Centers
Paynter Senior Center, Inc.
R.I.D.E. (Retired Individuals Driving
    Elderly)
Rensselaer County
Retired Senior Volunteer Transportation
    Program
RIDE (Retired Individuals Driving Elderly)
    Oswego County Opportunities, Inc.
Rides Unlimited of Niagara, Inc.
Ridgewood–Bushwick Senior Center
RSVP Making Independent Living
    Efforts Successful (MILES) of
    Wayne/Seneca/Ontario Co.
RSVP of Broome County
RSVP of Chemung County
RSVP Transportation Program
Rural Transit Service, Inc.
Rural Transportation Program of the
    Clinton County Office for the Aging
Seneca Nation Housing Authority*
Senior Citizens Council of Clinton
    County, Inc. Transportation Program
Services Now for Adult Persons, Inc.
    (SNAP)
St. Charles Jubilee Senior Center
St. Regis Mohawk Office for the Aging*
STAR (Support to Aged Residents)
STOP Middletown Plaza Senior Center

The Dale Association, Inc.
Transportation
Volunteer Center of Jefferson County,
    Transportation Program
Volunteer Transportation and Senior
    Companion
Wilna Champion Transportation
    Association, Inc.
Yates County Office for the Aging

North Carolina

Cleveland County Council on Aging
    Senior Center Outreach and
    Assistance Transportation Program
Davidson County Senior Services
    Transportation
Givens Estates**
Senior Wheels, United Services for
    Older Adults
Seniors Call to Action Team, Inc.,
    Transportation
Shepherd's Center East
Shepherd's Center of Kernersville
Shepherd's Wheels
The Shepherd's Center of Charlotte, Inc.

North Dakota

Faith In Action Health Coalition

Ohio

CMJW, Inc., "Koala Kruizers"
First Community Village**
Heritage Day Health Center**
Seneca County Agency Transportation
    (SCAT)
Seneca County Commission on Aging,
    Inc., Transportation
Volunteer Escort Service
Wayne County Senior Transportation
Wesley Community Services**

Oklahoma

C&A Elderly Nutrition Program*

Oklahoma (cont.)

Cherokee Nation Elder Services*
Choctaw Senior Services*
Cimarron County Transportation
Community Health Representative of
    Muscogee Creek Nation*
Diabetes Awareness Program*
Division on Aging
Iowa Tribe of Oklahoma Health Services
    Program*
Kiowa Tribe AoA Program*
Laverne Senior Citizens, Inc.
Oklahoma Rural Elderly Coalition
    (OREC)
Osage Nation Title VI*
Quapaw Tribal Office*
RSVP Provide a Ride
The Ride Guyman Transit
Title VI Elder Nutrition*
Train the Trainer
Woods County Senior Citizens

Oregon

Burns Paiute Reservation*
Confederated Tribes Umatilla Indian
    Reservation*
CTUIR Elders*
Elderhelp Volunteer Program, Siuslaw
    Area Women's Center
Native American Rehabilitation
    Association Elders Program*
Ride Connection, Inc. (formerly
    Volunteer Transportation, Inc.)
RSVP of Eastern Oregon
Transportation Reaching People (TRP)
Wheels of Joy

Pennsylvania

Area Agency on Aging of Somerset
    County, Escort Driver Program
Chore Connection, Mid-County Senior
    Services

Dial-A-Driver
RSVP Volunteer Transportation Program
The Mary J. Drexel Home**
Trinity United Methodist Church, Trinity
    Cares
Villa Maria Transportation Office
Volunteer Escort Program
Wesbury United Methodist
    Community**
Westmoreland County Area Agency on
    Aging, Priority Transportation
    Program

Rhode Island

Seniors Helping Others, Caregiver
    Program

South Carolina

Aiken Area Council on Aging
KeoweeCares

South Dakota

IHS Reservation*
IHS Tribal Health Clinic*
South Dakota Urban Indian Health
    Clinic*

Tennessee

Plough Towers**
Transportation Program for the Elderly
    (South Central Tennessee Human
    Resource Agency)

Texas

Area Agency on Aging of the Capital
    Area
Dallas InterTribal Center*
Far Northwest Caregivers
Hill Country Community Needs Council
Martin County Senior Center
North Central Caregivers
Northeast Caregivers of Austin

Texas (cont.)
Round Rock Caregivers
Spring City Senior Center
Terrell County Texas/Permian Basin
    Regional Planning Commission
West Austin Caregivers

