



**Pennsylvania State  
Transportation Advisory Committee**

# **Assessing the Availability of Transportation Services for Persons with Disabilities in Rural Pennsylvania**

***Work Order #5 Final Report***



**Gannett Fleming**

June 2000



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# PRELIMINARY DATA ASSESSMENT REPORT

WORK ORDER # 5: AVAILABILITY OF TRANSPORTATION SERVICES FOR PERSONS WITH DISABILITIES IN RURAL PENNSYLVANIA – FINDINGS AND RECOMMENDATIONS STUDY

## 1.0 EXECUTIVE SUMMARY

The Pennsylvania State Transportation Advisory Committee (TAC) is authorized under state law to provide independent advice to the State Transportation Commission (STC) and the Secretary of Transportation on any issue of direct or indirect importance to the mobility of people and goods in the Commonwealth. TAC chose to examine the transportation needs of persons with disabilities for two important reasons. First, to begin closing the extensive information gap on the extent and nature of this population's transportation needs in rural Pennsylvania. Second, to generate a range of recommendations that could be used to begin addressing a basic need of most people – the need for transportation. For the purpose of this study “rural” uses the Census definition, which applies to 65 of Pennsylvania's 67 counties—Allegheny (Pittsburgh) and Philadelphia counties being outside the definition.



## 1.1 BACKGROUND

In May 1997, the Governor's Disability Agenda included a directive that PennDOT along with representatives from other state agencies form a Rural Transportation Work Group. The Work Group was charged to:

- 1) Identify problems faced by persons with disabilities related to a lack of transportation services.
- 2) Inventory existing transportation systems in rural areas.
- 3) Develop recommendations as appropriate.

Public forums were held in August and September 1998. The problem most frequently voiced by persons with disabilities was “the limited availability of transportation services in rural areas.” Based on the forum



comments and the completed inventory of transportation services, the work group concluded that it still lacked comprehensive and empirical data on the scope, nature and extent of this mobility problem.

Without comprehensive data on the number of persons affected, their geographical proximity to existing transportation services, ride patterns and additional mobility barriers, the work group could not objectively or responsibly recommend a sound policy solution. Additionally, without knowing the characteristics of this market, the work group was unable to project the cost of alternative approaches and whether the existing transit agencies could accommodate additional riders, expand routes, or take other measures in order to make transportation services more available and affordable to the disability community. Since the purpose of this study was to determine needs, the results of this report provide the Commonwealth with base information that can yield estimated ridership assumptions and estimates of associated cost for pilot design.

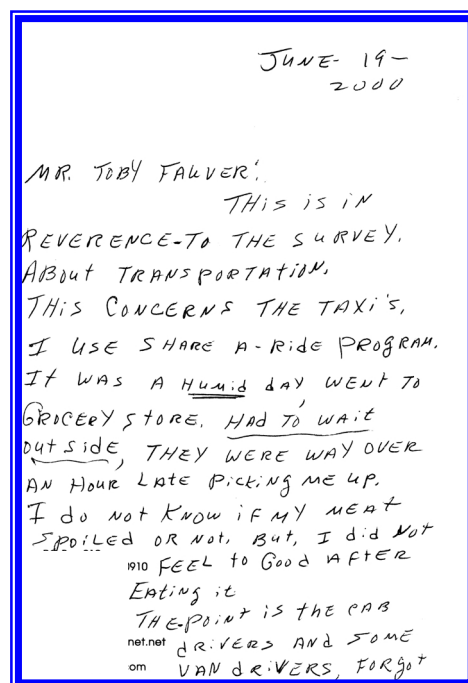
During the same approximate time period, the State Transportation Advisory Committee, an independent committee with statutory authority to provide advice to the State Transportation Commission, developed candidate issues to study over the ensuing 4 years. The issue of transportation for persons with disabilities in rural areas was identified and scheduled for subsequent study. This report is a direct result of the TAC Study effort.

## 1.2 METHODOLOGY & STUDY PROCESS/ORGANIZATION

The study was carried out in a compressed time schedule to bring closure to the analytical requirements necessary to properly develop policy to address this issue. The following points summarize the study phases:

### Part A—Assessment of Available Data and Study Scope


**Refinement:** existing sources of data—including census and program data from several agencies serving persons with disabilities—were reviewed to determine transportation needs. A map was produced depicting the locations of persons with disabilities in relation to existing transit/ADA service for Cumberland County as a test case. The mapping proved to be a valuable analytical break through and was developed statewide in later study phases.








The primary conclusion from Part A was that the existing data sources do not provide a comprehensive assessment of the transportation needs of persons with disabilities. TAC was then in a position to direct the consultants to develop a detailed study scope of work for the remaining study parts.

 **Part B—Consumer Survey and Other Data Collection:** the centerpiece of the second study part entailed the development and distribution of a survey to over 9200 persons with disabilities in four study areas (across 8 counties in Pennsylvania). TAC selected the following study areas with input from the disability community: York/Cumberland, Washington/Greene, Schuylkill, and Elk/Jefferson/Clearfield. Given the schedule constraints, a Core Network of organizations who serve persons with disabilities assisted in distributing the survey and encouraged the targeted audience to participate. The three major statewide organizations that emerged as leaders of the Core Network were: the Statewide Independent Living Council, PA Transportation Alliance and the PA Coalition for Persons with Disabilities. By the May 31, 2000 survey deadline, 1,729 survey responses were received for a 19% response rate<sup>1</sup>. Part B also involved collecting information on the experiences of other states and the development of transportation profiles for the four study areas.

 **Part C—Findings & Recommendations**—using the data obtained during Parts A and B, especially the extensive survey results, TAC worked with a stakeholders group of persons with disabilities to review the data and assess it with respect to drawing conclusions, recommendations, and the implementation of a select number of recommendations

### 1.3 SUMMARY OF KEY MAJOR FINDINGS

The reader who is interested in a detailed understanding of the key findings should refer to Section A of the report. The following points summarize the overall findings:

1. There are substantial unmet transportation needs in rural areas for persons with disabilities. The majority of the survey respondents expressed such need and were largely 18 to 64 years of

"Disability used to signal the end of active life. Now it is a common characteristic of a normal lifespan. Sooner or later it will occur in the lives of most people, surely in the life of every family." Justin Dart.

<sup>1</sup> The 19% response rate, in fact, is an understatement as hundreds of additional surveys were received after the deadline and will be provided along with the 1729 to PennDOT



age, which means they cannot receive subsidized fares under, the existing shared ride program for senior citizens. The need for subsidized fares among this population is underscored by the fact that 86% of the survey respondents have incomes at or below \$16,000 a year.

2. The lack of transportation services limits or restricts a large percentage of persons with disabilities from participating in a wide range of activities including but not limited to: employment, education, social functions, medical appointments, and shopping. The lack of transportation services poses a significant barrier to their quality of life and also adversely impacts Pennsylvania employers, many of whom are seeking labor and larger customer bases. Fixed route service typically has limited coverage in rural areas. As a result, persons with disabilities must rely heavily on family and friends for transportation services.
3. There is great variability in the types of disabilities, including but not limited to physical disabilities (50%), mental retardation (26%), and mental health (23%). This variability poses major challenges and implications to effectively designing a program that can serve a wide variety of people while recognizing that each person has his/her individual travel preferences and needs. Training relative to the different capabilities and needs of persons with disabilities is an essential element of any local service delivery system. Educating passengers on how to best schedule and use the services is also important. Further, the reality that no program can meet all of a person's travel needs must also be reaffirmed so that the target audience's level of expectations remains reasonable.
4. Extending fixed route services and/or expanding the Shared Ride Program beyond senior citizens to persons with disabilities will not meet all of the expressed transportation needs. Additionally, other barriers exist including the need for personal aides, sidewalks, lifts and ramps. While additional public transportation services are important, a more systematic approach is necessary to address these transportation barriers. PennDOT cannot solve this issue by itself. The following organizations and resources must work with PennDOT on this issue: local communities, agencies serving persons with disabilities, social service agencies and the disability community at large.



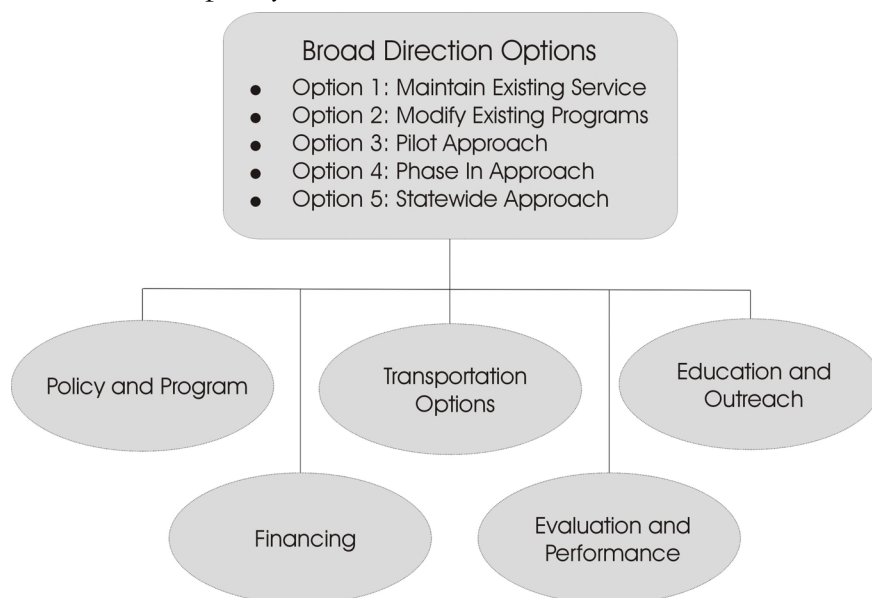


5. The survey results show that persons with disabilities have a high demand for transportation to essential services such as the doctor, grocery store and clothing stores. However, the frequency with which these trips need to be taken is limited in number and the timing for some could be flexible. This has significant implications for first attempting to maximize the use of existing capacity—busses and vans to provide more trips in a flexible way, perhaps during current low demand periods. Conversely, many survey respondents also indicated a high demand for transportation during peak periods. This type of travel may be less flexible while coinciding with peak travel times when transit vehicles are already in service. As such, there may be the need for some new investment in capacity — equipment and operators—to serve non-discretionary travel times and trips. The key will be to optimize resources by applying existing resources where trip scheduling can be flexible and target any new investment where capacity can't be met through existing equipment and operators.
6. The experiences of other states in serving persons with disabilities underscores a strong need for program coordination and possibly local program brokers to logically manage existing programs (e.g., transit and social services transportation) along with any new programs of funding resources.

#### 1.4 BROAD DIRECTION/OPTIONS OVERVIEW

TAC recommends that PennDOT provide a broad policy direction and technical support, while allowing many of specific program design, development and implementation issues to be addressed regionally. This section's content is intended to provide a starting point for the development of a Commonwealth implementation package that would specify state goals and provide detailed information and guidance for local implementation, while, again, not being overly prescriptive.

The following organization chart illustrates the organization or hierarchy of the broad





recommendations and the specific for implementation issues. At the highest level, five broad options for a Commonwealth direction are identified. The five “Broad Direction Options” are the major alternatives that the TAC considered in making a recommendation.

At the next level, considerations for implementation are presented in five categories that speak to the spectrum of issues regions will need to address in order to structure effective transportation programs for persons with disabilities. This effectively provides the Commonwealth with a “menu for implementation.” Most of the implementation options presented in this menu are relevant regardless of the broad direction chosen by the Commonwealth.

### 1.5 RECOMMENDATION

Based on this study, the TAC recommends to the STC that PennDOT implement a Pilot approach. The purpose for the Pilot is to provide service in a limited geographic setting while collecting data on usage, implementation, costs, operations, customer evaluation and marketing to develop recommendations for future program planning and design.

There are five specific components for the recommended Pilot described below.

1. **Program Planning & Design** – to effectively plan and design a service start up in a Pilot area(s) in order to effectively anticipate and address the wide range of implementation issues in a limited geographical setting.







The Pilot should be designed to provide a reasonable level of Commonwealth service to provide for core transit services and affordable fares. State funding may not be sufficient to meet the demand, so the Pilot should be designed in innovative ways (discussed in this report) to leverage other resources and participation.

In general, the Commonwealth should consider initiating pilot service through the existing transit/paratransit providers in those region(s) as a starting point. Recognizing that the need for this service may exceed the capacity of current providers, the pilot will be designed with flexibility to augment core service through





additional service options that meet overall service standards such as:

-  Employers
-  Retail Shopping and Service Centers
-  Non-profit Organizations
-  Others

The pilot approach is the most prudent course of action given the many implementation issues and challenges associated with such a complex issue. The pilot approach provides an essential opportunity to improve service design and deployment during the development phase. It also provides an opportunity to validate the trip making demand as identified in this study and to determine the associated costs.

2. **Implementation Testing** – to be able to test service implementation with respect to operating, marketing, program coordination, and other issues associated with the transit agencies, customers and the administering agency.
3. **Data Collection** – to collect various data that provides an in-depth understanding of program effectiveness, efficiency, and cost issues as well as the service usage.
4. **Evaluation** – to conduct a meaningful and broad-based evaluation of the Pilot(s) based on the data collected from actual usage of the service.
5. **Recommendations** – based on the 4 components above, develop recommendations and options to aid decision making with respect to future program expansion and implementation.











The pilot approach provides other benefits including the ability to begin service in a relatively short amount of time. The pilot option addresses the fundamental need for sound planning, design, implementation and evaluation that no other option affords.

#### 1.5.1 IMPLEMENTATION START UP

TAC recommends an approximate 3-4 month pilot planning and design phase. The pilot provider in partnership with PennDOT would carry it



out. The report presents the following items to effectively implement a Pilot approach:

-  Establish a Pilot Working Group
-  Develop a Pilot Plan
-  Provide Public Information and Two-way Communication
-  Establish Pilot Budget
-  Establish Service Hours
-  Establish Scheduling Protocol
-  Establish Registration Procedure and Database
-  Initiate Service and Monitor.

(2)

WHAT THE WORD RESPECT  
MEANS, ESPECIALLY FOR US  
THE ~~SE~~ "SENIORS", & "DISABLED".  
BELIEVE ME, I AM FED UP  
WITH PUBLIC TRANSPORTATION, ??  
I HEARD NOTHING GOOD ABOUT  
THE TAXI SERVICE, IN THE  
AREA. THEY LET PEOPLE SIT,  
ESPECIALLY PEOPLE WITH  
BAD HEALTH, & "DISABLED".  
IT'S REALLY HARD TRYING TO  
GET GROCERIES, OR WHATEVER  
ELSE YOU HAVE TO DO.  
IN CLOSING I SURE HOPE  
THIS TAXI SERVICE IMPROVES.  
TO ELDERLY & DISABLED,  
THANKS  
SO MUCH





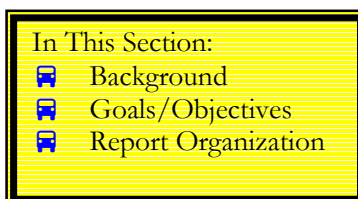
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## 2.0 INTRODUCTION

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The purpose of this project was to research the transportation needs of persons with disabilities in rural Pennsylvania. The Commonwealth seeks an in depth understanding of this consumer market to determine the extent to which persons with disabilities have sufficient access to affordable transportation services in rural Pennsylvania. The Commonwealth desires to base any future policy or program decisions on a sound and empirical understanding of this specific transportation need.

Based on an extensive survey of persons with disabilities, research and other analysis, the TAC is recommending a series of strategies to address the identified needs. The Committee will forward this report to the State Transportation Commission for its consideration in August 2000.



### 2.1 BACKGROUND

In May 1997, the Governor's Disability Agenda included a directive that PennDOT along with representatives from other state agencies form a Rural Transportation Work Group. The Work Group was charged to:

1. Identify problems faced by persons with disabilities related to a lack of transportation services.
2. Inventory existing transportation systems in rural areas.
3. Develop recommendations as appropriate.

Public forums were held in August and September 1998. The problem most frequently voiced by persons with disabilities was "the limited availability of transportation services in rural areas." Based on the forum comments and the completed inventory of transportation services, the work group concluded that it still lacked comprehensive and empirical data on the scope, nature and extent of this mobility problem.

Without comprehensive data on the number of persons affected, their geographical locations in relation to existing transportation services, ride patterns and additional mobility barriers, the work group could not objectively or responsibly recommend a sound policy solution. Additionally, without knowing the characteristics of this market, the work group was unable to project the cost of alternative approaches and whether the existing transit agencies could accommodate additional riders, expand routes, or take other measures in order to make transportation services



more available and affordable to the disability community. While the TAC choose not to develop cost estimates for the options, the results of this reports (primarily the survey) provide PennDOT with base information that can yield estimated ridership assumptions and estimates of associated cost.

During the same approximate time period, the State Transportation Advisory Committee, an independent committee with statutory authority to provide advice to the State Transportation Commission, developed candidate issues to study over the ensuing 4 years. The issue of transportation for persons with disabilities in rural areas was identified and scheduled for subsequent study. This report is a direct result of the TAC Study effort.

## 2.2 TAC STUDY GOALS AND OBJECTIVES







The Transportation Advisory Committee established the following goals and objectives at the outset of the study to guide the effort:

1. Address the following research issues.
  - a. Determine the number of persons with disabilities in rural Pennsylvania.
  - b. Determine the types of mobility barriers that persons with disabilities face when relying on personal transportation or accessing paratransit and/or public transit systems.
  - c. Determine the extent to which persons with disabilities have access to paratransit and/or public transit systems.
  - d. Determine the market demand for establishing new services in rural Pennsylvania and/or expanding hours or geographic coverage of existing paratransit and/or public transit systems.
  - e. Determine the transportation services needed by persons with disabilities.
  - f. Assess whether the existing paratransit and/or public transit systems have the capacity to handle an increase in ridership demand.
2. Identify alternative strategies to address the problems and provide consideration of their pros, cons and overall feasibility.







3. Involve the following stakeholders in an open, constructive, and objective process to evaluate the recommended strategy and implementation process:

-  Transportation Advisory Committee (TAC) Task Force
-  PennDOT staff
-  Governor's Policy Office
-  Rural Transportation Work Group
-  Consumers with disabilities
-  Agencies serving persons with disabilities.

4. Recommend an approach for future data collection so that PennDOT and its partners can regularly update its information to maintain a current understanding of the needs of this market segment.

## 2.3 REPORT ORGANIZATION

This report is organized into two Major Sections as follows:

-  **Section A** presents an overview of the **needs** identified through the study and presents **findings** and **recommendations**.
-  **Section B** serves as a technical compendium of the data collection and analysis phases of the work.

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## 3.0 DISABILITY TRANSPORTATION ISSUES CHRONOLOGY

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Prior to this study, there were various levels of analysis and research aimed at assessing transportation issues that challenge persons with disabilities. This section briefly highlights the recent history surrounding this issue.

Between **1994 and 1996** a series of workshops were held related to the development of the PennDOT Policy Plan. Issues related to the transportation of persons with disabilities were considered and incorporated in the plan's goals and objectives.

Since September **1995** persons with disabilities have sought a state funded program to provide affordable, accessible transportation, particularly in rural areas. The purpose for their efforts was to enable more



independent living and greater mobility to work, shop, attend school or training, and access medical facilities.

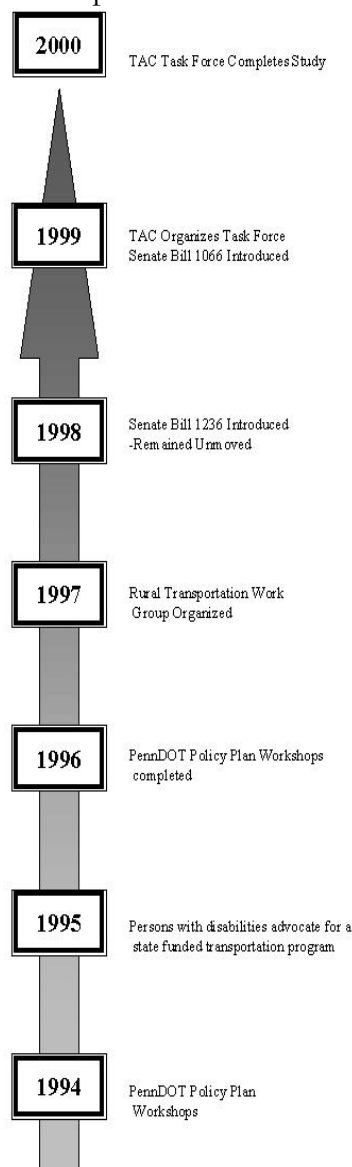
In support of the Governor's Disability Agenda, PennDOT formed the Rural Transportation Work Group in May **1997**. This group includes members from several State Agency Policy Offices. The Work Group was charged with identifying transportation problems faced by persons with disabilities; inventorying existing transportation systems in rural areas; and developing recommendations to address the lack of transportation.

Several videoconferences were held from August to September **1998** (Franklin, Montoursville, and Hollidaysburg) to solicit testimony from persons with disabilities about transportation issues in rural areas. The Work Group concluded that it did not have the necessary quantifiable data to recommend a sound policy decision on this subject.

Senate Bill 1236 was introduced in January **1998** to create a subsidized shared-ride program for persons with disabilities similar to Pennsylvania's lottery funded Senior Citizens Shared-Ride Program. The legislative bill was introduced in the 1998-1999 session but was not enacted

In September 1999 PennDOT asked the independent TAC to conduct a needs study to gather the quantifiable data for the Work Group to make recommendations to the Administration. In August **1999** Senate Bill 1066, was introduced in the Senate and sponsored by Senator Rhoades. Based on the shared ride program concept, this legislation was referred to the Transportation Committee.

In October **1999**, the TAC established a task force and directed Gannett Fleming Inc. to undertake this study (through its TAC support contract), with a scheduled completion in **mid-2000**.





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## 4.0 METHODOLOGY

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The study is comprised of three main parts that are described below.

**Part A-Preliminary Data Assessment** consisted of identifying, collecting and assessing the availability, quality, and adequacy of existing data in relation to study objectives. Phase A was required since the availability and integrity of the data for rural persons with disabilities population was unknown. The Task Force could not develop a study scope until this initial data assessment occurred.

**Part B-Data Collection and Survey** consisted of research and supplemental data collection, including the development and distribution of a major transportation survey targeted to persons with disabilities in the following four-study areas:

-  Elk, Jefferson, and Clearfield Counties
-  Cumberland and York Counties
-  Greene and Washington Counties
-  Schuylkill County.

**Part C-Analysis and Recommendations** consisted of analyzing the data and developing recommended strategies and actions for the final report.



### 4.1 PART A-PRELIMINARY DATA ASSESSMENT

The consultant team met with ten state agencies to assess available data. Secondary data was collected, to the extent that it was available, from agencies serving persons with disabilities. The primary focus of data collection/analysis included U.S. Census data and State agency sources related to programs for persons with disabilities. At the close of Part A it was clear that existing data was limited in relation to fulfilling the study's objectives. Once Part A was completed, the project work scope, budget, and schedule were re-evaluated and revised. A primary Phase A data product was the development of a sample census map that showed the disabilities population distribution in one sample county (Cumberland) in relation to existing transit services (fixed route and ADA coverage).

Based on the information available from having met with the agencies, and other secondary data sources (including Census data), the consultant team proceeded to locate, review and summarize the following characteristics of the data:



- 🚌 Part A was summarized in a technical memorandum that outlined the availability of data and its sufficiency for use in the study. The team then met with the TAC to discuss the contents of the memorandum and next step.
- 🚌 At the conclusion of Part A, it was determined that the existing data sources were not sufficient for determining transportation **need**—the major focus for the study. The study then transitioned to a second phase of data collection and surveys to answer the need question.

## 4.2 PART B-DATA COLLECTION AND SURVEYS:

Part B was the study data collection phase. The duration for this phase was estimated to run between February and May 2000. A supplemental data collection plan was developed. The study team met with the TAC Task Force, the Governor's Policy Office and PennDOT staff to discuss the Phase A Technical Memorandum. A meeting was also held with the Advisory Work Group and a stakeholder summit was conducted in Harrisburg on January 25, 2000 to help set a direction for the next study phase. The study consultants developed a Phase A and B work plan that was approved by the TAC. The January summit was successful and became the first of four such sessions.

### 4.2.1 EXISTING DATA ANALYSIS

#### 4.2.1.1 *Census Data*

The study team utilized the 1990 United States Census since it is the most comprehensive source of available data on the number, and geographic location, of persons with disabilities in Pennsylvania. Census data provides specific information as to whether a person has a physical, mental, or other health condition that has lasted for 6 or more months and which: a.) limits the kind or amount of work this person can do at a job and b.) prevents this person from working at a job.

Another relevant question for which Census data is provided follows: Because of a health condition that has lasted for 6 or more months, does the person have any difficulty: a.) going outside the home alone, for example, to shop or visit a doctor's office and b.) taking care of his or her own personal needs, such as bathing, dressing, or getting around inside the home?





Other 1990 Census data included income level, and the source of transportation used for journey to work.

#### 4.2.1.2 *Other State Agency Data*




The study team contacted several state agencies including the Department of Public Welfare, Department of Labor & Industry and the Department of Health that have programs that serve persons with disabilities. Each agency has varying levels of information about the number and location of persons with disabilities in the State. As part of this data assessment, the study team asked each agency to complete a form identifying the type and nature of the data and to suggest how the data might be useful for this project. The process included a study team interview with each agency.

#### 4.2.1.3 *Other State Research*

To develop transportation options for persons with disabilities in rural areas of Pennsylvania, research was conducted on other state policies, programs, issues and related topics. The study team contacted 11 states to determine how they approached the issue of transportation for persons with disabilities. Other state data was collected from two sequential sources. The first source was from state DOT Web sites to gather basic information on services provided. The second and more robust source of information was in-depth interviews of key transit staff within the respective state DOTs.



The study group conducted focused research in regard to how other states:

-  Identify/locate persons with disabilities in rural areas that are in need of transportation services.
-  Determine the process and cost of providing such services.
-  Assess the level of customer satisfaction with regard to the availability and affordability of transportation services.

## 4.2.2 STUDY AREA SELECTION

Four regions shown below were selected for the Part B portion of the study. The intent was to select study areas that collectively represent Pennsylvania's diverse conditions and needs. The selection rationale is



highlighted in the table below. The Advisory Work Group and the Stakeholders group considered the proposed study areas. The recommended areas received overall endorsement.

**Figure 1: Selected Regions for Data Collection and Analysis**

Region	Counties	Rationale for Selection <sup>2</sup>
Region 1	Cumberland County and York County	These counties offer visibility and proximity to the study team, a unique metropolitan/rural mix as well as a large study area.
Region 2	Schuylkill County	This region offers a strong Center for Independent Living, and strong Shared Ride Provider.
Region 3	Elk County, Jefferson County and Clearfield County	This area offers a small population spread over a vast land area. The Shared-Ride Provider has a reputation for program strength.
Region 4	Washington County and Greene County	Consideration was given to this region based on the size of the population of persons with disabilities as well as the mix of rural and suburban character of the area.

#### 4.2.3 CONSUMER SURVEY

The survey was administered in the four selected pilot areas in an effort to gauge existing conditions and to learn what the barriers are to persons with disabilities in some of the state's rural areas. Most importantly, the survey was expected to provide the TAC with a clear picture of the needs and options with enough detail to determine state policy options.

Given the compressed time period for survey distribution, a strategy was advanced to engage and deploy a Core Stakeholders Network in each region to assist in survey distribution and assistance. The Core Network concept proved to be highly successful in achieving a distribution of 9,200 surveys and a response rate of 19%.

The survey distribution was conducted between April 21 and May 17, 2000. On April 21<sup>st</sup> the first surveys were sent to the four regional Centers for Independent Living for their distribution. The remaining surveys were distributed over a period of two weeks.

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<sup>2</sup> The column highlights the rationale, it is not an exhaustive description of the all factors weighed in study area selection.



The time frame for the survey data collection process was as follows:





-  Development – February – March 22
-  Modification – March 23 – April 14
-  Distribution and Collection – April 21 – May 17 (collection continued until May 31)
-  Analysis – June 1 – June 16

#### 4.2.4 SURVEY DISTRIBUTION

The project team largely distributed the surveys through a network of agencies and organizations, including disabilities-related organizations, transit providers, and many others. (Section B includes a full listing of all contacts in a matrix format.) Primary regional contacts were: the Centers for Independent Living, the regional United Cerebral Palsy (UCP) office, and Shared Ride providers.

#### STAKEHOLDER INVOLVEMENT

The Stakeholders were comprised of individuals with disabilities, as well as representatives from agencies that offer services to persons with disabilities. The group, consisting primarily of volunteers, assisted the study team at each of the four meetings.

-  **January 25** – data collection options were presented, from this meeting TAC decided to proceed with a survey.
-  **March 23** – the survey format was fine tuned and reviewed prior to distribution.
-  **May 22** – initial findings of the survey were reviewed. The Stakeholders provided their interpretation of the results to date. Breakout groups considered regional needs and opportunities and defined regional statewide considerations for addressing the identified needs.
-  **June 14** – the updated survey results were presented to the Stakeholders. Breakout groups made suggestions regarding implementation issues and performance measures for a regional transportation program

The study team is grateful for the Stakeholders assistance provided throughout the project. The group provided valuable input that was truly reflective of the needs of individuals with disabilities.



### 4.3 PART C-ANALYSIS AND RECOMMENDATIONS

Based on the results of the survey, input from the Stakeholders, data obtained from other States, as well as the Pennsylvania state agency data, the study team prepared a set of recommendations for TAC consideration.

#### 4.3.1 RECOMMENDATIONS

The study team analyzed the data to identify the nature and scope of the transportation needs and to develop possible transportation strategies to address the needs. The extent to which existing paratransit and/or public transit systems can handle an increase in ridership was also considered. The relative pros and cons of each strategy were considered along with recommended implementation responsibilities and the time frame for implementation.

#### 4.3.2 FINAL REPORT

The consultant team prepared the **Final Research Report** based on Technical Memorandums, interview data, meetings/comments from the TAC Task Force, the Rural Transportation Work Group, PennDOT staff, and the Stakeholders.

#### 4.3.3 FINAL REPORT PRESENTATION

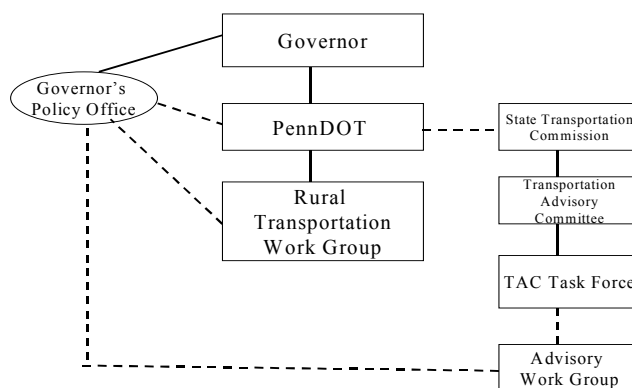
The Final Report was presented to the full TAC on June 29, 2000 for its consideration.

## 5.0 PROJECT OVERSIGHT AND INPUT

The most important strategic study decision that the TAC made was in the way it organized this project. Given the diverse and challenging issues, TAC opted to maximize stakeholder and public involvement as a key organizing principle. Clearly, there were a host of transportation disabilities issues that required input and dialogue from and with a wide range of stakeholders and affected parties.






This section describes the structure for receiving the input and participation of the Stakeholders and

**Figure 2 Study Process Organization & Consideration of Post-Study Recommendations**





others. Figure 2 depicts the organizational study process structure followed by synoptic descriptions of each component part.

-  **TAC** – the State Transportation Advisory Committee provided the independent framework for overseeing an objective evaluation of the issues. TAC authority, stature and independence to carry out this special study is consistent with its statutory purpose. TAC has the needed flexibility to structure study task forces in ways that best address the research objectives.
-  **TAC Task Force** – the TAC Task Force provided study oversight and guidance for the study process. The TAC Task Force is the TAC study team that reviews study progress and makes decisions on the study methodology and recommendations.
-  **Advisory Work Group**—the Advisory Work Group (AWG) served in a manner to augment the TAC task force with specialized expertise and knowledge of the range of state programs and issues that impact the disability community. The AWG consisted of TAC, State Government, and disabilities community members.
-  **PennDOT-Consultant Work Group**—key PennDOT staff from the transit, planning, and policy areas met weekly with the Gannett Fleming consulting team to track study progress, plan for upcoming milestones, and address a full range of data, logistical, and methodological issues.
-  **Stakeholders Group**—The hallmark of this study process may be the active participation of a large, enthusiastic and active Stakeholders group that met at four key milestones:
  1. **Study Initiation** at the transition from Phase A (data assessment) to Phase B, new data collection.
  2. **Survey Development**—the Stakeholders met to provide invaluable input related to the development and deployment of the 9200 person survey. This also entailed testing of the survey content and format from the perspective of persons with disabilities.
  3. **Survey Results Analysis**—Stakeholders provided their perspectives regarding what the initial survey data indicated and its implications.
  4. **Final Review**—the final Stakeholders’ meeting provided an opportunity to review tentative findings and conclusions as well



as to provide input related to a wide range of implementation issues.


 **Core Outreach Network**—the second most important strategic organizing principle came at the time of survey design. A Core Outreach Network was broadly defined for each of the four study areas. The Network was essential to the rapid deployment and assistance with the consumer survey. A list of the Core Network Membership and points of other regional coordination is illustrated in Figure 3. The Outreach Network proved so valuable that it should be considered for any regional program implementation.

Figure 3: Core Outreach Network






Core Network	Regional Coordination	Project Team
<ul style="list-style-type: none"><li>• UCP</li><li>• CIL</li><li>• OVR</li><li>• Consumer “X”</li><li>• MH/MR Agency</li><li>• BVS</li><li>• ARC</li><li>• PCCD</li><li>• PA Trans. Alliance</li><li>• MH Consumers Group</li><li>• Base Service Units</li><li>• Vet’s Association</li><li>• (EPVA)</li></ul>	<ul style="list-style-type: none"><li>• Transit Agency</li><li>• MPO/LDD</li><li>• Shared Ride Provider (As Applicable)</li><li>• County Governments</li><li>• AAA</li><li>• Volunteer/Non-Profit</li><li>• Service Organizations</li><li>• Intermediate Units</li><li>• High Schools</li><li>• Nursing Homes (transitioning)</li><li>• Media</li><li>• Meals-On-Wheels</li><li>• Home Health</li><li>• Care</li><li>• Churches</li></ul>	<ul style="list-style-type: none"><li>• GPO</li><li>• PennDOT Central</li><li>• Districts</li><li>• G/F</li><li>• OA</li><li>• DOPC</li></ul>





## SECTION A: FINDINGS AND RECOMMENDATIONS

The TAC study demonstrated that each study area has:

-  Varied needs
-  Varied stakeholder agencies organizations and networks
-  Varied demographic and geographic considerations
-  Varied transit and operator structures
-  Varied opportunities for service innovation and packaging



Therefore, flexibility should be a primary principle to guide the development of a regional transportation program for persons with disabilities. Clearly, as a prospective source for new funding, the Commonwealth must provide broad direction, technical assistance and support, and a process/procedure for local accountability.

TAC recommends that PennDOT provide broad policy direction and technical support, while allowing many of specific program design, development and implementation issues to be addressed regionally. Assuming that the Commonwealth establishes such a program, it must be designed to allow each region to develop transportation service in ways that customize and mesh particular regional needs with broad Commonwealth goals and guidance<sup>3</sup>. Another benefit for regional delegation of program design and planning is to foster ownership and accountability for program performance and success at that level.

This section's content is intended to provide a starting point for the development of a Commonwealth implementation package that would specify state goals and provide information and guidance for local implementation, while, again, not being overly prescriptive.

The study results can be a catalyst to enhance transportation services for persons with disabilities in rural areas. The results of a pilot approach and numerous stakeholder involvement opportunities must be carefully

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<sup>3</sup> TAC is an advisory body whose authority does not extend to policy or programmatic decision making. Any reference to a policy or program from this point forward in the document should not be construed in any manner as a commitment on the part of PennDOT or any other Commonwealth agency to provide such a policy or program.

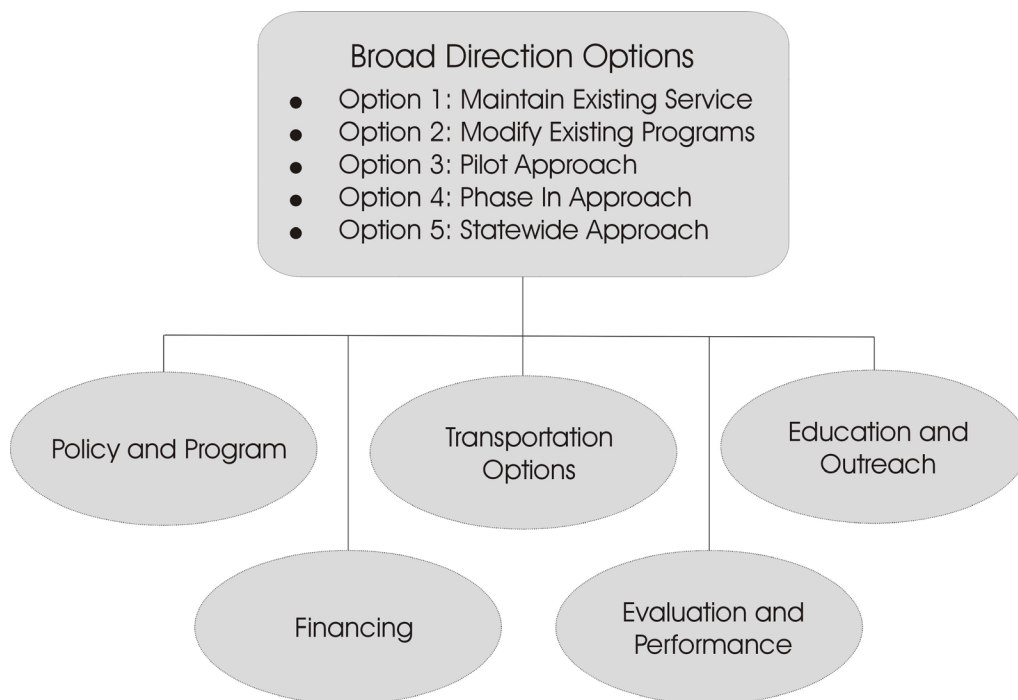


analyzed and constructively used to develop a program that provides enhanced mobility for persons with disabilities.

**Figure 4** illustrates the organization or hierarchy of the broad recommendations and the specific for implementation issues. At the highest level, five broad options for a Commonwealth direction are identified. The five “Broad Direction Options” are the major alternatives that the TAC considered in making a recommendation.

At the next level, considerations for implementation are presented in five categories. The categories cover the spectrum of issues needed to effectively design strong transportation programs for persons with disabilities. This provides the Commonwealth with a “menu for implementation.” Most of the implementation options presented in this menu are relevant regardless of the broad direction chosen by the Commonwealth. These implementation options are presented to provide the tools necessary to develop and implement a successful program. TAC envisions that the Commonwealth will provide policy and program guidance (perhaps in the form of a program manual or guide) to regional implementers. The issues addressed in these five areas could provide a starting point.

**Figure 4 Options and Recommendation Organization**





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## 6.0 TRANSPORTATION ISSUES SUMMARY

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This section outlines some of the key issues distilled from the analysis of the consumer survey responses.

1. There are substantial unmet needs in rural areas for transportation for persons with disabilities. The majority of the survey respondents expressed such need and largely fall into the 18-64 age range for which they are not eligible to receive subsidized fares under the existing senior citizen shared ride program. The need is underscored by the fact that 86% of the survey respondents have incomes at or below \$16,000 a year that further limits their mobility options while posing a barrier for many to economic advancement. Fixed route transit that may exist in rural areas typically does not provide the geographic coverage to make access feasible for those living outside the service area.
2. The lack of transportation services limits or restricts large percentages of persons with disabilities from participating in a wide range of activities including employment, education, social, religious, medical, and shopping. This barrier can significantly impede their quality of life and also may adversely impact Pennsylvania employers, many of whom are seeking sources of labor and, of course, larger customer bases. As a matter of public policy it is generally a reasonable responsibility of government at all levels to assist individuals with disabilities or other disadvantages to participate in mainstream societal activities. Governmental assistance does not mean that state government has the only role or responsibility, but that a leadership role in policy/program formation is valid.
3. There is great variability in the nature of disabilities including physical disabilities (50%), Mental Retardation (26%), and Mental Health 23% along with other disability types. This poses major challenges and implications to effectively designing a program that can not only meet transportation needs but also in a manner that can accommodate various disabilities in a sensitive and supportive manner. Local program planning and design must be attentive to the training needs associated with serving each of these disabilities types.





4. Transit or shared ride services alone is not a panacea for meeting the expressed need. Other barriers exist including the need for personal aides, sidewalks, lifts and ramps. While additional transit is important, a more systematic approach is necessary to address these ancillary issues—this will require organizations and resources that extend beyond PennDOT to local communities and others.

At times, during this project, this issue was cast as a PennDOT problem. Quite simply, that is not the case. The implementation problems and the issues are too complex and extensive to be solved by any one agency. Future efforts will require a network approach that draws from state and local government, the public, and private sectors and not for profit sector.

5. Many types of required trips have a high demand but a limited frequency of need—shopping, medical, and services are examples. This has implications for attempting to maximize the use of existing capacity of busses and vans to provide more trips in a flexible way (perhaps during current low demand periods). Conversely survey respondents also indicate high levels of time of day travel needs in some peak periods. This type of travel may be less flexible while coinciding with peak travel times when transit vehicles are already in service. As such, there may be the need for some new investment in capacity—equipment and operators to address non-discretionary travel times and trips. The key will be to optimize resources where scheduling flexibility exists and target any new investment where capacity can't be satisfied through existing equipment and operators.
6. The experiences of other states point to the need for coordination and possibly local programs brokers to seamlessly manage and integrate existing program (transit and social services transportation) along with any new program investment. In short there is typically not one program, but several to address rural transportation needs. Resource availability vis a vis funding constraints/consumer demand dictates a cohesive program management approach regionally. States like Texas and California have also seen the value in having a central provider and strong management.



Figure 5 further summarizes trends and common themes in relation to the survey responses.

Figure 5: Key Issues or Findings related to Transportation

Issue	Analysis and Implications
Persons with Disabilities are heavily reliant on friends and family as primary transportation source.	<ul style="list-style-type: none"><li>70% of survey respondents indicated that they currently rely on family or friends for a major part of their transportation.</li></ul>
The availability of transit is not a panacea—other barriers to mobility exist.	<ul style="list-style-type: none"><li>Sidewalks (19%), lifts (17%) and ramps (18%) were cited as trip-making barriers</li></ul>
The disproportionately low income of the subject population further limits transportation options.	<ul style="list-style-type: none"><li>Subsidy and fare setting strategies must take income levels into account.</li></ul>
Trip scheduling and information communication media will rely greatly on the telephone.	<ul style="list-style-type: none"><li>93% of respondents have access to a telephone.</li><li>Internet access lags overall availability of this communications technology (16% vs. 50% nationally).</li><li>Internet applications like trip scheduling can be focused and organized through stakeholder agencies/organizations</li></ul>
The wide range of disability types poses significant challenges to program planning, design, implementation and evaluation.	<ul style="list-style-type: none"><li>50% of respondents indicated physical disabilities; MH/MR representation is substantial as well with 23% and 26% respectively.</li></ul>
Pennsylvanians with disabilities may be isolated from a wide range of activities due to the lack of transportation services.	<ul style="list-style-type: none"><li>Diminished quality of life</li><li>Missed opportunities related to economic and social benefits</li><li>Opportunity to tap into an available labor pool and consumer base.</li></ul>
Education and Employment are priority trip purposes.	<ul style="list-style-type: none"><li>Potential for employer participation in regional transportation programs and financing.</li><li>These trips are normally associated with public benefits in relation to benefit-cost analysis.</li><li>Employment related trips might strain existing regional capacity and require new equipment and drivers if they occur at peak travel times.</li></ul>
Many required trip types are high demand, but needed only on a limited frequency	<ul style="list-style-type: none"><li>Develop regional programs to place idle resources into greater use to meet this need.</li><li>Scheduling and passenger flexibility become increasingly important factors for cost effective service delivery.</li><li>Opportunities for structured, performance-based approach to volunteer/non-profit participation in regional programs.</li></ul>
Need for innovative, multi-provider approaches to regional service delivery to augment core transit service.	<ul style="list-style-type: none"><li>Linking trip type with pool of potential providers—private sector, non-profits, others.</li></ul>



Issue	Analysis and Implications
Need to effectively address a range of passenger information and communication issues	<ul style="list-style-type: none"><li>• Development of alternative formats and provision of assistance.</li></ul>
Need to establish some means for trip prioritization if resource limitations so dictate	<ul style="list-style-type: none"><li>• Other states have used employment and medical trips as priority categories if resource constraints are applied.</li></ul>



## 7.0 BROAD DIRECTION DECISION

Through the study effort, five broad transportation directions have been identified to address rural mobility for persons with disabilities. From these broad directions, the TAC selected a pilot approach as the recommended course of action for the STC and PennDOT to consider. As with any TAC study, the STC and the Department may accept the TAC recommendations in whole, in part or not at all. Nor does TAC or STC approval bind PennDOT's executive authority in any way with respect to its specific administrative approach to implementation. The five broad transportation directions are summarized below with a discussion of their respective goals, objectives, and pros/cons.

### OPTION #1: MAINTAIN EXISTING SERVICES FOR PERSONS WITH DISABILITIES

This is the baseline option that would carry forward existing programs, policies and transportation services at the same levels of service that are currently provided. Effectively, it provides a status quo or "do nothing" baseline for comparing how other broad direction options address the identified needs. Option 1 would not provide for additional service to persons with disabilities.

#### Existing Service Goals and Objectives

-  Maintain existing service.
-  No reductions in existing service.

#### Option #1 Pros and Cons

- + Provides a baseline for comparing with other options.
- Does not address the transportation needs identified through the survey effort.
- Does not further mobility for persons with disabilities in rural areas.

### OPTION #2: MODIFY AND RESTRUCTURE EXISTING PROGRAMS/INCENTIVES

The second option is limited in scope and ability to address the established transportation need for persons with disabilities. It is not,






however, insignificant and must be considered as part of a systematic approach to policy development and program design. In other words, Option 2 can augment the recommended option. The Commonwealth should consider Option 2 elements in its overall approach. The objective for this option is threefold:




- 1) To evaluate and modify/restructure existing funding and transportation delivery programs to improve the coordination of services.
- 2) To develop a system of incentives to encourage coordination of public and private transportation resources to better serve persons with disabilities.
- 3) To identify ways to better manage the existing transportation systems through technology applications. GIS-based route mapping and GPS vehicle tracking along with real-time internet scheduling are options that could improve the efficiency of an existing transportation system.

It is expected that some desirable programmatic changes could require legislation and may therefore be long term in nature or even beyond the control of the Administration. Some of these changes could even require changes to federal legislation and therefore possibly not be feasible. Such changes could likely require additional resources as well to be effective.

As a starting point, each program that currently provides transit in any form: fixed route, shared ride, social services would be reviewed with respect to potential modifications to better serve persons with disabilities. Select non-transportation programs would also be considered to the degree that such programs might enhance the overall disabilities transportation initiative. Examples might include:

-  Applying existing state efforts to surplus used state computers and vehicles to enhance the disabilities transportation scheduling network.

### Goals/Objectives

-  Maximize efficiency of existing service.
-  Effectively use technology to address mobility problems.
-  Review and modify existing programs as beneficial and feasible.

#### **Option #2 Pros and Cons**

- + Makes best use of existing resources.
- + Can be packaged with other options to maximize their efficiency and effectiveness.
- + Requires strong leadership and management at the state and local levels.
- Provides no new service to meet unmet demand.



### **DIRECTION #3: PILOT APPROACH (EVALUATION AND VALIDATION)**

One of five broad options for the Commonwealth's consideration is the establishment of a pilot approach. The idea of a pilot, any pilot, is sometimes viewed skeptically. That is the perception as well among some persons with disabilities in regards to a rural transportation program. A pilot is perceived by some as a stall, a less than earnest commitment, and/or a minimalist response to the need.






The Pilot approach would be used to test one or a variety of recommendations in select region(s). Each region would identify the mobility needs of its persons with disabilities and then develop and implement a service plan to meet the identified needs. Clearly, each pilot may vary in its approach as each region has unique mobility needs for its rural persons with disabilities. At predetermined points, the plan's effectiveness would be evaluated. The results of the Pilot would be used to decide whether to end the pilot, continue with it or another pilot approach, or to implement a more comprehensive program statewide.

The merits of a Pilot, however, need to be strongly considered since it has several key advantages. The principle advantages being the ability to design a regional program, test it, and modify the program before a broader geographic implementation. In a real sense it does provide a more in-depth data evaluation. A Pilot should last long enough to truly work out implementation problems and build ridership—18-24 months should be a minimum timeframe from the completion date of this study.

#### **Option #3 Pros and Cons**

- + Provides flexibility to meet the unique needs of each region.
- + Methodical resource investment that allows for problem identification and rectification.
- + Builds on existing study results.
- + Opportunity to test various innovative approaches.
- Not all regions would receive immediate service

#### **Goals/Objectives**




-  Involve stakeholders in service design, delivery, and evaluation.
-  Effectively and efficiently meet the transportation needs of persons with disabilities.
-  Establish a "network" approach, making strategic use of the resources and information of various disabilities organizations/stakeholders and others.
-  Effectively market the service.
-  Identify key program milestones and include a monitoring and evaluation process to track program success/failures.



#### OPTION 4: PHASE-IN APPROACH

**Description:** This option is a form of statewide program that advances the concept of a phased or staged implementation of service by region. This option provides an opportunity to implement expanded service using a step-by-step or staged approach. It may be a realistic way to manage the myriad of major challenges associated with effectively implementing a statewide program.

##### Goals/Objectives

-  Provides an approach to manage and deploy resources to ensure that each region will have a successful service implementation.
-  Provides a realistic approach to allow PennDOT to meaningfully assist each region in planning/evaluating various transportation considerations and other options before implementation
-  Results in the development of customized service implementation plans for each region.

##### Option #4 Pros and Cons

- + Provides flexibility to meet the unique needs of each region.
- + Methodical resource investment and deployment that allows for problem identification and rectification.
- Service statewide does not occur at the same time.

#### OPTION #5: STATEWIDE APPROACH

**Description:** Design and uniform deployment of a statewide program. This option would be a prescriptive approach requiring a broad design definition and implementation to providing transportation to persons with disabilities. This option may be the most preferred by the disability community because it would provide a statewide implementation mechanism. However this option would probably not meet the ultimate desired outcome for community transportation in that it would not provide the Department or the regions with the time necessary to plan for and test a variety of options and to evaluate the level of need that may exist.

The primary concern with a statewide program is related to the unknown challenges with implementation and the associated need to first learn from a smaller scale implementation. The TAC understands and sympathizes with the disability community's anxiousness to have service on the ground. The TAC also believes that statewide





##### Option #5 Pros and Cons

- + Meets the statewide transportation needs of persons with disabilities.
- + State program would likely provide transportation cost share for users.
- Not community based.
- Significant implementation cost.
- Would require additional studies to quantify transportation demand.



implementation might do more to hamper than help long-term program success.

#### Goals/Objectives

-  Provide transportation to persons with disabilities in rural areas that can be used for a variety of purposes on a statewide basis.
-  A statewide approach will attempt to meet the majority of the transportation needs but will focus on life sustaining or necessary trip gaps including employment, food shopping and medical trips.
-  A statewide approach would be structured to provide the Department with the ability to manage trip usage and service delivery mechanisms.
-  A statewide approach would include a provision to allow local flexibility in how services are delivered as long as basic transportation needs are met.

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## 8.0 MENU FOR IMPLEMENTATION

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### PROGRAM GOALS

Regardless of which option or combination of options the Commonwealth chooses to advance, the TAC recommends that the Commonwealth structure any program around broad goals. The TAC recommends the following ten broad goals as guiding principles for the development of any state rural transportation program for persons with disabilities (hereinafter referred to as program):

1. Promote the concept of local problem **solving and program design**.
2. Strongly encourage **regional partnerships** between the public and private sectors and among agencies and organizations representing persons with disabilities.
3. **Partnership activities should be specific and tangible** including coordination and consolidation of existing services as beneficial, or at a minimum regional brokering of multi-agency services. This is an area where the Commonwealth may need to use the funding as an inducement to make local program redesign changes that might not occur without such an incentive-based intervention.

*"The dignity of risk is the heart of the independent living movement. Without the possibility of failure, the disabled person lacks true independence and the ultimate mark of humanity, the right to choose."*




Gerben DeJong 1983





Some areas have multiple service providers including, but not limited to existing public transit agencies, shared ride operators, and social service transportation providers. The establishment of a new disabilities transportation program should be approached in a way that encourages better program synergy and coordination. Coordination and brokering are not theoretical concepts, but have major resource implications for effectively addressing this issue.

Program coordination is the key to maximizing the use of existing capacity as a preferred direction before buying new capacity—new busses and drivers for example. It is in Pennsylvania's collective best interest to maximize the use of each existing resource as a precedent step to new investment. Some new investment may be needed, especially for services that are required at peak periods, but that investment must take place in the context of overall resource balancing and utilization. Current shared ride vehicles, for example, may be idle at certain points during the week when they could be put into service for any additional trip-making that is generated through the new program.

4. Encourage **the use of state funds to leverage local, private, and volunteer/non-profit resources** (financial and other resources). It is recommended that state funds trigger local matching either in terms of dollars or various forms of soft match (rides from non-profits and others). State funds can leverage a wide range of other positive and effective actions, such as:

-  Private sector participation
-  An organized and reliable approach to participation from volunteer and non-profit sectors and commitments for the same. Local program design should include **service charters** and some reasonable level of standardization for all service participants—public, private, volunteer/non-profit—to ensure general uniformity of service delivery around key reliability and performance issues.
-  It is an oversimplification to believe that the program should be built on volunteerism as its core. It is equally simplistic and opportunity-evasive to say that there is not a meaningful role for volunteers and non-profits in the local program delivery system. TAC believes that a subsidy for the existing Shared Ride Program might be the core of a regional program.



-  Coordination of existing services.
  -  Expansion of existing services to better serve persons with disabilities.
5. **Promote program effectiveness** (serving those with bona fide transportation needs) and **efficiency** (managing costs and optimizing the use of resources—existing and new) to allow for the greatest program reach and penetration across Pennsylvania rural communities.
  6. Encourage/require **coordination of services**, programs equipment, and human resources among the widest range of possible service providers. Persons with disabilities express concern that some providers cannot be held accountable. This does not need to be the case if the program is designed with strong local management controls, systems, structures, rules, and oversight.
  7. Require **service-based program accountability** from transit operators or other lead providers. The Commonwealth's key concern should be program integrity—ensuring that resources are being used effectively and efficiently and achieving their intended purposes. The local reporting system—to the state—should not be onerous, but must provide reasonable assurance that the program is being effectively delivered and that problem areas receive timely resolution.
  8. **Link program planning to the larger regional transportation planning process** carried out by Metropolitan Planning Organizations (MPOs) and Local Development Districts (LDDs). This will provide another layer of local support and partnership.
  9. Provide **state technical assistance and direction** that is supportive of successful local program design and implementation.
  10. Provide services to the greatest extent possible through **existing providers and capacity** including but not limited to existing shared ride and fixed route programs and equipment that is not being used at capacity—e.g., vans in a variety of settings—public, private, non-profit.

*"The key force behind a rethinking of policy toward persons with disabilities has been the independent living movement."*

Judith E. Heumann  
1993





## POLICY/PROGRAM

This section provides an overview of key policy and program considerations that the TAC believes the Commonwealth should consider in shaping a transportation program for persons with disabilities. TAC recommends that the Commonwealth specifically consider these issues in relation to any program guidance that it would develop for local program managers.

### 8.1 COMMONWEALTH POLICY AND PROGRAM GOALS

TAC recommends that the Commonwealth provide policy and programmatic guidance to regional providers as a starting point for program planning. This is essential for a pilot approach as well as for any larger scale implementation. While the need for regional flexibility in program planning and design is recognized, the Commonwealth must set broad directions in relation to its fiduciary responsibility for the accountability and integrity of any state funds provided. Policy and program goals are also necessary in order to establish a broad framework for a Rural Transportation Program for Persons with Disabilities and some reasonable level of consistency between regional efforts.

One of many benefits of a pilot approach is that even the initial policy and program guidance could also be effectively piloted, allowing for experientially based refinement and enhancement drawn from practical lessons that can only be learned through implementation. Any policy and program guidance that would be offered today is based on best judgment and proven management practices, but not on experience in the field.

Many of the numbered items described in this overall Policy Program section should be considered by the Commonwealth in developing goals and policies in the form of a guidance document, the following bullets, however, are intended to provide a generic list of issues to consider for policy guidance:

- Stakeholder participation in regional program development
- Auditable budgeting and accounting systems for funds management
- Program coordination and resource optimization
- Guidelines/incentives for positive participation of the private and non-profit sectors



- General methodologies/processes for program planning and development
- Require service plans with five key program elements
- Requirements for provider data collection and evaluation.

## 8.2 MAINTENANCE OF PROGRAM EFFORT

The Commonwealth should establish a clear and unambiguous requirement that regional program providers must not use the funding under a new program as an “opportunity” to diminish or “offset” resource allocation/expenditure in any existing programs that currently provide transportation to persons with disabilities.

The overarching reason for establishing a new program would be to supplement and coordinate with existing programs in ways that leverage the greatest programmatic impact—and maximizes service to persons with disabilities. Any actions locally to replace or offset existing programs or other local efforts would be contrary to the intent described above. This is a significant issue and one that must be addressed head-on in a clear and strong manner with sanctions established as necessary for non-compliance. The issue is also significant from the standpoint that the need that prompts any Commonwealth programmatic commitment is likely to exceed the resources available under the very best funding scenarios. The TAC therefore recommends that the lead agency provider ensure that no diminution of resources/programmatic offsets.



## 8.3 EXISTING SHARED RIDE SERVICE CONSIDERATIONS

The TAC recognizes that the levels of service currently provided through the existing shared ride program cannot be diminished once new services are provided to persons with disabilities. The Pilot design therefore should address this matter directly, structuring program services in a manner that does not impair service performance and reliability of existing programs by accommodating the additional consumer base.

## 8.4 REGIONAL SERVICE PROGRAM PLANS

An overall policy that promotes regional flexibility to best meet local needs (while meeting broad Commonwealth goals) should be advanced. Each region should be required to develop a service program plan as a basic condition for receiving Commonwealth funding. The plan’s five elements are summarized below. The Commonwealth should participate in a technical assistance role in program plan development, especially for a Pilot approach. TAC estimates or anticipates that a 3-4 month planning



period would be needed prior to a Pilot start up date. It is during that period when implementation issues would be addressed to the satisfaction of the regional lead provider and the Commonwealth in the following five plan element areas:

1. **Service Provision/Coordination** – fundamental issues related to how and when services are to be provided. This would include service schedules, trip scheduling, procedures and the linkage of multiple service delivery methods including but not limited to fixed route transit, shared ride transit, non-profit and volunteer providers, social service programs. Commonwealth requirements with respect to service brokerage and coordination should be delineated in program guidance.
2. **Stakeholder and Public Involvement**—meaningful and strategic involvement of those being served is essential to this project. This will be especially critical during the planning phase for a Pilot. The Core Network approach used during this study to maximize survey participation in the four study areas could become the basis for stakeholder participation in Pilot or program development regionally. This would be a relatively complicated transportation program with extensive implementation challenges that some providers cannot begin to adequately anticipate without the direct involvement of consumers.
3. **Marketing and Service Information** – the availability of transportation services needs to be communicated to consumers through the media. The agencies that provide services and other sources. A greater challenge will be to provide consistent information regarding how the services can be accessed. Regional providers or lead agencies should rely extensively on the Core Network concept described above for assistance in this area. Numerous issues need to be addressed including alternative forms of information like Braille and TTY and communications with those who suffer from Mental Retardation or severe Mental Health problems.
4. **Management and Evaluation Element** – regional program plans must focus on how the program will be managed. This issue requires special attention as it is assumed and recommended that transportation services be offered through a diverse set of providers—existing and new, public and private—under the umbrella of a point/lead agency—most likely the transit agency for



the region. Persons with disabilities are concerned that too many providers may compromise program effectiveness. While that is a valid concern, it is one that is manageable in regard to how the overall program is designed and implemented. Their concern has been articulated by some that have expressed the desire for a single shared ride program—one provider, one-program, one size fits all. The severe limitation with that approach is that it misses the opportunity to coordinate with existing services to optimize existing resources. It also misses the opportunity for innovative program design such as public-private partnerships. Why is coordination/brokering and innovative program delivery such an important and fundamental issue? Because the demand for services may not be able to be satisfied through any single source. Therefore management becomes a salient issue when multiple service providers operate under a single, coordinated, program umbrella. Each region should also address how they will evaluate program effectiveness in their program plan. The Commonwealth should assist with the establishment of several key performance measures to focus local data collection and state oversight. Stakeholders suggested potential performance measures at their last meeting on June 14, 2000, it appears in Appendix K.



5. **Data Collection and Accountability** – in issuing program guidance the Commonwealth should establish what data should be collected by the service providers. From the standpoint of a Pilot approach, there will be certain data needs that are absolutely essential for evaluating the Pilot and making more informed judgments as to real program demand statewide. The assumption being that the Pilot will help to validate what the study suggests is the level of demand.

## 8.5 STATE GOVERNMENT ROLES AND RESPONSIBILITIES

Define Commonwealth agency/individual roles and mechanisms to ensure a strong inter-agency initiative—especially in the program’s formative stages. The program cannot be a PennDOT only initiative given the human service implications. The TAC recommends local program control and oversight, but sees value in an interagency group of state agencies to at least monitor a program through the pilot development, implementation and the early evaluation phases.





-  Support local start up efforts through state **technical assistance** such as business process reengineering in regards to streamlining and coordinating multiple programs.
-  Establish a Commonwealth task force to assist implementation through the provision of technical assistance. The TAC Task Force would brief appropriate cabinet officials and the legislature of progress on a monthly basis for the first six months and quarterly thereafter as needed. The task force should be disbanded once the program is effectively in place.

## 8.6 PROBLEM IDENTIFICATION AND PROGRAM SANCTIONS

Establish procedures locally for problem identification, corrective actions, and Commonwealth sanctions as necessary if the program fails to comply with key program requirements or performance/service standards. This is not intended as “sanctions for sanctions-sake”, but to deal on an exception basis with those program deviations that impair service and/or squander resources.

## 8.7 BROKERING AND COORDINATION OF SERVICES

Regional program design may vary and require flexibility as discussed elsewhere, but the fundamental concepts of brokering and coordination should be incorporated into the overall approach to delivery of a regional transportation program for persons with disabilities. Other state research pointed to these similar elements as common to successful program delivery. The reasons are basic—typically persons with disabilities may be served through existing transit agencies, social service agencies and others. Coordination provides the opportunity to achieve the greatest use of existing capacity while brokering is aimed at assigning or providing trips in the most cost-effective manner. The emphasis of both brokering and coordination is resource optimization and maximizing service availability to consumers. If other Pennsylvania community resources like churches, non-profits and employers are to augment service, the brokering and coordination strategies became that much more useful. The rapid growth and improvement of information technology also makes a compelling case for sophistication coordination and brokering systems

## 8.8 ESTABLISH LEAD REGIONAL AGENCY

Regional programs, including the pilot, should have a designated lead agency, perhaps the public transit provider in most cases, to receive









consistent funding and be responsible for overall local program management and accountability.

## 8.9 ENCOURAGE PARTNERSHIPS TO OPTIMIZE AVAILABILITY OF REGIONAL RESOURCES

Set policies to encourage broad use of local partnerships that reflect a bundling of resources of all types—financial, informational, organizational—at the local and state levels to deliver an effective program. Determine which state and federal programs can incentivize the formation of partnerships.

-  Set policies to encourage maximum utilization of existing regional resources and capacity as first priority before investing in new equipment and operators.
-  Set policies and incentives to foster **private sector participation**—especially businesses that will benefit from new source of employees and customers.
-  Set policies and incentives to foster **volunteer, non-profit and faith based organizations** to effectively and reliably participate in regional programs.
-  Review adequacy of current practices and set policies as necessary to involve **MPOs and LDDs** in transportation planning for persons with disabilities in rural areas.



## 8.10 SERVICE ELIGIBILITY

Provide policy guidance regarding service eligibility. The issue centers on who is eligible for subsidized fares. Clearly, any subsidy should be focused on providing needed trips for persons with disabilities. Consideration must also be given, however, as to the extent of subsidized trips (if any) for personal aides or family members/friends. The TAC recommends that people who want to use the service be required to complete an application to self report their disability status to become eligible for the service being provided. Privacy issues notwithstanding, a self-certification form could also be used to provide any special assistance information to the provider that could help to better serve the consumer.





## **8.11 POLICY GUIDANCE REGARDING TRIP PRIORITY SETTING**

Assuming resource limitations as is the case with virtually any public program, some basic parameters need to be established in terms of how to prioritize trips. Key considerations should likely focus on the nature of the trip such as essential trip making—employment, education, food shopping and medical.

To the greatest extent possible linked trip making should be encouraged to accomplish several trip purposes in one trip. One model for doing so would be to integrate fixed route features into a shared ride approach by having routine stop points integrated into the service.



## TRANSPORTATION OPTIONS

Persons with disabilities currently receive transportation from a variety of sources including fixed route transit providers, social service agencies, family/friends, and other demand responsive transit sources. Each region should strive to maximize the number of options from both a resource maximization perspective and a service standpoint. The key in program planning should be focused on identification and coordination of a range of transportation resources. State dollars should be leveraged to encourage program coordination and hard and soft financial matches. Surprisingly, highway projects provide some analogy. PennDOT resources cannot meet all highway improvement needs, so local participation in various forms including funding right-of-way donations, private participation and other considerations are “added to the mix” to make the project doable.

A variety of transportation options are available to assist in meeting the goals and objectives of each broad transportation direction. These transportation options represent a “toolbox” approach to solving each region’s unique mobility needs. After identifying their respective transportation needs, each region can select the transportation options that may best meet their identified needs. The following sections briefly highlight a variety of transportation options identified throughout the study process.

### 8.12 COORDINATION OF EXISTING SERVICES

Currently, Pennsylvania’s transit agencies and providers generally coordinate their own services with the various funding sources available for different trip purposes. However, this coordination could be improved in order to better serve the needs of persons with disabilities. If a new funding program is implemented to serve persons with disabilities, the program must be sufficiently flexible to allow the regions to utilize all of the transportation resources in the region to serve the needs as they are identified.



The current shared ride service does require a person to spend time scheduling and waiting for a vehicle. As currently operated in most regions, this type of service cannot be relied upon for time sensitive trips such as work where an employee is required to be at work at a set time. After a day at work, the employee should not be expected to wait beyond a reasonable service time until a vehicle becomes available to pick them up. Every region of the state has a variety of transportation resources available



from Taxi service to privately owned van pools. All of the existing transportation resources should be included in a well-designed coordination system.

### **8.13 REGIONAL BROKERS**

Many of the states contacted encouraged the usage of regional transportation brokers to coordinate regional community transportation resources. In many cases, a broker will assist in coordinating both public and private resources to best meet the transportation needs.

Regional transportation brokers can effectively act as a liaison between persons with disabilities and the transportation provider. Brokers act almost like travel agents. They work with the providers in a region to coordinate transportation services based on the needs of the users. Users call the brokers with their travel needs who in turn, work with the range of potential providers to arrange transportation service.

In addition to their coordination role, regional transportation brokers also simplify the trip scheduling process for those persons with disabilities who may have difficulty in scheduling a trip. Brokers could also help prioritize trips by established transportation priorities such as employment and medical.

### **8.14 EMPLOYER OPERATED**



As part of the transportation survey, persons with disabilities identified employment trips as both a high-priority and high-need trips type. Employers could play a key role in helping persons with disabilities travel from home to work especially in the very low-unemployment labor market. Employer sponsored shuttles and fare subsidization are two ways to ensure that persons with disabilities' contribution to the workforce will not be limited by inadequate transportation. TEA-21 contains a major tax benefit for employers to purchase transit passes/service for their employees. TAC recommends that the Core Outreach Network and PennDOT's Local Planning Partners in each region inform employers of this major tax incentive. In other research, Gannett Fleming found that many employers are not yet aware of this new provision in the Tax Code, but express great interest once they learn that it is available.

### **8.15 FIXED ROUTE IMPROVEMENTS**

Aside from family and friends, fixed-route transit systems provide for most trips by persons with disabilities. While many persons with disabilities are adequately served by existing service, improvements to fixed route



systems can expand the service area and increase ridership. Two successful and promising improvements are described below:




-  *Deviated Fixed Route* – Deviated fixed route transit enables vehicles to travel out of an established route to serve persons with disabilities who are unable to travel to an existing bus stop. This may be particularly useful in rural areas in non-peak hours.
-  *Expanded Fixed Route Services* – In many areas an expansion of fixed route services could increase usage by persons with disabilities. A transportation needs analysis would help to efficiently plan and operate an expanded service where it makes sense to do so.

## 8.16 EXPANDED USAGE OF SHARED RIDE SERVICES

Shared ride services, such as those provided for senior citizens, offer potential to coordinate and service the transportation needs of persons with disabilities. The Pilot approach is most likely one that begins with this option as a base or component from which to build and augment with other service elements.

The Shared Ride program as it exists in Pennsylvania is a public community transportation service. The service does require a user to schedule a trip generally a day in advance of the need for the trip. Shared ride service currently does not have an overall subsidy program that would provide for reduced fares for the general population, however there are a variety of different programs that do provide financial subsidies if individuals meet certain eligibility requirements. The most common of these programs is the Lottery Program which provides an 85% subsidy for trips for persons 65 and over. Shared ride service does exist in every County in the Commonwealth and provides the best base from which to build service to persons with disabilities. Some other key facts about shared ride service include:



-  Service is at capacity in many regions during peak periods and will require additional capacity to provide timely service if new ridership is added.
-  Most shared ride providers also provide Medical Assistance trips for dialysis, etc. These trip purposes need to continue to be served.
-  Most shared ride providers, with few exceptions, only operate Monday through Friday during the day. If used as a base from which to build service, shared ride operators should consider



providing evening and weekend service if a serviceable need is identified in the survey of persons with disabilities are to be met.

#### **8.17 SHARED-RIDE AUGMENTED**

Shared ride is but one component in a multi-pronged program to provide transportation to persons with disabilities. Shared ride could be augmented with a variety of service delivery mechanisms including subsidized fixed route, deviated fixed route (also subsidized), faith-based organizations, volunteer organizations, and social service agencies. The key is to package this range of services into transportation options and capacity builders that can be deployed to serve persons with disabilities--based on their needs. Research conducted by TAC strongly indicates that brokering is the key to successful programs.

#### **8.18 PRIVATE TAXI SERVICES**

Private taxis hold opportunity in meeting critical transportation needs of persons with disabilities not served by other systems. Persons with disabilities could call the private taxi service or a regional broker any time and request a ride. Unlike shared ride services that must be prescheduled, a private taxi service have more flexibility. These services could be subsidized probably on a sliding scale with special consideration given to trip type.

Taxi trips could be subsidized via agreements between the prime regional provider and the taxi service. Like other options, the advantage is that capacity already exists and as such new equipment would not have to be purchased in all cases. Another advantage is that taxis are generally available during evenings and week-ends.

#### **8.19 NON-PROFIT AND/OR FAITH BASED**

Many non-profit and faith-based organizations provide transportation for their own activities. Non-profits/faith base organizations that have capital equipment could be included in a broker system to help meet needs during peak times. This could even provide a source of income for the non-profits and at the same time help to meet needs. Many would not want any payment beyond the cost of fuel and vehicle maintenance. Minimum service standards would have to be followed as is the case with any provider.

#### **8.20 FAMILY/FRIENDS**

The family/friends network will continue to be the "back bone" in providing transportation for persons with disabilities, however, people



should not have to be totally dependant on family/friends to meet transportation needs particularly if it poses undue hardship on the family. Family and friends meet the majority of persons' with disabilities transportation needs—70% according to the survey. The family and friends network provides low-cost, accessible, and **convenient** transportation for persons with disabilities.

**Special Note:**





The Financing section of the report also describes how transportation vouchers can be used as a way of providing funding that can be flexibly used to pay (in whole or part) for any number of transportation venues.





## EDUCATION/OUTREACH






There are significant communication and information issues associated with the development of any new policy, program, or service. This challenge is even greater for this program for the following reasons:

-  Marketing the program services to a wide range of persons with varied disability types.
-  Issues related to the sensitivity of those dealing with the consumers—many for the first time.
-  Multiple levels of organizations and associations involved.
-  Information needs connected with providing the services on a day-to-day basis.

The following sections list each salient Education & Outreach issue with recommendation points that follow.

### 8.21 CORE NETWORK FORMATION




The most compelling education and outreach issue if a program is established is the continuance/enhancement of a Core Stakeholders Network in each region.

-  Encourage that a Core Network participate in local program planning and design.
-  Provide local stature and recognition so that the Core Network is a formal component of the program delivery.
-  Develop a Core Network Charter—laying out key responsibilities and functions. Share these among regions.
-  Develop a Core Network ideas check-list that provides a range of ways in which participants may assist program planning, start-up and delivery.
-  Provide for meaningful participation in developing the program plan and its various components, especially those related to service marketing and information.









## **8.22 COMMUNITY LEADERSHIP AWARENESS AND INVOLVEMENT**

Any new regional program will be aided greatly by up-front involvement and awareness among the area's private and public leadership.

-  Develop speakers bureau information.
-  Involve key organizations like area chambers of commerce, county and municipal government and major employers.
-  Prepare press releases, newsletters, fact sheets—focus on canvassing participation and support through these outreach tools.

## **8.23 PUBLIC INVOLVEMENT IN PROGRAM PLANNING AND DESIGN**




A three to four month planning effort for program start up will be not only demanding, but will encompass an almost unlimited list of local issues and logistical details. The key strategy for making this period an asset and yield a high payoff for effective program start-up is to involve the stakeholders in a very meaningful way. This is not for reasons of public relations, but to effectively plan and design a program.

-  Establish a marketing plan.
-  Establish a marketing plan committee with ample consumer representation.
-  Schedule public meetings during program development and start up.
-  Use libraries and other municipality based sites as outlets for information dissemination.
-  Utilize the services and technical assistance of PennDOT CRCs and transit agency public affairs/communication staff.
-  Establish a consumer advisory committee (and perhaps a consumer advocate or ombudsman) to the service provider.

## **8.24 PROGRAM INFORMATION & MARKETING/CUSTOMER SERVICE MATERIALS**






Before service is provided, information explaining the service, costs, and schedule must be prepared for a varied audience including accessible formats.



-  Determine information needs related to service provision through Core Stakeholders Network.
-  Prepare a “How to Ride Guide” that explains service basics.
-  Determine what alternative formats (Braille and TTY) are necessary and how to best achieve associated distribution.



## **8.25 SENSITIVITY TRAINING—OPERATORS AND OTHER POINTS OF INTERFACE**

There are many issues and needs that persons with disabilities deal with on a daily basis. Those who will provide service will need to be trained to effectively and sensitively deal with these issues. All of the people who will interface with the disability population including drivers, schedulers, and/or brokers will need to be trained. The intent of the transportation service is to not just operate vehicles but to actually SERVE the disability community. Customer service training will be a key to successful implementation.

-  Inventory those who will be involved in service provision and the associated training needs.
-  Provide awareness and training needs through the Core Network and others as available resources will permit
-  Utilize existing training resources and materials that may be available. PennDOT may wish to develop and provide training through the Local Transportation Assistance Program (LTAP).
-  Utilize the Developmental Disabilities Council’s ARC 2000 Transportation Manual.
-  Education of other passengers is also important to promote “sharing the ride”. Encourage the use of in-vehicle posters and flyers to educate riders.

## **8.26 PARTNERS AND POTENTIAL PARTNERS**

Education and outreach strategies are necessary for those who may be potential partners in providing a diverse and resource-varied local program.

-  Establish key leaders to work with the volunteer sector—faith-based organizations.
-  Establish key leaders to work with the private sector—Chambers and economic development based organizations.



- Develop materials and meeting venues to reach out to each sector—develop incentives in cooperation with PennDOT in the planning stages—such as Transportation Partnership District designations, for major employer clusters participating in funding or use and promotion of federal employer transit tax credits.

## **8.27 LINKAGE TO OTHER TRANSPORTATION PLANNING AND PROGRAM ACTIVITY/AGENCIES**

The new program would not exist in a vacuum, but should be considered part of the overall regional transportation system. This will entail outreach and information to planners and others.

- Systematic outreach via PennDOT to Metropolitan Planning Organizations and Local Development Districts to consider this program in its long and short planning activities is essential to successful integration of this service as part of a multi-modal local program.
- Work with PA Public Transit Association and PennDOT to inform and engage public transit providers.
- Direction from PennDOT leadership to district offices to provide support for this service.
- Provide routine status reports from PennDOT or Core Network to the disability community about lessons learned.

## **8.28 EVALUATION (ONGOING) OF COMMUNICATION EFFECTIVENESS**

Education and outreach will not be a once and done for this program, but an ongoing activity that requires periodic evaluation/assessment and adjustment as necessary.

- Periodic customer surveys.
- Core network assessments and input.
- Statewide newsletter.
- Website.



## FINANCING/FARE OPTIONS/BUDGETING

Regardless of the broad transportation direction that is ultimately advocated, the cost of the selected transportation program will be a paramount consideration. Through the duration of the project, the disability community repeatedly expressed the need for the preferred transportation program to be affordable. Despite being efficient, accessible, and available, expensive fares will do little to improve mobility among persons with disabilities in rural Pennsylvania. The following section describes various funding/finance mechanisms that could be considered for this service.

### 8.29 CAPITAL PURCHASES

Any new service will need to be supported by capital purchases of transportation equipment and technology upgrades. In addition to the existing Federal Capital funding program, regions should explore innovative funding mechanism such as equipment lease back and usage of the state infrastructure bank. Any existing bond financing capacity available through the transit provider or other public agency should be considered.

### 8.30 FARE STRUCTURE

Fare structure will be a key component of the preferred transportation program. Differences in regional need, ridership, service, and subsidization will require that fare structure not be a “one size fits all” approach.

Consideration must be given at the local and state level to the amount of subsidy provided to persons with disabilities for different types of trips and the different modes of travel. The Commonwealth should establish a set of guiding principles as follows that the local or regional provider implement when delivering service:

1. Promote cost containment
2. Promote efficient trip scheduling
3. Promote utilization of existing capacity
4. Promote targeting certain trip types to willing and acceptable private and non-profit providers
5. Encourage usage of lower cost transportation options
6. Leverage various forms of local participation (hard and soft)



7. Establish per ride subsidy ceilings to maintain program balance  
(Helps to prevent abuse)
8. Provide incentives for efficiency in service delivery
9. Use technology based scheduling systems that assist in selecting the  
type of transportation service that should be provided
10. Build in incentives for linked trip making to lower the average trip  
cost.

### **8.31 DEDICATED FUNDING SOURCE**

Transit taxes offer potential to establish a dedicated funding source to support transportation programs for persons with disabilities. Automobile registrations, disabled placards, sales taxes and individual income taxes have been used in other states to support a transportation system for persons with disabilities. Currently the large dedicated funding source for public transportation is PTAF funding. The state could explore other potential sources of funding to augment the PTAF program's revenue base. Such programs help to ensure program funding availability even during tight fiscal periods for the state budget.

### **8.32 FUNDING PROGRAM COORDINATION**

An enhanced transportation system for persons with disabilities has potential to be funded through a variety of sources including federal agencies, state agencies, private and non-profit groups. These programs each have their own guidelines requirements for eligibility. Coordination of these programs is imperative to ensure that transit providers can operate the most effective and efficient transit service.

### **8.33 EMPLOYERS**

Employers can receive a tax deduction for subsidizing their employees' transit use. In such programs as TransitChek, employers pay for their employees bus/train passes each month. The employer can then submit these costs as Federal tax deductions. Employees benefit from the program by having a guaranteed ride to work at a discounted cost while employers benefit by having an available workforce.

### **8.34 RETAIL BUSINESSES AND SERVICES**

Retail businesses can be a funding partner in providing transportation for persons with disabilities. As indicated by the study's transportation survey, persons with disabilities place a high priority on service and shopping related trips. Malls, department stores, banks and supermarkets





can effectively mobilize potential clientele by funding transit providers offering services for persons with disabilities. Much like the TransitChek program, some of these contributions may be tax deductible. Transportation brokers should be tasked to promote employer participation in existing tax incentive programs.

### **8.35 VOUCHERS**

A voucher system provides persons with disabilities with a predetermined discount or subsidy for transportation services. The discount may be applied at the discretion of the user. The user has the flexibility to apply the voucher to schedule bus/train trips, shared ride services, or taxi services to meet their transportation needs.





### **8.36 PROGRAM OPERATING APPROPRIATION/CAPITAL BUDGET**

In future years the Governor and the General Assembly could include a separate general fund appropriation for operation cost subsidies, consideration too can be given to expanded state participation in equipment purchases through the Capital Budget.



## REVIEW AND EVALUATION PROCESS



A key program success factor will be a solid program evaluation process. PennDOT should finalize the basic requirements for regional evaluation of the recommend program before beginning service. TAC recommends the following core components for the evaluation process:

-  **Service Plan Review**—accompanied with PennDOT's technical assistance. PennDOT's approval of service plans is recommended as a funding condition.
-  **Program Implementation Plan**—evaluation should be frequent and informal early on for major debugging and adjustments and periodic in the longer term during the first year for fine-tuning.
-  **Survey research validation**—during the first year of any Pilot, actual use should be compared to the trip-making need as expressed in this study. Correction factors could be developed to arrive at better estimates of usage in new start-up areas.
-  **Annual reports**—Providers would provide PennDOT with an annual report addressing various performance elements (financial and service) and any requested qualitative information. Potential areas of reporting would include:
  1. Program objective attainment—assessment of how well the pilot (or eventually program) is achieving the plan's goals and objectives.
  2. Trips provided by various population groups if that data is available.
  3. Private sector participation and local economic benefits.
  4. Trip efficiency—costs per trip, taking into account leveraging of state funds.
  5. User benefits and Customer Satisfaction—employment, quality of life.
  6. Program coordination—accomplishments and issues to be addressed.



7. Other effectiveness measures as developed by the local lead group and approved by PennDOT.

8. Performance and Service Goals for the ensuing years

-  **Performance Standards**--Require that local performance/service standards be established for Commonwealth review and approval. Broad state parameters for performance and service effectiveness should be in place to determine if local programs are generally in compliance with program goals. Performance standards will help to address the concern that stakeholders have articulated regarding multiple service providers.
-  Develop an approach to program evaluation, periodic audit, and spot-inspection to help ensure accountability and attainment of desired results.









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## 9.0 RECOMMENDATION

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The overall focus for this study is to establish a clear, objective, and documented assessment of need. Pennsylvania policy-makers are highly interested in ensuring that all Pennsylvanians have the opportunity and access to participate in employment, commerce, as well as religious, social and recreational activities. The challenge to date, however, had been to clearly substantiate need. Without the documentation of need it is most difficult to:

-  Plan
-  Allocate resources
-  Establish program objectives
-  Design effective service delivery
-  Evaluate performance
-  Reach the desired target program recipients

Through this major survey effort in the four study areas, the Commonwealth is now in a better position to begin establishing a framework for a potential program. The TAC recommends that the Commonwealth move forward with a Pilot approach using the following concept:

-  Test one or more service delivery design concepts
-  Adjust or tweak the program delivery approaches for improved services at various milestone review points
-  Establish a base of information and learning that could be invaluable for program replication statewide.

### 9.1 PILOT GOALS

Once “need” has been established policy makers, program managers, local officials, and stakeholders are in a position to frame a pilot program. Clearly, each Pilot may vary in its approach. This section, however, is intended to provide a starting point for Pilot formulation at the strategic level. Goals are established to set a basic direction and the basis from which future performance may be constructively evaluated. In that regard, it is expected that to some degree that the goals and objectives for each Disabilities Transportation pilot may be common. It has also been



recognized from the start of this project that needs may vary region-to-region and within regions. The goals can and should be modified and adjusted to best meet the needs of the individual pilot efforts. In that the goals and objectives are “strategic” they have value in assisting local design of programs.

## **9.2 OUTLINE OF PILOT PROGRAM**

The primary principle to guide any regional transportation program for persons with disabilities is that of flexibility. Assuming that the Commonwealth establishes such an initiative, it must be designed to allow each region to develop service in ways that customize particular regional needs to broad Commonwealth goals and guidance. The recommendations below should provide a framework for the development of a Commonwealth implementation package that would specify state goals and provide other information to guide local start up.

### **9.2.1 STATE GUIDING GOALS**

The TAC recommends that the Commonwealth consider structuring any program around broad goals such as:

1. Promoting local problem solving and program design.
2. Encouraging partnerships between the public and private sectors and with agencies and organizations representing persons with disabilities.
3. Encourage the use of state funds (assuming allocation) to leverage local, private, and non-profit resources (financial and other resources). It is recommended that state funds bring a match either in terms of dollars or soft match (e.g., donated rides from non-profits and others).
4. To promote program effectiveness (serving those with transportation needs) and efficiency (managing costs to allow for the greatest program reach across Pennsylvania rural communities.
5. To encourage coordination of services, programs, equipment, and human resources among a wide range of possible providers.
6. To require program accountability from transit operators or others.



7. To link program planning to the larger regional transportation planning process carried out by Metropolitan Planning Organizations (MPOs) and Local Development Districts (LDDs).
8. To provide state technical assistance and direction that is supportive of successful local program design and implementation.
9. To provide services to the greatest extent possible through existing providers and capacity including but not limited to shared ride and fixed route programs and equipment that is not being used at capacity—e.g., vans in a variety of settings—public, private, non-profit.

#### 9.2.2 OBJECTIVES

**Pilots will involve stakeholders in service design, delivery, and evaluation** – one key strength of this TAC study was the planned and regular involvement of disabilities stakeholders. The principle of public involvement is rapidly becoming a fundamental precept of transportation planning after decades of benign neglect—not only in Pennsylvania, but nationally. It has become recognized that the way to effectively plan transportation policies, programs, and projects is to actively involve those who will be impacted by the decisions—primarily users. This principle is especially apropos in regards to persons with disabilities. It is unreasonable to expect that non-disabled program managers understand the wide-ranging dimensions of need for those with disabilities. Effective program design must be built on the foundation of significant and constructive involvement of persons with disabilities.







**Pilots will strive to effectively and efficiently meet the transportation needs of persons with disabilities** – using the needs -- based information and the regional profiles as a starting point the pilot planning and design must consider ways in which the service will be effective—i.e., meet the reasonable transportation needs of persons with disabilities and how the service will be efficient—i.e., provide for that need in a manner that controls unit costs (cost per ride or per passenger mile) without adversely affecting service. There may be a tendency of some to promote service at any cost. That notion, however, is simply not realistic. Long-term service success and growth will depend upon delivering the service efficiently.