Utah
Senior Transportation Program

Vermont
Central Vermont Council on Aging

Virginia
Bridgewater Retirement Community**
Mountain Empire Older Citizens, Inc.,
    Mountain Empire Transit
New River Valley Senior
    Services/MEDRIDE
RSVP of Portsmouth
Senior Express
Seniors-On-The-Go!
Shepherd's Center of Oakton–Vienna
The Shepherd's Center of Richmond
Valley Program for Aging Services, Inc.
Volunteer Home Services for Seniors

Washington
Aging and Adult Care of Central
    Washington, Volunteer Program
Area Agency on Aging Senior Mealsite*
Care Cars for Elders (Elder Services,
    Spokane Mental Health)
Catholic Community Services
Cheney Care Center
Dominicare
Eastern Shoshone Diabetes Program*
MaKah Health Department*
Nisqually Indian Tribe*
Northeast Washington Rural Resources
    D.A. Transportation Department
Quinault Tribe*
Seattle Indian Health Board*

Seniors Program*
Skokomish Health Center*
Suquamish Tribe*
Swinomish Tribe*
The Volunteer Center's Medical
    Transportation Program
Tulahip Senior Center
Tulalip Health Clinic
Yakama Nation Area Agency on Aging,
    Title VI*

West Virginia
Marshall County Senior Citizens Center,
    Inc.
Pleasants County Senior Citizens Center,
    Title IIIB
Putnam Aging Program, Inc.
Wirt County Committee on Aging and
    Family Services, Inc.

Wisconsin
Aging Division
Borderline Volunteer Caregivers, Inc.
Jackson County Aging Unit
Juneau County Escort Service
Lac du Flambeau Aging and Disability
    Services*
Oconomowoc Silver Streak
Oconto County Commission on
    Aging, Inc.
RSVP's Driver Escort Program of Dane
    County, Inc.
Senior Services
Senior Shuttle at Willow Springs
    Learning Center
St. Croix Elder Advocate Office
St. Croix Tribal Health Department*
Volunteer Driver
Waupaca County Transportation Program

Wyoming
Nutrition and Transportation*
Warm Valley Senior Citizens*

Appendix 2:
Travel Reimbursement and Information Program (TRIP)

2000 STAR Award Winner
Mentor of Pasadena Pilot Demonstration, "PasRide"

Background. TRIP is located in the rural community of Riverside, about 60 miles from Los Angeles. Riverside County is the fourth largest in California, covering more than 7,200 square miles. Between 1990 and 2000, the number of residents grew by over 32%, making Riverside the fastest-growing county in the state. In 2000, the county had a population of 1,545,387; 16.1% (roughly 249,000 people) were aged 60 or older.

History. The TRIP program is an outgrowth of a community planning effort in the 1980s, when specialized transportation was identified as an unmet need. The program uses volunteer drivers to provide rides for frail seniors and people with disabilities who are transportation deprived.

Transportation Services. Transportation is provided for local errands such as grocery shopping, doctor visits, and personal appointments. Local travel in Riverside County can often mean trips as far as 50 miles from West Riverside County and the Coachella Valley or more than 100 miles from Blythe. TRIP also provides seniors with information and referrals to other public and specialized transportation services throughout the area.

TRIP typically works as follows: TRIP provides information or counseling to help the program-eligible senior locate a volunteer driver. The senior and driver then make transportation arrangements. The senior submits a reimbursement request on a monthly basis, and TRIP sends a check for mileage reimbursement to the senior, who then reimburses the driver for mileage.

Special Issues. Personal background and Department of Motor Vehicle checks are used to screen volunteer drivers. Once approved, each driver/escort is provided with a manual that addresses the "special needs" of seniors and gives tips on how to be sensitive to the capabilities of riders. Some people were concerned about the lia-

bility issues of recruiting drivers. For that reason, TRIP developed a policy of not providing riders with direct referrals to volunteer drivers. The rider-oriented driver recruitment process serves to empower seniors by letting them recruit their own drivers.

Challenges for the Future. Transportation programs that require riders to recruit their own drivers may inhibit many seniors from using the program, especially if they have few or no family members or friends in the area. Multiple methods may be necessary to ensure that potential riders are matched with drivers. Programs may need to take a more active role in recruiting drivers and forging partnerships with organizations that can add to their driver pool. Programs that receive public funds have a high level of accountability and need to apply stringent eligibility requirements for riders and drivers.