**Pilots will be implemented through a “network” approach, making strategic use of the resources and information of various disabilities organizations/stakeholders and others** – the sure prescription for pilot failure is to rely on one organization or provider to carry out all facets of the Pilot approach. Simply reaching and communicating with the market segment in various rural settings will require a network of organizations, as was the case in conducting the study’s consumer based surveys. A basic but foundational concept for moving forward to a Pilot phase is to keep the regional networks in tact and to transition them to new roles that support the planning, design, delivery, and evaluation of the Pilot. The network includes a range of disabilities organizations, transit providers, and others. Network expansion should be encouraged as well to build a stronger partnership foundation.

**Pilot service delivery should strive to optimize the use of public, private, and non-profit as well as faith-based resources/ministries to provide a package of service that aligns with the varied transportation needs of persons with disabilities** – prior to this study effort the major focus for proposed service delivery was to provide a shared-ride program generally modeled after the lottery funded program provided statewide to senior citizens. Clearly, a shared ride approach may be a Pilot or the primary component/foundation of numerous Pilots or an ultimate program. It must be recognized, however, that there are other transportation resources and capacity that exist in a variety of settings, including, but not limited to:

-  Church vans and buses (some that are available through volunteers on a daily basis)
-  Social service agencies
-  School buses
-  Transit buses
-  Volunteer organizations and private vehicles/drivers
-  Employer vans





It is quite possible to design a Pilot that has **both** shared ride as the core component and volunteer components as well as other potential service delivery methods.

**Pilots will be carefully planned to help achieve service success and to improve the service over time** – a Pilot must be built on an established plan and planning process. Planning guidelines should be



provided as a resource. Planning is not an end in itself but a means to enumerate the necessary actions, tasks, and responsibilities necessary for a successful Pilot and to foster continuous quality improvement. It would not be wise to anxiously deliver service without an established plan that not only addresses these goals but that involves those affected. The planning process does not have to be elaborate or produce volumes of paper, but it should be thorough and be the basis for regular performance monitoring. Precautions for dealing with occurrences like passenger seizures, for example, is a reality that operators must be prepared to address.

**Pilots should be designed to effectively market the available service** – this project is as much about communicating information as it is about transportation. That will not change completely. There will be numerous information challenges that must be addressed as part of Pilot design including but not limited to:

-  Advertising service to a diverse audience.
-  Providing information that is reliable, audible and understandable.
-  Communicating any rules or registration parameters.
-  Providing contact information.

**Pilots should have established milestones to review progress and make adjustments as necessary** – as part of the pilot planning process, milestones must be set at pre-determined intervals or task completion points to review progress, make adjustments, or adapt service. Pilot projects of various types may often fail for the lack of such ongoing, constructive appraisals—with the Pilot let out to die on the proverbial vine. The planning guidance that should be provided would help to set these milestones and the nature of the review at each respective review points.







**Pilots should include an evaluation component to objectively assess service effectiveness and efficiency** – in addition to sequential milestones in Pilot design and service delivery, efforts should be made to establish a meaningful set of performance measures and methods to gauge the Pilot's effectiveness in serving persons with disabilities and how efficiently that service is being provided. The measures can be invaluable in managing the service, learning, and sharing best practice methods across pilot venues. If ultimately a statewide program is established, these measures can be pivotal to its success.






### 9.3 LOCAL PILOT START UP

Once state goals are established as a framework for accountability and resource stewardship/accountability, a **program guide** should be provided to assist local Pilot formation, recognizing that the start up steps would be carried out flexibly in each region that would be participating in a pilot program. The TAC recommends the following eight-step process as a starting point. (The elements are briefly described below from which PennDOT could develop more detailed program guidance to each participating region.)

**Establish Pilot working group** – each region should establish a working group to plan, design, implement, and monitor the pilot. Suggested working group participants could be drawn from any or all of the following sources:

-  Transit agencies—including fixed route and demand responsive program representatives
-  Regional planning agencies
-  PennDOT district offices
-  Disabilities organizations (Core Stakeholders Network as a starting point)
-  Chambers of Commerce
-  Faith-based and volunteer organizations.




**Develop Pilot plan**—Once an oversight group is formed and a leadership organization within that framework selected; the group should plan the pilot. Key considerations in planning:

-  Market identification and needs (TAC surveys as a starting point in 4 survey areas).
-  Definition of Program goals and objectives (related to market need).
-  Program elements - provider, resources, implementation schedule and action plan, public, private and non-profit transportation elements, coordination of various transportation elements.

**Provide public information and two-way communication systems**—because of the highly public nature of these Pilots and the



communication challenges, a separate public information module is recommended. The Pilot work group and lead agency need to address:

-  Public involvement in pilot start up
-  Ongoing/periodic public involvement
-  Development of useful public information to allow persons with disabilities to become aware of new services—including customized media to reach the blind, the mentally retarded, and others with communication barriers.

**Establish pilot budget**—a pilot budget should be established to include a time period (typically 12 months), sources of resources—state and other. The budget should establish estimated trip unit costs per trip and the average number of passenger trips that would be available each month. The budget too can be the means for allocating limited resources as each region could establish priorities based on market and needs data should trip demand exceed capacity.

**Establish service hours**—Service hours would be established based on local capacity, resource availability, and trip needs.






**Establish scheduling protocol**—a process should be established to allow for user-friendly trip scheduling by persons with disabilities, their families, friends, personal aides or third parties. Telephone, Internet, fax, TTY and other sources should be considered in setting up the communication/scheduling system.

**Establish registration procedure and database**—each approved region should determine program eligibility in line with local priorities and/or guidance provided by the Commonwealth. The registration procedure would become the basis for determining service eligibility if necessary. A registrant database would also provide a source of information for periodic program evaluation and communications.

**Initiate service and monitor**—The Commonwealth will likely wish to provide assistance during the regional service-planning phase. A 3-4 month period is envisioned as the approximate time necessary to plan and design service before and up to implementing such services. The Commonwealth should review the start up planning at a few milestones during this gear up period, but at minimum before a green light is given to provide services. Under the locally designed program structure, the Commonwealth's interest is program success and organization, not onerous regulation. The pilot working group should develop a plan to monitor service implementation.



The Commonwealth should be involved in implementation review at the following suggested intervals:

-  Two weeks—initial debugging
-  1 month
-  3 months
-  6 months
-  1 year (provider progress report)

#### 9.4 MAJOR RECOMMENDATIONS

The following are the twelve key overreaching recommendations and features of a Pilot program:

1. Plan for the start-up of the Pilot(s) in 1-4 of the existing study areas after a 3-4 month pilot organization period in which many of the recommendations below would be properly addressed. The Pilots could then flexibly be expanded to other areas of the Commonwealth once implementation has been satisfactorily tested and the more common program “bugs” were identified and addressed.
2. Establish/adopt program goals and performance measures to guide the effort.
3. Establish an implementation handbook or program guide.
4. Provide PennDOT technical assistance, hands-on involvement and sufficient funding support.
5. Prepare a local/regional implementation action plan.
6. Establish a regional organizational structure/network building off the Core Network concept used in conducting this study—survey outreach in particular.
7. Establish a pilot budget and service plan.
8. Establish a market strategy and program with maximum stakeholder involvement.
9. Establish a timeline of no less than 18-24 months with milestone evaluations at several points along the way.
10. Take corrective actions and adjustments as beneficial to improve the program in conjunction with the ongoing and milestone evaluations.



11. Evaluate the actual usage of the service against the TAC study survey results in order to establish a more precise indicator of program demand and need. This would ultimately be extremely helpful in developing methods for allocation of resources across regions and could be bolstered by data from the 2000 census when it becomes available.
12. Expand the program as beneficial based on the pilot results.








## SECTION B DATA ANALYSIS AND IMPLICATIONS

The objective of this TAC study was to determine the transportation needs of persons with disabilities in rural areas. For some time, the answer to the question of need was elusive. In fact, the difficulty in arriving at an objective assessment of need was the reason TAC advanced this study.

The Commonwealth of Pennsylvania has the responsibility of providing a statewide transportation network to effectively move people and goods. The transportation planning process that PennDOT leads with its regional planning partners is indeed needs driven. In some segments or elements of our transportation system, need is easy to determine. Highway needs are probably the most straight forward area for which to assess need as planners and engineers measure traffic volumes, levels of service, capacity, and other factors for which data is not available but regularly and routinely collected.

At the start of this study, there were not readily available data sources to determine the level and type of transportation needs experienced by persons with disabilities. The study team was faced with having to establish a multi-prong data collection strategy highlighted below:

-  Use any and all sources of existing state agency data, however limited, to add to our understanding of need.
-  Use the most recent Census data to develop population estimates in the study areas.
-  Collect primary data to fill gaps through survey research.

### 10.0 DATA SOURCES—SUMMARIZED

Figure 6 summarizes the key data elements used in this study and some key attributes of the data.

**Figure 6: Key Data Sources for Study**

Data Source	Description	Basic Results	Value to Recommendations
Citizen (consumer) Surveys	Customized data collection. Needs based questions. Distributed to 9200 persons in four study areas. Extensive stakeholder participation in survey development and distribution	Provided detailed information related to transportation need, trip priorities, user disabilities, time of day requirements, etc.	Core data source from which to develop recommendations regarding program design and delivery. Also, a starting point if service is planned in any pilot area(s).
Census Data & Mapping	1990 Census data	Disabilities population mapped in relation to transit service.	Estimates the consumer population validates regional distribution numbers & return rates of the market survey



Data Source	Description	Basic Results	Value to Recommendations
PA State Agency Data	Data supplied by 4 state agencies (Depts. of Public Welfare, Health, Labor & Industry and Aging). Agencies provided survey data collection recommendations.	Provided statewide electronic databases the number of clients served, counties in which they reside, and types of disabilities.	Confirms population response to survey effort. Assess disability types & needs experienced by the population.
Regional Transportation Profiles	Data supplied by 6 regional providers. Providers attended TAC meetings. Providers assisted as part of the survey outreach network.	Provided snapshots of individual regional rural transit operations.	Assessment of operating needs if existing transit operations are expanded. Provided experiential insight into new program implementation challenges.

## 11.0 U.S. CENSUS DATA (1990) ANALYSIS

The 1990 United States Census is the most comprehensive source of available data on the number and geographic location of persons with disabilities in Pennsylvania. Two census question response data helped to identify the scope of the problem addressed by this study. Appendix A provides both the short and long forms used in the 1990 Census. The two questions were:

- 1) Does this person have a physical, mental, or other health condition that has lasted for 6 or more months and which:
  - a. Limits the kind or amount of work this person can do at a job?
  - b. Prevents this person from working at a job?
- 2) Because of a health condition that has lasted for 6 or more months, does this person have any difficulty:
  - a. Going outside the home alone, for example, to shop or visit a doctor's office?
  - b. Taking care of his or her own personal needs, such as bathing, dressing, or getting around inside the home?

Several other potentially useful questions related to the person's income level and the source of transportation used for journey to work. Each of these items can also be used to help further develop an understanding of the problem. A summary of the Census results by study area county is illustrated in Figure 7. Appendix B illustrates census results for all counties in the Commonwealth.



Figure 7: Census Results by County

County	MSCL <sup>4</sup> with Work Disability	MSCL No Work Disability	Total with Disabilities	Total Population	Non- Institutionalized Population
Cumberland	1,570	1,200	2,770	195,257	128,308
Clearfield	1,429	819	2,248	78,097	47,554
Elk	367	125	492	34,878	21,347
Greene	867	463	1,330	39,550	23,798
Jefferson	752	336	1,088	46,083	27,563
Schuylkill	2,681	1,162	3,843	152,585	91,121
Washington	3,527	2,563	6,090	204,584	127,440
York	3,656	2,629	6,285	339,574	219,974
<b>State Total (all 67 counties)</b>	<b>176,322</b>	<b>149,181</b>	<b>325,503</b>	<b>11,881,643</b>	<b>7,449,187</b>

### 11.1 CENSUS DATA LIMITATIONS

Census data at the county level does not address the primary issues addressed in the study. Further, it cannot be assumed that the spatial distribution of persons with disabilities is the same as that of the general population in the Census. Also the Census data was last collected in 1990, meaning that the analysis is based on nearly 10-year-old data.

### 11.2 CENSUS MAPPING

Gannett Fleming developed a GIS (Geographic Information System) to produce maps and to conduct analysis in Part B of the study. The GIS incorporated the latest census block group data from Wessex a division of GDT and 1994 Tiger Center Line and county boundaries, which were provided by PennDOT. These data layers were then used as a base map to show fixed transit routes. The fixed bus route information was obtained from the GeoGraphics Laboratory web page. GeoGraphics Laboratory is involved with transportation and community development GIS. It currently operates a Transit GIS Laboratory for the Federal Transit Administration as a part of the U.S. Department of Transportation's Spatial Data Infrastructure Initiative.

The GIS was used to help identify population groups with disabilities that do not have access to a transit system and population groups with disabilities that do have access to transit. Population groups with disabilities were determined by people with mobility and self-care limitations from the 1990 U.S. Census.

<sup>4</sup> MSCL – Mobility or Self Care Limitation



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## 12.0 PA STATE AGENCY DATA ANALYSIS

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As part of the Task Force's data collection efforts for this study, the study team contacted several state agencies that have programs that affect persons with disabilities. Each of the contacted agencies administers several offices that maintain information regarding the number and location of clients with disabilities. As part of this data assessment, each agency was asked to complete a form identifying the type of data that they have and to recommend how useful the data may be for this study. The team also met with each agency to discuss their perspectives on the issue. The following chapter sections summarize those meetings.

### 12.1 DEPARTMENT OF PUBLIC WELFARE (DPW)

The Department of Public Welfare maintains information in several databases that identify persons with disabilities who receive assistance from the Department. The various sources contacted include the Office of Mental Health and Substance Abuse (OMHSAS), Office of Social Programs (OSP), Office of Children, Youth and Families (OCYF), Office of Mental Retardation (OMR), and Office of Information Systems (OIS). Data available from each individual Office or Program could not be cross-referenced for duplication of clients and therefore may contain multiple records for individual persons served by the DPW. The data from the DPW is updated on an annual basis and is available in digital formats. A summary of the data provided by the various DPW Offices and Programs is provided in Appendix C.

### 12.2 DEPARTMENT OF LABOR AND INDUSTRY

The Department of Labor and Industry provided databases from the Office of Vocational Rehabilitation (OVR). OVR is the only Office in the Department that provides assistance to clients with disabilities. The first table is a summary of OVR clients throughout the Commonwealth. The tables in the appendices provide summaries of OVR clients throughout the study regions. Appendix D contains summaries of OVR clients for all of the counties throughout the State of Pennsylvania. Each table summarizes the number of OVR clients by age, sex and disabling Condition.

### 12.3 DEPARTMENT OF HEALTH

The Department of Health has several sources of relevant information. The available data focuses on the 0-17 age group. The first is a needs assessment survey of Pennsylvania families for children with special health care needs. The survey results are available in hard copy format. The Department also has a "Special Kids Network" database containing information on persons that have called for information and referrals for children with special health care needs. The Special Kids Network has the ability to collect information on specific topics and compile collected data from callers in the Network. The Department of Health was unable to supply data within the required time frame for this report.

### 12.4 DEPARTMENT OF AGING

The Department of Aging has data on the current shared ride program usage and costs. However, this data focuses on the Department's primary client base, those persons 65 and over. The



Department also has information from the Area Agencies on Aging that provide services to persons aged 60 – 64. This information deals with program administration rather than individual client data. Neither maintains client records specific to consumers with disabilities served between the ages of 18 – 64, the study target age group.

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### **13.0 OTHER STATE RESEARCH (IMPLICATIONS FOR PENNSYLVANIA)**

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This section summarizes other state policies and programs to address the mobility needs of persons with disabilities in rural areas. Other states have developed and implemented successful transit programs for persons with disabilities in rural areas. These successful programs can serve as best practice examples for Pennsylvania to consider. Research was conducted on other state policies and activities via Internet research and phone interviews of key DOT transit staff. The following states were researched:

- ☐ California
- ☐ Connecticut
- ☐ Florida
- ☐ Georgia
- ☐ Maryland
- ☐ New Jersey
- ☐ New York
- ☐ Texas
- ☐ Virginia
- ☐ Washington



### 13.1 CALIFORNIA

California's transit services for persons with disabilities are predicated upon a far-reaching policy to provide reasonable access and mobility for all state residents. Services are funded through a wide range of sources including existing social service agency programs and most notably through a state sales tax that provides funding for transportation. Up to 5% of the funding can be used for coordination of social services transportation, which includes the disabled.

California relies upon a highly decentralized program structure. Regional Transportation Planning Agencies (RTPAs) are responsible for determining both transit and highway needs, and establishing spending priorities. Regular hearings and public involvement sessions are used to identify and document those needs. Unmet transit needs must be addressed through this process in advance of local street and road funding decisions. The state's 52 RTPAs can designate Consolidated Transportation Service Agencies (CTSAs) to coordinate and broker all social transit services including services for the disabled. Figure 8 provides a more detailed description of the interview and research.

**Figure 8: California State Research**

Administration/Operation Element	Element Summary
Contact	Contact: Ralph M. Caudillo, Chief Office of Specialized Transit and Procurement.
Programs/Policies	California law exceeds ADA requirements. The policy is one of statewide accessibility. Paratransit is provided as the primary service venue beyond the $\frac{3}{4}$ mile ADA boundary.
Disability Definition Used	Definition is moot, services are driven by the mobility needs (determined through a county-based public involvement process) of the populace as opposed to their disability. As a funding consideration, disabilities override other criteria such as income. Income becomes a factor only when capacity exceeds demand.
Service Description	Paratransit service is the primary service where fixed-route service is not available/accessible. FTA 5310 program for Elderly and Handicapped is a program-funding source that provides 80% funding for equipment. State DGS has a master contract for equipment purchases that all transit providers can access. Passengers must be registered and provide 24-hour notice for trip reservation and must be able to board the vehicle.





Administration/Operation Element	Element Summary
Program Administration	<p>52 Regional Transportation Planning Agencies (RTPAs) cover 58 counties. MPOs may act as an RTPA.</p> <p>RTPAs are responsible for a range of transportation programs using federal, state, and local funds.</p> <p>RTPAs have authority to designate consolidated transit service agencies (CTSAs) for coordinated services to avoid duplication. CTSAs can be a new public agency formed to carry out this function or an existing transit operator.</p> <p>CTSAs can also contract for private van service—a common model in the Golden State. In short, the CTSA is a service broker with flexibility to provide public service directly, contract out, or leverage a variety of other funding programs like Medical Assistance.</p> <p>CalTrans provides overall administration of state and local transit programs, it conducts a tri-annual operations audit and an annual financial audit.</p> <p>Fare schedules vary by operator. RTPA can establish a fare structure with the CTSA.</p>
Funding	<p>State Sales Tax.</p> <p>Existing programs like health and human services.</p> <p>Up to 5% of state sales tax available for coordination of social services which includes disabled.</p> <p>RTPAs can only allocate funding to local streets and roads after transit needs have been met, including transit for persons with disabilities.</p>
Demand Estimation	<p>Public involvement to identify needs as part of unmet transit needs finding process. Transit of all forms is a major focus of the needs process.</p> <p>RTPAs hold regular public involvement hearings and obtain data from social service agencies.</p> <p>CalTrans is not involved to any great degree in this facet of what is largely a decentralized program.</p> <p>Social Service Advisory Groups provide input to RTPAs through the unmet needs process.</p>
Means Testing	<p>Employment is the primary criteria for providing service, followed in order by medical, recreation, and social, but broad discretion is applied under a “reasonableness” provision.</p> <p>Service is provided to the greatest degree possible within reason and funding availability. When funding constraints dictate, employment criteria is used to prioritize resources.</p>
Overall Assessment	<p>The history of meeting the transportation needs of the disabled has been a progressive one.</p> <p>Demand continues to grow.</p>
Other Comments	<p><b>Reasonableness</b> criteria for providing service can cut in two directions—one that favors provision of the service based on need, the other that service perhaps is overly restrictive and does not adequately address needs. This, however, is a reflection of a largely decentralized program.</p>

## 13.2 CONNECTICUT

The state of Connecticut is similar to Pennsylvania in that they have a local or municipal government structure that maintains control over local land development and other issues. There is no form of county government in Connecticut. The state has a mostly urban population that is served by fixed-route services. Figure 9 provides more detailed results from the research and interviews.



Figure 9: Connecticut State Research Summary

Administration/Operation Element	Element Summary
Contact	Rick Gray. Transit Specialist with Connecticut DOT.
Programs/Policies	ADA is their main disabilities program. The state is covered primarily by fixed-route systems. Where ADA paratransit services are not provided, dial-a-ride services covers anyone wanting to use service.
Disability Definition Used	ADA—bus service is not discriminatory toward other persons with disabilities not considered under ADA.
Service Description	On-demand—Dial a Ride Service and fixed-route service with paratransit. Service in the state operates from 6am to 6pm. Rural area service varies by region. Equipment consists accessible vans, however where demand warrants they do have accessible body on chassis vehicles.
Program Administration	The program is administered at the local level. The state passes through Federal and State Funding. The operator is either a regional transit agency or a contracted provider under the transit agency. In rural areas transit districts manage the service.
Funding	A combination of state and local funds are used to fund the service. The fare structure varies by region. The state and local regions subsidize trips. The formula varies based on ability to pay and the local transit agency policies. In rural areas, the funding is 50% federal, 30% state and 20% local generally. Member towns or communities pay “dues” to the service provider.
Demand Estimation	They have not conducted any statewide demand studies or analysis.
Means Testing	There are no eligibility requirements or needs based testing.
Overall Assessment	The largest barriers include limited funding, and regional service inequities. Rural areas tend to have lower levels of service.
Other Comments	DOT provides a guidebook to help familiarize persons with disabilities with the service.

### 13.3 FLORIDA

Florida’s Commission for the Transportation Disadvantaged (CTD) administers the state’s Transportation Disadvantaged Program. Housed under FDOT, but still an independent Commission, the CTD is able to lobby and leverage additional funding traditionally unavailable to state agencies. The CTD empowers regional and community organizations to plan and operate the coordinated transportation service. The service is generally well-funded through a combination of taxes, trust funds, and fees placed on licenses. Figure 10 provides a more detailed summary of the Florida research and interviews.



Figure 10: Florida State Research Summary

Administration/Operation Element	Element Summary
Contact	Joanne Hutchinson, Executive Director of Commission for the Transportation Disadvantaged. <i>Other Sources:</i> Brevard County Transportation Disadvantaged Program Medicaid Transportation Pasco County Public Transportation (PCPT) Broward County Transit
Programs/Policies	<i>Transportation Disadvantaged Program</i> -Provides transit service in rural and urbanized areas to the transportation disadvantaged (defined below) using 19 county transit operators in Florida to provide most of the service. FDOT requires coordinated transit service for the Transportation Disadvantaged. "Coordination" means the provision of transportation services in a manner that is cost-effective, efficient, and reduces fragmentation and duplication of services.
Disability Definition Used	<i>Transportation Disadvantaged (TD)</i> - "Persons who because of physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation and are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities, or children who are handicapped, high-risk or at-risk".
Service Description	Across the state paratransit service typically accompanies other transit service such as rural route deviated, rural commuter, rural express, rural local or rural intercity routes. Hours of operation vary by provider, but in general, the service runs from 6 am – 10 pm and provides some weekend and holiday service. Private providers may be used when they are more cost efficient than the coordinated system or when the coordinated system does not adequately meet consumer demand.
Program Administration	The Commission for the Transportation Disadvantaged (CTD) is an independent commission housed under FDOT that sets state policy. CTD State policies are carried out through an Official Planning Agency (OPA) and a Community Transportation Coordinator (CTC) in each county. The OPA develops a transportation improvement program for the region that includes the costs and revenues from the TD services in the area. The OPA also recommends the CTC to the CTD. The CTC acts as a transit broker and organizes all aspects of the TD transit service. A local coordinating board provides guidance and oversight to the CTC on the TD service. The CTC prepares a 5-year Transportation Disadvantaged Plan that identifies problems and needs in the coordinated system and is consistent with local transit plans.



Administration/Operation Element	Element Summary
Funding	<p>The Transportation Disadvantaged Trust Fund helps subsidize fares for the TD. This annual funding source averages \$25 million from a tax on automobile registration. Voluntary donations can also be made during the registration process.</p> <p>Coordination of transit service helps to ensure that vehicles carry multiple riders to reduce trip cost.</p> <p>15% fund transfer from FDOT's Public Block Grant Program (largest source of funding).</p> <p>\$5 fee assessed on temporary disabled placards issued by FDOT.</p> <p>boarding, attendant free.</p> <p>CTD also receives funding from the sale of temporary disabled parking placards. For each \$15 placard sold, CTD receives \$5.</p> <p>Monthly bus passes are \$30.</p> <p>Fare-ADA Certified free boarding, \$0.50 -\$4.00</p> <p>Full Fare \$2.00 Each One Way Trip.</p> <p>Half Fare \$1.00 Each One Way Trip.</p> <p>Personal Care Attendants (escorts) Ride free.</p> <p>Regular fare \$ 0.50 &amp; half fare for persons 16 years of age or under, 65 years or older, with disability, or valid Medicare card holder.</p> <p>\$2 one-way fare (BCI / TOPS)</p>
Demand Estimation	<p>CTC's coordinated over 38 million one-way passenger trips in 1998. A 5% increase from the previous reporting year.</p> <p>Estimated unmet demand was 1 million trips for 1999. This continues to escalate as more people learn about the program.</p>
Means Testing	No Means Testing
Overall Assessment	<p>The most important issues are ways to deal with unmet demand. The challenge is deciding who gets service and who does not, and what kind of service they get. In Brevard, Local Coordinating Board for TD services has determined a set of trip priority goals for TD trips. These are:</p> <p>Medical 55%</p> <p>Food Shopping 5%</p> <p>Work 20%</p> <p>Other (e.g., Recreational and Social) 20%</p>
Other Comments	<p>Surveys have been used by OPAs and local coordinating boards to estimate the demand for the service.</p> <p>Public hearings are held on an annual basis to ensure that the program continues to deliver quality service.</p> <p>Established a toll-free help line to assist consumers with any problems they may encounter while using the transit system.</p> <p>Publishes a newsletter, <i>TD Connector</i>, to raise awareness about the service.</p> <p>Transit usage training for consumers</p> <p>Taxi service for Persons With Disabilities</p> <p>Online survey of transit service provided &amp; needed</p>

### 13.4 MARYLAND

The Maryland Department of Transportation (MDOT) administers all transit funding through the Maryland Transit Administration. Service is provided in every jurisdiction of the state, urban and rural alike. The Specialized Statewide Transportation Assistance Program (SSTAP) administers the



rural component of transit funding. Discounts are provided to the elderly, handicapped, and Medicaid recipients. The state handles procurement of small buses and vans (generally under 30 feet in length) for local operators. MTA admittedly does not have a fair measure for estimating demand for service, especially for demand-responsive service. Local operators are however, supposed to operate in concert with their local planning commissions, which serve as an information clearinghouse for local transportation needs and demands. Requests for demand-responsive service in the rural portions of the state are increasing at an estimated rate of 7-10 percent a year. Future plans include tripling ridership in rural areas by 2020, a goal that will require financial support. Figure 11 provides a more detailed summary of the research and interviews.

**Figure 11: Maryland State Research Summary**

Administration/Operation Element	Element Summary
Contact	Darlene DeMario, Regional Planner with MTA.
Programs/Policies	Specialized Statewide Transportation Assistance Program (SSTEP).
Disability Definition Used	Counties have their own policies/definitions.
Service Description	Demand-responsive, with deviated, fixed route service available in some areas.
Program Administration	All funds are administered through MTA, a division of MDOT.
Funding	Through Section 5307 and 5311.
Demand Estimation	MTA requires local operators to conduct public hearings as part of developing a 5-year transit plan. Although not required by MTA, local operators administer surveys annually.
Means Testing	No Means Testing
Overall Assessment	MTA is "impressed" with the responsiveness of local providers in meeting transportation needs in these areas.
Other Comments	State has a goal to provide more coordination and marketing for local providers.

### 13.5 NEW JERSEY

New Jersey provides intercity and intracity fixed-route transit services through New Jersey Transit (NJT). Counties administer and operate demand-responsive paratransit services primarily for persons with disabilities and senior citizens, but service is also available to the general public. Capital purchases are made through the use of 5310 and 5311 Grants while operating costs are largely funded through the Casino Revenue Fund. County providers coordinate the use of funds and delivery of service to improve operating efficiency. Figure 12 provides a more detailed summary of the New Jersey state research and interviews.



Figure 12: New Jersey State Research Summary

Administration/Operation Element	Element Summary
Contact	Bob Koska, Director of Local Program Support.
Programs/Policies	County-based paratransit systems operate demand response public transportation. Service is for seniors and persons with disabilities, but also available to the general public at the reduced fare. Preference is given to the target populations when scheduling trips. In addition, New Jersey has a statewide transit agency that provides intercity and intracity fixed-route services New Jersey Transit (NJT).
Disability Definition Used	The state uses the ADA definition.
Service Description	Demand-responsive service is delivered with county owned and operated vehicles. Fare structure for trips varies by county (such as free, flat fee or per mile cost). Technology improvements including Automatic Vehicle Location (AVL) through Global Positioning Systems (GPS) and high-end tracking, routing and scheduling software. The state encourages county providers to coordinate service and funding from various sources to maximize efficiency and improve customer service.
Program Administration	Program is administered at the state level for funding and at the county level for operations.
Funding	The state uses the Federal 5310 and 5311 programs for capital purchases and the Casino Revenue Fund for most operating expenses. Overall program cost was \$22 million in 1998.
Demand Estimation	The state conducts overall transportation needs studies periodically that include the use of surveys and other data analysis. The disability community is included in this effort.
Means Testing	The state uses no method of means testing but preference is given to seniors and persons with disabilities in scheduling trips.
Overall Assessment	Future challenges include: Maintaining a dedicated funding source. Breaking down regulatory barriers to allow for a better mixing of various funding sources. Allowing the use of the same vehicles to serve multiple client types. Providing greater regulatory flexibility regarding the use of alternative vehicles, such as school buses. Providing regionalized service traversing county boundaries.
Other Comments	

### 13.6 NEW YORK

New York has a strong public transportation program that provides state capital and operating assistance for all types of transit service such as route-deviated, fixed-route service and demand-responsive. The Program is administered at the state level and provided by local authorities. The state has several multi-year demonstration projects in progress that provide several lessons learned that would be useful if the Commonwealth decides to pursue it's own demonstration project. Figure 13 provides a detailed summary of the New York State research and interviews





Figure 13: New York State Research Summary

Administration/Operation Element	Element Summary
Contact	Michael Baker (518) 457 - 7664
Programs/Policies	Statewide program that provides capital and operating assistance.
Disability Definition Used	The ADA definition.
Service Description	Route-deviated, fixed-route service and demand-responsive service provided.
Program Administration	The program is administered financially at the state level and service is provided through local authorities. Service is often contracted with private providers by local authorities. Generally service is provided during daytime hours, but varies by region.
Funding	Over \$1 billion state operating subsidy for overall transit, the majority for New York City Transit. There is a dedicated local funding source.
Demand Estimation	NYDOT has not performed a statewide study to estimate demand nor have they used census or other means of estimating the population.
Means Testing	No means testing.
Overall Assessment	New York is now purchasing low floor buses and has a dedicated state funding source for service. The state is developing a rural coordination assistance program to plan and implement coordination of human services in each region. Addressing private and non-profit transportation provider conflicts is a major barrier.
Other Comments	The state has always included stakeholders in the process. NY also has several multi-year demonstration projects in progress. They provided three “lessons learned” for Pennsylvania to consider: The demonstration must run over a longer period of time, at a minimum 1 year, to work out “bugs”. All data collection and feedback mechanisms for the pilot must be set up in advance of the pilot to ensure data reliability and comparability. A strong public authority is needed to head up any demonstration. To be effective it needs to have strong management approaches and a commitment to service coordination.

### 13.7 TEXAS

Texas does not have a stand-alone program for transportation for persons with disabilities. The Texas Department of Transportation (TX DOT) is a pass through for the Federal equipment grants—about \$3.5 million annually. The agency leads a number of efforts at a regional/district level to: a) help identify needs and plan through public involvement and outreach; b) assist in brokering and coordinating the variety of other funding sources, primarily health and human service type agencies and other non-profits; and c) provide oversight through the Department’s district offices to ensure that the federally funded equipment (Vans) are being used for their intended purposes. TX DOT sees opportunities for improvement to better serve the need. The agency recently made a key administrative change limiting funding eligibility to public transit operators only to ensure better accountability and expertise. The transit operator may either provide the service directly or contract it out. In the case of the latter, the operator must provide necessary oversight. TX DOT’s program has provided needed leadership and coordination for district level outreach, involvement, planning, and coordination. Figure 14 provides more details on the State of Texas Research.



Figure 14: Texas State Research Summary

Administration/Operation Element	Element Summary
Contact	Demetria Fairley
Programs/Policies	Three pronged program: Distribution of Section 5310 Elderly and Disabled Transportation Program Funding (\$3.5 million annually). No other state DOT dollars support any grant or operating assistance. Planning & Needs Assessment through public involvement, commissions, panels. Assists in coordinating and brokering other funds.
Disability Definition Used	Relies upon the local operators to determine eligibility.
Service Description	Each of the 25 Districts uses an outreach process focusing on consensus building to develop a transportation program and services delivery. Health and human service organizations, disabilities organizations, and local government are involved in the process. TX DOT selects the projects to be funded. Needs are identified in each rural transit district. Services are generally provided during regular 8 am-5pm weekday hours. Services are offered through demand response, voucher, shared ride and grants to agencies for purchase of service contracts such as competitive bidding of taxi service. These grants are local from other sources, not the state. No pre-registration or eligibility requirements. Many operators also serve general public.
Program Administration	Previously, any operator was eligible for funding. TX DOT is shifting away from that and requiring that the funding go to a transit agency to at least have oversight of a subcontractor if it does not provide the service itself. Currently the 343 operators include social service agencies, churches, and other non-profits TX DOT has established specifications for vans and all must be wheel chair accessible. 70-80 new vehicles are purchased each year. Each purchasing operator must adhere to the established specifications. TX DOT district offices oversee operator compliance and public involvement.
Funding	\$3.5 million a year for equipment Operating funds through other programs such as Department of Aging (congregate facility meals for the elderly); Health and Human Services, and Medicaid.
Demand Estimation	Funds are allocated to districts based on its percentage of total state elderly and disabled population.
Means Testing	Needs focus with community transportation networks working with TX DOT in public involvement process.
Overall Assessment	Most counties in Texas have transit service with the exception of a few low-density areas in West Texas. TX DOT strives to provide an improved service.
Other Comments	No set fare structure. ADA and other laws govern most non-profit providers. Texas has identified and addressed a key-operating problem. Some funded operators were not providing the required services. Key management control steps included District level oversight and providing grants directly to transit operators. The District level oversight and the shift to providing grants to transit operators were key management control steps.



### 13.8 VIRGINIA

Virginia recently submitted a study to their General Assembly regarding unmet demand in rural areas. Virginia offers a 95/5 match for local “properties” for the first 18 months of service. There are many instances of public/private partnerships, where companies from the private sector see the merit of contributing to the operating needs of transit in rural areas as a means of community support. Virginia provides no funds to private for-profit transit agencies. Virginia has had 10 new transit providers within the last 10 years. New service is being added faster in the rural areas than in urban areas. Virginia operates as a partner in providing earmarked funds for these types of transit needs, and provides technical assistance to local operators as needed. Types of service vary depending on the local area, although most service is demand-responsive or fixed route. Some operators offer “fixed route deviated” service if the rider calls in 24 hours in advance with a request. Users are not screened for service eligibility based on income. The staff at the Department of Rail and Public Transit function as advocates for transit in Virginia, from the local to the Federal level. Virginia continues to improve mobility for all citizens, regardless of disability. Figure 15 provides a detailed summary of the research and interviews.

Figure 15: Virginia State Research Summary

Administration/Operation Element	Element Summary
Contact	Daryl Feasel of the Virginia Department of Rail and Public Transit.
Programs/Policies	None specifically for persons with disabilities.
Disability Definition Used	Same as FTA's
Service Description	Determined by locals
Program Administration	Virginia is a partner for funding and providing technical assistance
Funding	FTA 5311, 5310, State Aid for Public Transportation alone accounts for \$100 million annually.
Demand Estimation	Nov.'99 study currently in General Assembly; local providers are required to have a public hearing each year to assess their service.
Means Testing	No means testing.
Overall Assessment	Virginia is doing well in addressing the need.
Other Comments	Recently funded sensitivity training for drivers to make them more aware of the special needs of people with disabilities.



### 13.9 WASHINGTON STATE

Washington has developed a planning process that works well for local transportation providers. The state operates a funding and interagency coordination program. The state has adopted a local broker model that varies by region to provide for coordinated services. Figure 16 provides a detailed summary of the research and interviews.

**Figure 16: Washington State Research Summary**

Administration/Operation Element	Element Summary
Contact	Gordon Kirkemoe
Programs/Policies	<p>Washington law defines the state's structure and approach to providing transportation for persons with disabilities. It also provides state planning grant assistance for community planning for coordinated services at the local level.</p> <p>The state has developed a model for unmet transportation needs that defines the process for identifying local transportation needs and developing a method for meeting those needs at the local level.</p> <p>The State has an overall Agency Council on Coordinated Transportation that oversees the community planning activities.</p>
Disability Definition Used	<p>The state uses the following definition for their unmet transportation needs program. A person is defined as having a need if they do not have access to transportation because of a physical/mental disability, have a low income or are restricted due to age. Washington uses ADA as a universal definition for a person with a disability. This definition is only used as a guideline and is not used to limit any person's ability to access transportation.</p>
Service Description	<p>Most communities in the state use a broker model to manage and coordinate community transportation services. The brokers coordinate services of approved providers. Each community tries to include all transportation resources including school districts as transportation providers.</p>
Program Administration	<p>The funding programs are administered at the state level. The local communities are responsible to manage the programs. There are 26 transit systems that are part of the coordination efforts.</p>
Funding	<p>The state has several forms of dedicated funding. The first is a local sales tax option. The local sales tax option provides communities with the ability to self tax anywhere from 1/10 to 6/10 % sales tax and dedicate it to local community transportation and transit services. The second is a 2.2% motor vehicle excise tax. The motor vehicle excise tax was recently repealed by the state legislature. Up to 60% of that tax could be used for operating expenses. Communities also rely upon grants from social service agencies.</p> <p>There is \$750,000 per year available in the form of grants for local community coordination.</p>
Demand Estimation	<p>The State has never conducted a statewide needs assessment for this issue. The local regions are responsible for planning and implementation.</p>
Means Testing	<p>The state does not have a means test, however each social service agency does require their criteria be met for their funding to be used.</p>
Overall Assessment	<p>The state needs some minimum service standards and a quarterly report card would be useful in determining statewide implementation issues. The state is positioned to succeed in providing community transportation but is losing momentum because there is no mandate for service and they lost part of their dedicated funding source.</p>
Other Comments	<p>Public participation is conducted through the local planning process. The ACT council also has a web site and newsletter to share experiences from other parts of the state.</p>



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## 14.0 DATA COLLECTION PILOT GEOGRAPHIC BOUNDARIES

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### 14.1 PENNDOT CONSIDERATIONS



PennDOT suggested some criteria to assist in the selection of the Study areas. It is expected that Service areas may contain diverse demographics ranging from very rural to urban within an area. PennDOT is also interested in evaluating contiguous counties with natural travel patterns that cross county boundaries. Another component of the criteria is to choose counties that do not have available/affordable transportation options for persons with disabilities. The TAC, the Advisory work group and the Stakeholder Group also had input into the selection of the four study areas. PennDOT's involvement as a potential implementing agency was an especially important consideration.

### 14.2 CENSUS DATA AND MAPPING

One data source that was available during the study area selection process was census data mapping that depicts the overall distribution of persons with disabilities with each region's fixed route bus routes.

The maps provided an overview of each region's rural disabilities population and their access to public transit. The following description summarizes the census data mapping and its implications for this study.

Penn DOT's urbanized/non-urbanized maps/Geographic Information Systems (GIS) and the latest census block group data were utilized to plot the location and number of persons with disabilities in non-urbanized areas or other geographic areas with populations less than 50,000. Within the non-urbanized areas, the location and number of persons with disabilities in small urban and rural areas was depicted on the maps. The existing ADA Complementary paratransit and public transit service areas were superimposed onto the map to indicate the areas with:

-  Large, medium and small population groups with disabilities that: a) do not have personal transportation available and; b) do not have reasonable access to existing Paratransit and/or public transit systems.
-  Large, medium and small population groups with disabilities that: a) do have reasonable access to existing Paratransit and/or public transit systems.

Maps 1 through 4 illustrate this mapping for the four selected regions.

### 14.3 STAKEHOLDER INPUT AND CONSIDERATIONS

On January 25, 2000 the Stakeholders met to discuss the various data collection options that could be utilized in Phase B. The options presented were: Census Mapping, Pilot Program, Targeted Random Sample, ADA Paratransit Data, and Department of Education Transition Councils.



**Census Mapping:** An advantage is that the data would be consistent from one county to the next, the numbers would be factual, and a visual representation of the potential need (using 1990 population data) would be provided. One of the inherent problems using 1990 Census data is that the information is dated and the data collected for the 2000 Census may not be available until 2004. Some other drawbacks are the lack of census participation, and that people in institutions are not included.

**Pilot Program:** Some of the positive comments regarding the pilot program approach were that it would be an opportunity to work with real people, allows individuals a chance to try out the service, can be implemented quickly, and gears up local municipalities/and PennDOT to implementation. Some of the cons to employing a pilot program were that it would rely on an existing structure, would not test the need after service hours, may not be germane to the entire state, and there may be a hesitation to use the service in the beginning.

**Targeted Random Sample Survey:** The targeted random sample option would provide current information quickly, allow opportunity for direct input from the public, as well as gaining information about the need for transportation for persons with disabilities. Some of the issues of concern would be a low survey response rate, the logistics of distributing the survey so that a large percentage of the population is reached, and the types of format the survey would require.

**ADA Paratransit Data:** If the right area is selected, this data could provide useful information. Another advantage is that the framework is already in place. Some of the disadvantages that were identified; it was the opinion that it would not work in all areas, particularly in the rural counties, and that ADA guidelines may be less than the existing need.

**Department of Education Transition Councils:** Data is available from the 26 Statewide Intermediate Units (IU's); this would help determine future need. The problems with this data are that it represents only a small segment of the population, uncertainty over consistency between the IU's and whether graduates are still in the area.

#### 14.4 OTHER INPUT AND CONSIDERATIONS

As part of the process for selecting the 4 regions for the survey and potential pilot, the study team received various letters and phone calls encouraging that certain regions be included as a study area. The study team reviewed requests, but maintained that the selection of study areas be based on a set of reasonable criteria developed by the study team.

#### 14.5 PILOT REGION SELECTION

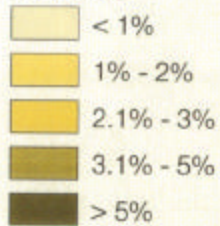
After careful consideration of all of the Counties and regions presented, it was determined by the TAC task force to proceed with four regions for the survey analysis. The four regions are presented in Figure 17.



# Cumberland / York County

## LEGEND

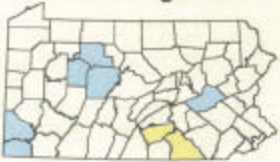
Percent of people with Disabilities



Transit Route

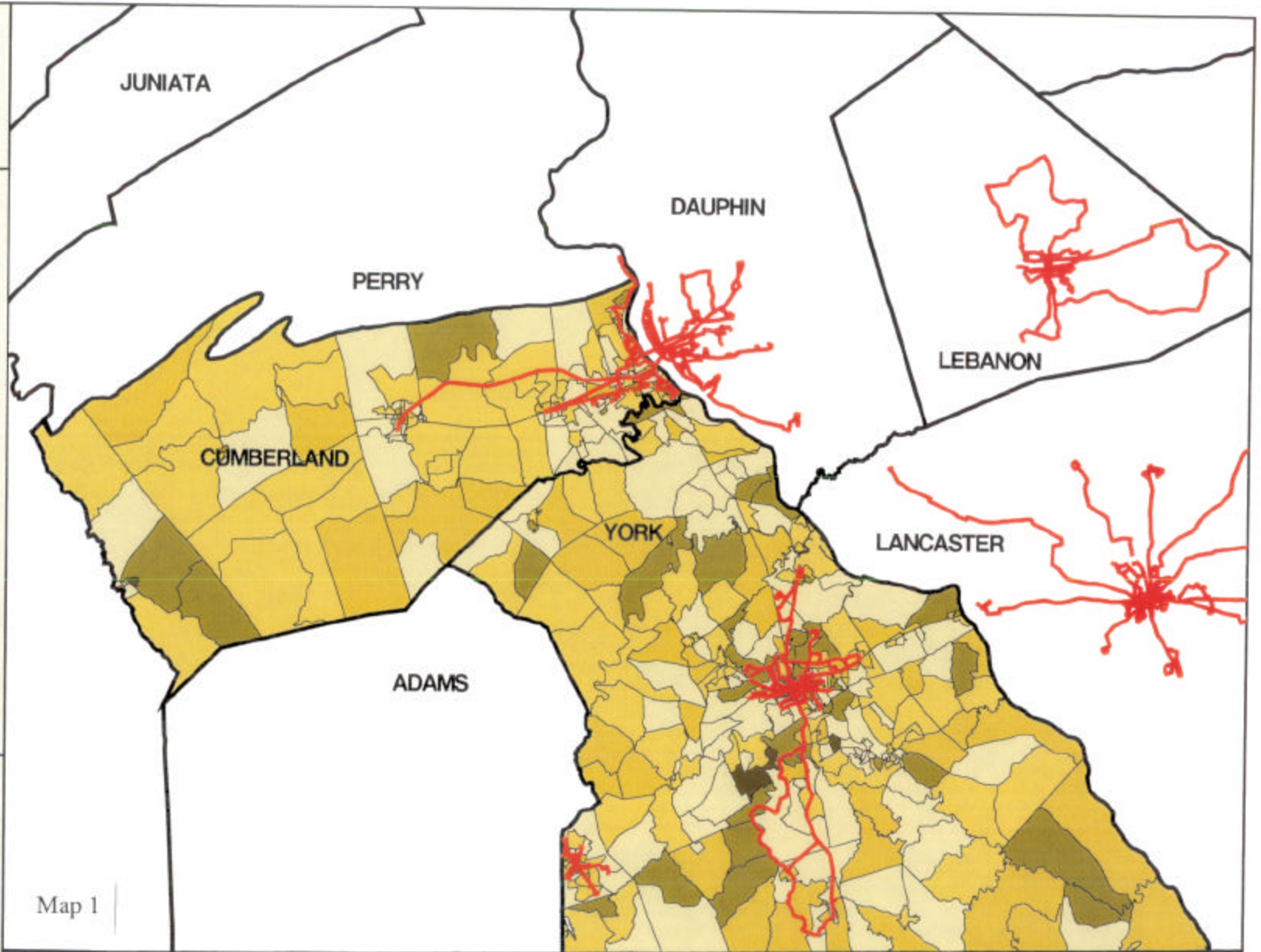


## Pilot Regions



Pilot Regions  
 Study Area

Map 1



\* Census data provided by Wessex a division of GDT  
 \* Transit routes provided by Geo Graphics Laboratory  
 \* TIGER center-line provided by Wessex  
 \* County boundaries provided by Pennsylvania Department of Transportation  
Census block group by total individuals with mobility and self-care limitations  
Data is normalized by total population

Date: May 18, 2000



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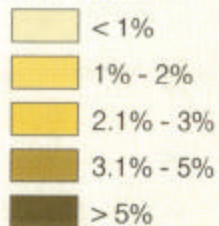
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# Greene / Washington County

## LEGEND

Percent of people with Disabilities





 Transit Route

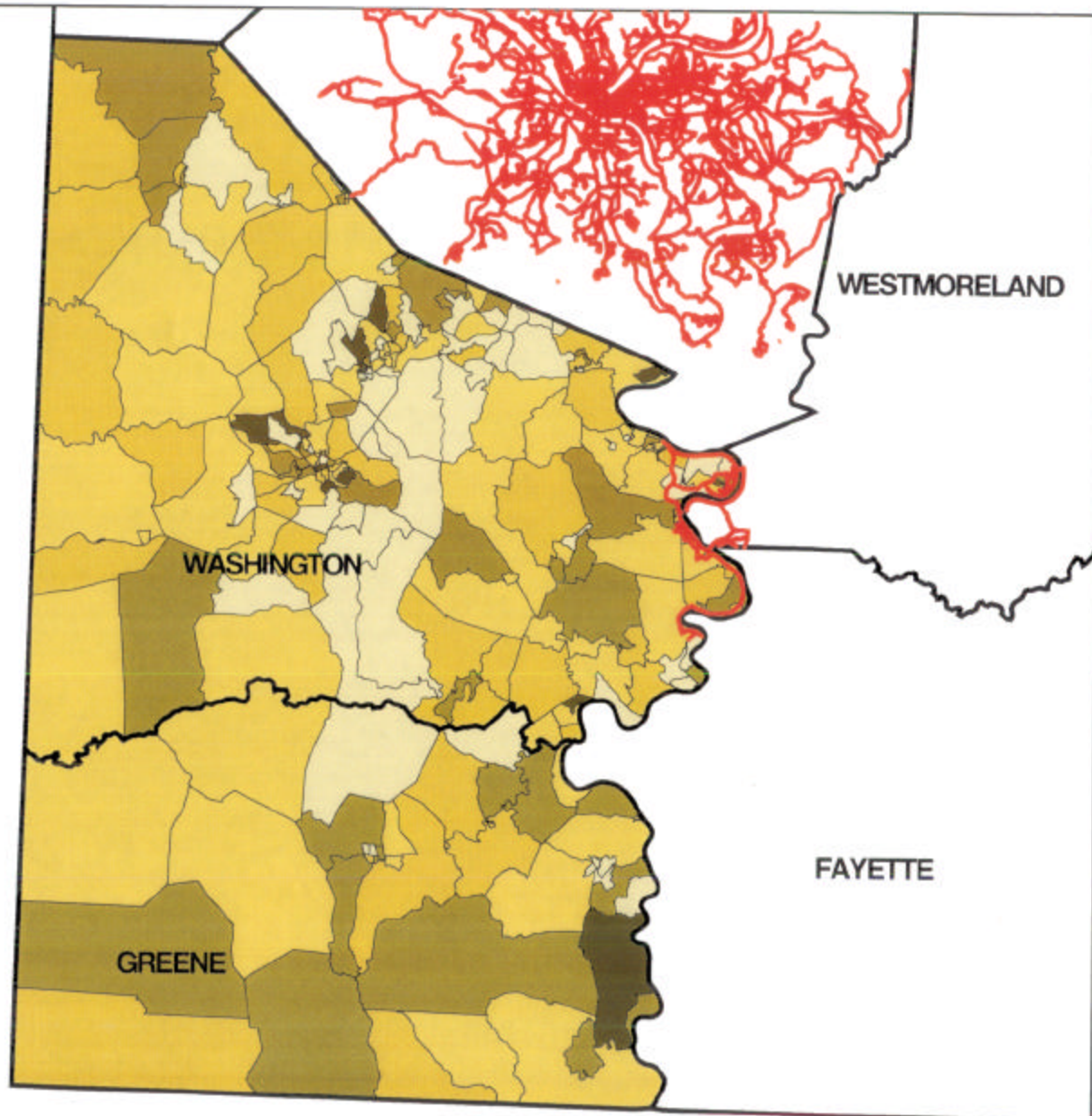


## Pilot Regions



 Pilot Regions  
 Study Area

Map 2



\* Census data provided by Wessex a division of GDT  
\* Transit routes provided by Geo Graphics Laboratory  
\* TIGER center-line provided by Wessex  
\* County boundaries provided by Pennsylvania Department of Transportation

Census block group by total individuals with mobility and self-care limitations  
Data is normalized by total population

Date: May 15, 2000



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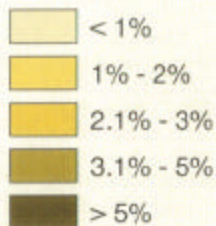
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# Jefferson / Clearfield / Elk / County

## LEGEND

Percent of people with  
Disabilities



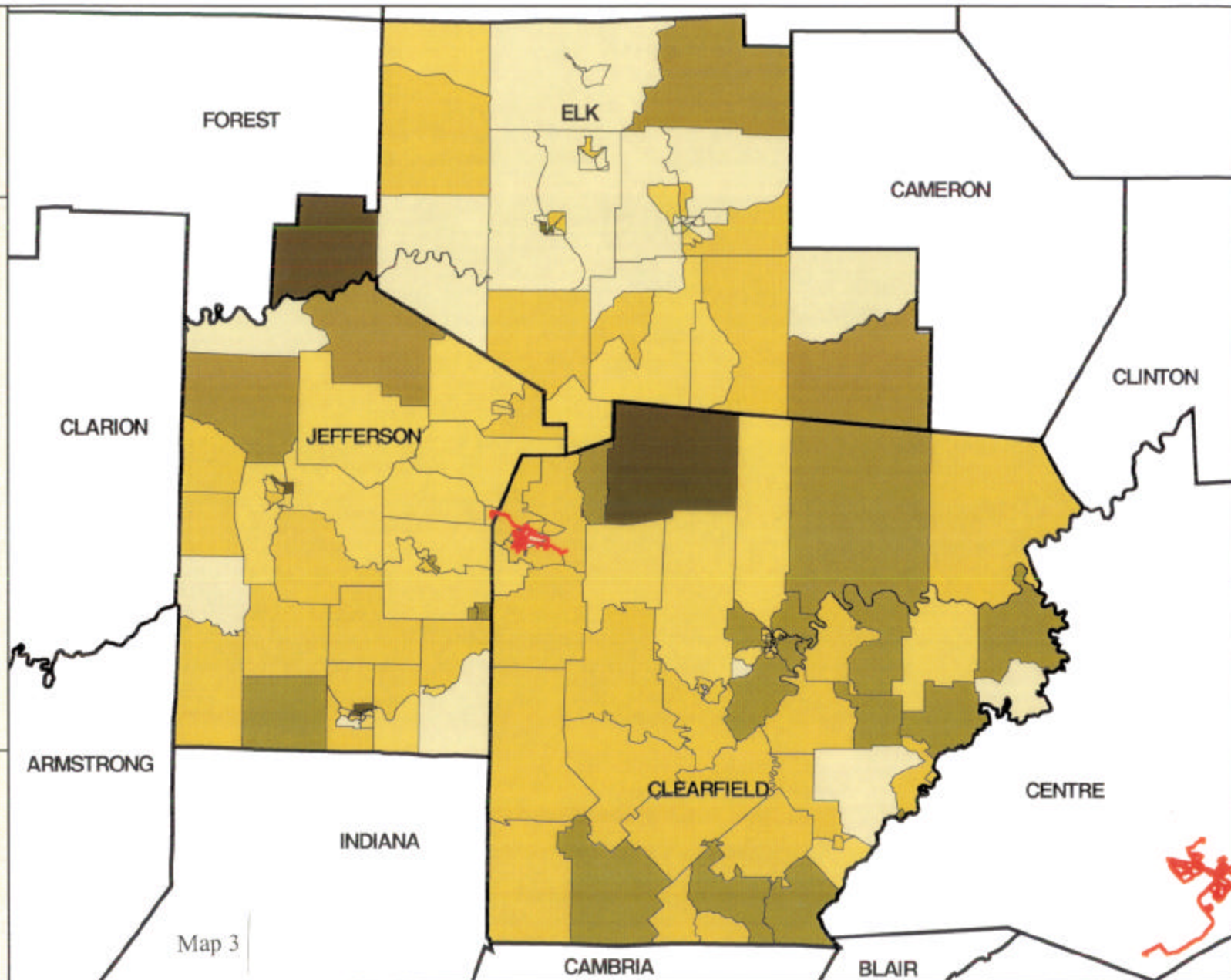
 Transit Route



## Pilot Regions



 Pilot Regions  
 Study Area



\* Census data provided by Wessex a division of GDT  
\* Transit routes provided by Geo Graphics Laboratory  
\* TIGER center-line provided by Wessex  
\* County boundaries provided by Pennsylvania Department of Transportation

Census block group by total individuals with mobility and self-care limitations  
Data is normalized by total population

Date: May 18, 2000



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Figure 17: Pilot Region Selection Reasons

Region	Counties	Reasons for selection
Region 1:	Cumberland and York Counties	These counties offer proximity, a unique metropolitan/rural mix as well as a large study area.
Region 2:	Schuylkill County	This region offers a strong Center for Independent Living
Region 3:	Elk, Jefferson and Clearfield Counties	This area offers a small population covering a large land area. The Shared-Ride Provider has a positive reputation.
Region 4:	Washington and Greene Counties	Consideration was given to this region based on the large population of persons with disabilities as well as the mix of rural suburban character of the area.

## 15.0 REGIONAL TRANSPORTATION PROFILES

The Shared Ride transit providers in each of the four study areas were interviewed so that baseline data could be obtained. The agencies were asked a series of questions such as the size and type of vehicles in their fleet, capacity issues, funding sources, types of service provided, hours of operation, and fare structure.

Transportation providers in each of the study areas offer transportation for persons with disabilities via different methods. The transportation services serve as best practices worthy of replication by other agencies striving to provide increased mobility for persons with disabilities. Similarly, feedback from the survey efforts in each pilot region can be used to enhance each region's existing program. The transportation services of the study's pilot regions, highlighted below, are in matrix form located in Appendices F and N.

### 15.1 REGION A-ELK, JEFFERSON & CLEARFIELD COUNTIES

The transportation provider in this region is the Area Transportation Authority of North Central Pennsylvania (ATA). ATA serves as the shared ride provider in the following six Counties, Elk, Jefferson, Clearfield, Cameron, McKean, and Potter. Based in Johnsonburg, Elk County, the ATA operates 81 short transit vehicles many of which utilize alternative fuels. The fleet is 100% ADA compliant and operates Monday – Saturday. The ATA also operates fixed route service in some communities within their service area.

### 15.2 REGION B-CUMBERLAND & YORK COUNTIES

Cumberland County is Transportation Department provides the shared ride service within the County. The Cumberland County Transportation Department (CCTD) operates 30 wheelchair



accessible vans Monday through Friday from 8:00 a.m. to 4:00 p.m. All CCTD vehicles are included in the County's emergency preparedness system.

Community Transit (CT) services York County, providing both Shared Ride and fixed route services. CT also manages Adams County Transit. This venture enhances inter-county coordination. The demand responsive service fleet is 100% ADA compliant.

### **15.3 REGION C-GREENE & WASHINGTON COUNTIES**

Community Action Southwest (CAS), a nonprofit organization, provides Shared Ride and other types of demand response service to Green County, with links to the cities of Washington, PA and Morgantown, WV. (CAS) utilizes 10 wheelchair accessible vehicles and operates Monday through Friday, 8:30 a.m. to 4:00 p.m.

Washington County contracts with Intelitran, a trip broker to administer the Shared Ride program. They offer 24-hour service for the Welfare to Work Program, with normal business operations between 6:00 a.m. and 7:00 p.m..

### **15.4 REGION D-SCHUYLKILL COUNTY**

Schuykill County Transportation Services (STS) provides Shared Ride and Fixed Route service to the residents of the County. The demand response service operates Monday through Friday from 6:00 a.m. to 5 p.m. The fixed route service operates Monday through Friday 6 a.m. to 6 p.m. and Saturday 8 a.m. to 5 p.m. Both the demand responsive and fixed route fleet are 100% ADA compliant.

### **15.5 COMMON FEATURES OF ALL REGIONAL SERVICE PROVIDERS**

All providers have indicated that they have capacity in some areas, however any increase in the base population, or services offered would require additional vehicles and staff.





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## 16.0 CONSUMER SURVEY DESIGN AND IMPLEMENTATION

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Survey research was the primary data component of this study. A sufficient sample population can provide reliable estimates for drawing conclusions about the Commonwealth as a whole. Data was collected to complement and expand the TAC's understanding of the transportation needs of persons with disabilities in rural Pennsylvania. Information garnered from the survey can be used by state policymakers and program managers as important indicators of the transportation needs for persons with disabilities in rural areas, as well as for planning and evaluating potential program approaches. This chapter highlights the survey's purpose and objectives, methodology, implementation and analysis.

### 16.1 SURVEY PURPOSE/OBJECTIVE

The survey was administered in four pilot areas in an attempt to gauge existing conditions and to understand the barriers encountered by persons with disabilities in the state's rural areas. Most importantly, the survey was expected to provide a clear picture of the needs in enough detail to identify and recommend policy options.

### 16.2 SURVEY QUESTION DEVELOPMENT

Gannett Fleming provided sample questions to the Transportation Advisory Committee. The survey questions were further refined, consolidated and tested by the Advisory Work Group (AWG). Members of the AWG met in four breakout groups to test the survey and provide feedback on its content, format and word choice. Modifications were made and the survey questions were sent to PennDOT to be printed in a scanable format that allowed rapid compilation of the data. The final survey instrument that was approved for use in the study effort is found in Appendix G. The final list of survey questions used are as follows:

1. In what township, city, or borough do you live?
2. In what county do you live?
3. What is your age in years?
4. What is your monthly (or yearly) income?
5. For purposes of scheduling a trip, do you have convenient access to the following (communication technologies)?
  - Telephone/cell phone
  - Internet
  - Fax
  - TTY



6. What is the nature of your disability?
7. What barriers do you encounter to access transportation?
8. Are you limited/restricted by lack of transportation services to and/or from the following (trip purposes)? (mark all that apply)
9. If affordable, accessible transportation would be available to you, please rate the following trip purposes by their importance by filling in the appropriate circle?
10. Are you currently using any of the following forms of transportation? (mark all that apply)
11. Indicate the **three** time periods when you most need transportation services?
12. If affordable, accessible transportation would be available to you, please indicate how many round trips you would take during a typical **month** for each of the following (trip types)?

### 16.3 OTHER FORMATS

PennDOT provided the project team with **TTY** (teletypewriter) phone capability for use in the survey effort. TTY is a small, typewriter-style device that allows a hearing impaired person (as well as a person with a speech impairment) to make a telephone call directly without using another person to interpret. Both individuals must use a TTY, and conversations are typed (rather than spoken) from one machine to another. The conversation is displayed on a visual screen or paper printout. TTYs do not amplify sound or convert speech to print.

PennDOT also provided a toll-free, **1-800 number** for the project team to receive calls from survey recipients who could not independently respond to a written questionnaire and/or to answer questions about the survey effort.

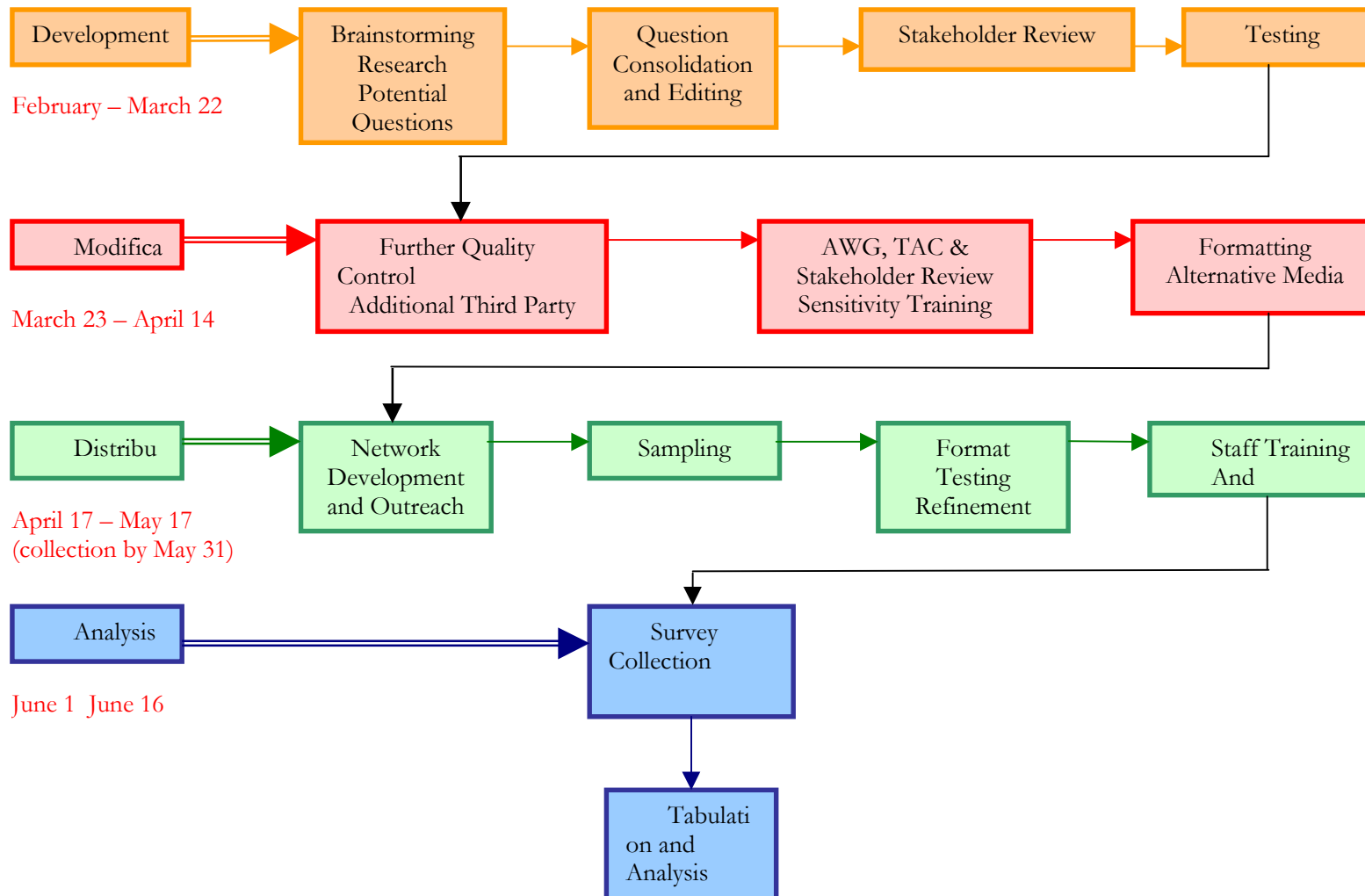
The project team took surveys to a CILS center in Harrisburg for conversion from hand-written format to **Braille**. Braille versions of the survey were distributed entirely by the Center for Independent Living in Harrisburg. Press releases were issued to notify the public of the availability of the survey and the alternative formats.

### 16.4 METHODOLOGY

The study team conducted the survey in April and May 2000 to gather information from the disabilities community about their specific transportation needs. The survey methodology can be described in four stages: 1) development, 2) modification, 3) distribution, and 4) analysis. Figure 18 illustrates these four stages and their component parts.



Figure 18: Survey Process Flow Chart





#### 16.4.1 DEVELOPMENT

The project team and PennDOT personnel received training from Gannett Fleming staff on the survey and the survey distribution process, as well as on the various terms and acronyms used. Staff members discussed the importance of this project to all involved and sensitized them to the needs of persons with disabilities.

The project team brainstormed a list of potential questions. From that list, questions deemed redundant were deleted from further consideration and/or collapsed and consolidated. Survey questions were reviewed by PennDOT, TAC members and disabilities stakeholders and tested to ensure their clarity, level of appropriateness and usefulness.

The final questionnaire was composed of 12 questions, addressing income, nature of disability, transportation barriers, age and other items. Respondents had to fill pre-selected multiple-choice responses related to county of residence, monthly income, communication device access, age, nature of disability, transportation barriers (by service), existing modes used, and time periods when transportation services are needed. Two additional questions, related to the importance of various trip purposes and number of round trips needed per month. The estimated time to complete survey was approximately ten minutes.

One drawback of the closed-question survey style is that it does not allow for unanticipated responses; it describes the problems as the project team sees them, rather than individuals with disabilities. In its defense though, closed questions yield objective responses that are less prone to subjective interpretation by the TAC or the project team. The short time frame for conducting the survey also dictated an approach that would produce more standardized data for statistical analysis. Most importantly the disabilities stakeholders reviewed the survey in-depth before finalization. No surveys will ever provide an iron-clad, unquestionable determination of need. There is always a degree of deviation between responses and actual behavior choices. That is why a Pilot phase is necessary (among other reasons) to test/validate the survey responses related to trip making.

#### 16.4.2 MODIFICATION

After a draft questionnaire had been prepared and tested, PennDOT and the project team conducted additional quality control through third party review—the AWG and Pennsylvania Transportation Alliance. The questionnaire was tested for those who may have problems understanding the survey questions or instructions. The visual acuity of the respondent may also determine the rate of response. To address this potential barrier surveys were printed in 16-point **Arial** type. Once the



questionnaires were approved, PennDOT sent them to its Office of Performance Excellence for Quality Control.

A copy of the final survey tool is included in an Appendix G.

#### 16.4.3 DISTRIBUTION

PennDOT printed the questionnaires, (using electronic scanning format) which were distributed by the project team to a network of agencies and organizations, including disabilities-related organizations, transit providers, and others. Primary regional contacts were: the Centers for Independent Living, the regional United Cerebral Palsy (UCP) offices, and the Shared-Ride providers.

The written survey instrument (or questionnaire), “Personal Transportation Needs Survey,” was administered in four study areas with assistance from primary contacts in each study area in an effort to maximize contact with the targeted population. As already noted, the survey distribution process included alternative formats to aid completion:

- Telephone surveys (both 800 and TTY numbers were provided in the cover letter).
- Written surveys (printed by PennDOT and distributed through the core network).
- Braille surveys (through the Harrisburg Center for Independent Living).
- Third Party Assistance (PennDOT and project team support staff).

The survey was advertised using local media in each study area including newspapers and TV/radio where possible to raise awareness and expand the outreach base. A copy of the press release can be found in Appendix I.

In the interest of confidentiality, the project team mailed and hand delivered questionnaires to participating network agencies, which in turn used their existing mailing lists to distribute the questionnaires. A summary of the total number of questionnaires mailed, by pilot region, is available for review in Appendix H.

As already documented, the surveys were sent or hand delivered to regional agencies. Contacts included: United Cerebral Palsy, Association of Retarded Citizens, Goodwill and Centers for Independent Living. Questionnaires were sent to various stakeholders in the eight counties in four study areas:

- **Cumberland and York Counties** - These Counties offered unique Metropolitan/rural mix as well as a large study area.
- **Schuylkill County** - This region offered a strong Center for Independent Living.



- **Elk, Jefferson and Clearfield Counties** - This area offered a small population covering a large land area. The Shared-Ride Provider also has a positive reputation within the disability community.
- **Washington and Greene Counties** - Consideration was given to this region based on the size of the population of persons with disabilities as well as the mix of rural suburban character of the area.

#### 16.4.4 ANALYSIS

While a majority of questionnaires were received via mail, some were personally collected from agencies or fielded over the phone by study team staff. Of the 9,200 questionnaires that were distributed, 1,729 were received, constituting a response rate of 18.8 percent—a participation rate much higher than normally expected with a mail-out survey. This was accomplished without the benefit of any incentives, pre-mailings, or follow-up contacts.

The project team reviewed the returned questionnaires before the data was entered to verify that each question was legible by the scanner. For instance, the scanner reads multiple answers as not being answered at all for those questions that were *not* marked “all that apply”. From there, the surveys were scanned at PennDOT’s Center for Performance Excellence for quality control. The scanner itself ran its own quality control check via skew marks and bar codes printed on the questionnaires. The scanner assigned a unique questionnaire I. D. number to each survey form during the data reading process. Staff randomly pulled four out of every 100 surveys to ensure that the scanner was accurately collecting the data. After the development of the database was complete, the input data was analyzed in SPSS (Statistical Package for the Social Sciences, a statistical analysis tool) and converted into a database in Microsoft Excel so the survey output data could be more easily reviewed and managed.

The results statistically represent the population that was sampled at a 95 percent confidence level. This assumes that no major sampling errors have taken place where the population that responded to the survey provides a skewed view of the needs of the disability community, because of factors like geographic diversity within each county and the diversity of disability types.

Tabulation of the survey responses and an analysis of the results occurred after the May 31st closing date. A detailed analysis of the survey results, including cross-tabulation of select responses, is included in Section B of this report.

#### 16.5 SURVEY IMPLEMENTATION

The surveys were distributed between April 21<sup>st</sup> and May 17, 2000. On April 21<sup>st</sup> the first surveys were sent to the Centers for Independent Living for their





distribution. The remaining surveys were distributed over a period of three weeks. The total number of surveys distributed increased as additional requests were received. Additional copies had to be produced, which caused a slight delay in distribution.

## 16.6 PROBLEMS/SOLUTIONS

Figure 19 documents the problems that were encountered during the course of the survey distribution process and how each problem was addressed.

**Figure 19: Survey Problems and Solutions**

Problem	Solution
Unable to obtain mailing labels from consumer agencies, due to confidentiality concerns.	Project team provided questionnaires to CILS and transit providers, who in turn utilized their own mailing lists for survey distribution.
Underestimated the number of surveys needed.	Additional copies printed with slight delays.
Concern over multiple surveys sent to an individual. Unable to easily cross-reference mailing lists.	Project team relied on a network of organizations to distribute, based on existing databases available. Core network participant roles were also defined in detail, including assistance in survey reliability and prevention of duplicate responses.
Limited time schedule to include all survey responses.	Surveys received after the initial deadline date of May 17 were accepted for analysis until May 31. Surveys received after May 31 <sup>st</sup> will be provided to PennDOT. The tremendous response renders these additional surveys as statistically insignificant.

## 17.0 SURVEY RESULTS AND ANALYSIS

To assess the needs of persons with disabilities in rural areas, a stakeholder survey was conducted in the four region—eight county study area. Surveys were distributed using a network approach whereby the project team provided surveys to the respective county stakeholder organizations/agencies, who in turn distributed the surveys to the disability community for completion. The Core Network not only distributed the surveys, but also was the ideal source of providing assistance to consumers whom required help in completing the survey.

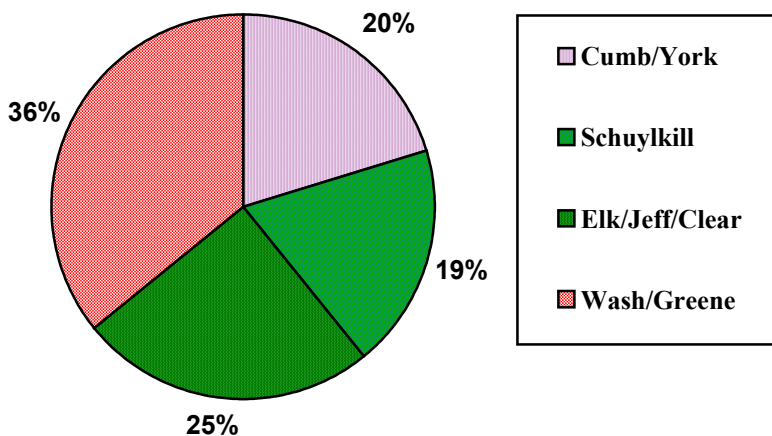
Ninty two hundred surveys were distributed of which 1729 were returned. This 19% return rate can be attributed in part to the core outreach agencies placing their “seal of approval” on the survey by distributing it directly to the disability community. The following section summarizes the questions and answers resulting from the survey effort.



## 17.1 IN WHAT COUNTY DO YOU LIVE?

Figure 20 depicts the distribution of total survey responses by each of the four study areas. (The pie chart does not show the response rate for each county.) The county samples proved to be adequate to perform data analysis. As noted elsewhere in this document, the four study areas are respectively diverse to reflect the wide range of rural conditions statewide.

Figure 20: Distribution of Total Survey Responses by Study Area

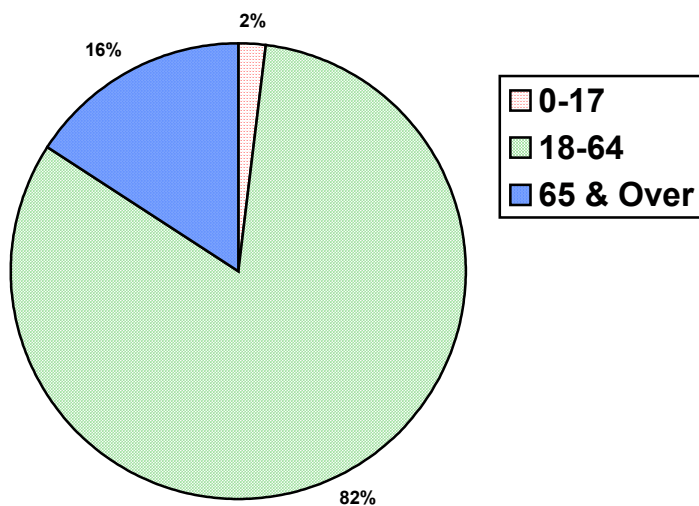




## 17.2 WHAT IS YOUR AGE IN YEARS?

The majority of respondents, 82%, were in the 18-64-age bracket. This was actually a result that the study team had hoped to see since this was the age cohort of particular interest for the study—working age adults. The existing lottery funded shared ride program does provide subsidized service for which the 16% of respondents in the age 65 and over category would qualify.

Figure 21: Distribution of Respondents by Age





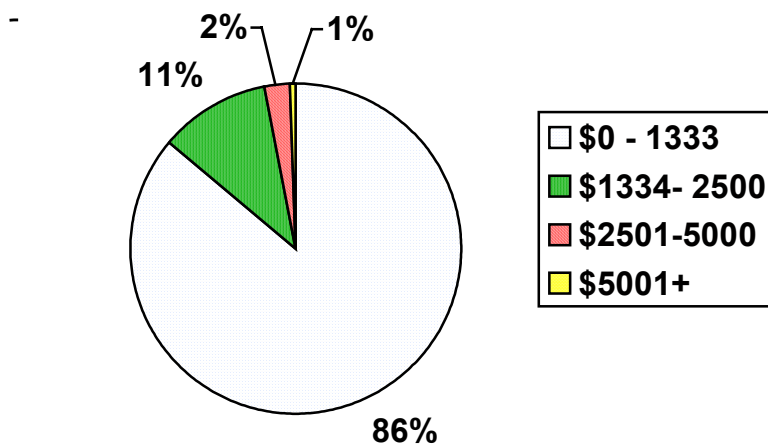
### 17.3 WHAT IS YOUR MONTHLY (OR YEARLY) INCOME?

Eighty-six percent of respondents indicated income levels in the \$0 - \$1333 per month (less than \$16,000 a year). This points to the economic element of this issue on several fronts: 1) the inability to pay for transportation; 2) the potential for some portion of the population realizing greater income and economic participation if transportation were available.

A transportation system meeting the needs of persons with disabilities in this income category should be inexpensive to facilitate its use. This poses issues related to local fare setting and the need to keep per trip costs as low as feasibly possible through service efficiencies (maximizing ride sharing and linked trips). One method to link trips would be to blend the best features of fixed ride and shared ride by having designated stops at “popular” destinations as part of the shared ride trip.

The low end income distribution (for reasons of affordability) also speaks to the need to try to focus certain trip types to the volunteer and non-profit sectors as well as pursuing employer subsidized trip making using tools such as the Federal tax credits for employer sponsored transit. PennDOT could work with the Federal Transit Administration, local transit agencies and the communities to promote this concept.

Figure 22: Respondent Income Distribution

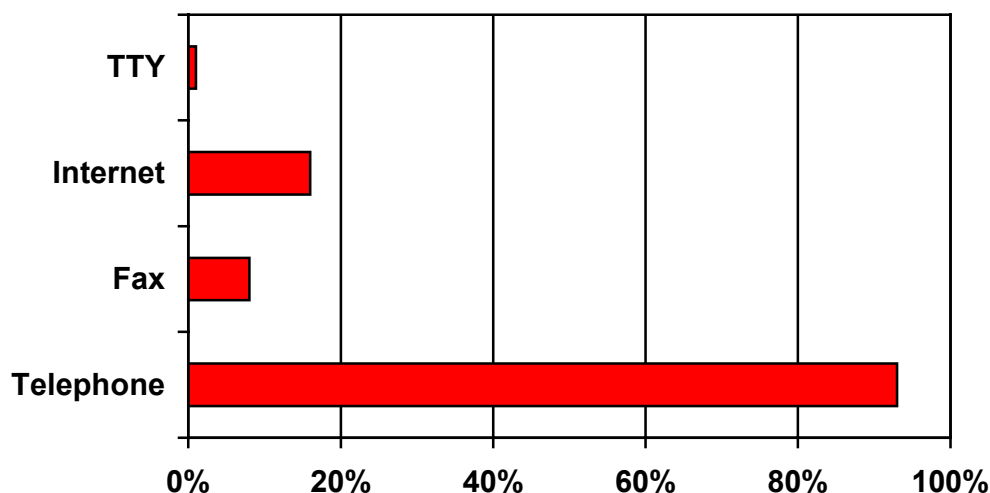




#### 17.4 FOR PURPOSES OF SCHEDULING A TRIP, DO YOU HAVE CONVENIENT ACCESS TO THE FOLLOWING:

The telephone offers nearly universal access for trip scheduling. 93% of the respondents indicated they have accessibility to a telephone. 16% of respondents have access to the Internet, which is well below the national average of over 50%<sup>5</sup> having this access. The Internet offers opportunity for trip scheduling in the future as it evolves into a more user-friendly and affordable technology. Also, the Internet offers opportunity for transit coordinators/brokers to schedule trips for their clients. 8% list having access to a fax machine, and only 1% checked having access to TTY technology.

Figure 23: Access to Communication Media



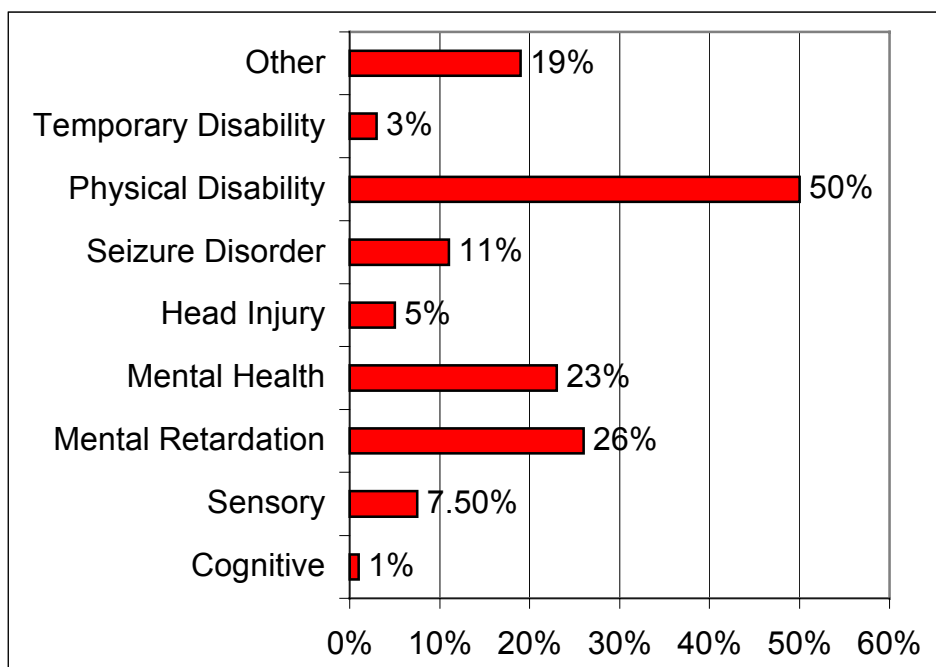
<sup>5</sup> The Internet access disparity may largely be a function of the low incomes of the disabilities population—similar percentages for Internet access may be found with the low-income population at large. The Internet, however, has burgeoning advantages over the telephone with respect to modern trip scheduling technology and cost control. Personnel costs are the largest component of local transit programs. Technology is preferable to having to staff a scheduling position. As such local strategies to indirectly link consumers through the Core Network concept become important.



### 17.5 WHAT IS THE NATURE OF YOUR DISABILITY? (MARK ALL THAT APPLY)

The most common disabilities noted were physical, mental retardation and mental health. 50% of respondents checked physical, 26% mental retardation, and 23% mental health. The preferred transit program should be designed to meet the varied needs of all disability types. Various levels of assistance will be required as well depending on the Nature of the disability. The high percentage of those with physical disabilities underscores the need for ADA compliant vehicles.

Figure 24: Respondents Disability Type by Percent



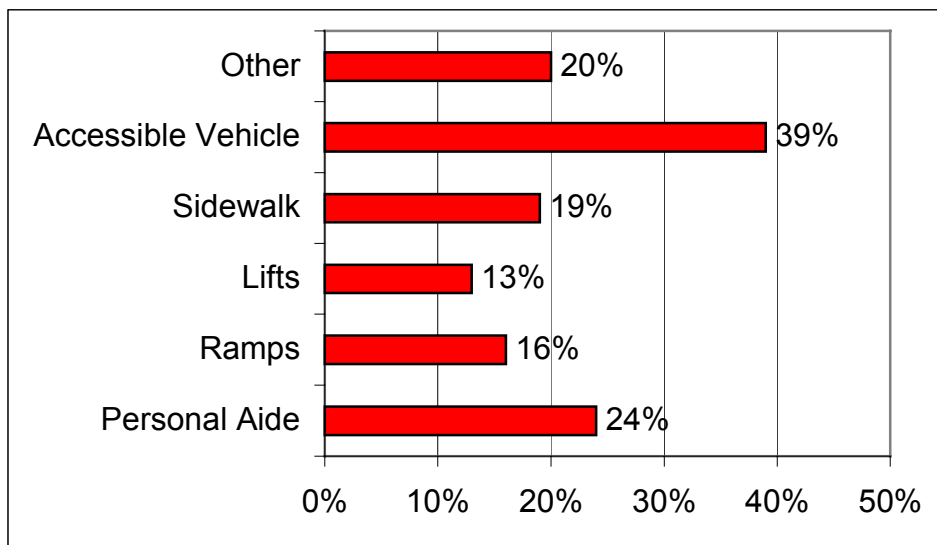




## 17.6 WHAT BARRIERS DO YOU ENCOUNTER TO ACCESS TRANSPORTATION? (MARK ALL THAT APPLY)

Inaccessible transit vehicles provided a significant barrier to 39% of the survey respondents. Similarly, sidewalks, lifts, and ramps were cited as common barriers. These identified barriers indicate the need for a fully ADA compliant transit system that is supported by sound community infrastructure. PennDOT has pedestrian coordinators in each of its 11 District Offices who can provide technical assistance to communities as needed. 24% of the respondents cited lack of personal aide as a barrier to accessing transportation, a key consideration when developing a comprehensive local strategy for a transit system serving persons with disabilities, and another example of a barrier that transit service alone will not solve.

Figure 25: Barriers to Access Transportation



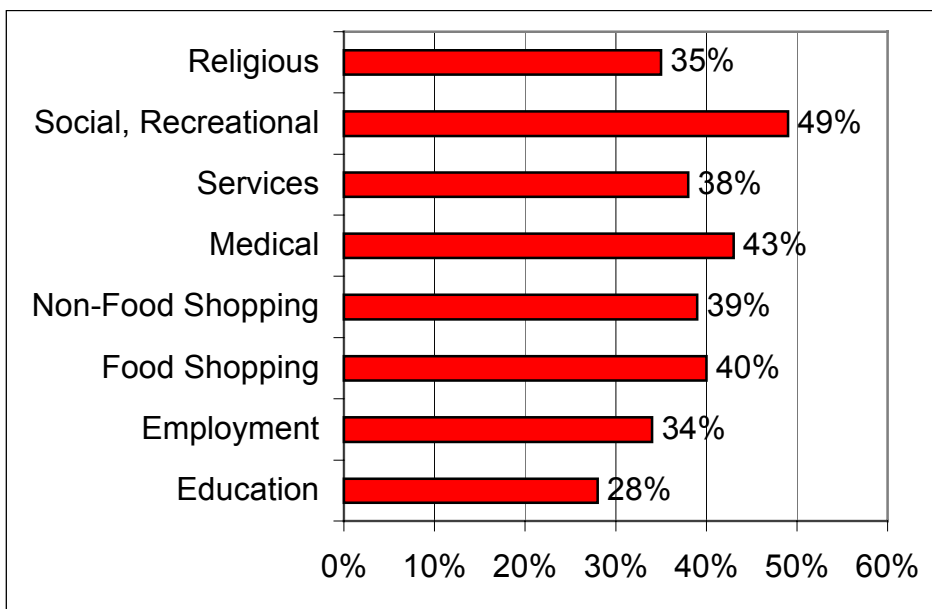


### 17.7 ARE YOU LIMITED/RESTRICTED BY LACK OF TRANSPORTATION SERVICES TO AND/OR FROM THE FOLLOWING? (MARK ALL THAT APPLY)

The highest category of trip type restriction was social/cultural/recreational, at 49%, followed by non-food shopping, at 39%. Such trips are important to quality of life but in many cases are non-life sustaining. Such trips should, where possible be provided by volunteers, faith-based organizations or through public transit especially when trips can be linked (Example: a trip for clothes shopping combined with a trip to the doctors office and a trip to the bank).

In cases of limited resources some states have assigned a lower priority to social/recreational trip in favor of more vital trips such as medical or employment are. The 43% indicating that medical trips are limited was surprising, since it was expected that many such trips would be provided through the Medical Assistance Transportation Program.




Figure 26 Trip Type Restrictions by Category



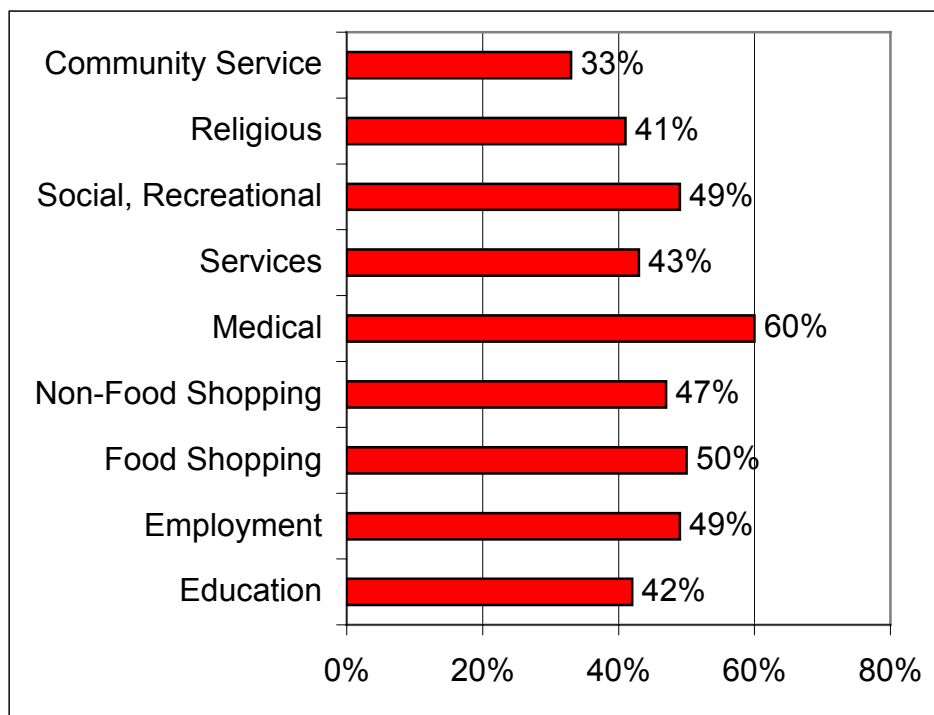


**17.8 IF AFFORDABLE, ACCESSIBLE TRANSPORTATION WOULD BE AVAILABLE TO YOU, PLEASE RATE THE FOLLOWING TRIP PURPOSES BY THEIR IMPORTANCE BY FILLING IN THE APPROPRIATE CIRCLE.**

The trip importance question resulted in a wide ranging distribution of responses. In general, medical, shopping, employment, and social trips were rated as high priorities. More importantly, the response to this question reinforces that persons with disabilities have the same transportation needs as all people. Regardless of trip type, general *mobility* is important to persons with disabilities. From a practical starting point for local program design, individual service provision strategies can be developed for augmenting service in each category. Examples:

-  Private sector participation in employment transportation (and possibly services and shopping)
-  Churches and other faith/based organizations networking to provide transportation for religious (and other activities)
-  Determination of why Medical Assistance Transportation is not being more widely used.

**Figure 27: Trip Importance by Trip Type**



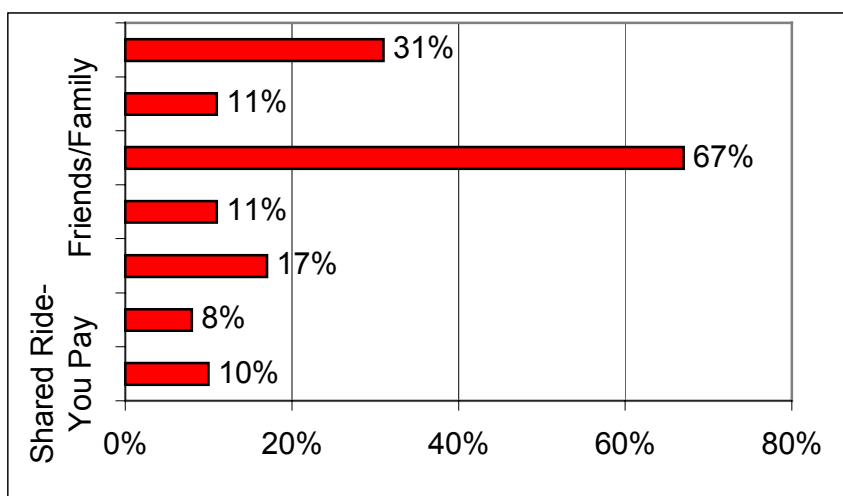


### 17.9 ARE YOU CURRENTLY USING ANY OF THE FOLLOWING FORMS OF TRANSPORTATION? (MARK ALL THAT APPLY)

The family and friends category was by far the highest response, with 67% checking that “mode.” Interpretation of this response can be tricky. Reliance upon friends and family can be interpreted as a burden or over-reliance for many. For others it is a valid and practical source of transportation. The error would be interpreting the response as an either/or when it is really a both/and, Family and friends may be very workable and accommodating for some people, while for others it may limit mobility and create hardship.

The disability community is a transit-familiar community as 17% of the respondents currently use fixed route transportation system (the national average for transit use is less than 10%)

Figure 28: Current Transportation Usage by Type

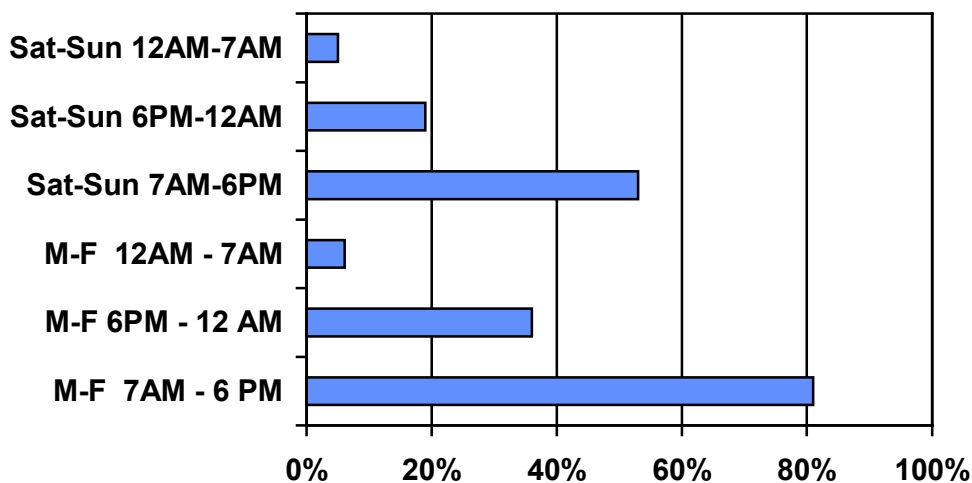




#### 17.10 INDICATE THE THREE TIME PERIODS WHEN YOU MOST NEED TRANSPORTATION SERVICES.

The highest demand was for the Monday-Friday 7AM –6PM time period, checked by over 80% of respondents. This was followed by the Saturday – Sunday 7AM – 6PM time period, chosen by 53%. This illustrates that the transportation needs of persons with disabilities are no different than the needs of the general population. The Monday – Friday 6PM – 12AM time period was the 3<sup>rd</sup> highest response rate, with 36% choosing this. As this is a fairly high need, during a non-peak travel time, there is an opportunity to make better use of existing transportation vehicles at this time. Local program planning and design must closely consider time of day needs in setting scheduling and service provider strategies. Flexible times may provide a greater opportunity for advance scheduling, encouraging passenger flexibility in available trip times, and higher vehicle loadings that will translate into lower per passenger trip costs.

Figure 29: Trip Need by Time of Day





**17.11 IF AFFORDABLE, ACCESSIBLE TRANSPORTATION WOULD BE AVAILABLE TO YOU, PLEASE INDICATE HOW MANY ROUND TRIPS YOU WOULD TAKE DURING A TYPICAL MONTH FOR EACH OF THE FOLLOWING.**

Over 40% of respondents indicate they have no need (0 trips). 39% have a high need (16% need 16-21 trips, and 23% need 21+ trips), possibly indicative of a consistent work schedule. The education results are somewhat similar, with 40% showing no need for transportation for this type of trip. All other trip purposes, with the exception of Community Service, follow a pattern of high demand, with low frequency. The 1-5 option is most often checked, which is in line with what would be expected from the general population as well for these types of trips.

**Figure 30: Employment Demand in Round Trips per Month**

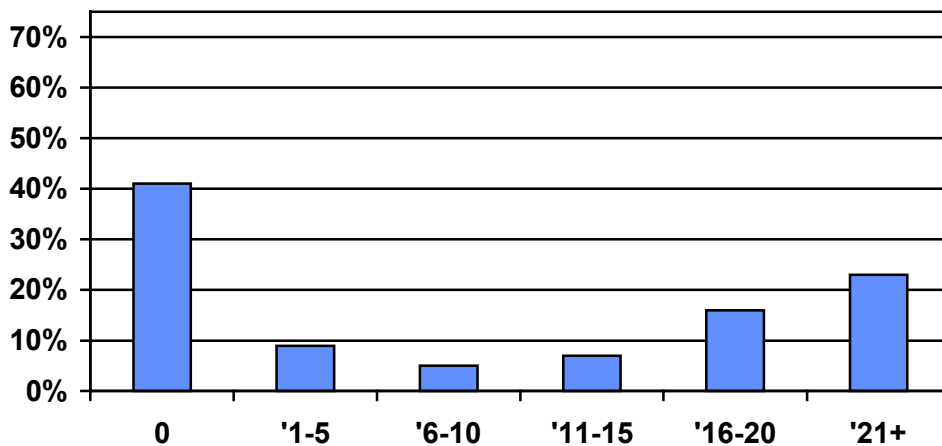






Figure 31: Religious Trip Demand

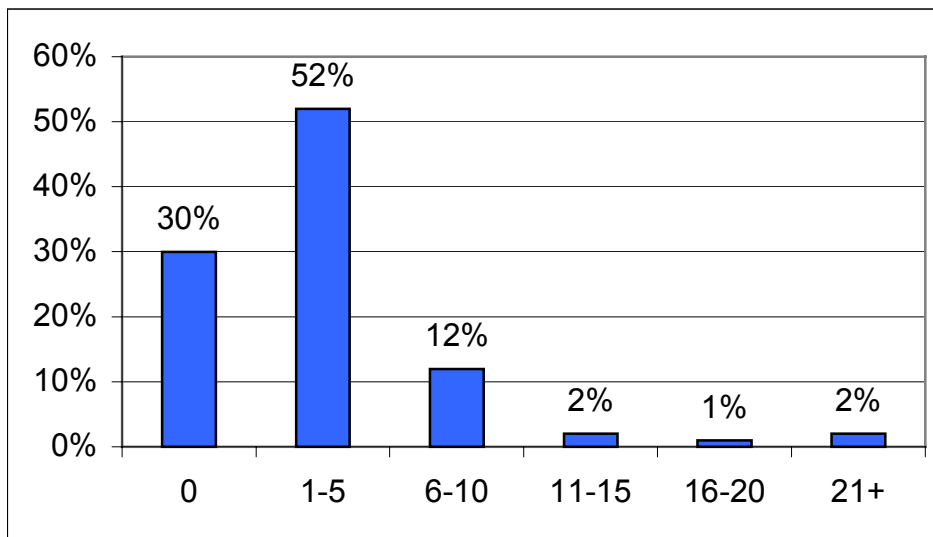


Figure 32: Service Trip Demand

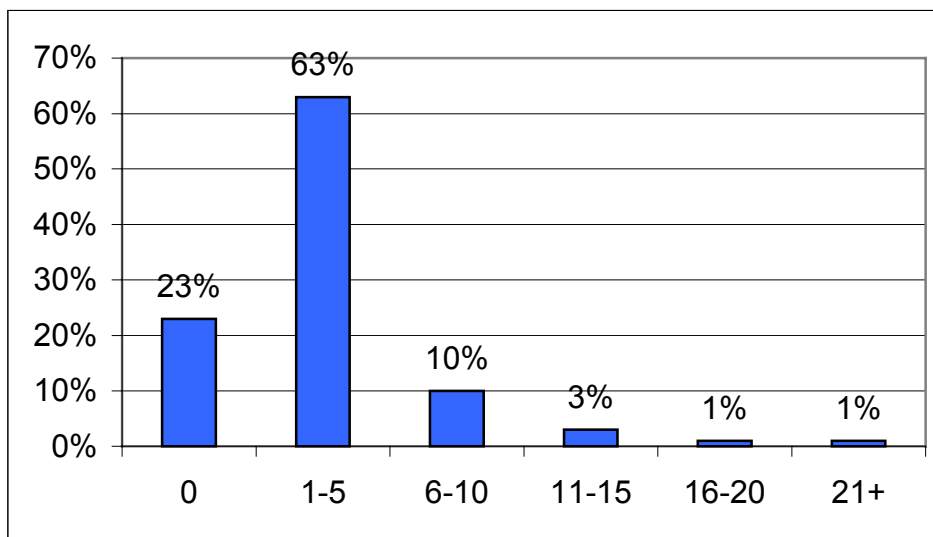




Figure 33: Community Service/Volunteer Demand

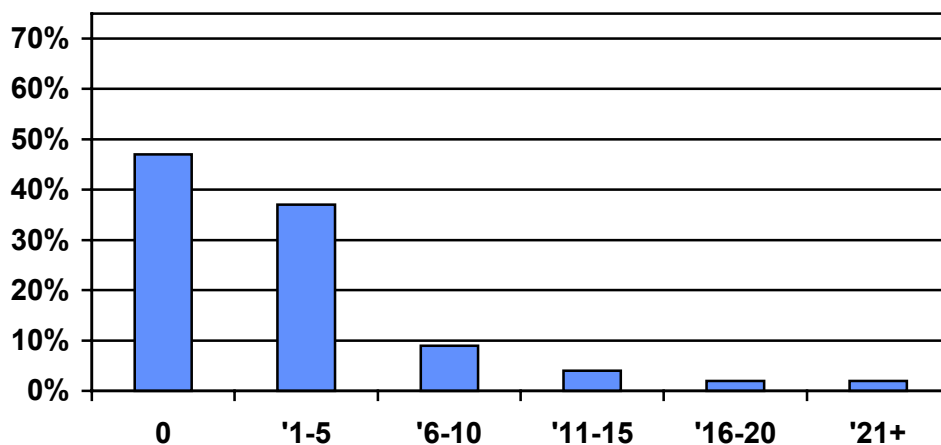
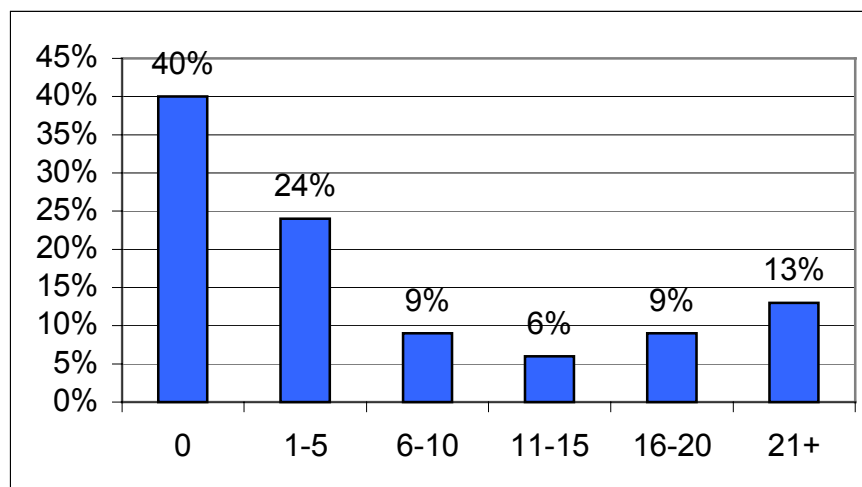


Figure 34: Education Trip Demand











## 17.12 CROSSTABULATION FINDINGS

The survey responses provide a wealth of information about transportation needs that heretofore was not available. Comparing responses to the various questions through cross tabulation analysis or “cross tabs” can expand the analysis.







A cross tab enables a researcher to understand the subject at hand in greater detail by seeing how one variable or response relates to another. A survey about ice cream preferences, for example, may include a question about gender and another question regarding favorite ice cream flavor. The researcher can then determine if there is any relationship between gender and ice cream preference (none would be expected).

The sections below report the results of several cross tab runs.


## 17.13 CURRENT TRANSPORTATION VERSUS AGE

-  59% of shared ride user's that pay their own trips are aged 18-64 years
-  67% of shared ride user's that other's pay for their trips are aged 18-64 years
-  88% of fixed route transit users are aged 18-64 years
-  82% of person relying on friends/family are aged 18-64 years
-  85% of taxi cab users are aged 18-64 years
-  74% of persons relying on religious groups/volunteers are aged 18-64 years


















## 17.14 CURRENT TRANSPORTATION VERSUS INCOME

-  81% of shared ride user's that pay their own trips have an income level between \$0-\$1,333/month
-  78% of shared ride user's that other's pay for their trips have an income level between \$0-\$1,333/month
-  86% of fixed route transit users have an income level between \$0-\$1,333/month
-  82% of person relying on friends/family have an income level between \$0-\$1,333/month
-  79% of taxi cab users have an income level between \$0-\$1,333/month
-  79% of persons relying on religious groups/volunteers have an income level between \$0-\$1,333/month












## 17.15 NUMBER OF TRIPS NEEDED MONDAY THROUGH FRIDAY

-  12am-7am 52% need 1-10 trips for food shopping













-  12am-7am 50% need 1-10 trips for non-food shopping
-  12am-7am 67% need 1-15 trips for medical
-  12am-7am 49% need 1-10 trips for social/cultural/recreational
-  7am-6pm 31% need 16+ trips for employment
-  7am-6pm 62% need 1-10 trips for food shopping
-  7am-6pm 64% need 1-10 trips for non-food shopping
-  7am-6pm 70% need 1-10 trips for medical
-  7am-6pm 70% need 1-10 trips for services
-  7am-6pm 58% need 1-10 trips for social
-  7am-6pm 53% need 1-10 trips for religious
-  6pm-12am 40% need 16+ trips for employment
-  6pm-12am 71% need 1-10 trips for food shopping
-  6pm-12am 72% need 1-10 trips for non-food shopping
-  6pm-12am 70% need 1-10 trips for medical
-  6pm-12am 72% need 1-10 trips for service
-  6pm-12am 77% need 1-15 trips for social
-  6pm-12am 63% need 1-10 trips for service

#### **17.16 NUMBER OF TRIPS NEEDED SATURDAY THROUGH SUNDAY**

-  12am-7am 29% need 16+ trips for employment
-  12am-7am 55% need 1-10 trips for food shopping
-  12am-7am 52% need 1-10 trips for non-food shopping
-  12am-7am 76% need 1-15 trips for medical
-  12am-7am 59% need 1-10 trips for service
-  12am-7am 59% need 1-10 trips for social/cultural/recreational
-  12am-7am 56% need 1-10 trips for religious
-  7am-6pm 32% need 16+ trips for employment
-  7am-6pm 69% need 1-10 trips for food shopping
-  7am-6pm 74% need 1-10 trips for non-food shopping
-  7am-6pm 76% need 1-10 trips for medical



-  7am-6pm 72% need 1-15 trips for services
-  7am-6pm 79% need 1-10 trips for social
-  7am-6pm 64% need 1-10 trips for religious
-  6pm-12am 33% need 16+ trips for employment
-  6pm-12am 69% need 1-10 trips for food shopping
-  6pm-12am 72% need 1-10 trips for non-food shopping
-  6pm-12am 72% need 1-10 trips for medical
-  6pm-12am 70% need 1-10 trips for service
-  6pm-12am 75% need 1-15 trips for social
-  6pm-12am 62% need 1-10 trips for religious

# **APPENDICES**

**APPENDIX A: 1990 U.S. CENSUS FORM**

**APPENDIX B: CENSUS RESULTS BY COUNTY**

**APPENDIX C: DEPARTMENT OF PUBLIC WELFARE DATA**

**APPENDIX D: DEPARTMENT OF LABOR AND INDUSTRY DATA**

**APPENDIX E: ADVISORY WORK GROUP CHARTER**

**APPENDIX F: SHARED RIDE GRANTEE PROFILE REPORT**

**APPENDIX G: SURVEY**

**APPENDIX H: OUTREACH NETWORK**

**APPENDIX I: PENN DOT NEWSRELEASE**

**APPENDIX J: PAS ADVOCACY ORGANIZATIONS**

**APPENDIX K: STAKEHOLDERS MEETING SUMMARIES**

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**APPENDIX O: TERMS AND DEFINITIONS**



# APPENDIX A: 1990 U.S. CENSUS FORM

## APPENDIX E.

# Facsimiles of Respondent Instructions and Questionnaire Pages


E-1 FACSIMILES OF RESPONDENT INSTRUCTIONS AND QUESTIONNAIRE PAGES

**Your Guide for the**  
**1990**  
**U.S. Census**  
**Form**

This guide gives helpful information on filling out your census form. If you need more help, call the local U.S. census office. **The telephone number is on the cover of the questionnaire.** After you have filled out your form, please return it in the **envelope** we have provided.

On the inside	Page
<b>How</b> to fill out your census form	<b>2</b>
<b>Example</b>	<b>2</b>
<b>Your</b> answers are confidential	<b>2</b>
<b>Instructions</b> for the census questions	<b>3 – 11</b>
<b>What</b> the census is about	<b>12</b>
<b>Why</b> the census asks certain questions	<b>12</b>

CENSUS '90



U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

D-4

## How to Fill Out Your Census Form

Please use a black lead pencil only. Black lead pencil is better to use than ballpoint or other pens. Most questions ask you to fill in the circle, or to print the information. See Example below.

Make sure you print answers for everyone in this household. If someone in the household, such as a roomer or boarder, does not want to give you all the information for the form, print at least the person's name and answer questions 2 and 3. A census taker will call to get the other information directly from the person.

There may be a question you cannot answer exactly. For example, you might not know the age of an elderly person or the price for which your horse would sell. Ask someone else in your household: if no one knows, give your best estimate.

Instructions for individual questions begin on page 3 of this guide. They will help you to understand the questions and answer them correctly.

If you have a question about filling out the census form or need assistance, call the local U.S. census office. The telephone number is given on the cover of the questionnaire.

If you do not mail back your census form, a census taker will be sent out to assist you. But it saves time and your taxpayer dollars if you fill out the form yourself and mail it back.

### Example

Figure 1 shows two examples of handwritten data on a form. The form has two columns, 'a. Age' and 'b. Year of birth', each with a 10x10 grid of circles. In the 'a. Age' column, the number '41' is written in the top row. In the 'b. Year of birth' column, the year '1949' is written across the top four rows. The circles are filled or empty to represent the digits.

### Your Answers Are Confidential

The law authorizing the census (Title 13, U.S. Code) also provides that your answers are confidential. No one except census workers may see your completed form and they can be fined and/or imprisoned for any disclosure of your answers. Only after 72 years can your individual census form become available to other government agencies (whether federal, state, county, or local). Until then, no other person or business can see your individual report.

The same law that protects the confidentiality of your answers requires that you provide the information asked in this census to the best of your knowledge.

Information collected from the decennial census is used for a variety of statistical purposes. Census information is used to find out where funding is most needed for schools, health centers, highways, and other services. Census results are used by members of public and private groups—including community organizations—and by businesses and industries, as well as by agencies at all levels of government.

**Instructions for Questions 1a through 7**

1. List everyone who lives at this address in question 1a. If you are not sure if you should list a person, see the rules on page 1 of the census form. If you are still not sure, answer as best you can and fill in "Yes" for question 11a or 11b, as appropriate.
 

If there are more than seven people in your household, please list all the persons in question 1a, complete the form for seven people, and mail it back in the enclosed envelope. A census taker will call to obtain the information for the additional persons.
- b. If everyone listed in question 1a usually lives at another address(es), print the address(es) in 1b.
2. Fill one circle to show how each person is related to the person in column 1.
 

If **other relative** of the person in column 1, print the exact relationship such as son-in-law, daughter-in-law, grandparent, nephew, niece, mother-in-law, father-in-law, cousin, and so on.

If the **Stepson/stepdaughter** of the person in column 1 also has been legally adopted by the person in column 1, mark **Stepson/stepdaughter** but do not mark **Natural-born or adopted son/daughter**. In other words, **Stepson/stepdaughter** takes precedence over **Adopted son/daughter**.
4. Fill ONE circle for the race each person considers himself/herself to be.
 

If you fill the **Indian (Ancest.)** circle, print the name of the tribe or tribes in which the person is enrolled. If the person is not enrolled in a tribe, print the name of the principal tribe(s).

If you fill the **Other API** circle [under **Asian or Pacific Islander (API)**], **only** print the name of the group to which the person belongs. For example, if the **Other API** category includes persons who identify as Burmese, Hmong, Hmong, Indonesian, Laotian, Bangladeshi, Pakistani, Tongan, Thai, Cambodian, Sri Lankan, and so on.

If you fill the **Other race** circle, be sure to print the name of the race. If the person considers himself/herself to be **White, Black or Negro, Eskimo or Aleut**, fill one circle **only**. Please do not print the race in the boxes.

The **Black or Negro** category also includes persons who identify as African-American, Afro-American, Haitian, Jamaican, West Indian, Nigerian, and so on.

**All persons, regardless of citizenship status, should answer this question.**

5. Print age at last birthday in the space provided (print "00" for babies less than 1 year old). Fill in the matching circle below each box. Also, print year of birth in the space provided. Then fill in the matching circle below each box. For an illustration of how to complete question 5, see the **Example** on page 2 of this guide.
6. If the person's only marriage was annulled, mark **Never married**.
7. A person is of Spanish/Hispanic origin if the person's origin (ancestry) is Mexican, Mexican Am., Chicano, Puerto Rican, Cuban, Argentinian, Colombian, Costa Rican, Dominican, Ecuadorian, Guatemalan, Honduran, Nicaraguan, Peruvian, Salvadoran, or from other Spanish-speaking countries of the Caribbean or Central or South America, or from Spain.

If you fill the Yes, other Spanish/Hispanic circle, print one group.

A person who is not of Spanish/Hispanic origin should answer this question by filling the **No (not Spanish/Hispanic)** circle. Note that the term **"Mexican-Am."** refers only to persons of Mexican origin or ancestry.

**All persons, regardless of citizenship status, should answer this question.**

### Instructions for Question H1a through H1b

- H1a.** Refer to the list of persons you entered in question 1a on page 1. If you left anyone out of your list because you were not sure if the person(s) should be listed, answer question H1a as **Yes**. Then enter the name(s) and reason(s) why you did not list the person(s) on the lines provided. Otherwise, answer question H1a as **No**.
- b.** If you included anyone on your list even though you were not sure that you should list the person(s), answer question H1b as **Yes**. Then enter the name(s) and reason(s) why you listed the person(s) on the lines provided. Otherwise, answer question H1b as **No**.

## Instructions for Questions H2 through H7b

### H2. Fill only one circle.

Count all occupied and vacant apartments in the house or building. Do not count stores or office space.

Detached means there is open space on all sides, or the house is joined only to a shed or garage. Attached means that the house is joined to another house or building by at least one wall that goes from ground to roof. An example of **A one-family house attached to one or more houses** is a house in a row of houses attached to one another.

A mobile home or trailer that has had one or more rooms added or built onto it should be counted as a **one-family detached house**; a porch or shed is not considered a room.

### H3. Count only whole rooms in your house, apartment, or mobile home used for living purposes, such as living rooms, dining rooms, kitchens, bedrooms, finished recreation rooms, family rooms, etc. Do not count bathrooms, kitchenettes, strip or pullman kitchens, utility rooms, foyers, halls, half-rooms, porches, balconies, unfinished attics, unfinished basements, or other unfinished space used for storage.

### H4. Housing is owned if the owner or co-owner lives in it. Mark **Owned by you or someone in this household with a mortgage or loan** if the house, apartment, or mobile home is mortgaged or there is a contract to purchase. Mark **Owned by you or someone in this household free and clear (without a mortgage)** if there is no mortgage or other debt. If the house, apartment, or mobile home is owned but the land is rented, mark this question to show the status of the house, apartment, or mobile home.

Mark **Rented for cash rent** if any money rent is paid, even if the rent is paid by persons who are not members of your household, or by a federal, state, or local government agency.

Mark **Occupied without payment of cash rent** if the unit is not owned or being bought by the occupants and if money rent is not paid or contracted. The unit may be owned by friends or relatives who live elsewhere and who allow occupancy without charge. A house or apartment may be provided as part of wages or salary. Examples are: caretaker's or janitor's house or apartment; parsonages; tenant farmer or sharecropper houses for which the occupants do not pay cash rent; or military housing.

### H5a. Answer H5a and H5b if you live in a one-family house or a mobile home; include only land that you own or rent.

- b. A business is easily recognized from the outside; for example, a grocery store or barber shop. A medical office is a doctor's or dentist's office regularly visited by patients.

### H6. If this is a house, include the value of the house, the land it is on, and any other structures on the same property. If the house is owned but the land is rented, estimate the combined value of the house and the land. If this is a condominium unit, estimate the value for your house or apartment including your share of the common elements. If this is a mobile home, include the value of the mobile home and the value of the land. If you rent the land, estimate the value of the rented land and add it to the value of the mobile home.

### H7a. Report the rent agreed to or contracted for, even if the rent for your house, apartment, or mobile home is unpaid or paid by someone else.

If rent is paid:	Multiply rent by:	If rent is paid:	Divide rent by:
By the day . . . . .	30	4 times a year . . . . .	3
By the week . . . . .	4	2 times a year . . . . .	6
Every other week . . . .	2	Once a year . . . . .	12

- b. Answer **Yes** if meals are included in the monthly rent payment, or you must contract for meals or a meal plan in order to live in this building.

## Instructions for Questions H8 through H19b

### H8. The person listed in column 1 refers to the person listed in the first column on page 2. This person should be the household member for one of the members in whose name the house, apartment, or mobile home is owned, being bought, or rented. If there is no such person, any adult household member can be the person in column 1. Mark when this person last moved into this house, apartment, or mobile home.

### H9. Include all rooms intended to be used as bedrooms in this house, apartment, or mobile home, even if they are currently being used for other purposes.

### H10. Mark **Yes**, have all three facilities if you have all the facilities mentioned; all facilities must be in your house, apartment, or mobile home, but not necessarily in the same room. Consider that you have hot water even if you have it only part of the time. Mark **No** if any of the three facilities is not present.

### H11. The kitchen sink, stove, and refrigerator must be located in the building but do not have to be in the same room. Portable cooking equipment is not considered as a range or cookstove.

### H12. Answer **Yes** only if the telephone is located in your house, apartment, or mobile home.

### H13. Count company cars (including police cars and taxicabs) and company trucks of one-ton capacity or less that are regularly kept at home and used by household members for nonbusiness purposes. Do not count cars or trucks permanently out of working order.

### H14. Fill the circle for the fuel used most to heat your house, apartment, or mobile home. In buildings containing more than one apartment you may obtain this information from the owner, manager, or janitor.

**Solar energy** is provided by a system that collects, stores, and distributes heat from the sun. **Other fuel** includes any fuel not separately listed; for example, purchased steam, fuel briquettes, waste material, etc.

### H15. If a well provides water for five or more houses, apartments, or mobile homes, mark **A public system**. If a well provides water for four or fewer houses, apartments, or mobile homes, fill one of the circles for **Individual well**.

**Drilled wells**, or small diameter wells, are usually less than 1½ feet in diameter. **Dug wells** are generally hand dug and are larger than 1½ feet wide.

### H16. A **public sewer** may be operated by a government body or private organization. A **septic tank or cesspool** is an underground tank or pit used for disposal of sewage.

### H17. Fill the circle corresponding to the period in which the original construction was completed, not the time of any later remodeling, additions, or conversions. In buildings containing more than one apartment, the owner, manager, or janitor may be of help in determining when the building was built.

If you live in a houseboat or a trailer or mobile home, fill the circle corresponding to the model year in which it was manufactured.

If you do not know the period when the building was first constructed, fill the circle for **Don't know**.

### H18. A condominium is a type of ownership in which the apartments, houses, or mobile homes in a building or development are individually owned, but the common areas, such as lobbies, halls, etc., are jointly owned. Cooperative occupants should mark **No**.

### H19a. Answer H19a and H19b if you live in a one-family house or mobile home.

- b. This property is the acreage on which the house is located; it includes adjoining land you rent for your use. Report sales made in 1989 from this property by you or previous occupants.

## Instructions for Questions H20 through H26

**H20.** If your house or apartment is rented, enter the costs for utilities and fuels **only if you pay for them in addition to the rent entered in H7a.**

If you live in a condominium, enter the costs for utilities and fuels **only if you pay for them in addition to your condominium fee.**

If your fuel and utility costs are already included in your rent or condominium fee, fill the **Included in rent or in condominium fee** circle. Do not enter any dollar amounts.

The amounts to be reported should be the total amount for the past 12 months. Estimate as closely as possible when exact costs are not known. If you have lived in this house or apartment less than 1 year, estimate the yearly cost.

Report amounts even if your bills are unpaid or paid by someone else. If the bills include utilities or fuel used also by another apartment or a business establishment, estimate the amounts for your own house or apartment. If gas and electricity are billed together, enter the combined amount on the electricity line and bracket | | the two utilities.

**H21.** Report taxes for all taxing jurisdictions (city or town, county, state, school district, etc.) even if they are included in your mortgage payment, not yet paid or paid by someone else, or are delinquent. Do not include taxes paid due from previous years.

**H22.** When premiums are paid on other than a yearly basis, convert to a yearly basis. Enter the yearly amount even if no payment was made during the past 12 months.

**H23a.** The word mortgage is used as a general term to indicate all types of loans that are secured by real estate.

**b.** Enter a monthly amount even if it is unpaid or paid by someone else. If the amount is paid on some other periodic basis, see the instructions for H7a and change it to a monthly amount.

Include payments on first mortgages and contracts to purchase only. Payments for second or junior mortgages and home equity loans should be reported in H24b.

**H24a.** A second or junior mortgage or home equity loan is secured by real estate.

**b.** Enter a monthly amount even if it is unpaid or paid by someone else. If the amount is paid on some other periodic basis, see instructions for H7a and change it to a monthly amount. Include payments on all second or junior mortgages or home equity loans.

**H25.** A condominium fee is normally assessed by the condominium owners' association for the purpose of improving and maintaining the common areas. Enter a monthly amount even if it is unpaid or paid by someone else. If the amount is paid on some other periodic basis, see the instructions for H7a on how to change it to a monthly amount.

**H26.** Report amount even if your bills are unpaid or paid by someone else.

Include payments for personal property taxes, land or siting, registration fees and license fees. Do not include real estate taxes already reported in H21. The amount to be reported should be the total amount for an entire 12-month billing period even if made in two or more installments. Estimate as closely as possible when exact costs are not known.

## Instructions for Question 8

**8.** For persons born in the United States:

Print the name of the State in which this person was born. If the person was born in Washington, D.C., print District of Columbia. If the person was born in a U.S. territory or commonwealth, print Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, or Northern Marianas.

For persons born outside the United States:

Print the name of the foreign country or area where the person was born. Use current boundaries, not boundaries at the time of the person's birth. Specify whether Northern Ireland or the Republic of Ireland (Eire); East or West Germany; North or South Korea; England, Scotland, or Wales (not Great Britain or United Kingdom). Specify the particular country or island in the Caribbean (not, for example, West Indies).

## Instructions for Questions 9 through 13

**9.** A person should fill the **Yes, U.S. citizen by naturalization** circle only if he/she has completed the naturalization process and is now a United States citizen. If the person was born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas, he/she should fill the **Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas** circle. If the person was born outside the United States (or at sea) and has at least one American parent, he/she should fill the **Yes, born abroad of American parent or parents** circle.

**10.** If the person has entered the United States (that is, the 50 states and the District of Columbia) more than once, fill the circle for the latest year he/she came to stay.

**11.** Do not include enrollment in a trade or business school, company training, or tutoring unless the course would be accepted for credit at a regular elementary school, high school, or college.

A public school is any school or college that is controlled and supported primarily by a local, county, State, or Federal Government. Schools are private if supported and controlled primarily by religious organizations or other private groups.

**12.** Mark the category for the highest grade or level of schooling the person has **successfully completed** or the **highest degree** the person received. If the person is enrolled in school, mark the category containing the highest grade completed (the grade previous to the grade in which enrolled). Schooling completed in foreign or ungraded schools should be reported as the equivalent level of schooling in the regular American school system.

Persons who completed high school by passing an equivalency test, such as the General Educational Development (GED) examination, and did not attend college, should fill the circle for high school graduate.

Do not include vocational certificates or diplomas from vocational, trade, or business schools or colleges unless they were college level associate degrees or higher.

Some examples of professional school degrees include medicine, dentistry, chiropractic, optometry, osteopathic medicine, pharmacy, podiatry, veterinary medicine, law, and theology. Do not include barber school, cosmetology, or other training for a specific trade.

Do not include honorary degrees awarded by colleges and universities to individuals for their accomplishments. Include only "earned" degrees.

**13.** Print the ancestry group. Ancestry refers to the person's ethnic origin or descent, "roots," or heritage. Ancestry also may refer to the country of birth of the person or the person's parents or ancestors before their arrival in the United States. All persons, regardless of citizenship status, should answer this question.

Persons who have more than one origin and cannot identify with a single ancestry group may report two ancestry groups (for example, German-Irish).

Be specific. For example, print whether West Indian, Asian Indian, or American Indian. West Indian includes persons whose ancestors came from Jamaica, Trinidad, Haiti, etc. Distinguish Cape Verdean from Portuguese; French Canadian from Canadian; and Dominican Republic from Dominica Island.

A religious group should not be reported as a person's ancestry.



## Instructions for Questions 14a through 19

- 14a.** Mark **Yes** if this person lived in this same house or apartment on April 1, 1985, even if he/she moved away and came back since then. Mark **No** if this person lived in the same building but in a different apartment (or in the same mobile home or trailer but on a different lot or trailer site).

- b.** If this person lived in a different house or apartment on April 1, 1985, give the location of this person's usual home at that time.

### Part (1)

If the person lived in the United States on April 1, 1985, print the name of the State (or District of Columbia) where he or she lived. Continue with parts (2) through (4).

If the person lived in a U.S. territory or commonwealth, print the name of the territory or commonwealth, such as Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, or Northern Marianas. Then go to question 15a.

If the person lived outside the United States, print the name of the foreign country or area where he or she lived. Specify whether Northern Ireland or the Republic of Ireland (Ire); East or West Germany; North or South Korea; England, Scotland or Wales (not Great Britain or United Kingdom). Specify the particular country or island in the Caribbean (not, for example, West Indies). Then go to question 15a.

### Part (2)

If the person lived in Louisiana, print the parish name. If the person lived in Alaska, print the borough name. If the person lived in New York city and the county name is not known, print the borough name. If the person lived in an independent city (not in any county) or in Washington, D.C., leave blank and enter the city name in part (3).

### Part (3)

If the person lived in New England, print the name of the town rather than the village name, unless the name of the town is not known. If the person lived outside the limits or boundaries of any city or town, print the name of the post office or the nearest town and mark **No, lived outside the city/town limits** in part (4).

### Part (4)

Mark **Yes** if the location is now inside the city/town limits even if it was not inside the limits on April 1, 1985: that is, if the area was annexed by the city/town since that time.

- 15.** Mark **Yes** if the person sometimes or always speaks a language other than English at home.

Do not mark **Yes** for a language spoken only at school or if speaking is limited to a few expressions or slang.

Print the name of the language spoken at home. If this person speaks more than one non-English language and cannot determine which is spoken more often, report the first language the person learned to speak.

- 17a.** For a person with service in the National Guard or a military reserve unit, fill one of the two **Yes, active duty** circles if and only if the person has ever been called up for active duty other than training; otherwise, mark **Yes, service in Reserves or National Guard only**. For a person whose only service was as a civilian employee or volunteer for the Red Cross, USO, Public Health Service, or War or Defense Department, mark **No**. Count **World War II Merchant Marine Seaman** service as active duty; do not count other Merchant Marine service as active duty.

- 18.** Mark **Yes** to part (a) if a health condition substantially limits this person in his or her choice of occupation or if the condition limits the amount of work that can be accomplished in a given period of time. Mark **Yes** to part (b) if the health condition prevents this person from holding any significant employment.

- 19.** Consider a person to have difficulty with these activities if any of the following situations apply: (1) it takes extra time or extra effort for the person to perform one or more of the activities, (2) there are times when the person cannot perform one or more of the activities, or (3) the person is completely unable to perform one or more of the activities.

## Instructions for Questions 20 through 23b

- 20.** Count all children born alive, including any who have died (even shortly after birth) or who no longer live with you. Do not include miscarriages or stillborn children or any adopted, foster, or stepchildren.

### 21a. Count as work — Mark **Yes**:

- Work for someone else for wages, salary, piece rate, commission, tips, or payments "in kind" (for example, food, lodging received as payment for work performed).
- Work in own business, professional practice, or farm.
- Any work in a family business or farm, paid or not.
- Any part-time work including babysitting, paper routes, etc.
- Active duty in Armed Forces.

### Do not count as work — Mark **No**:

- Housework or yard work at home.
- Unpaid volunteer work.
- School work.
- Work done as a resident of an institution.

- 22a.** Include the street type (for example, St., Road, Ave.) and the street direction (if a direction such as "North" is part of the address). For example, print 1239 N. Main St. or 1239 Main St., N.W. not just 1239 Main.

If the only known address is a post office box, give a description of the work location. For example, print the name of the building or shopping center where the person works, the nearest intersection, the nearest street where the workplace is located, etc. DO NOT GIVE A POST OFFICE BOX NUMBER.

If the person worked at a military installation or military base that has no street address, report the name of the military installation or base.

If the person worked at several locations, but reported to the same location each day to begin work, print the address of the location where he or she reported. If the person did not report to the same location each day to begin work, print the address of the location where he or she worked most last week.

If the person's employer operates in more than one location (such as a grocery store chain or public school system), print the exact address of the location or branch where the person worked. If the exact address of a school is not known, print the name of the school.

If the person worked on a college or university campus and the exact address of the workplace is not known, print the name of the building where he or she worked.

- d.** If the person worked in New York city and the county is not known, print the name of the borough where the person worked.

If the person worked in Louisiana, print the name of the parish where the person worked.

If the person worked in Alaska, print the name of the borough where the person worked.

- e.** If the person worked in a foreign country or Puerto Rico, Guam, etc., print the name of the country in 22a and leave the other parts of question 22 blank.

- 23a.** If the person usually used more than one type of transportation to get to work (for example, rode the bus and transferred to the subway), fill the circle of the one method of transportation that he/she used for most of the distance during the trip.

- b.** If the person was driven to work by someone who then drove back home or to a nonwork destination, fill the circle for **Drove alone**.

DO NOT include persons who rode to school or some other nonwork destination in the count of persons who rode in the vehicle.



## Instructions for Questions 24a through 30

- 24a.** Give the time of day the person usually left home to go to work. DO NOT give the time that the person usually began his or her work.  
If the person usually left home to go to work sometime between 12:00 o'clock midnight and 12:00 o'clock noon, fill the **a.m.** circle.  
If the person usually left home to go to work sometime between 12:00 o'clock noon and 12:00 o'clock midnight, fill the **p.m.** circle.
- b.** Travel time is from door to door. Include time taken waiting for public transportation or picking up passengers in a carpool.
- 25.** If the person works only during certain seasons or on a day-by-day basis when work is available, mark **No**.
- 26a.** Mark **Yes** if the person tried to get a job or to start a business or professional practice at any time in the last 4 weeks; for example, registered at an employment office, went to a job interview, placed or answered ads, or did anything toward starting a business or professional practice.
- b.** Mark **No, already has a job** if the person was on layoff or was expecting to report to a job within 30 days.  
Mark **No, temporarily ill** if the person expects to be able to work within 30 days.  
Mark **No, other reasons** if the person could not have taken a job because he or she was going to school, taking care of children, etc.
- 27.** Look at the instructions for question 21a to see what to count as work. Mark **Never worked** if the person: (1) never worked at any kind of job or business, either full or part time, (2) never did any work, with or without pay, in a family business or farm, and (3) never served in the Armed Forces.
- 28a.** If the person worked for a company, business, or government agency, print the name of the company, not the name of the person's supervisor. If the person worked for an individual or a business that had no company name, print the name of the individual worked for. If the person worked in his/her own business, print "self-employed."
- b.** Print two or more words to tell what the business, industry, or individual employer named in 28a did. If there is more than one activity, describe only the major activity at the place where the person worked. Enter what is made, what is sold, or what service is given.  
Some examples of what to enter:  

Enter a description like the following —	Do not enter —
Metal furniture manufacturing	Furniture company
Retail grocery store	Grocery store
Petroleum refining	Oil company
Cattle ranch	Ranch
- 29.** Print two or more words to describe the kind of work the person did. If the person was a trainee, apprentice, or helper, include that in the description.  
Some examples of what to enter:  

Enter a description like the following —	Do not enter —
Production clerk	Clerk
Carpenter's helper	Helper
Auto engine mechanic	Mechanic
Registered nurse	Nurse
- 30.** Mark **Employee of a PRIVATE NOT-FOR-PROFIT . . . organization** if the person worked for a cooperative, credit union, mutual insurance company, or similar organization.  
Employees of foreign governments, the United Nations, and other international organizations should mark **PRIVATE NOT-FOR-PROFIT . . . organization**.  
For persons who worked at a public school, college or university, mark the appropriate government category; for example, mark **State GOVERNMENT employee** for a state university, or mark **Local GOVERNMENT employee** for a county-run community college or a city-run public school.

## Instructions for Questions 31a through 32h

- 31a.** Look at the instructions for question 21a to see what to count as work.
- b.** Count every week in which the person did any work at all, even for an hour.
- 32.** Fill the **Yes** or **No** circle for each part and enter the amount received during 1989.  
If income from any source was received jointly by household members, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and fill the **No** circle for the other person.
- a.** Include wages and salaries from all jobs before deductions. Be sure to include any tips, commissions, or bonuses. Owners of incorporated businesses should enter their salary here. Military personnel should include base pay plus cash housing and/or subsistence allowance, flight pay, uniform allowances, reenlistment bonuses, etc.
- b.** Include **NONFARM** profit (or loss) from self-employment in sole proprietorships and partnerships. Exclude profit (or loss) of incorporated businesses you own.
- c.** Include **FARM** profit (or loss) from self-employment in sole proprietorships and partnerships. Exclude profit (or loss) of incorporated farm businesses you own. Also exclude amounts from land rented for cash but include amounts from land rented for shares.
- d.** Include interest received or credited to checking and savings accounts, money market funds, certificates of deposit (CDs), IRAs, KEOGHs, and government bonds.  
Include dividends received, credited, or reinvested from ownership of stocks or mutual funds.  
Include profit (or loss) from royalties and the rental of land, buildings or real estate, or from roomers or boarders. Income received by self-employed persons whose primary source of income is from renting property or from royalties should be included in questions 32b or 32c above. Include regular payments from an estate or trust fund.
- e.** Include Social Security (and/or Railroad Retirement) payments to retired persons, to dependents of deceased insured workers, and to disabled workers before Medicare deductions.
- f.** Include Supplemental Security Income received by aged, blind, or disabled persons, Aid to Families with Dependent Children, or income from other government programs such as general or emergency assistance. Do not include assistance received from private charities. Exclude assistance to pay for heating (cooling) costs.
- g.** Include retirement, disability, or survivor benefits received from companies and unions; Federal, State, and local governments, and the U.S. military. Include regular income from annuities and IRA or KEOGH retirement plans.
- h.** Include Veterans' (VA) disability compensation and educational assistance payments (VEAP), unemployment compensation, child support or alimony, and all other regular payments such as Armed Forces transfer payments; assistance from private charities; regular contributions from persons not living in the household, etc.  
Do not include the following as income in any item:  
  - Refunds or rebates of any kind
  - Withdrawals from savings of any kind
  - Capital gains or losses from the sale of homes, shares of stock, etc.
  - Inheritances or insurance settlements
  - Any type of loan
  - Pay in kind such as food, free rent, etc.

## **What the Census Is About — Some Questions and Answers**

### **Why are we taking a census?**

The most important reason for taking a decennial census is to determine how many representatives each state will have in Congress.

### **What does the Census Bureau do with the information you provide?**

The individual information collected in the census is grouped together into statistical totals. Information such as the number of persons in a given area, their ages, educational background, the characteristics of their housing, etc., enable government, business, and industry to plan more effectively.

### **How long have we been taking the census?**

The first census was taken in 1790 in accordance with the requirement in the first article of the constitution. A census has been taken every 10 years since. The 1990 Decennial Census marks the 200th anniversary of the census.

### **How are you being counted?**

Census forms are delivered to all households a few days before census day. Households are requested to fill out the form and mail it back to the census office.

## **Why the Census Asks Certain Questions**

### **Here are a few reasons for asking some of the questions.**

*It is as important to get information about people and their houses as it is to count them.*

#### **Name?**

Names help make sure that everyone in a household is counted, but that no one is counted twice.

#### **Value or rent?**

Government and planning agencies use answers to these questions in combination with other information to develop housing programs to meet the needs of people at different economic levels.

#### **Complete plumbing?**

This question gives information on the quality of housing. The data are used with other statistics to show how the "level of living" compares in various areas and how it has changed over time.

#### **Place of birth?**

This question provides information used to study long-term trends as to where people move and to study migration patterns and differences in growth patterns.

#### **Job?**

Answers to the questions about the jobs people hold provide information on the extent and types of employment in different areas of the country. From this information, training programs can be developed and the need for new industries can be determined.

#### **Income?**

Income, more than anything else, determines how families or persons live. Income information makes it possible to compare the economic levels of different areas.

CENSUS '90

## OFFICIAL 1990 U.S. CENSUS FORM



Thank you for taking time to complete and return this census questionnaire. It's important to you, your community, and the Nation.

**The law requires answers but guarantees privacy.**

By law (Title 13, U.S. Code), you're required to answer the census questions to the best of your knowledge. However, the same law guarantees that your census form remains confidential. For 72 years--or until the year 2062--only Census Bureau employees can see your form. No one else--no other government body, no police department, no court system or welfare agency--is permitted to see this confidential information under any circumstances.

**How to get started--and get help.**

Start by listing on the next page the names of all the people who live in your home. Please answer all questions with a black lead pencil. You'll find detailed instructions for answering the census in the enclosed guide. If you need additional help, call the toll-free telephone number to the left, near your address.

**Please answer and return your form promptly.**

Complete your form and return it by April 1, 1990 in the postage-paid envelope provided. Avoid the inconvenience of having a census taker visit your home.

Again, thank you for answering the 1990 Census.

**Remember: Return the completed form by April 1, 1990.**

**Para personas de habla hispana -**

(For Spanish-speaking persons)

Si usted desea un cuestionario del censo en español, llame sin cargo alguno al siguiente número: **1-800-CUENTAN**  
(o sea 1-800-283-6826)

U.S. Department of Commerce  
BUREAU OF THE CENSUS  
FORM D-2

OMB No. 0607-0628  
Approval Expires 07/31/91

**Page 1**

The 1990 census must count every person at his or her "usual residence." This means the place where the person lives and sleeps most of the time.

**1a. List on the numbered lines below the name of each person living here on Sunday, April 1, including all persons staying here who have no other home. If EVERYONE at this address is staying here temporarily and usually lives somewhere else, follow the instructions given in question 1b below.**

**Include**

- Everyone who usually lives here such as family members, housemates and roommates, foster children, roomers, boarders, and live-in employees
- Persons who are temporarily away on a business trip, on vacation, or in a general hospital
- College students who stay here while attending college
- Persons in the Armed Forces who live here
- Newborn babies still in the hospital
- Children in boarding schools below the college level
- Persons who stay here most of the week while working even if they have a home somewhere else
- Persons with no other home who are staying here on April 1

**Do NOT include**

- Persons who usually live somewhere else
- Persons who are away in an institution such as a prison, mental hospital, or a nursing home
- College students who live somewhere else while attending college
- Persons in the Armed Forces who live somewhere else
- Persons who stay somewhere else most of the week while working

Print last name, first name, and middle initial for each person. Begin on line 1 with the household member (or one of the household members) in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start on line 1 with any adult household member.

LAST	FIRST	INITIAL	LAST	FIRST	INITIAL
<b>1</b>			<b>7</b>		
<b>2</b>			<b>8</b>		
<b>3</b>			<b>9</b>		
<b>4</b>			<b>10</b>		
<b>5</b>			<b>11</b>		
<b>6</b>			<b>12</b>		

**1b. If EVERYONE is staying here only temporarily and usually lives somewhere else, list the name of each person on the numbered lines above, fill this circle ☐ and print their usual address below. DO NOT PRINT THE ADDRESS LISTED ON THE FRONT COVER.**

House number	Street or road/Rural route and box number	Apartment number
City	State	ZIP Code
County or foreign country	Names of nearest intersecting streets or roads	

**NOW PLEASE OPEN THE FLAP TO PAGE 2 AND ANSWER ALL QUESTIONS FOR THE FIRST 7 PEOPLE LISTED. USE A BLACK LEAD PENCIL ONLY.**

Page 2

PLEASE ALSO ANSWER HOUSING QUESTIONS ON PAGE 3

	PERSON 1	PERSON 2																																																																																																																																																																																				
<p><b>Please fill one column → for each person listed in Question 1a on page 1.</b></p>	<p>Last name _____</p> <p>First name _____ Middle initial _____</p>	<p>Last name _____</p> <p>First name _____ Middle initial _____</p>																																																																																																																																																																																				
<p><b>2. How is this person related to PERSON 1?</b></p> <p>Fill ONE circle for each person.</p> <p>If Other relative of person in column 1, fill circle and print exact relationship, such as mother-in-law, grandparent, son-in-law, niece, cousin, and so on.</p>	<p>START in this column with the household member (or one of the members) in whose name the home is owned, being bought, or rented.</p> <p>If there is no such person, start in this column with any adult household member.</p> <p><input checked="" type="checkbox"/></p>	<p>If a RELATIVE of Person 1:</p> <p><input type="checkbox"/> Husband/wife    <input type="checkbox"/> Brother/sister</p> <p><input type="checkbox"/> Natural-born or adopted son/daughter    <input type="checkbox"/> Father/mother</p> <p><input type="checkbox"/> Stepson/stepdaughter    <input type="checkbox"/> Grandchild</p> <p><input type="checkbox"/> Other relative → _____</p> <p>If NOT RELATED to Person 1:</p> <p><input type="checkbox"/> Roomer, boarder, or foster child    <input type="checkbox"/> Unmarried partner</p> <p><input type="checkbox"/> Housemate, roommate    <input checked="" type="checkbox"/> Other nonrelative</p>																																																																																																																																																																																				
<p><b>3. Sex</b></p> <p>Fill ONE circle for each person.</p>	<p><input type="checkbox"/> Male    <input type="checkbox"/> Female</p>	<p><input type="checkbox"/> Male    <input type="checkbox"/> Female</p>																																																																																																																																																																																				
<p><b>4. Race</b></p> <p>Fill ONE circle for the race that the person considers himself/herself to be.</p> <p>If Indian (Amer.), print the name of the enrolled or principal tribe. → _____</p> <p>If Other Asian or Pacific Islander (API), print one group, for example: Hmong, Fijian, Laotian, Thai, Tongan, Pakistani, Cambodian, and so on. → _____</p> <p>If Other race, print race. → _____</p>	<p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or Negro</p> <p><input type="checkbox"/> Indian (Amer.) (Print the name of the enrolled or principal tribe.) → _____</p> <p><input type="checkbox"/> Eskimo</p> <p><input type="checkbox"/> Aleut</p> <p><input type="checkbox"/> Asian or Pacific Islander (API)</p> <p><input type="checkbox"/> Chinese    <input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Filipino    <input checked="" type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Hawaiian    <input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Korean    <input type="checkbox"/> Guamanian</p> <p><input type="checkbox"/> Vietnamese    <input type="checkbox"/> Other API → _____</p> <p><input type="checkbox"/> Other race (Print race) → _____</p>	<p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or Negro</p> <p><input type="checkbox"/> Indian (Amer.) (Print the name of the enrolled or principal tribe.) → _____</p> <p><input type="checkbox"/> Eskimo</p> <p><input type="checkbox"/> Aleut</p> <p><input type="checkbox"/> Asian or Pacific Islander (API)</p> <p><input type="checkbox"/> Chinese    <input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Filipino    <input checked="" type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Hawaiian    <input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Korean    <input type="checkbox"/> Guamanian</p> <p><input type="checkbox"/> Vietnamese    <input type="checkbox"/> Other API → _____</p> <p><input type="checkbox"/> Other race (Print race) → _____</p>																																																																																																																																																																																				
<p><b>5. Age and year of birth</b></p> <p>a. Print each person's age at last birthday. Fill in the matching circle below each box.</p> <p>b. Print each person's year of birth and fill the matching circle below each box.</p>	<p>a. Age</p> <table border="1"> <tr><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table> <p>b. Year of birth</p> <table border="1"> <tr><td>1</td><td>8</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>9</td><td>1</td><td>0</td><td>1</td><td>0</td></tr> <tr><td>2</td><td>0</td><td>2</td><td>0</td><td>0</td></tr> <tr><td>3</td><td>0</td><td>3</td><td>0</td><td>0</td></tr> <tr><td>4</td><td>0</td><td>4</td><td>0</td><td>0</td></tr> <tr><td>5</td><td>0</td><td>5</td><td>0</td><td>0</td></tr> <tr><td>6</td><td>0</td><td>6</td><td>0</td><td>0</td></tr> <tr><td>7</td><td>0</td><td>7</td><td>0</td><td>0</td></tr> <tr><td>8</td><td>0</td><td>8</td><td>0</td><td>0</td></tr> <tr><td>9</td><td>0</td><td>9</td><td>0</td><td>0</td></tr> </table>	0	0	0	0	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8	8	8	8	9	9	9	9	1	8	0	0	0	9	1	0	1	0	2	0	2	0	0	3	0	3	0	0	4	0	4	0	0	5	0	5	0	0	6	0	6	0	0	7	0	7	0	0	8	0	8	0	0	9	0	9	0	0	<p>a. Age</p> <table border="1"> <tr><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table> <p>b. Year of birth</p> <table border="1"> <tr><td>1</td><td>8</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>9</td><td>1</td><td>0</td><td>1</td><td>0</td></tr> <tr><td>2</td><td>0</td><td>2</td><td>0</td><td>0</td></tr> <tr><td>3</td><td>0</td><td>3</td><td>0</td><td>0</td></tr> <tr><td>4</td><td>0</td><td>4</td><td>0</td><td>0</td></tr> <tr><td>5</td><td>0</td><td>5</td><td>0</td><td>0</td></tr> <tr><td>6</td><td>0</td><td>6</td><td>0</td><td>0</td></tr> <tr><td>7</td><td>0</td><td>7</td><td>0</td><td>0</td></tr> <tr><td>8</td><td>0</td><td>8</td><td>0</td><td>0</td></tr> <tr><td>9</td><td>0</td><td>9</td><td>0</td><td>0</td></tr> </table>	0	0	0	0	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8	8	8	8	9	9	9	9	1	8	0	0	0	9	1	0	1	0	2	0	2	0	0	3	0	3	0	0	4	0	4	0	0	5	0	5	0	0	6	0	6	0	0	7	0	7	0	0	8	0	8	0	0	9	0	9	0	0
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<p><b>6. Marital status</b></p> <p>Fill ONE circle for each person.</p>	<p><input type="checkbox"/> Now married    <input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Widowed    <input type="checkbox"/> Never married</p> <p><input type="checkbox"/> Divorced</p>	<p><input type="checkbox"/> Now married    <input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Widowed    <input type="checkbox"/> Never married</p> <p><input type="checkbox"/> Divorced</p>																																																																																																																																																																																				
<p><b>7. Is this person of Spanish/Hispanic origin?</b></p> <p>Fill ONE circle for each person.</p> <p>If Yes, other Spanish/Hispanic, print one group. → _____</p>	<p><input type="checkbox"/> No (not Spanish/Hispanic)</p> <p><input type="checkbox"/> Yes, Mexican, Mexican-Am., Chicano</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input checked="" type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, other Spanish/Hispanic (Print one group, for example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.) → _____</p>	<p><input type="checkbox"/> No (not Spanish/Hispanic)</p> <p><input type="checkbox"/> Yes, Mexican, Mexican-Am., Chicano</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, other Spanish/Hispanic (Print one group, for example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.) → _____</p>																																																																																																																																																																																				
<p><b>FOR CENSUS USE →</b></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>																																																																																																																																																																																				



PERSON 7		NOW PLEASE ANSWER QUESTIONS H1a-H26 FOR THIS HOUSEHOLD	
Last name: _____		H1a. Did you leave anyone out of your list of persons for Question 1a on page 1 because you were not sure if the person should be listed — for example, someone temporarily away on a business trip or vacation, a newborn baby still in the hospital, or a person who stays here once in a while and has no other home? <input type="radio"/> Yes, please print the name(s) and relationship: _____ <input type="radio"/> No	
First name: _____ Middle name: _____		H2a. Is this a ONE-FAMILY HOUSE — Is this house on ten or more acres? <input type="radio"/> Yes <input type="radio"/> No	
Is RELATIVE of Person 1: <input type="radio"/> Husband/wife <input type="radio"/> Brother/sister <input type="radio"/> Natural born <input type="radio"/> Father/mother son/daughter <input type="radio"/> Grandchild <input type="radio"/> Stepson/stepdaughter		b. Is there a business (such as a store or barber shop) or a medical office on this property? <input type="radio"/> Yes <input type="radio"/> No	
Is NOT RELATED to Person 1: <input type="radio"/> Roomer, boarder, or foster child <input type="radio"/> Unmarried partner <input type="radio"/> Housemate, roommate <input type="radio"/> Other nonrelative <input type="radio"/> Male <input type="radio"/> Female		Answer only if you or someone in this household OWNS OR IS BUYING the house or apartment — H2b. What is the value of this property? That is, how much do you think this house and lot or condominium unit would sell for if it were for sale? <input type="radio"/> Less than \$10,000 <input type="radio"/> \$70,000 to \$74,999 <input type="radio"/> \$10,000 to \$14,999 <input type="radio"/> \$75,000 to \$79,999 <input type="radio"/> \$15,000 to \$19,999 <input type="radio"/> \$80,000 to \$89,999 <input type="radio"/> \$20,000 to \$24,999 <input type="radio"/> \$90,000 to \$99,999 <input type="radio"/> \$25,000 to \$29,999 <input type="radio"/> \$100,000 to \$124,999 <input type="radio"/> \$30,000 to \$34,999 <input type="radio"/> \$125,000 to \$149,999 <input type="radio"/> \$35,000 to \$39,999 <input type="radio"/> \$150,000 to \$174,999 <input type="radio"/> \$40,000 to \$44,999 <input type="radio"/> \$175,000 to \$199,999 <input type="radio"/> \$45,000 to \$49,999 <input type="radio"/> \$200,000 to \$249,999 <input type="radio"/> \$50,000 to \$54,999 <input type="radio"/> \$250,000 to \$299,999 <input type="radio"/> \$55,000 to \$59,999 <input type="radio"/> \$300,000 to \$399,999 <input type="radio"/> \$60,000 to \$64,999 <input type="radio"/> \$400,000 to \$499,999 <input type="radio"/> \$65,000 to \$69,999 <input type="radio"/> \$500,000 or more	
Is NOT RELATED to Person 1: <input type="radio"/> Former boarder, or foster child <input type="radio"/> Unmarried partner <input type="radio"/> Housemate, roommate <input type="radio"/> Other nonrelative <input type="radio"/> Male <input type="radio"/> Female		Answer only if you PAY RENT for the house or apartment — H7a. What is the monthly rent? <input type="radio"/> Less than \$50 <input type="radio"/> \$375 to \$399 <input type="radio"/> \$50 to \$99 <input type="radio"/> \$400 to \$424 <input type="radio"/> \$100 to \$124 <input type="radio"/> \$425 to \$449 <input type="radio"/> \$125 to \$149 <input type="radio"/> \$450 to \$474 <input type="radio"/> \$150 to \$174 <input type="radio"/> \$475 to \$499 <input type="radio"/> \$175 to \$199 <input type="radio"/> \$500 to \$524 <input type="radio"/> \$200 to \$224 <input type="radio"/> \$525 to \$549 <input type="radio"/> \$225 to \$249 <input type="radio"/> \$550 to \$599 <input type="radio"/> \$250 to \$274 <input type="radio"/> \$600 to \$649 <input type="radio"/> \$275 to \$299 <input type="radio"/> \$650 to \$699 <input type="radio"/> \$300 to \$324 <input type="radio"/> \$700 to \$749 <input type="radio"/> \$325 to \$349 <input type="radio"/> \$750 to \$799 <input type="radio"/> \$350 to \$374 <input type="radio"/> \$1,000 or more	
Race: <input type="radio"/> White <input type="radio"/> Black or Negro <input type="radio"/> Indian (Amer.) (Print the name of the enrolled or principal tribe.) <input type="radio"/> Chinese <input type="radio"/> Japanese <input type="radio"/> Filipino <input type="radio"/> Asian Indian <input type="radio"/> Hawaiian <input type="radio"/> Samoan <input type="radio"/> Korean <input type="radio"/> Guamanian <input type="radio"/> Vietnamese <input type="radio"/> Other API <input type="radio"/> Other race (Print race): _____		H2. Which best describes this building? (Include all apartments, flats, etc., even if vacant.) <input type="radio"/> A mobile home or trailer <input type="radio"/> A one-family house detached from any other house <input type="radio"/> A one-family house attached to one or more houses <input type="radio"/> A building with 2 apartments <input type="radio"/> A building with 3 or 4 apartments <input type="radio"/> A building with 5 to 9 apartments <input type="radio"/> A building with 10 to 19 apartments <input type="radio"/> A building with 20 to 49 apartments <input type="radio"/> A building with 50 or more apartments <input type="radio"/> Other	
a. Age: _____ b. Year of birth: _____		H3. How many rooms do you have in this house or apartment? (Do NOT count bathrooms, porches, balconies, lofts, or half-rooms.) <input type="radio"/> 1 room <input type="radio"/> 4 rooms <input type="radio"/> 7 rooms <input type="radio"/> 2 rooms <input type="radio"/> 5 rooms <input type="radio"/> 8 rooms <input type="radio"/> 3 rooms <input type="radio"/> 6 rooms <input type="radio"/> 9 or more rooms	
c. Sex: _____ d. Date of birth: _____		H4. Is this house or apartment — <input type="radio"/> Owned by you or someone in this household with a mortgage or loan? <input type="radio"/> Owned by you or someone in this household free and clear (without a mortgage)? <input type="radio"/> Rented for cash rent? <input type="radio"/> Occupied without payment of cash rent?	
e. Marital status: _____		FOR CENSUS USE	
f. Ethnicity: _____		A. Total persons: _____ B. Type of unit: _____ C. Months vacant: _____	
g. Language spoken at home: _____		D. Complete after: _____	
h. Is this unit boarded up? _____		F. Cens. _____	



Page 4

PLEASE ALSO ANSWER THESE

<p><b>H8.</b> When did the person listed in column 1 on page 2 move into this house or apartment?</p> <p> <input type="radio"/> 1989 or 1990  <input type="radio"/> 1985 to 1988  <input type="radio"/> 1980 to 1984  <input type="radio"/> 1975 to 1979  <input type="radio"/> 1960 to 1969  <input type="radio"/> 1959 or earlier         </p>	<p><b>H14.</b> Which FUEL is used MOST for heating this house or apartment?</p> <p> <input type="radio"/> Gas from underground pipes serving the neighborhood  <input type="radio"/> Gas bottled, tank, or LP  <input type="radio"/> Electricity  <input type="radio"/> Fuel oil, kerosene, etc.  <input type="radio"/> Coal or coke  <input type="radio"/> Wood  <input type="radio"/> Solar energy  <input type="radio"/> Other fuel  <input type="radio"/> No fuel used         </p>	<p><b>H20.</b> What are the yearly costs of utilities and fuels for this house or apartment? If you have lived here less than 1 year, estimate the yearly cost.</p> <p><b>a. Electricity</b></p> <p>             \$ _____ .00              Yearly cost — Dollars         </p> <p>OR</p> <p> <input type="radio"/> Included in rent or in condominium fee  <input type="radio"/> No charge or electricity not used         </p>
<p><b>H9.</b> How many bedrooms do you have; that is, how many bedrooms would you list if this house or apartment were on the market for sale or rent?</p> <p> <input type="radio"/> No bedrooms  <input type="radio"/> 1 bedroom  <input type="radio"/> 2 bedrooms  <input type="radio"/> 3 bedrooms  <input type="radio"/> 4 bedrooms  <input type="radio"/> 5 or more bedrooms         </p>	<p><b>H15.</b> Do you get water from —</p> <p> <input type="radio"/> A public system such as a city water department, or private company?  <input type="radio"/> An individual drilled well?  <input type="radio"/> An individual dug well?  <input type="radio"/> Some other source such as a spring, creek, river, stream, etc.?         </p>	<p><b>b. Gas</b></p> <p>             \$ _____ .00              Yearly cost — Dollars         </p> <p>OR</p> <p> <input type="radio"/> Included in rent or in condominium fee  <input type="radio"/> No charge or gas not used         </p>
<p><b>H10.</b> Do you have COMPLETE plumbing facilities in this house or apartment; that is, 1) hot and cold piped water, 2) a flush toilet, and 3) a bathtub or shower?</p> <p> <input type="radio"/> Yes, have all these facilities  <input type="radio"/> No         </p>	<p><b>H16.</b> Is this building connected to a public sewer?</p> <p> <input type="radio"/> Yes, connected to public sewer  <input type="radio"/> No, connected to septic tank or cesspool  <input type="radio"/> No, use other means         </p>	<p><b>c. Water</b></p> <p>             \$ _____ .00              Yearly cost — Dollars         </p> <p>OR</p> <p> <input type="radio"/> Included in rent or in condominium fee  <input type="radio"/> No charge         </p>
<p><b>H11.</b> Do you have COMPLETE kitchen facilities; that is, 1) a sink with piped water, 2) a range or cookstove, and 3) a refrigerator?</p> <p> <input type="radio"/> Yes  <input type="radio"/> No         </p>	<p><b>H17.</b> About when was this building first built?</p> <p> <input type="radio"/> 1989 or 1990  <input type="radio"/> 1985 to 1988  <input type="radio"/> 1980 to 1984  <input type="radio"/> 1975 to 1979  <input type="radio"/> 1960 to 1969  <input type="radio"/> 1950 to 1959  <input type="radio"/> 1940 to 1949  <input type="radio"/> 1939 or earlier  <input type="radio"/> Don't know         </p>	<p><b>d. Oil, coal, kerosene, wood, etc.</b></p> <p>             \$ _____ .00              Yearly cost — Dollars         </p> <p>OR</p> <p> <input type="radio"/> Included in rent or in condominium fee  <input type="radio"/> No charge or these fuels not used         </p>
<p><b>H12.</b> Do you have a telephone in this house or apartment?</p> <p> <input type="radio"/> Yes  <input type="radio"/> No         </p>	<p><b>H18.</b> Is this house or apartment part of a condominium?</p> <p> <input type="radio"/> Yes  <input type="radio"/> No         </p> <p>If you live in an apartment building, skip to H20.</p>	
<p><b>H13.</b> How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of your household?</p> <p> <input type="radio"/> None  <input type="radio"/> 1  <input type="radio"/> 2  <input type="radio"/> 3  <input type="radio"/> 4  <input type="radio"/> 5  <input type="radio"/> 6  <input type="radio"/> 7 or more         </p>	<p><b>H19a.</b> Is this house on less than 1 acre?</p> <p> <input type="radio"/> Yes — Skip to H20  <input type="radio"/> No         </p> <p><b>b.</b> In 1989, what were the actual sales of all agricultural products from this property?</p> <p> <input type="radio"/> None  <input type="radio"/> \$1 to \$999  <input type="radio"/> \$1,000 to \$2,499  <input type="radio"/> \$2,500 to \$4,999  <input type="radio"/> \$5,000 to \$9,999  <input type="radio"/> \$10,000 or more         </p>	

## QUESTIONS FOR YOUR HOUSEHOLD

Page 5

<p><b>INSTRUCTION:</b></p> <p>Answer questions H21 TO H26 if you live in a one family house, a condominium, or a mobile home that someone in this household OWNS OR IS BUYING; otherwise, go to page 6.</p>	<p><b>H23a. Do you have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?</b></p> <p> <input type="radio"/> Yes, mortgage, deed of trust, or similar debt <span style="float: right;">Go to H23b</span>  <input type="radio"/> Yes, contract to purchase  <input type="radio"/> No — Skip to H24a         </p>	<p><b>H24a. Do you have a second or junior mortgage or a home equity loan on THIS property?</b></p> <p> <input type="radio"/> Yes  <input type="radio"/> No — Skip to H25         </p>
<p><b>H21. What were the real estate taxes on THIS property last year?</b></p> <p> <input type="text"/> \$ <input type="text"/> .00          Yearly amount — Dollars       </p> <p>OR</p> <p><input type="radio"/> None</p>	<p><b>b. How much is your regular monthly mortgage payment on THIS property? Include payment only on first mortgage or contract to purchase.</b></p> <p> <input type="text"/> \$ <input type="text"/> .00          Monthly amount — Dollars       </p> <p>OR</p> <p><input type="radio"/> No regular payment required — Skip to H24a</p>	<p><b>b. How much is your regular monthly payment on all second or junior mortgages and all home equity loans?</b></p> <p> <input type="text"/> \$ <input type="text"/> .00          Monthly amount — Dollars       </p> <p>OR</p> <p><input type="radio"/> No regular payment required</p>
<p><b>H22. What was the annual payment for fire, hazard, and flood insurance on THIS property?</b></p> <p> <input type="text"/> \$ <input type="text"/> .00          Yearly amount — Dollars       </p> <p>OR</p> <p><input type="radio"/> None</p>	<p><b>c. Does your regular monthly mortgage payment include payments for real estate taxes on THIS property?</b></p> <p> <input type="radio"/> Yes, taxes included in payment  <input type="radio"/> No, taxes paid separately or taxes not required         </p>	<p>Answer ONLY if this is a CONDOMINIUM —</p> <p><b>H25. What is the monthly condominium fee?</b></p> <p> <input type="text"/> \$ <input type="text"/> .00          Monthly amount — Dollars       </p>
	<p><b>d. Does your regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?</b></p> <p> <input type="radio"/> Yes, insurance included in payment  <input type="radio"/> No, insurance paid separately or no insurance         </p>	<p>Answer ONLY if this is a MOBILE HOME —</p> <p><b>H26. What was the total cost for personal property taxes, site rent, registration fees, and license fees on this mobile home and its site last year? Exclude real estate taxes.</b></p> <p> <input type="text"/> \$ <input type="text"/> .00          Yearly amount — Dollars       </p> <p>Please turn to page 6. ➔</p>

**PLEASE ANSWER THESE QUESTIONS**

[illegible]

## FOR PERSON 1 ON PAGE 2

Page 7

**23a. How did this person usually get to work LAST WEEK?** If this person usually used more than one method of transportation during the trip, fill the circle of the one used for most of the distance.

☐ Car, truck, or van ☐ Motorcycle  
☐ Bus or trolley bus ☐ Bicycle  
☐ Streetcar or trolley car ☐ Walked  
☐ Subway or elevated ☐ Worked at home — Skip to 29  
☐ Railroad ☐ Other method  
☐ Ferryboat ☐ Taxi/cab

If "car, truck, or van" is marked in 23a, go to 23b. Otherwise, skip to 24a.

**23b. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?**

☐ Drove alone ☐ 5 people  
☐ 2 people ☐ 6 people  
☐ 3 people ☐ 7 to 9 people  
☐ 4 people ☐ 10 or more people

**24a. What time did this person usually leave home to go to work LAST WEEK?**

a.m.  p.m.

**24b. How many minutes did it usually take this person to get from home to work LAST WEEK?**

Minutes — Skip to 29

**25. Was this person TEMPORARILY absent or on layoff from a job or business LAST WEEK?**

☐ Yes, on layoff  
☐ Yes, on vacation, temporary illness, labor dispute, etc.  
☐ No

**26a. Has this person been looking for work during the last 4 weeks?**

☐ Yes  
☐ No — Skip to 27

**26b. Could this person have taken a job LAST WEEK if one had been offered?**

☐ No, already has a job  
☐ No, temporarily ill  
☐ No, other reasons (in school, etc.)  
☐ Yes, could have taken a job

**27. When did this person last work, even for a few days?**

☐ 1990 ☐ 1980 to 1984  
☐ 1989 ☐ 1979 or earlier  
☐ 1986 ☐ Never worked  
☐ 1985 to 1987

**28. Industry or Employer**

**a. For whom did this person work?** If those on active duty in the Armed Forces, fill this circle ☐ and print the branch of the Armed Forces.

Name of company, business, or other employer

**b. What kind of business or industry was this?** Describe the activity at location where employed.

For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, retail bakery

**c. Is this mainly — Fill ONE circle**

☐ Manufacturing ☐ Other (agriculture, construction, service, government, etc.)  
☐ Wholesale trade ☐ Retail trade

**29. Occupation**

**a. What kind of work was this person doing?**

(For example: registered nurse, personnel manager, supervisor of order department, gasoline engine assembler, cake baker)

**b. What were this person's most important activities or duties?**

(For example: patient care, directing hiring policies, supervising order clerks, assembling engines, king cakes)

**30. Was this person — Fill ONE circle**

☐ Employee of a PRIVATE FOR PROFIT company or business or of an individual, for wages, salary, or commissions  
☐ Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization  
☐ Local GOVERNMENT employee (city, county, etc.)  
☐ State GOVERNMENT employee  
☐ Federal GOVERNMENT employee  
☐ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm  
☐ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm  
☐ Working WITHOUT PAY in family business or farm

**31a. Last year (1989), did this person work, even for a few days, at a paid job or in a business or farm?**

☐ Yes  
☐ No — Skip to 32

**31b. How many weeks did this person work in 1989?** Count paid vacation, paid sick leave, and military service.

Weeks

**31c. During the weeks WORKED in 1989, how many hours did this person usually work each week?**

Hours

**32. INCOME IN 1989 —** Fill the "Yes" circle below for each income source received during 1989. Otherwise, fill the "No" circle. If "Yes," enter the total amount received during 1989. For income received jointly, see instruction guide. If exact amount is not known, please give best estimate. First income was a loss, write "Loss" above the dollar amount.

**a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for taxes, bonds, dues, or other items.**

☐ Yes ☐ No

Annual amount — Dollars

**b. Self-employment income from own nonfarm business, including proprietorship and partnership — Report NET income after business expenses.**

☐ Yes ☐ No

Annual amount — Dollars

**c. Farm self-employment income — Report NET income after operating expenses. Include earnings as a tenant farmer or sharecropper.**

☐ Yes ☐ No

Annual amount — Dollars

**d. Interest, dividends, net rental income or royalty income, or income from estates and trusts — Report even small amounts credited to an account.**

☐ Yes ☐ No

Annual amount — Dollars

**e. Social Security or Railroad Retirement:**

☐ Yes ☐ No

Annual amount — Dollars

**f. Supplemental Security Income (SSI), Aid to Families with Dependent Children (AFDC), or other public assistance or public welfare payments.**

☐ Yes ☐ No

Annual amount — Dollars

**g. Retirement, survivor, or disability pensions — Do NOT include Social Security.**

☐ Yes ☐ No

Annual amount — Dollars

**h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an inheritance or the sale of a home.**

☐ Yes ☐ No

Annual amount — Dollars

**33. What was this person's total income in 1989?** Add entries in questions 32a through 32h; subtract any losses. If total amount was a loss, write "Loss" above amount.

☐ None ☐ Other

Annual amount — Dollars

Please turn the page and answer questions for Person 2 listed on page 1. If this is the last person listed in question 1a on page 1, go to the back of the form.

# APPENDIX B: CENSUS RESULTS BY COUNTY

## Summary of the Census results by county

County	MSCL <sup>1</sup> with Work Disability	MSCL No Work Disability	Total with Disabilities	Total Population	Non- Institutionalized Population
Adams	665	762	1,427	78,274	49,748
Allegheny	20,090	16,688	36,778	1,336,449	844,126
Armstrong	1,273	674	1,947	73,478	44,867
Beaver	2,959	2,305	5,264	186,093	115,150
Bedford	781	447	1,228	47,919	29,893
Berks	3,505	2,967	6,472	336,523	211,992
Blair	2,191	1,328	3,519	130,542	79,435
Bradford	927	432	1,359	60,967	37,147
Bucks	5,620	4,627	10,247	541,174	354,849
Butler	2,052	1,069	3,121	152,013	97,599
Cambria	2,776	1,278	4,054	163,029	96,665
Cameron	128	11	139	5,913	3,464
Carbon	898	521	1,419	56,846	34,598
Centre	1,042	595	1,637	123,786	90,232
Chester	3,206	2,940	6,146	376,396	249,186
Clarion	678	306	984	41,699	27,244
Clearfield	1,429	819	2,248	78,097	47,554
Clinton	502	301	803	37,182	23,522
Columbia	663	449	1,112	63,202	40,867
Crawford	1,177	800	1,977	86,169	52,980
Cumberland	1,570	1,200	2,770	195,257	128,308
Dauphin	3,193	3,022	6,215	237,813	152,630
Delaware	6,876	7,031	13,907	547,651	346,225
Elk	367	125	492	34,878	21,347
Erie	3,668	2,938	6,606	275,572	172,770
Fayette	3,398	1,991	5,389	145,351	88,182
Forest	101	63	164	4,802	2,797
Franklin	1,397	1,309	2,706	121,082	76,519
Fulton	226	176	402	13,837	8,745
Greene	867	463	1,330	39,550	23,798
Huntingdon	648	481	1,129	44,164	26,134
Indiana	1,249	969	2,218	89,994	58,592
Jefferson	752	336	1,088	46,083	27,563
Juniata	289	288	577	20,625	12,861

<sup>1</sup> MSCL – Mobility or Self Care Limitation



County	MSCL <sup>1</sup> with Work Disability	MSCL No Work Disability	Total with Disabilities	Total Population	Non- Institutionalized Population
Lackawanna	3,979	2,085	6,064	219,039	132,088
Lancaster	3,990	3,836	7,826	422,822	265,070
Lawrence	1,407	1,116	2,523	96,246	58,080
Lebanon	1,334	1,030	2,364	113,744	71,022
Lehigh	3,478	2,432	5,910	291,130	185,536
Luzerne	5,338	2,597	7,935	328,149	197,586
Lycoming	1,616	997	2,613	118,710	72,644
McKean	576	323	899	47,131	27,648
Mercer	1,900	1,111	3,011	121,003	73,893
Mifflin	643	538	1,181	46,197	28,557
Monroe	1,260	1,112	2,372	95,709	61,351
Montgomery	6,266	6,208	12,474	678,111	431,186
Montour	208	233	441	17,735	10,581
Northampton	2,926	2,486	5,412	247,105	157,614
Northumberland	1,634	960	2,594	96,771	58,444
Perry	462	324	786	41,172	26,629
Philadelphia	40,150	48,049	88,199	1,585,577	990,723
Pike	442	292	734	27,966	17,111
Potter	184	76	260	16,717	9,829
Schuylkill	2,681	1,162	3,843	152,585	91,121
Snyder	418	687	1,105	36,680	23,034
Somerset	1,340	631	1,971	78,218	47,145
Sullivan	69	25	94	6,104	3,608
Susquehanna	481	219	700	40,380	24,424
Tioga	603	312	915	41,126	25,694
Union	319	214	533	36,176	22,234
Venango	1,083	469	1,552	59,381	36,036
Warren	678	386	1,064	45,050	2,730
Washington	3,527	2,563	6,090	204,584	127,440
Wayne	504	252	756	39,944	23,590
Westmoreland	5,667	3,862	9,529	370,321	231,350
Wyoming	340	254	594	28,076	17,626
York	3,656	2,629	6,285	339,574	219,974
<b>State Total</b>	<b>176,322</b>	<b>149,181</b>	<b>325,503</b>	<b>11,881,643</b>	<b>7,449,187</b>

# APPENDIX C: DEPARTMENT OF PUBLIC WELFARE DATA

DPW Offices and Programs data

County	Number of Persons in a PCH Facility	County	Number of Persons in a PCH Facility
Adams	10	Lackawanna	23
Allegheny	223	Lancaster	69
Armstrong	33	Lawrence	18
Beaver	36	Lebanon	21
Bedford	9	Lehigh	23
Berks	31	Luzerne	45
Blair	33	Lycoming	19
Bradford	15	McKean	7
Bucks	51	Mercer	27
Butler	61	Mifflin	4
Cambria	35	Monroe	17
Cameron	4	Montgomery	50
Carbon	19	Montour	2
Centre	17	Northampton	28
Chester	45	Northumberland	16
Clarion	8	Perry	3
Clearfield	16	Philadelphia	181
Clinton	3	Pike	2
Columbia	7	Potter	3
Crawford	15	Schuylkill	11
Cumberland	21	Snyder	1
Dauphin	22	Somerset	35
Delaware	39	Sullivan	1
Elk	5	Susquehanna	11
Erie	28	Tioga	13
Fayette	79	Union	5
Forest	1	Venango	13
Franklin	24	Warren	10
Fulton	2	Washington	79
Greene	23	Wayne	16
Huntingdon	5	Westmoreland	83
Indiana	61	Wyoming	10

Jefferson	28	York	34
Juniata	6	<b>STATE TOTAL</b>	1,859

## APPENDIX D: DEPARTMENT OF LABOR AND INDUSTRY DATA

Department of Labor and Industry data

REGION A						
COUNTY - ELK						
DISABLING CONDITION	AGE GROUP			SEX		TOTAL
	(0-17)	(18-64)	(65-OVER)	MALE	FEMALE	
COGNITIVE	3	30	0	18	15	33
SENSORY	3	16	0	11	8	19
MENTAL RETARDATION	3	25	0	18	10	28
MENTAL HEALTH	2	27	0	13	16	29
HEAD INJURY	1	10	0	6	5	11
SEIZURE DISORDER	6	19	0	13	12	25
PHYSICAL DISABILITY	16	108	1	69	56	125
OTHER	0	0	0	0	0	0
TOTAL	34	235	1	148	122	270
COUNTY - JEFFERSON						
DISABLING CONDITION	AGE GROUP			SEX		TOTAL
	(0-17)	(18-64)	(65-OVER)	MALE	FEMALE	
COGNITIVE	8	66	0	32	42	74
SENSORY	4	28	1	16	17	33
MENTAL RETARDATION	7	38	0	21	24	45
MENTAL HEALTH	8	59	0	43	24	67
HEAD INJURY	1	9	0	6	4	10
SEIZURE DISORDER	9	25	0	22	12	34
PHYSICAL DISABILITY	12	179	0	113	78	191
OTHER	0	0	0	0	0	0
TOTAL	49	404	1	253	201	454
COUNTY - CLEARFIELD						
DISABLING CONDITION	AGE GROUP			SEX		TOTAL
	(0-17)	(18-64)	(65-OVER)	MALE	FEMALE	
COGNITIVE	12	201	0	95	118	213
SENSORY	7	75	4	43	43	86
MENTAL RETARDATION	21	56	0	40	37	77
MENTAL HEALTH	17	138	0	89	66	155
HEAD INJURY	2	14	0	9	7	16
SEIZURE DISORDER	26	81	0	71	36	107
PHYSICAL DISABILITY	45	460	1	288	218	506
OTHER	0	1	0	0	1	1
TOTAL	130	1026	5	635	526	1161
REGION B						
COUNTY - YORK						
DISABLING CONDITION	AGE GROUP			SEX		TOTAL
	(0-17)	(18-64)	(65-OVER)	MALE	FEMALE	



COGNITIVE	4	438	0	190	252	442
SENSORY	16	130	10	75	81	156
MENTAL RETARDATION	12	138	1	78	73	151
MENTAL HEALTH	12	308	0	191	129	320
HEAD INJURY	3	56	0	39	20	59
SEIZURE DISORDER	23	166	0	109	80	189
PHYSICAL DISABILITY	47	1141	21	658	551	1209
OTHER	0	29	0	9	20	29
<b>TOTAL</b>	<b>117</b>	<b>2406</b>	<b>32</b>	<b>1349</b>	<b>1206</b>	<b>2555</b>
<b>COUNTY - CUMBERLAND</b>						
DISABLING CONDITION	AGE GROUP			SEX		TOTAL
	(0-17)	(18-64)	(65-OVER)	MALE	FEMALE	
COGNITIVE	6	200	0	96	110	206
SENSORY	7	47	3	31	26	57
MENTAL RETARDATION	20	95	1	60	56	116
MENTAL HEALTH	21	172	0	100	93	193
HEAD INJURY	1	33	0	18	16	34
SEIZURE DISORDER	27	54	0	55	26	81
PHYSICAL DISABILITY	25	312	0	181	156	337
OTHER	0	0	0	0	0	0
<b>TOTAL</b>	<b>107</b>	<b>913</b>	<b>4</b>	<b>541</b>	<b>483</b>	<b>1024</b>

<b>REGION C</b>						
<b>COUNTY - GREENE</b>						
DISABLING CONDITION	AGE GROUP			SEX		TOTAL
	(0-17)	(18-64)	(65-OVER)	MALE	FEMALE	
COGNITIVE	3	55	0	24	34	58
SENSORY	5	23	1	15	14	29
MENTAL RETARDATION	0	17	0	10	7	17
MENTAL HEALTH	3	43	0	25	21	46
HEAD INJURY	1	5	0	6	0	6
SEIZURE DISORDER	6	58	0	41	23	64
PHYSICAL DISABILITY	8	105	0	71	42	113
OTHER	0	0	0	0	0	0
<b>TOTAL</b>	<b>26</b>	<b>306</b>	<b>1</b>	<b>192</b>	<b>141</b>	<b>333</b>
<b>COUNTY - WASHINGTON</b>						
DISABLING CONDITION	AGE GROUP			SEX		TOTAL
	(0-17)	(18-64)	(65-OVER)	MALE	FEMALE	
COGNITIVE	18	342	0	169	191	360
SENSORY	15	89	5	58	51	109
MENTAL RETARDATION	11	95	0	56	50	106

MENTAL HEALTH	17	274	0	171	120	291
HEAD INJURY	6	49	0	39	16	55
SEIZURE DISORDER	28	141	0	111	58	169
PHYSICAL DISABILITY	52	566	1	365	254	619
OTHER	0	0	0	0	0	0
<b>TOTAL</b>	<b>147</b>	<b>1556</b>	<b>6</b>	<b>969</b>	<b>740</b>	<b>1709</b>

<b>REGION D</b>						
<b>COUNTY - SCHUYLKILL</b>						
DISABLING CONDITION	AGE GROUP			SEX		TOTAL
	(0-17)	(18-64)	(65-OVER)	MALE	FEMALE	
COGNITIVE	6	128	0	73	61	134
SENSORY	2	32	0	18	16	34
MENTAL RETARDATION	2	54	0	34	22	56
MENTAL HEALTH	7	92	0	44	55	99
HEAD INJURY	3	22	0	19	6	25
SEIZURE DISORDER	18	101	0	71	48	119
PHYSICAL DISABILITY	39	426	3	262	206	468
OTHER	0	4	0	2	2	4
<b>TOTAL</b>	<b>77</b>	<b>859</b>	<b>3</b>	<b>523</b>	<b>416</b>	<b>939</b>

# APPENDIX E: ADVISORY WORK GROUP CHARTER

# STATE TRANSPORTATION ADVISORY COMMITTEE

## WORK ORDER #5—AVAILABILITY OF TRANSPORTATION SERVICES FOR

## PERSONS WITH DISABILITIES IN RURAL PENNSYLVANIA

The purpose of the project is to conduct market research on the transportation needs of persons with disabilities in rural Pennsylvania, and to develop strategies to cost effectively address those needs.

### ADVISORY WORK GROUP

The Advisory Work Group (AWG) shall consist of 8-10 members. The group shall consist of a representative cross-section of persons with disabilities from the Commonwealth's rural areas. The AWG shall meet approximately every other month during the conduct of the study with PennDOT staff and the study consultant. The interests of the AWG will be represented to the TAC through liaisons that will also be part of the TAC Task Force. The purpose of the AWG will be to:

**"Represent the needs and interests of the diverse group of persons with disabilities in rural Pennsylvania in developing recommended strategies to enhance affordable transportation services and mobility"**

- ★ *Review and discuss preliminary study findings and reports.*
- ★ *Provide insight on survey methodologies and questions.*
- ★ *Assist in the identification of transportation issues and needs.*
- ★ *Provide insight on potential strategies and actions for resolving those needs.*
- ★ *Assist in the coordination of local agency contacts/participation.*
- ★ *Communicate results back to other interested stakeholders.*

# APPENDIX F: SHARED RIDE GRANTEE PROFILE REPORT

1998-1999

## Shared Ride Grantee Profile Report for Fiscal Year 1998-99

Date Printed : 3/22/00

Grantee : York County TA

County : York County

Counties Served : York

Service Area : Other  
Reimbursement Rate : Per Passenger  
Range of Rates: \$5.75-\$17.25

Total Trips: 119,195  
Total Revenue: \$1,009,744.94  
Average Fare: \$8.47

Driver Information : \_\_\_\_\_

# Full Time : 0  
# Part Time : 67  
# Volunteer : 0

Starting Wage : \$7.75  
Average Wage : \$7.85  
Top Wage : \$8.15

Driver Training : \_\_\_\_\_

CPR: No First Aid : No Defense Driving : Yes Pass Assistance : Yes Pass Relations : Yes

Other Training Offered : \_\_\_\_\_

Vehicle Information : \_\_\_\_\_

Total # of Vehicles : 42

Total # of Accessible Vehicles : 25

Hours of Operation : \_\_\_\_\_

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Start Time :	6:00 AM	6:00 AM	6:00 AM	6:00 AM	6:00 AM		
Stop Time :	6:00 PM	6:00 PM	6:00 PM	6:00 PM	6:00 PM		

### Comments:

Hrs of Operation for zone 1 (Urban Area) are 7 days a week, 24 hrs a day. Scheduling  
Deadline: By 12 noon, prior day.



## Shared Ride Grantee Profile Report for Fiscal Year 1998-99

Date Printed : 3/22/00

Grantee : **Cumberland County**

County : **Cumberland**

Counties Serviced : **Cumberland**

Service Area : **Other**

Total Trips: **128,171**

Reimbursement Rate : **Per Passenger**

Total Revenue: **\$783,219.42**

Range of Rates: **\$4.00-\$9.00**

Average Fare: **\$6.11**

Driver Information :

# Full Time : **26**

Starting Wage : **\$5.15-\$8.67**

# Part Time : **8**

Average Wage : **\$5.15-\$9.50**

# Volunteer : **6**

Top Wage : **\$5.15-\$10.54**

Driver Training :

CPR: Yes First Aid : Yes Defense Driving : Yes Pass Assistance : Yes Pass Relations : Yes

Other Training Offered : **CDL, Drug and Alcohol Testing Policy**

Vehicle Information :

Total # of Vehicles : **34**

Total # of Accessible Vehicles : **22**

Hours of Operation :

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Start Time :	7:00 AM	7:00 AM	7:00 AM	7:00 AM	7:00 AM		
Stop Time :	4:30 PM	4:30 PM	4:30 PM	4:30 PM	4:30 PM		

Comments:

Scheduling Deadline: By noon the pervious Work Day.

## Shared Ride Grantee Profile Report for Fiscal Year 1998-99

Date Printed : 3/22/00

Grantee : Schuylkill TS

County : Schuylkill

Counties Served : Schuylkill

Service Area :

Reimbursement Rate : Per Passenger

Range of Rates: \$9.50

Total Trips: 116,280

Total Revenue: \$1,104,660.00

Average Fare: \$9.50

Driver Information :

# Full Time : 5

# Part Time : 4

# Volunteer : 0

Starting Wage : \$6.55

Average Wage : \$8.66

Top Wage : \$10.05

Driver Training :

CPR: No First Aid : Yes Defense Driving : Yes Pass Assistance : Yes Pass Relations : Yes

Other Training Offered :

Vehicle Information :

Total # of Vehicles : 20

Total # of Accessible Vehicles : 20

Hours of Operation :

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Start Time :	6:00 AM	6:00 AM	6:00 AM	6:00 AM	6:00 AM		
Stop Time :	6:00 PM	6:00 PM	6:00 PM	6:00 PM	6:00 PM		

Comments:

Scheduling Deadlines: 24-Hours in advance.

## Shared Ride Grantee Profile Report for Fiscal Year 1998-99

Date Printed : 3/22/00

Grantee : Washington County

County : Washington

Counties Served : Allegheny, Washington

Service Area : Other

Total Trips: 231,739

Reimbursement Rate : Per Passenger

Total Revenue: \$1,841,751.15

Range of Rates: \$2.00-\$11.60

Average Fare: \$7.95

Driver Information :

# Full Time : 43

Starting Wage : \$5.15-\$8.64

# Part Time : 15

Average Wage : \$5.20-9.95

# Volunteer : 0

Top Wage : \$5.40-\$15.00

Driver Training :

CPR: Yes First Aid : Yes Defense Driving : Yes Pass Assistance : Yes Pass Relations : Yes

Other Training Offered :

Vehicle Information :

Total # of Vehicles : 49

Total # of Accessible Vehicles : 26

Hours of Operation :

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Start Time :	6:00 AM	6:00 AM	6:00 AM	6:00 AM	6:00 AM	8:00 AM	8:00 AM
Stop Time :	4:00 PM	4:00 PM	4:00 PM	4:00 PM	4:00 PM	4:00 PM	4:00 PM

### Comments:

Above is G.G. & C.'s Taxi, Mon-Sat.. Five subcontractors provide Mon-Fri service. Mon-Fri, Charters' service is 7:00 AM-11:00PM, Whiteline, Sat for dialysis. On Sunday only Charters' provides service. Scheduling Deadline: Before 3:00pm the previous business working day .Tri-

## Shared Ride Grantee Profile Report for Fiscal Year 1998-99

Date Printed : 3/22/00

Grantee : Greene County County : Green

Counties Served : Fayette, Greene, Washington

Service Area :	Other	Total Trips:	27,270
Reimbursement Rate :	Per Passenger	Total Revenue:	\$492,896.00
Range of Rates:	\$6.00-\$40.00	Average Fare:	\$18.07

Driver Information :

# Full Time :	5	Starting Wage :	\$7.50
# Part Time :	4	Average Wage :	\$7.65
# Volunteer :	0	Top Wage :	\$7.80

Driver Training :

CPR: No First Aid : Yes Defense Driving : No Pass Assistance : Yes Pass Relations : Yes

Other Training Offered :

Vehicle Information :

Total # of Vehicles : 10 Total # of Accessible Vehicles : 9

Hours of Operation :

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Start Time :	8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM		
Stop Time :	4:00 PM	4:00 PM	4:00 PM	4:00 PM	4:00 PM		

Comments:

Scheduling Deadline: By 4:00 PM the prior day.

## Shared Ride Grantee Profile Report for Fiscal Year 1998-99

Date Printed : 3/23/00

Grantee : ATA (18/10)

County : Elk

Counties Served : Cameron, Clearfield, Elk, Jefferson, Mckean, Potter

Service Area :	Other	Total Trips:	170,423
Reimbursement Rate :	Per Passenger	Total Revenue:	\$458,796.60
Range of Rates:	\$1.00-\$15.00	Average Fare:	\$2.69

Driver Information :

# Full Time :	18	Starting Wage :	\$5.90
# Part Time :	56	Average Wage :	\$7.15
# Volunteer :	0	Top Wage :	\$8.81

Driver Training :

CPR: Yes First Aid : Yes Defense Driving : Yes Pass Assistance : Yes Pass Relations : Yes

Other Training Offered : CDL

Vehicle Information :

Total # of Vehicles : 79      Total # of Accessible Vehicles : 68

Hours of Operation :

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Start Time :	8:30 AM	8:30 AM	8:30 AM	8:30 AM	8:30 AM		
Stop Time :	4:30 PM	4:30 PM	4:30 PM	4:30 PM	4:30 PM		

### Comments:

Some regional service is available on Sat. Some service may begin before 8:30AM and extend till after 4:30PM. Reservations are required by close of business on the day prior to requiring transportation.

## Shared Ride Grantee Profile Report for Fiscal Year 1998-99

Date Printed : 3/23/00

Grantee : ATA (Primary)

County : Elk

Counties Serviced : Cameron, Clearfield, Elk, Jefferson, McKean, Potter

Service Area :	Other	Total Trips:	1,741
Reimbursement Rate :	Per Passenger	Total Revenue:	\$10,697.90
Range of Rates:	\$1.00-\$15.00	Average Fare:	\$6.14

Driver Information : \_\_\_\_\_

# Full Time :	0	Starting Wage :	N/A
# Part Time :	1	Average Wage :	N/A
# Volunteer :	0	Top Wage :	N/A

Driver Training : \_\_\_\_\_

CPR: Yes First Aid : Yes Defense Driving : Yes Pass Assistance : Yes Pass Relations : Yes

Other Training Offered : CDL, Drug and Alcohol

Vehicle Information : \_\_\_\_\_

Total # of Vehicles : 1 Total # of Accessible Vehicles : 0

Hours of Operation : \_\_\_\_\_

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Start Time :	10:00 AM	10:00 AM	10:00 AM	10:00 AM	10:00 AM		
Stop Time :	2:00 PM	2:00 PM	2:00 PM	2:00 PM	2:00 PM		

### Comments:

Primary service is operated under subcontract in Karthaus, PA. The service consists of two separate routes - door-to-door intra-community and an inter-community route w/deviation (hours are 2nd Tuesday of the month 8:45 am-10:00 am and 3:00 pm-4:45pm).

## APPENDIX G: SURVEY



# **Personal Transportation Needs Survey**

***We Need Your Help!***

**If you are a person with a disability, please complete this survey and return it by mail in the envelope provided or give to \_\_\_\_\_**

**no later than May 17,2000.**

**If you need assistance completing the survey please call**

**TTY: 717-761-2519**

**or**

**Voice: 1-800-233-1055**

**ask for extension 2633**

**Please complete only one survey.**

**Your confidentiality is assured.**

***Thank you for your cooperation!***

Fill in the circle ● that best matches your response for each of the following questions.

1. In what township, city, or borough do you live?

---

2. In what county do you live?

Greene

Washington

Elk

Jefferson

Clearfield

Schuylkill

Cumberland

York

more →

3. What is your age in years?

0 - 17

18 - 64

65 & over

4. What is your monthly (or yearly) income?

\$0 - \$1,333/month (\$0 - 16,000/year)

\$1,334 - \$2,500/month (\$16,001 - \$30,000/year)

\$2,501 - \$5,000/month (\$30,001 - \$60,000/year)

\$5,001+/month (\$60,001+/year)

5. For purposes of scheduling a trip, do you have convenient access to the following: (mark all that apply)

Telephone/Cellular Phone

Fax

Internet

TTY

more →

6. What is the nature of your disability?

Cognitive (mark all that apply)

Sensory

Mental Retardation

Mental Health

Head Injury

Seizure Disorder

Physical Disability

Temporary Disability

Other \_\_\_\_\_

7. What barriers do you encounter to access transportation?  
(mark all that apply)

Lack of Personal Aide

Lack of Ramps

Lack of Lifts

Lack of Sidewalks/curbcuts

Lack of an Accessible Vehicle

more →

Other \_\_\_\_\_

8. Are you limited/restricted by lack of transportation services to and/or from the following? (mark all that apply)

Educational Activities

Employment

Food Shopping

Non-Food Shopping

Medical/Therapeutic

Services (banking, hairdresser, dry-cleaning, etc.)

Social/Cultural/Recreation (visiting friends, movies, concerts, etc.)

Religious Service/Activities

more →

9. If affordable, accessible transportation would be available to you, please rate the following trip purposes by their importance by filling in the appropriate circle.

Trip Purpose:	How Important					No Need - Currently have transportation
	Very High	High	Low	Very Low	No Need	
Education/Training						
Employment						
Food Shopping						
Non-Food Shopping						
Medical/Therapeutic						
Service (banking, dry-cleaning, hairstylist, etc.)						
Social/Cultural/Recreation (visiting friends, movies, concerts)						
Religious Service/Activities						
Community Service/ Volunteer Activities						

more →

10. Are you currently using any of the following forms of transportation? (mark all that apply)

Shared Ride (Seniors Vans) that **you** pay

Shared Ride (Seniors Vans) that **others** pay

Fixed Route Transit or Paratransit Services

Taxi Cabs

Friends/Family

Churches/Volunteer Groups

Other

11. Indicate the **three** time periods when you most need transportation services.

Monday thru Friday (7 AM to 6PM)

Monday thru Friday (6 PM to 12 AM)

Monday thru Friday (12 AM to 7 AM)

Saturday thru Sunday (7 AM to 6 PM)

Saturday thru Sunday (6 PM to 12 AM)

Saturday thru Sunday (12 AM to 7 AM)

more →



**12.** If affordable, accessible transportation would be available to you, please indicate how many round trips you would take during a typical **month** for each of the following.

**Trip Purpose:**

**How often *per month***

***per month***

	1-5	6-10	11-15	16-20	21+
--	-----	------	-------	-------	-----

Education/Training

Employment

Food Shopping

Non-Food Shopping

Medical/Therapeutic

Service (banking,  
dry-cleaning,  
hairstresser, etc.)

Social/Cultural/Recreation  
(visiting friends, movies,  
concerts)

Religious  
Service/Activities

Community Service/  
Volunteer Activities

Thank you for your help!

## APPENDIX H: OUTREACH NETWORK

Outreach network

Region A: Elk, Jefferson, Clearfield Counties			
Agency	Agency Contact	Number Requested	Number Distributed
<b>CIL-Life &amp; Independence for Today</b>	Robert Mecca	150	150
Transit-(ATA) Area Transportation Authority of North Central Pennsylvania	Rick Viglione	110	110
DPW-MH/MR	Raymond Freeburg	200	100
BVS-Blind & Visual Services	Michael Koncewicz	25	25
ARC-Elk	Virgil Quirk	265	265
ARC-Jefferson & Clearfield	Rachel Grubb	200	100
Elks Nursing	Pat O'Conner	120	120
ACP	Bill Orzechowski	500	500
MS Society	Ann Mageris	250	200
AAA-Area Agency on Aging	John Kordish	300	0
Veterans Association	Nick Telinelro	0	0
C & J	Tanya Maczaczjy	85	50
Bethege Day Program	Jan McDaniel	140	100
Totals		2345	1720

**UCP - United Cerebral Palsy**

**CIL - Center for Independent Living**

ACP - Attendant Care Program

OVR - Office of Vocational Rehab.

MH/MR - Mental Health/Mental Retardation

BVS - Blindness & Visual Services

PCCD - The Pa. Coalition for Citizens with Disabilities

Region B: Cumberland and York Counties			
Agency	Agency Contact	Number Requested	Number Distributed
<b>CIL of Central Pennsylvania</b>	Ginny Rogers	800	800
<b>CIL-Citizens for Independence and Access</b>	Vicki Cuscino	300	300
<b>UCP of the Capital Area (Cumberland Co.)</b>	George Ferrey	200	200
<b>UCP of S Central Pennsylvania (York Co.)</b>	Ann Carver	500	300
Cumberland County Transportation Department (CCTD)	Nancy Otstot	0	0
Community Transit (York Co.)	Stephen Bland	0	0
MH/MR - Cumberland	Dave Shall	350	150
MH/MR - York	Kris Straup	90	0
BVS	Mary Moyer	150	50
ARC - York	Renee Shealer	0	
Bell Social Services	Donna Gaffney	190	190
ARC - Cumberland	Jim Gurreri	0	0
Elks Nursing	Pat O'Connor	90	90
MS Society	Debbie Wall	698	200
Veterans Association	Ray Kent	0	0
Totals		3368	2280

Region C: Greene and Washington Counties			
Agency	Agency Contact	Number requested	Number Distributed
<b>CIL-Tri County Patriots for Independent Living</b>	Kathleen Kleinman	1,200	1,200
Washington County Transportation Program	George Krcelich	0	0
Community Action Southwest (CAS)	Charles Mancinelli	0	0
OVR	Don Angelone	1,500	1,372
MH/MR	Tom Milarski	800	400
BVS	Bob Lamb	100	50
ARC - Greene	David Horvath	75	75
ARC - Washington	Mike Reardon	100	100
PCCD		0	0
Elks Nursing	Pat O'Connor	80	80
ACP		500	500
MS Society	Ann Mageris	500	300
Veterans Association	Dave McPeak	0	0
Totals		4,855	4,077

**Region D: Schuylkill County**

Agency	Agency Contact	Number Requested	Number Distributed
<b>Anthracite Region CIL</b>	Shirley Ray (John Duson)	220	220
<b>UCP</b>	Pete Keitsock	570	550
Schuylkill County Transportation Service (STS)	John Sninsky	0	0
Goodwill	Laura Meilia	30	30
OVR	Janell Shaffer-Yoder	200	0
MH/MR	Maureen Blossey	630	0
BVS	Joe Gosic	300	0
ARC	Jenny Hall	50	50
Elks Nursing	Pat O'Conner	50	50
ACP	Marie Deauchamp	1000	0
MS Society	Pete Kennedy	150	100
Turning Point	Linda Wagner	400	200
Totals		3600	1200

# APPENDIX I: PENN DOT NEWSRELEASE



## **PA TRANSPORTATION ADVISORY COMMITTEE TO SURVEY RURAL TRANSPORTATION NEEDS OF PERSONS WITH DISABILITIES**

NEWS RELEASE

COMMONWEALTH OF PENNSYLVANIA

Department of Transportation

Press Office - Ninth Floor

Forum Place - 555 Walnut Street

Harrisburg, PA 17101-1900

FOR IMMEDIATE RELEASE

CONTACT:

Kirk Wilson

(717) 783-8800

(717) 787-2956

HARRISBURG (April 28) — State Transportation Advisory Committee (TAC) Chairman H. Michael Liptak today announced that TAC is seeking input from persons with disabilities regarding public transportation needs in rural communities.

"The purpose of the survey is to determine the extent of unmet transportation needs and to identify the types of trips that are necessary," Liptak said. "The survey results will be a key component of a major evaluation of transportation needs of persons with disabilities."

Liptak said four rural areas in eight counties are being studied. They include Clearfield, Cumberland, Elk, Greene, Jefferson, Schuylkill, Washington and York counties.

TAC is an independent body that advises the State Transportation Commission and Transportation Secretary Bradley L. Mallory on major issues.

Liptak said the Statewide Independent Living Council, the Pennsylvania Coalition of Citizens with Disabilities, the Pennsylvania Transportation Alliance and United Cerebral Palsy of Pennsylvania are assisting with the study.

"A core network of organizations serving persons with disabilities has been formed in each study area to help us reach as many persons as possible and to provide any needed assistance," Liptak said. "If you are a Pennsylvanian with a disability and live in one of the four study areas and have not participated in this survey, please contact us immediately."

Gannett Fleming Inc. is assisting the TAC study team in conducting the survey. Persons with questions or those who have not received a survey should call Toby Fauver, study project manager, at 1-800-233-1055.

Gov. Tom Ridge launched an historic Disabilities Agenda in May 1997 -- Pennsylvania's first comprehensive, government-wide program to explore ways state government can break down the barriers that prevent persons with disabilities from being included in the community. The plan covers issues involving transportation, housing, education, employment, long-term supports and health care.



## APPENDIX J: PAS ADVOCACY ORGANIZATIONS

## Programs - continued

of nursing facility residents having other related conditions (ORC), while encouraging and assisting each individual to live as independently as possible. It is administered by the PA DPW through the Office of Social Programs. Several agencies have contracts with DPW to administer the CSPPPD, or provide the services, in PA.

A person has an ORC if the person has a disability and: the disability was before age 22; the disability is likely to continue indefinitely; and because of the disability, the person has been significantly limited in at least three of the following areas: self-care, mobility, self-direction, learning, understanding, capacity for using language, independent living. Practically any nursing facility resident with an ORC is eligible for the program.

The CSPPPD does many things. One is providing specialized services. Specialized services are services provided to help consumers further enhance their natural skills and abilities and assist them in becoming more independent. Specialized services may be structured such as skills training classes or unstructured such as trips to the community to enjoy shopping or see a movie.

Specialized services include, but are not limited to: service coordination, peer support, skills training, community integration and transportation.

Training is offered in empowerment,

advocacy, money and household management, how to direct others to assist you, using public transportation and more. The underlying goal for all training is to foster consumer independence.

The CSPPPD helps consumers move out of nursing facilities, if a consumer wants to move.

## Independence Waiver

On May 1, 1997, DPW's Office of Social Programs (OSP) instituted a new home and community-based waiver; the Community Services Waiver for Independence, or Independence Waiver, which is also administered by CSPPPD.

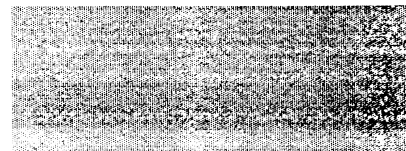
One of the major goals of the Waiver is to prevent institutionalization. The most important goal, however, is to enable those persons with Other Related Conditions, who are 18 years of age or older, who cannot perform daily living tasks by themselves to remain independent in their homes or in other community living arrangements through the use of waiver services.

Independence Waiver services include service coordination; daily living services; respite care; environmental accessibility adaptations; specialized medical equipment and supplies; personal emergency response system; visiting nurse services; and extended state plan therapies. Persons may be eligible if they: are a person with an ORC; are not ventilator-dependent; have individual service needs which

are less than the projected cost of nursing facility services for the current waiver year; are financially eligible as determined by the County Assistance Office; have a Personal Support Plan and Budget approved by OSP.

As mentioned earlier, amendments are planned in both waivers to eliminate the requirement for institutionalization altogether as well as the under 22 age requirement for the Independence Waiver.

Information provided by Liberty Resources, Inc., of Philadelphia.



## Rep. O'Brien Holds Hearings

State Rep. Dennis O'Brien is holding hearings about how to spend the \$11.5 billion in "tobacco money" the State won in its suit with cigarette manufacturers. The first hearing was in Pittsburgh on July 1. One focus of these hearings is seeking to fund health benefits for previously uninsured workers of profit-making businesses. If that idea were extended to non-profits, there may be a vehicle for providing health insurance benefits to attendants in the DPW Attendant Care Program. Food for thought. Watch for announcements about hearings in your area.

# PAS Resources

The following are advocacy organizations and providers concerned about PAS in PA; many are members of the PA PAS Task Force. Use these individuals and their organizations to make your interests known. Join their meetings and conferences. Learn how you can advocate for yourself and others. Become empowered. You will find a lot of friends out there alongside you.

## Government -PA DPW/OSP

Attendant Care Program  
Matt Jones, Program Manager  
Bertolino Building  
1401 N. 7th St., Hbg., PA 17120  
800-757-5042, 717-783-8182.

CSPPPD  
Helen Powers, Program Manager  
Bertolino Building  
1401 N. 7th St., Hbg., PA 17120  
717-772-2101

## Advocacy Organizations

PA Coalition of Citizens with Disabilities, 101 S. 2nd St., Ste. 4 Hbg., PA 17101  
Linda Anthony, Ex. Dir.  
800-432-3060, 717-238-0172  
fax 717-238-8663  
email: lapccd@aol.com

PA Statewide Independent Living Council, 108-110 N. 2nd St. Hbg., PA 17101-1401

Sandi Weber, Ex. Dir.  
800-670-7303, 717-236-2400  
fax 717-236-8800

United Cerebral Palsy of PA  
1902 Market Street  
Camp Hill, PA 17011  
Lynn Keltz, Ex. Dir.  
voice: 717-761-6129  
tty: 717-761-6950  
fax: 717-761-2534  
email: ucprofpa@ucprofpa.org

PA Mental Health Consumers Assn.  
4105 Derry Street  
Harrisburg, PA 17111  
Shelley Eppley, Ex. Dir.  
717-564-4930  
fax: 717-564-4708  
email: pmhca@epix.net

PA Health Law Project  
20 N. Market St. 3rd Fl.  
Harrisburg, PA 17101-1633  
David Gates, Esq.  
800-931-7457, 717-236-6310  
fax: 717-236-6311  
email: dg931@ibm.net

PA Health Law Project  
801 Arch St., Suite 610 A  
Philadelphia, PA 19107  
Ann S. Torregrossa, Esq.  
215-625-3663  
fax: 215-625-3879  
800-274-3258  
email: ljones@phlp.org

PA Health Law Project  
650 Smithfield St., Suite 2330  
Pittsburgh, PA 15222  
M. Francesca Chervenak, Esq.  
412-434-5779  
fax: 412-232-6240

Disabilities Law Project  
1901 Law & Finance Building  
429 4th Avenue

Pittsburgh PA 15219  
Mark Murphy, Esq., Dep. Dir.  
voice/tty: 412-391-5225  
fax: 412-391-4496  
email: dlp.pgh@dlp-pa.org

Disabilities Law Project  
801 Arch St., Suite 610  
Philadelphia, PA 19107  
Ilene Shane, Esq., Ex. Dir.  
215-238-8070  
tty: 215-238-6069  
fax: 215-625-9589  
email: dlp.phila@dlp-pa.org

PA Protection & Advocacy, Inc.  
116 Pine Street  
Harrisburg, PA 17101  
Kevin Casey, Esq., Ex. Dir.  
717-236-8110  
voice/tdd\800-692-7443  
fax: 717-236-0192  
email: 102126.1251@compuserve.com

Disability Budget Coalition  
3518 N. 3rd Street  
Harrisburg, PA 17110  
Terry Roth, Esq.  
717-234-4195  
fax: 717-234-4146  
email: troth@paonline.com

Eastern Paralyzed Veterans Assn.  
5000 Wissahickon Avenue  
Box 42938  
Philadelphia, PA 19101  
Hugh Allen  
800-795-3628, 215-381-3037  
fax: 215-381-3495

Arc of PA, Building 2, Suite 221  
2001 N. Front Street  
Harrisburg, PA 17102  
Martha Worley, Ex. Dir.  
800-692-7258, 717-234-2621  
fax: 717-234-7615  
email: thearcpa@usa.net

## PAS Resources - continued

Speaking For Ourselves  
One Plymouth Meeting, Suite 630  
Plymouth Meeting, PA 19462  
Carolyn Morgan, President  
610-825-4592, fax: 610-825-4595  
email: speakingfo@aol.com

### Centers for Ind. Living in PA

Liberty Resources, Inc.  
1341 N. Delaware Avenue Ste. 105  
Philadelphia, PA 19125-4314  
Fern Moskowitz, Ex. Dir.  
215-634-2000  
tty: 215-634-6630  
fax: 215-634-6628  
email: lri@libertynet.org

Lehigh Valley Center for Independent Living, 919 S. 9th Street  
Allentown, PA 18103  
Jeanette Seaman, Ex. Dir.  
610-770-9781  
fax/tty: 610-770-9801

Life and Independence For Today  
503 Arch Street  
St Mary's, PA 15857-1779  
Robert A. Mecca, Ex. Dir.  
800-341-LIFT, 814-781-3050  
fax/tty: 814-781-1917  
email: lift@penn.com

Northeast Pennsylvania CIL  
431 Wyoming Avenue, Lower Level  
IBEW Bldg.  
Scranton, PA 18503  
John F. Boland, Ex. Dir.  
800-344-7211, 570-344-7211  
fax: 570-344-7218

To reach us write: UCPA of Philadelphia & Vicinity  
102 E. Mermaid Ln., Phila, PA 19118  
Glen Niman, MA Call: (215) 242-4200 ext. 338  
Project Director Fax: (215) 247-4229  
and Chief Editor email: UCPPHILA@AOL.COM

CIL of South Central PA  
3009 Walnut Avenue  
Altoona, PA 16601  
Susan Vanscoyoc, Ex. Dir.  
814-949-1905  
fax: 814-949-1909  
email: cilscpa@penn.com

Citizens for Independence and Access, 3450 Industrial Highway  
York, PA 17402-9307  
Beverly Price, Ex. Dir.  
800-956-0099, 717-840-9653  
tdd: 717-840-9753  
fax: 717-840-9748  
email: ciacil@ptd.net

Anthracite Region CIL  
40 N. Church Street, City Hall  
Hazleton, PA 18201  
Shirley Ray, Ex. Dir.  
800-777-9906, 570-455-9800  
fax: 570-455-1731

Voices for Independence  
3711 12th Street  
Erie, PA 16505  
Miggy Wayne, Ex. Dir.  
800-838-9890, 814-838-9890  
fax: 814-838-9779

CIL of Central Pennsylvania  
415 Fallowfield Rd., Ste. 101  
Camp Hill, PA 17011  
Theotis Braddy, Ex. Dir.  
800-323-6060, 717-731-1900  
fax: 717-731-8150  
tty: 717-731-1077

CIL of Southwestern Pennsylvania  
7110 Penn Avenue  
Pittsburgh, PA 15208  
W. D. Chrisner III, President  
800-633-4588, 412-371-7700  
fax: 412-371-9430  
tdd: 412-371-5230  
email: cilswpa@aol.com

CIL of North Central PA  
210 Market Street, Suite A  
Williamsport, PA 17701  
George Morton, Ex. Dir.  
800-984-7492, 570-327-9070  
fax: 570-327-8610  
tty: 570-327-5254  
email: gjmorton@sunlink.net

Tri-County Patriots For Independent Living  
69 East Beau Street  
Washington, PA 15301  
Kathleen Kleinmann, Ex. Dir.  
724-223-5115  
fax: 724-223-5119  
tty: 724-228-4028  
email: tripil@tripil.com

Freedom Valley Disability Enablement, 3607 Chapel Road  
Newtown Square, PA 19073  
Ann Cope, Ex. Dir.  
800-427-4754, 610-353-6640  
fax/tty: 610-353-6753

Abilities in Motion, 416 Blair Ave.  
Reading, PA 19601  
Ralph Trainer, Ex. Dir.  
888-376-0120, 610-376-0010  
fax: 610-376-0021

Community Resources for Ind., Inc. 2222 Filmore Avenue  
Erie, PA 16506 Tim Finnegan, Ex. Dir. 800-530-5541, 814-838-7222  
fax: 814-838-8491  
tty: 814-838-8115  
email: cri@crinet.org

## PAS Resources - continued

### UCP offices in Pennsylvania

UCP of Beaver, Butler and  
Lawrence Counties, Inc.

101 Hindman Lane

Butler, PA 16001

Patricia Brennen, Ex. Dir.

724-482-9215

fax: 724-482-2250

email: ucpcbbl@nauticom.net

UCP of the Capital Area

925 Linda Lane

Camp Hill, PA 17011

George E. Ferrey, Jr., Ex. Dir.

717-737-3477

fax: 717-975-3333

web site: www.ucpcapa.org

email: ucpcappa@aol.com

Cerebral Palsy Assn of Chester Co.

749 Springdale Drive

Exton, PA 19341

James McKittrick, Ex. Dir.

610-524-5850

fax: 610-524-5855

email: jmckit@ccil.org

Cerebral Palsy Assn of Delaware

Co., Inc., 401 Rutgers Avenue

Swarthmore, PA 19081

William A. Benson, Ex. Dir.

610-328-5955

fax: 610-328-0495

email: 34crotse@psupen.edu

UCP of Lancaster County

1901 Olde Homestead Lane

P.O. Box 10485

Lancaster, PA 17605-0485

Gerald W. Meck, Ex. Dir.

717-397-1841

fax: 717-293-1595

email: UCPlan@redrose.net

Developmental and Disability  
Services of Lebanon Valley

P.O. Box 710

Lebanon, PA 17042

Carolyn Peters, Ex. Dir.

717-274-3493

fax: 717-274-1304

email: ddsdv@prolog.net

UCP of Luzerne County

159 Simpson Street

Wilkes Barre, PA 18701

Linda Reedy, Ex. Dir.

717-829-2613

fax: 717-829-5166

MECA/UCP

3745 West 12th Street

Erie, PA 16505

Laurie Eaton, Ex. Dir.

814-836-9113

fax: 814-833-3919

UCP of Northeastern Pennsylvania

425 Wyoming Avenue

Scranton, PA 18509

Gail Anderson, Ex. Dir.

717-347-3357

fax: 717-341-5308

email: UCPNEPA@aol.com

UCPA of Philadelphia and Vicinity

102 East Mermaid Lane

Philadelphia, PA 19118

Stephen A. Sheridan, Ex. Dir.

215-242-4200

fax: 215-247-4229

email: ucpphila@aol.com

UCP of Pittsburgh/CLASS

4683 Centre Avenue

Pittsburgh, PA 15213

Al Condeluci, Ex. Dir.

412-683-7100

fax: 412-683-4160

email: ACUCPPGH@aol.com

UCP of Schuylkill, Carbon and  
Northumberland Counties

Agricultural Park, Park Street

Pottsville, PA 17901

Peter Keitsock, Ex. Dir.

717-622-7920

fax: 717-622-9271

email: petek@pottsville.infi.net

UCP of South Central Pennsylvania

788 Cherry Tree Court

Hanover, PA 17331

Ann Carver, Ex. Dir.

800-333-3873, 717-632-5552

fax: 717-632-2315

UCP of the Southern Alleghenies

Region, 616 Somerset Street

Johnstown, PA 15901

Richard G. Yewcic, Ex. Dir.

814-535-7708

fax: 814-536-8833

UCP of Southwestern Pennsylvania

655 Jefferson Avenue

Washington, PA 15301

D. Jill Ealy, Ex. Dir.

724-225-8145

fax: 724-225-4934

UCP of Western Pennsylvania

P.O. Box 153

Spring Church, PA 15686

Jane L. Hurd, Ex. Dir.

724-478-3042

fax: 724-478-4760

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# APPENDIX K: STAKEHOLDERS MEETING SUMMARIES

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## PA STATE TRANSPORTATION ADVISORY COMMITTEE (TAC)

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### WORK ORDER #5

#### AVAILABILITY OF TRANSPORTATION SERVICES FOR PERSONS WITH DISABILITIES IN RURAL PENNSYLVANIA

##### *01/25/00 Stakeholders Meeting Summary*

The following tables and lists summarize the comments received from stakeholders on the various data collection options presented to them at the meeting.

CENSUS MAPPING	
Pros	Cons
<ul style="list-style-type: none"><li>• Fix numbers</li><li>• Expedites the process</li><li>• Small geographic location</li><li>• Visual picture of where the need is in 1990</li><li>• More definite #'s</li><li>• It would point out where to target for demo</li><li>• People would be able to start receiving services</li><li>• It would give actual data instead of speculative</li><li>• Provides comprehensive statewide info.</li><li>• Can be analyzed quickly</li><li>• Could get yearly projections</li><li>• A lot of broad based info.</li><li>• Consistent from one county to next</li><li>• More definitive</li><li>• Point out target</li><li>• Factual numbers</li><li>• Expedites the process</li><li>• Visual picture of where the need is in 1990</li></ul>	<ul style="list-style-type: none"><li>• Age of data</li><li>• Under estimate</li><li>• Cannot answer need</li><li>• Lack of census participation</li><li>• Institution Participation</li><li>• What does it tell about none service area</li><li>• Timing issue with the demo when occurs is reaction to report</li><li>• Demo data could misrepresent the actual situation</li><li>• Limitations if only fixed route</li><li>• Fixed route does not necessary mean access to ADA transportation</li><li>• Census questions are too broad/narrow</li><li>• 2000 data not available until 2004</li><li>• Excluding other #'s</li><li>• Does not depict shared ride</li><li>• Does not include people in institution</li><li>• Did not include motivational people</li></ul>



Pilot Program	
Pros	Cons
<ul style="list-style-type: none"> <li>• Working with real people</li> <li>• Providing service</li> <li>• Seasonal change</li> <li>• Start learning at the beginning</li> <li>• Gives people chance to try out the service</li> <li>• Help learning curve</li> <li>• Closest to get a handle on demand</li> <li>• Try new ideas</li> <li>• Local characteristics will come through</li> <li>• Possible implementation (best case) for FY00-01</li> <li>• Flexibility of disability community</li> <li>• Some people will have transportation</li> <li>• Future projects get started quicker</li> <li>• More accurate information, results in higher quality service</li> <li>• Identify other problem areas</li> <li>• Takes longer (need large diverse area)</li> <li>• Best means to validate census</li> <li>• Can begin quickly</li> <li>• Representative of the state</li> <li>• Creativity/cooperation</li> <li>• ID best practices</li> <li>• Opportunity to id operational issues</li> <li>• Capacity of existing systems</li> <li>• More accurate than surveying</li> <li>• Gears up local municipalities/and PennDOT to take action</li> <li>• Accurate and realistic than surveys</li> <li>• Try new ideas</li> </ul>	<ul style="list-style-type: none"> <li>• Long time (seasonal change)</li> <li>• Special treatment to pilot area</li> <li>• Rely on existing structure</li> <li>• Does not test need after service hours</li> <li>• May not be germane to entire state</li> <li>• Hesitation to use service at beginning</li> <li>• Learning curve</li> <li>• Varied counties in PA</li> <li>• Takes time to develop and implement (4-6)</li> <li>• Not statewide</li> <li>• Finding the funding (more expensive than others)</li> <li>• Takes longer (need large diverse area)</li> <li>• Limited to pilot locations</li> <li>• How do you replicate in different areas</li> <li>• May, illustrate the limitations of shared ride</li> <li>• Timing issue, how much data would be useful for the dept. by June</li> <li>• Income as criteria for use to exclude individuals</li> <li>• Timing issue in relationship to 1066 bill in June</li> <li>• Only provides service to a select few – not everyone</li> <li>• Relies on existing structure</li> <li>• Pilot program would not be similar for other needs</li> <li>• Hesitation to use service at the beginning</li> </ul>

Targeted Random Sample	
Pros	Cons
<ul style="list-style-type: none"> <li>• Current information</li> <li>• Find out about trans needs</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery system (i.e. phone, newspaper)</li> <li>• Cost</li> <li>• Extrapolate to entire state</li> </ul>

Targeted Random Sample	
Pros	Cons
<ul style="list-style-type: none"> <li>• <b>TAILOR SURVEYS/INST. TO MEET VARYING NEED</b></li> <li>• Opportunity for direct input</li> <li>• Quick collection</li> <li>• Include past experiences</li> <li>• May not know what/where/etc.</li> <li>• Need help to complete</li> <li>• How survey is structured influences surveys</li> <li>• Better than nothing</li> <li>• More current</li> <li>• Goes directly to need</li> <li>• </li> </ul>	<ul style="list-style-type: none"> <li>• People with and without disabilities want to go to same place</li> <li>• Difficulty understanding standardize survey</li> <li>• Non-reader population (large)</li> <li>• Speaking with the actual person</li> <li>• Might not know needs</li> <li>• Not univ access, BIG</li> <li>• Possible inaccuracy “persons not completing own surveys”</li> <li>• Unreliable information</li> <li>• Does not include people in institution</li> <li>• Random difficult to achieve</li> <li>• Who will do it? Coordination broadcast?</li> <li>• Lack of phones, TV, tech(Accessibility, for any program)</li> <li>• Return rate is low</li> <li>• Replies may be skewed</li> <li>• How much explanation can be given over the phone regarding any program answering newspaper ad?</li> <li>• Survey needs careful crafting</li> <li>• Persons may not understand that this extends beyond medical only for ex. survey must be administered through a variety of formats.</li> <li>• Delivery system</li> <li>• Lost data</li> <li>• Extrapolate to entire state</li> <li>• Non-reached population</li> <li>• Don’t speak w/actual person with the disability – other individuals do not know the transportation need</li> </ul>

ADA Paratransit Data	
PROS	CONS
<ul style="list-style-type: none"> <li>• If you pick the right area, it could give you good</li> </ul>	<ul style="list-style-type: none"> <li>• Won’t work in all areas, particularly rural</li> </ul>

idea of what will happen in rural areas. (e.g. SEPTA suburban <ul style="list-style-type: none"> <li>• Framework</li> <li>• Uses persons with disabilities ( as opposed to elderly ) as T.G.</li> <li>•</li> </ul>	areas <ul style="list-style-type: none"> <li>• ADA guidelines are/maybe less than existing system or need. (i.e., Allegheny Co.)</li> <li>• (even there – little to no service in even Allegheny Co. rural areas).</li> </ul>
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Dept. of Education Transition Councils	
Pros	Cons
<ul style="list-style-type: none"> <li>• Statewide (26 IU's)</li> <li>• Statewide data</li> <li>• This is the <u>future</u> ; future needs</li> </ul>	<ul style="list-style-type: none"> <li>• Only segment of population</li> <li>• Uncertain about consistency among IU's</li> <li>• Transient nature of graduates</li> </ul>

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## RECOMMENDATIONS FOR MARKET DEFINITION

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### 1. Pilot Program

- answer question about what needs are out there
- where to place
- do not set in area that will fail
- available throughout the state
- get something started

### 2. Combo – Census Mapping and Phase in Pilot and info. from inter-gov. counsel and close case information

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### 3. COMBINE SURVEYS AND DEMO

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- 1<sup>st</sup> Surveys and up front data and outreach
- 2<sup>nd</sup> Phase go into a demo
- Mapping can occur now – a quick picture

### 4. Phased-in Pilot/Demonstration project that crosses county lines and look at PDE data and use 1990 and 2000 census data

- Get started/phased in
- Useful information
- May identify other problems
- Makes PennDOT look good
- Cross-county lines
- May want to select already existing transit system with good computer system for data collection
- Select area that is representative of need
- Multiple sites (based on location, population, cost per rider, etc.)
- FY00-01 (7/1/00) optimistically

## 5. Pilot program to include a survey of the users

- 5 areas – cross county – Pilot locations should be selected on counties that represent the diversity state
  - Phased in approach
  - Can be working on this a pilot is rolled out – short term – detailed census can provide info.
  - Pilot – to include multiple options – ride and voucher
  - Pilot should include funding for vehicles and training for staff and additional equipment
  - Need to clearly define eligibility for service
- 

## 6. PHASE IN PILOT PROJECT

---

- Do a data collection phase-in program as soon as possible
  - Phase-in across counties
  - Action research – to begin in several counties
  - Site selection with the assistance of stakeholders (demonstration)
  - 6 projects
  - Based on -Census data and ability of area to deliver
  - Willingness to cross county lines
  - Variety of geographic areas
  - Target places with ability to succeed
  - Time is key.
  - Quantifiable real results
  - Continue “phase in” of programs not just demo to end at specific date
  - Use survey as a way to outreach to community
  - Need opportunities of access the same as all persons have
  - (Survey as part of demo with strong outreach component)
  - Survey as outreach
- 

## 7. COMBINE SURVEYS AND DEMO

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- Mapping
- Surveys and outreach
- Phase into demo

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## QUESTIONS OVER EVALUATION IDEAS

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- ADA paratransit no. for trip rates
- Dept. of Education transition councils
- Advertisement must be broad to reach potential users
- Most consideration in
  - Geographic representation
  - Explore variety of options
  - Follow-up state holder meeting
  - Different survey methodologies/forms will be necessary for persons with different disability
  - Show learning factor/usage factor for actual services
  - Do not know what would use because currently do not have services
  - Do we include persons in institutions/
  - Providers
- Ability to cross County Lines

### **Proposed Timing**

#### **Feb. 28**

- Mapping/Census Analysis
- Pilot Design Initial

#### **March 31**

- Funding other state agency data and local consumer groups
- Funding Pilot design find (data for pilots)

#### **April – May**

- Pilot implementation
- Funding place holder funding for Statewide Pilot implementation Plan

#### **July**

- Initial status report

#### **October**

- 2<sup>nd</sup> status report

#### **December**

- Third status

#### **March**

- Final Evaluation

#### **April**

- Final recommended approach

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## POTENTIAL SURVEY METHODS

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- Public Television
  - W/call-in
  - Extended duration
  - Media approach
  - Limited WWW
  - Needs Based Survey
  - Survey venues/network strategy
  - Structure to consider “participation” opportunities
  - Strategies/planning to respond/prepare for demand
  - Combine options/hybrid e.g. demo/TRSS
  - Multi-co “Cluster” surveys – e.g. tri-co.
  - Erie: Existing demos to consider
  - Determine current shared ride coverage areas
- Synopsis of each co.prog.
- 

## KEY DEMONSTRATION OR PILOT ISSUES

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- Avoid barriers/discontinues to participate
- Set duration to help ensure success
- Guidelines/info/training
- Min. standards
- A.D.A. programs
- Monitoring\*
- Demo timing versus research objective
- “Adapt”/flexibility in program design
- Variability of both capacity and need as well as people
- Need to match Existing services/resources to other resources

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# PA STATE TRANSPORTATION ADVISORY COMMITTEE (TAC)

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## WORK ORDER #5

### AVAILABILITY OF TRANSPORTATION SERVICES FOR PERSONS WITH DISABILITIES IN RURAL PENNSYLVANIA

*03/23/00 Stakeholders Meeting Summary - Review of the Draft Market Survey Questions, Networks for Survey Administration, Criteria for Pilot Location Selection and Selection of Pilot Locations as preferred by the Stakeholders*

## INTRODUCTION

A detailed review of the entire issue was bypassed to allow for more discussion time during the Breakout Session topics. The Breakout Session topics were:

- Review of the Draft Market Survey Questions
- Networks for Survey Administration
- Criteria for Pilot Location Selection
- Selection of Pilot Locations (as preferred by the stakeholders).

## REVIEW OF THE DRAFT MARKET SURVEY QUESTIONS

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### SURVEY FORMAT SUGGESTIONS

- Limit questions to one per line.
- Be consistent in format throughout the survey.
- Use larger circles to indicate answers info.
- Provide both large and small font (print) sizes for instructions and questions.
- Provide the survey on computer disks, audio tapes, Braille and TTY.

### CONSUMER PROFILE QUESTION SUGGESTIONS

Question #1. Does not make difference.

Question #2. Leave as is or bracket age categories for clarity.

Question #3. Income is not relevant. Make this an optional question. There is a concern over the loss of benefits.

Question #5. Change item 7 to “temporary disability.” Provide the ability to tabulate multiple answers and remove the word “primary.”

## CONSUMER PROFILE QUESTIONS TO ADD

- 1) Do you currently have access to: Paratransit or Private Transportation?
- 2) Does your current transportation meet your need?

## TRANSPORTATION NEEDS QUESTION SUGGESTIONS

Question #6. Add sidewalks, curbcuts & other.

Question #7. - 13. Can be combined together into one question. List the following.

Question #13. Add religious.

Question #14. Modify wording or omit

## PROPOSED TRANSPORTATION NEEDS QUESTIONS TO ADD

1. What are hours of transportation service that are needed?
2. What are the barriers that you face to transportation service? (Such as the municipality and closed door service)
3. Are you able (or willing) to pay?

## EXISTING TRANSPORTATION QUESTION SUGGESTIONS

- The rating scale is confusing. Revise the ranking question (1-7) so that 1 is highest and 7 is lowest.
- Include the option to rank all trips equally.
- Take out trips per week and use trips per month only.
- Merge questions 15-28.
- Change the matrix portion of the survey to indicate the number of trips taken now and trips taken ideally.
- Change wording of grids to reflect 1. Presently with no transportation services and 2. Would (use) if transportation services were available.
- Add a column for more than 5 trips per week/month.
- Add community and religious trips such as school board, town meetings and church.



## DISSEMINATION OF THE ANSWERS TO THE SURVEY QUESTIONS

- There is concern over sending the survey via e-mail/internet. There is a need to insure the compatibility of software (i.e.voice/mouse).
- Multiple outreach. Did you get it? Cards/Phone
- Multiple format availability (Braille, disk, large disk).
- Work with CIL's to administer the survey and disseminate survey results.

## **CRITERIA FOR PILOT PROGRAM SELECTION**

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### CRITERIA SUGGESTIONS

- Cross county regions
- Strong disability community
- Transportation provider strength
- Ability to perform (meet the criteria set by the committee)
- Disability Community with strong or weak transit links
- Geographic Diversity (6 areas)
- Willing provider

### OTHER CRITERIA DISCUSSED

- Availability of strong political capitol (e.g. Lancaster) Note: Tie in with Cumberland & York
- Statewide replication of the program is likely
- A persons with disabilities population is identified to be served
- At least 8 regional efforts crossing county lines
- High concentration of rural population
- Existence of a fixed route/shared-ride program
- Selection of providers with good track records
- History/willingness of the provider to serve persons with disabilities

- Counties with only Shared-Ride service (Bedford)
- The disability community is active
- Other transportation options exist
- Strong urban/weak rural transportation system exists
- The disability population is diverse
- Inclusion of evening and weekend service

## BARRIERS

Rural challenges such as population distribution and capacity

## **SURVEY NETWORKS**

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- Transportation Advocacy Project
- PPTA PA Public Transportation System
- County Commissioners
- Rehab Centers/Facilities
- Colleges/Universities
- National Federation for the Blind
- Active Disability Community
- CSP Community Service Provider
- Variety of mediums needed to communicate
- Office for the deaf and hard of hearing
- Developmental disabilities council

## **LOCATION SELECTION**

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### GREENE/WASHINGTON/FAYETTE

Criteria – 1. medium, 2. high, 3. high, 4. high

Pros – large population in rural counties, provider challenged

## SCHUYLKILL/DELAWARE/CHESTER

Criteria – 1. high, 2. medium, 3. high, 4. medium

Pros – Strong CIL, Political

## YORK/CUMBERLAND/LANCASTER

Criteria – 1. high, 2. high, 3. high, 4. high

Pros – Too large(possible con), Political visibility, Metro/rural mix, Ease for study team

E/C?

Criteria – 1. high, 2. high, 3. high, 4. high

Pros – Small population, Cost/fare

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## PA STATE TRANSPORTATION ADVISORY COMMITTEE (TAC)

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### AVAILABILITY OF TRANSPORTATION SERVICES FOR PERSONS WITH DISABILITIES IN RURAL PENNSYLVANIA

#### WORK ORDER #5

#### *May 22, 2000 Stakeholders Meeting Summary - Review of the Initial Data Analysis and Findings*

This was the third of four stakeholders meetings which coincide with study milestones. The purpose of this meeting was to present the initial findings from the consumer market survey and to gain input from the stakeholders within the study regions. The stakeholders provided their interpretation of the initial data and findings, and suggestions for pilot project implementation. “Initial data” refers to the fact that surveys were still being received at the time of the meeting.

#### INTRODUCTION

AN OVERVIEW OF THE STUDY PURPOSE, INFORMATION GATHERED FROM PENNSYLVANIA STATE AGENCIES, OTHER STATE RESEARCH FINDINGS, AS WELL AS A DETAILED REVIEW OF THE SURVEY RESULTS TO DATE WERE PRESENTED TO THE GROUP. THE RESULTS WERE USED FOR INFORMATION AND ANALYSIS IN THE BREAKOUT SESSIONS. EACH BREAKOUT GROUP CONSIDERED STATEWIDE AND REGIONAL DISCUSSION ITEMS.

There were four breakout groups organized by the following study area regions:

- Elk, Jefferson, Clearfield
- Washington and Greene
- Cumberland and York
- Schuylkill

#### REVIEW OF THE INITIAL DATA ANALYSIS AND FINDINGS

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#### PROJECT STATUS REPORT

The status of the Study Components were reviewed. The following points were discussed:

- Four (4) Diverse Regions comprise the Study Area, in an attempt to generally replicate varying conditions statewide.
- The Survey Network was launched utilizing a partnership approach..
- Each region has a core network of organizations, primarily advocate agencies, that have assisted in survey planning and distribution.
- Survey Distribution

- 9200 surveys were distributed through the Network.
- Over 950 had been received as of the meeting date.
- Various methods of public outreach were used to promote an awareness of the survey including press releases, radio/TV advisories, and newsletter inserts.
- Information from eleven (11) other states has been gathered, this will aid in program design and delivery. (The State summaries were presented as shown in the attached slides).
- The survey responses are being automatically scanned to assist in the tabulation and analysis process.
- There has been a high level of interest in the 4 pilot regions both among consumers and various stakeholder organizations.
- More detailed data analysis will follow as the survey responses are cross-tabulated

#### REMAINING MILESTONES

The projects remaining milestones were highlighted and are listed below. In the context of today's meeting, emphasis was placed on assessing the initial data and its implications as input into the report development phase that would begin immediately.

- Completion of Survey Intake and Tabulation
- Analysis and Report Development
- 4<sup>th</sup> Stakeholders Working Session
- TAC Presentation, June 29, 2000
- STC Presentation, August 10, 2000

#### DRAFT REPORT COMPONENTS

The following sections will likely be included in the Draft Final Report presented to the Transportation Advisory Committee on June 29, 2000:

- Methodology & Documentation
- Data Analysis and Summarization
- Data Implications
- Lessons Learned form Other States

- Key Considerations for Pilot Design Delivery and Evaluation, based on the assumption that there would be pilot program(s) subsequent to the TAC study.
- Options and Recommendations

## **SURVEY RESULTS**

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### **SUMMARY STATISTICS/INITIAL IMPLICATIONS**

The following statistics were presented about the survey effort to date:

- 9200 Surveys Distributed in the 4 study areas.
- Responses to date represents 38% of the (self-declared) Pennsylvania Mobility/Self Care Limitation Population 1990 Census
- 644 Returned and Analyzed
- 950 Returned and pending tabulation and analysis
- Surveys are still being received
- 10% response rate to date on Surveys (the response rate is encouraging with respect to the utility of the data for developing findings and recommendations, and also to smooth out any statistical quirks or anomalies that would likely be associated with a smaller response.)

## **STATE AGENCY DATA AND OTHER STATE RESEARCH**

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### **PENNSYLVANIA STATE AGENCY DATA**

Data was collected from various state agencies to assist with the inventory of existing transportation service providers. The data is currently being summarized for the draft report. The providing agencies were identified and include:

- Department of Public Welfare (DPW)
- Department of Labor and Industry
- Department of Health
- Department of Aging

### **OTHER STATE RESEARCH**

Eleven (11) states were surveyed by telephone (See Attached Presentation). The state survey results provide valuable information on a range of issues including needs assessment, program accountability, and coordination/brokering of multiple funding sources/operators. In general, successful state programs tend to:

- have a dedicated funding source(s)
- link disabilities needs assessment to the overall transportation planning process
- broker/coordinate service delivery
- have strong management control/oversight

## **REGIONAL PROFILE INFORMATION**

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Highlights of the Shared-Ride Program service delivery structure from each of the four regions was presented to the group and discussed. This information was used by the individual breakout groups to identify existing resources in the regions.

### **BREAK OUT GROUP PROCESS**

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Each of the four groups was given information and charged with addressing the following issues:

- Address Statewide Implications of the initial data.
- Address your assigned Region's Implications.
- Identify Regional and Statewide Considerations for Identified Needs.
- Consider the available resources in each region.
- What does the initial data tell us?
- What are the implications?
- How can the region's resources be best utilized to meet the needs?
- What gaps, remaining issues, and ideas need further consideration?

### **KEY QUESTIONS FOR BREAKOUT REPORT BACK**

Each group was asked to report back to the general session using the following two key questions as a guideline:

- What are the Needs in Your Region?
- Define Regional and Statewide Considerations for addressing the Identified Needs.

### **BREAK OUT GROUPS**

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This section summarizes the results of the breakout groups. Summaries of breakout group details that are unique to each specific region follow on page 6.

### **DATA IMPLICATIONS**

In general, the lack of adequate and affordable transportation service contributes to the loss of independence and diminished quality of life for persons with disabilities. Persons with disabilities tend to be overly reliant upon friends/family to meet their individual transportation needs. Currently, transit service that is available does not operate for extended evening hours or weekends in rural areas, and is cost prohibitive for trips not subsidized by Shared Ride or other existing programs. This serves to limit the use of rural transit for employment purposes that often requires persons of modest income to work off-hours. Additionally, trips for religious purposes, often on Sundays, are very difficult to make.

## GENERAL IMPLEMENTATION OPTIONS/CONSIDERATIONS

### **Brokerage Systems**

The Brokerage System is a method of centralized transit coordination that depends upon a coordinator to perform a variety of tasks. The purpose of a broker is to act as a Central Dispatcher for coordinating service delivery. Transit can be provided through numerous programs and organizations. The broker serves to bundle and deploy this diverse service network in ways that promote efficiency (e.g. more riders per trip/lower unit cost) and effectiveness. This can reduce the number of transit operators that make duplicate trips/runs to the same area. In addition, the broker can coordinate service among multiple travel regions, such as crossing county lines. For the broker to perform these and other defined tasks efficiently, program requirements need to be clearly stated with special attention given to coordinating the trip needs of consumers who are eligible for subsidies under multiple programs. Performance standards can be developed with input from Broker and state representatives. Finally, funding needs to be provided for the administering the brokerage service itself.

### **Funding Sources**

Passenger fares will need to be affordable to meet the need. The remaining true cost per trip will need to be borne by other funding sources to make a program viable. Other funding sources may include various levels of government, the private sector, and volunteer in-kind services. Funding should flexibly respond to consumer need. Any funding source must be dedicated and reliable. There is some sentiment that volunteer or faith-based services should not be relied upon, because of dependability of service reasons. However, it is crucially important at this stage to not rule out any potential providers given that local program design could be structured to link and manage a wide range of service options.

### **Shared Ride as a Model**

The Shared Ride Program is one of several models that may be used as a base program or core component of any Pilot Programs in the study regions. The existing Shared Ride Program may simply be extended to include serving persons with disabilities once funding sources are established. Current Shared Ride hours of operation are inadequate for employment purposes that potentially require shift type work schedules. To provide the maximum employment potential for persons with disabilities, hours of transit operation may need to be extended to include evening and weekend service, similar to the current Welfare to Work Program.

### **Private Vehicle Model**

Another model to provide transportation could be subsidizing vehicle ownership for persons with disabilities able to operate a vehicle. This may potentially be more practical in some regions than providing a transit-oriented type of service. Assistance can help to provide funds for registration, repairs, insurance, cost (capital), or personally owned Accessible vehicle lease back to owner-operator. It could also include vans serving more than one rider.

### **Faith-Based Organization Model/Other Volunteer/Non-Profit Providers**

In some locales Faith-Based Organizations provide limited transportation service to persons with disabilities. One method of providing service in these areas may be to provide funding for these organizations to improve the reliability of current service or to extend their service to a wider audience. There may also be opportunities to leverage volunteer support.

### **Education**

Public education and outreach services to persons with disabilities and the general public would be key to the success of a new program. Outreach efforts will help to improve existing communications with the persons with disabilities community. This is especially true for the persons with disabilities community where many individuals have never had the opportunity to work or conduct daily activities on their own transportation. Methods of communication should include, but not be limited to the methods used to conduct the consumer market survey. These methods include T.V., radio, telephone, fax, Internet, TTY, paper format, and Braille format.

### **Technology**

A useful technique to maximize trip efficiency may be to provide tentative routes and schedules on the Internet. This would foster prior knowledge of trip times being scheduled and the ability to plan personal travel in line with the trip schedules. ITS technologies such as Automatic Vehicle Location (AVL) and Global Positioning Systems (GPS) can aid in the ability to accommodate trips that have not been scheduled in advance.



### **Service Delivery**

- Service may need to be door-to-door rather than curb-to-curb due to the physical limitations of some persons with disabilities.
- The program should contain provisions to conduct a periodic needs assessment to assist in maintaining and improving the program.
- Regional flexibility in Pilot Program design needs to be exercised, and coordinated with all affected stakeholders such as Penn DOT, local municipalities, transit providers, etc.
- Home modifications such as building a ramp, widening a door or building a curb cut may be necessary to make transportation accessible.
- Need a steady consistent funding source.
- Need to establish financial incentives for service coordination, this will save money and squeeze out inefficiency, allowing for more passenger trips.
- Subcontract trips – some providers sub out to other agencies or the private sector.

### **UNIQUE REGIONAL OPTIONS/CONSIDERATIONS**

#### **Cumberland and York**

- Taxi Service (Yellow Cab) is no longer accessible.
- Employment trips are time sensitive trips – need to be there at a set time and place
- Additional Service Delivery Resources
- Personal Care facilities
- Capitol Trailways
- CAT
- Subcontracted trips – some providers sub out to other agencies or private sector (i.e. Yellow Cab in York County)
- Transportation Providers are prevented from crossing county lines due to the regulatory barriers of current programs.

#### **Schuylkill**

- The “*Wheels on Wheels*” program (privately funded) is available but expensive. Chartered by Hazleton – contracted.
- Schuylkill Transportation System (STS) does not serve the entire county all of the time due to lack of capacity.

### **Elk, Jefferson & Clearfield**

- Transportation Partnership District (retailers, developers, to provide financial support for transportation service cost. Tax credits are available, but few understand it or are have the awareness.
- State Communications – representatives partner with ATA
- CAB “Call a Bus” provides same day service, but it’s expensive (fare can be \$15 round trip).

### **Greene & Washington**

- Drivers wages are not sufficient (Low wages does not make this job attractive to drives – they can work same type of job, but earn more in unionized position)

### **SURVEY GAPS**

- Questions regarding the usage of a person’s own vehicle was not asked. A person’s own vehicle allows the greatest independence.
- Question # 12 regarding trip purpose is confusing with regards to interpretation on how to interpret between having and needing transportation, if available.
- Question # 7 regarding barriers is difficult to interpret for such things as personal aid vs. family, accessible vehicles vs. public transport/owned auto.
- Generally the transportation terms were confusing for persons who don’t currently use transit.
- Question # 9 stating the answer “No need, currently have transportation” should not be misinterpreted to mean that there is no need. Family and friends may not be available when transportation is needed.
- An unasked question was, “What can you afford?” should have been asked.
- Question # 7 did not include out sidewalks and unpaved roads.
- Mental Retardation may be under represented due to type of disability.

### **ANALYSIS SUGGESTIONS**

- Cross-tabulate telephone vs. cellular phone.
- Cross-tabulate nature of disability with need for transportation/trip purpose.
- Cross-tabulate disability type with lack of personal aid.

- Consider volunteer and education trips with employment.
- Cross-tabulate question # 7 with nature of disability and plays into system design by region.
- Benchmark certain responses against Medicaid, L&I, other data tracks.
- Question # 12 should be cross tabulated with time of day/education: need for transportation separate from what family and friends provide.

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## PA STATE TRANSPORTATION ADVISORY COMMITTEE (TAC)

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### WORK ORDER #5

#### ASSESSING THE AVAILABILITY OF TRANSPORTATION SERVICES FOR PERSONS WITH DISABILITIES IN RURAL PENNSYLVANIA

#### Stakeholders Meeting Summary - 6/14/00

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##### Meeting Opening

- The agenda was reviewed with no comments.
- A special note was made that the shared ride legislation had passed the House of Representatives earlier in the day.
- The meeting summary from the May 22, 2000 Stakeholders Meeting were reviewed with no comments. The summary was made available in a variety of formats including computer disk, audiotapes, and large print.

##### Presentation of Updated Survey Results

Over 1000 additional surveys were collected and analyzed since the May 22 Stakeholders Meeting. The consultant team made a presentation to the stakeholders highlighting the changes in the data. The presentation was distributed to participants in a variety of formats. Comments and questions from the group are outlined below:

- The 64 and over age category doubled since the last survey results. A question was asked on how this issue would be addressed in the final report given that this group already has its own subsidized system.
- The final report will document the increase in this age group but will focus recommendations on the 18-64 age group.
- A question on the survey asked participants how many trips they would require for certain purposes in a given month. A question was raised on how this particular question was worded on the survey.
- The question on the survey stated that if “affordable and convenient” transportation were available, how many trips per month would you make for the following purposes.

## Final Report Preparation

The study's final report will be prepared and presented to the TAC on June 29. The consultant team reviewed the components of the report and fielded questions from the group on its content.

- The final report will include 5 broad directions of recommendations / transportation choices for the TAC to consider.
1. **No Build** – This choice would include the continuation of the existing policies and practices with regards to transportation for persons with disabilities.
  2. **Transportation Systems Management (TSM)** – This choice would identify ways to manage the existing transportation systems better. Technology uses would be a component of this choice. The TSM alternative would likely not be a stand-alone choice and would accompany another alternative.
  3. **Pilot Program** – This choice would be used to test one or a variety of recommendations in select regions. The results of the Pilot Program would be used to decide whether to end the pilot program, continue with it or another pilot program, or to implement a more comprehensive program in the state.
  4. **Phased Program** – The phased program would see transportation options for persons with disabilities implemented in various counties in a step-by-step approach. Each county would have a plan that would be followed to ensure that the transportation system would be implemented in a given time frame.
  5. **Statewide Program** – Use the TAC Study as a foundation for building a statewide program to provide transportation to persons with disabilities in Pennsylvania's rural areas.
- Each of the above options would be accompanied by a series of policy, programmatic, transportation, accountability, and funding recommendations that will guide each option's implementation.

## Final Report Q&A

Following the review of the final report components, the group had the following comments and questions.

- Will the report be available before the June 29 or August 10 TAC meetings?
  - TAC reports are not available to the public until they are formally approved by the STC.
- What are the differences between the pilot and phased options?
  - The phased program has a commitment to move to each successive level of implementation. The pilot program is a trial program that has no commitment to progress to statewide implementation.

- When will the transit providers be given an opportunity to comment on their resources to provide for the transportation needs of persons with disabilities identified in this study?
  - This study will include broad recommendations, and does not provide specific regional recommendations. The policy component of the report will include a section that emphasizes the cooperation and participation of transit providers in any selected program. Transit providers will be key players in developing and implementing any programs emanating from this study.
  - Has the study considered any means testing for persons with disabilities? For example will persons with disabilities have to prove their disability before they are permitted to use a certain system?
  - The study has examined the issue of means testing. Registration by persons with disabilities will probably be required at the local level. Means testing will probably occur by self-reporting the disability.
  - Registration of users is a sensitive issue with persons with disabilities. Persons with disabilities feel they should not have to register to use a transit system unless all transit users do the same.

### **Facilitated Breakout Groups**

The consultant team facilitated breakout discussions among the stakeholders to identify some of the major issues that should be considered with a transportation program for persons with disabilities. The questions discussed during the breakout groups are listed below. A summary of the results of the breakout groups is attached.

#### *Questions to Breakout Groups*

- What would be the 3 greatest non-funding challenges to implementing a regional transportation program for persons with disabilities? List your recommended strategies for addressing each challenge.
- How could a regional transportation program be best marketed to persons with disabilities?
- What would you suggest as potential performance measures for a regional transportation program for persons with disabilities?
- What would a model program look like organizationally at the regional level? What are the key issues to address organizationally? Feel free to develop an organizational type chart? Consider roles and responsibilities of any or all of the following:
  - 1) Transit Providers (public and private-mass transit and social service)
  - 2) Social service and other agencies

- 3) Consumers
- 4) Private sector organizations
- 5) Others?

*Questions for all of the Groups*

- A regional transportation program for persons with disabilities will succeed if (list in priority order the top 5-10 success factors).
- A regional transportation program for persons with disabilities will fail if (list in priority order the top 5-10 failure factors).

**Next Steps**

- The consultant team will incorporate the results of the stakeholder meeting into the report.
- The consultant team will present the final report to the TAC on June 29.
- The consultant team will update the report based on comments received from the TAC June 29 meeting.
- The final report will be presented to the STC on August 10.

## APPENDIX L: SURVEY RESULTS



**In what county do you live?**

County	Frequency	Valid percent
Greene	139	8.3
Washington	463	27.6
Elk	218	13.0
Jefferson	116	6.9
Clearfield	82	4.9
Schuykill	321	19.1
Cumberland	126	7.5
York	213	12.7
Total	1678	100.0
No Response	51	

**What is your age in years?**

Age	Frequency	Valid Percent
0 - 17	32	1.9
18-64	1408	82.2
65 & over	272	15.9
Total	1712	100.0
No Response	17	

**What is your monthly (or yearly) income?**

Income (\$)	Frequency	Valid Percent
0-1333 / month (0-16,000/ year)	1397	86.0
1334-2500/month	177	10.9
2501-5000	41	2.5
5001+	10	0.6
Total	1625	100.0
No Response	104	

**Convenient access to schedule a trip**

Access to	Yes	No	%Yes
Telephone	1610	119	93.1
Fax	137	1592	92.1
Internet	280	1449	16.2
TTY	16	1713	0.9

**What is the nature of your disability?**

Disability	Yes	No	%Yes
Cognitive	166	1713	0.9
Sensory	131	1598	7.6
Mental Retardation	443	1286	25.6
Mental Health	393	1336	22.7
Head Injury	87	1642	5.0
Seizure Disorder	181	1548	10.5
Physical Disability	864	865	50.0
Temporary Disability	47	1682	2.7
Other	326	1403	18.9

**Barriers to accessing transportation**

Barrier	Yes	No	%Yes
Lack of Personal Aide	415	1314	24.0
Lack of Ramps	269	1460	15.6
Lack of Lifts	220	1509	12.7
Lack of Sidewalks	334	1395	19.3
Lack of Accessible vehicle	677	1052	39.2
Other	341	1388	19.7

**Limited/restricted by lack of transportation to and/or from following need**

Need that is restricted	Yes	No	%Yes
Educational Activities	488	1241	28.2
Employment	584	1145	33.8
Food Shopping	696	1033	40.3
Non-Food Shopping	668	1061	38.6
Medical/Therapeutic	747	982	43.2
Services	659	1070	38.1
Social	849	880	49.1
Religious	606	1123	35.0

**Importance of trip purposes**

Trip	Very High		High		Low		Very Low		No Need		Have Transport	
Education/Training	360	27.0%	196	14.7%	136	10.2%	65	4.9%	339	25.4%	238	17.8%
Employment	492	36.1%	171	12.5%	71	5.2%	32	2.3%	379	27.8%	219	16.1%
Food Shopping	393	26.7%	341	23.2%	151	10.3%	71	4.8%	149	10.1%	367	24.9%
Non-food Shopping	252	18.2%	403	29.1%	241	17.4%	72	5.2%	85	6.1%	333	24.0%
Medical/Therapeutic	581	38.6%	328	21.8%	138	9.2%	24	1.6%	58	3.9%	376	25.0%

Service	244	17.1%	363	25.4%	261	18.3%	74	5.2%	151	10.6	334	23.4
Social	340	23.2%	383	26.2%	253	17.3%	82	5.6%	89	6.1%	316	21.6%
Religious	303	21.4%	280	19.8%	234	16.5%	67	4.7%	190	13.4%	343	24.2
Community Service	222	16.5%	216	16.1%	225	16.8%	82	6.1%	334	24.9%	264	19.7%

**Types of transportation being used currently**

Transportation Type	Yes	No	%Yes
Shared Ride-You Pay	176	1553	10.2
Shared Ride-Others Pay	144	1585	8.3
Fixed Route	298	1431	17.2
Taxi Cabs	194	1535	11.2
Friends/Family	1156	573	66.9
Churches/Volunteers	191	1538	11.0
Other	527	1202	30.5

**Time periods when transportation is most needed**

Time Period	Yes	No	%Yes
M - F (7am-6pm)	1390	339	80.4
M - F (6pm-12am)	613	1116	35.5
M - F (12am-7am)	106	1623	6.1
Sat-Sun (7am-6pm)	914	815	52.9
Sat-Sun (6pm-12am)	321	1408	18.6
Sat-Sun (12am-7am)	89	1640	5.1

**Estimated number of round trips during typical month**

Trip Purpose	0		1-5		6-10		11-15		16-20		21+	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Education/train	478	40.4	279	23.6	102	8.6	70	5.9	105	8.9	150	12.7
Employment	508	41.2	106	8.6	58	4.7	82	6.7	195	15.8	283	23.0
Food Shopping	270	19.9	744	54.9	228	16.8	70	5.2	20	1.5	23	1.7
Non-food Shopping	203	15.4	758	57.6	238	18.1	79	6.0	16	1.2	21	1.6
Medical/Therapeutic	179	12.7	909	64.5	188	13.3	79	5.6	34	2.4	20	1.4
Service	297	22.6	830	63.2	132	10.0	35	2.7	6	0.5	14	1.1
Social	224	16.4	615	45.1	300	22.0	141	10.3	48	3.5	35	2.6
Religious	390	30.2	678	52.4	154	11.9	31	2.4	17	1.3	23	1.8
Community Service	576	47.1	449	36.7	113	9.2	45	3.7	23	1.9	18	1.5

# APPENDIX M: SURVEY OUTREACH NETWORK RESPONSIBILITIES

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## **1.0 TAC DISABILITIES STUDY—OUTREACH NETWORK: ROLES & RESPONSIBILITIES**

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### **1.1 OVERVIEW**

The TAC study will require an intense and short-term outreach effort, primarily during the survey phase of the project that will likely begin in mid-April. Key to the success of this project will be a well-organized, cohesive outreach effort to persons with disabilities in the study counties. This is only possible through the network approach that will be established in each study area. The network model contains three elements: core outreach group, regional coordination, and the project team. The roles and responsibilities of each is described below. Attached is a table that graphically depicts this outreach network organization. It shows the organizations that comprise each of the three-outreach network elements.

### **1.2 CORE OUTREACH GROUP**

- Promotes the survey and its importance through membership, affiliated groups, etc.
- Assists in the dissemination of the survey
- Assist respondents in completing surveys
- Identifies and secures assistance from other groups or organizations that can assist in the outreach
- Works with Project Team to carry out this effort in line with the required schedule to keep the overall study on track
- Coordinates with other organizations in the outreach group as necessary to avoid overlap and to achieve any potential efficiencies/collaboration in survey distribution
- Participates in survey effort in ways that ensure objectivity of results

### **1.3 REGIONAL COORDINATION**

- Provides support as needed to Outreach Group and Project Team

### **1.4 PROJECT TEAM**

- Works closely with Core Outreach Group to maximize reach of survey
- Oversees efforts to keep survey effort on schedule and running smoothly
- Provides “training” to outreach group
- Provides technical assistance to outreach group
- Provides materials and supplies to outreach group
- Engages Regional Coordination resources as needed

# APPENDIX N: SHARED-RIDE OPERATOR PROFILES FOR THE STUDY REGION

## 1.5 COMMON FEATURES OF ALL REGIONAL SERVICE PROVIDERS

Funding	<ul style="list-style-type: none"> <li>▪ Shared Ride 85% of trip cost for persons 65 &amp; up – PennDOT (State Lottery.)</li> <li>▪ Area Agency on Aging (AAA) Transportation Assistance up to 15% of co-pay for Shared Ride – PA Department of Aging (DA.)</li> <li>▪ AAA Transportation Assistance up to 100% for persons 60 to 64 – PA DA.</li> <li>▪ Medical Assistance Transportation Program (MATP) 100% of trip cost for none-emergency Medicaid recipients – PA Department of Public Welfare (DPW), Office of Social Programs (OSP.)</li> <li>▪ Mental Health/Mental Retardation (MH/MR.) Transportation Assistance to persons with disabilities – DPW.</li> <li>▪ Occupational Vocation Rehabilitation (OVR) Transportation Assistance – Department of Labor &amp; Industry (DLI).</li> <li>▪ Welfare to Work Program – PennDOT &amp; DPW.</li> <li>▪ General Public pays full fare</li> <li>▪ Individual County General Funds (based on Population)</li> </ul>
Ability to Provide Additional Service	<ul style="list-style-type: none"> <li>▪ Have capacity in some areas; anything beyond base population areas would require additional vehicles/staff.</li> </ul>

## Area Transportation Authority of North Central Pennsylvania (ATA) - Elk, Jefferson, and Clearfield Counties

Programs/Policies	<ul style="list-style-type: none"> <li>▪ Services Elk, Jefferson, Clearfield, Cameron, McKean, and Potter Counties.</li> <li>▪ Shared Ride– One-day trip reservation required.</li> <li>▪ Fixed route– From stops during hours of operation.</li> </ul>
Disability Definition Used	<ul style="list-style-type: none"> <li>▪ ADA.</li> </ul>
Hours of Operation	<ul style="list-style-type: none"> <li>▪ Monday – Saturday.</li> <li>▪ County Wide Service (CWS) 6:00 am – 6:00 pm.</li> <li>▪ Call a Bus (CAB) 8:00 am – 4:00 pm.</li> <li>▪ Fixed Route: Clearfield 7:00 am – 6:00 pm, Punxsutawney 8:30 am – 3:30 pm.</li> </ul>

## Area Transportation Authority of North Central Pennsylvania (ATA) - Elk, Jefferson, and Clearfield Counties Continued

Equipment (i.e. Accessible Vehicles, etc.)	<ul style="list-style-type: none"> <li>▪ 81 short transit vehicles, 100% ADA compliant.</li> </ul>
Fare Structure	<ul style="list-style-type: none"> <li>▪ CWS \$3.00 core + \$3.00 each zone.</li> <li>▪ CAB \$3.00 core + \$1.00 each zone.</li> <li>▪ \$1.00 fixed route.</li> </ul>
Other Private/Public Regional Transport Services	<ul style="list-style-type: none"> <li>▪ DuFAST: fixed route provider in DuBois Borough, Falls Creek and Sandy Townships.</li> </ul>



	<ul style="list-style-type: none"> <li>Fullington Auto Bus Company (FABCo.) provides fixed route service in Clearfield.</li> </ul>
Ability to Provide Additional Service	<ul style="list-style-type: none"> <li>Have capacity in some areas, anything beyond base population areas would require additional vehicles/staff.</li> </ul>
Local/Regional Studies	<ul style="list-style-type: none"> <li>Requested a Study through the Center for Rural Pennsylvania.</li> </ul>
Public Involvement/Marketing	<ul style="list-style-type: none"> <li>Marketing Director attends Senior Fairs, Senior Centers, Malls, and regional events, utilizing a booth that resembles a bus.</li> <li>Slide Show available to Municipal Officials, Service Groups, Senior Centers, etc.</li> </ul>
Long Range Plan	<ul style="list-style-type: none"> <li>Capital Based Long Range Plan for transit agency</li> </ul>
Innovations	<ul style="list-style-type: none"> <li>Low floor buses.</li> <li>Alternative fuel vehicles.</li> <li>Provide both Shared Ride and Public Transportation – one stop shop.</li> </ul>
OTHER COMMENTS/CONCERNS	<ul style="list-style-type: none"> <li>Typical trips include: medical, food shopping, worksite, welfare to work, and social service agencies.</li> <li>Can flag stop any vehicle.</li> <li>Need to identify better ways to meet the needs of the rural community.</li> <li>Working with local ambulance companies for non-emergency trips.</li> </ul>

## Cumberland County Transportation Department (CCTD) - Cumberland County

Programs/Policies	<ul style="list-style-type: none"> <li>■ CCTD services Cumberland County &amp; will cross Dauphin and Franklin County lines for medical trips.</li> <li>■ Trips must be scheduled before noon, the working day prior to trip.</li> </ul>
Disability Definition Used	<ul style="list-style-type: none"> <li>■ Americans with Disabilities Act (ADA).</li> </ul>
Hours of Operation	<ul style="list-style-type: none"> <li>■ Monday – Friday 8:00 am – 4:00 pm.</li> </ul>
Equipment (i.e. Accessible Vehicles, etc.)	<ul style="list-style-type: none"> <li>■ 30 wheelchair accessible vans.</li> </ul>
Fare Structure	<ul style="list-style-type: none"> <li>■ Average fare \$7.88.</li> <li>■ Core fee is \$6.50 full fare, \$1.00 reduced fare.</li> <li>■ Fares based on 5 zones.</li> </ul>
Ability to Provide Additional Service	<ul style="list-style-type: none"> <li>■ Limit is based on number of vehicles and vehicle capacity.</li> </ul>
Other Private/Public Regional Transport Services	<ul style="list-style-type: none"> <li>■ Capitol Area Transit.</li> <li>■ Yellow Cab.</li> <li>■ West Shore Taxi.</li> <li>■ Capitol Trailways.</li> <li>■ UCP – private use for clients.</li> <li>■ Attendant Care Providers: some have transportation available to residents.</li> </ul>
Previous Local/Regional Studies	<ul style="list-style-type: none"> <li>■ Tri-County Regional Planning Commission</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Transportation Authority.</li> <li>▪ 1992 Capitol Area Transit Study.</li> </ul>
Public Involvement/Marketing	<ul style="list-style-type: none"> <li>▪ Senior Centers.</li> <li>▪ Subsidized Housing Facilities.</li> <li>▪ Senior Fairs.</li> <li>▪ Penn DOT Statewide Marketing Initiative.</li> </ul>
Long Range Plan	<ul style="list-style-type: none"> <li>▪ Tri-County Regional Planning Commission</li> </ul>
Recommended Method to Provide Service for PWD	<ul style="list-style-type: none"> <li>▪ Service for persons with disabilities should continue as currently provided for through the Shared-Ride program.</li> </ul>
Innovations	<ul style="list-style-type: none"> <li>▪ Technology improvements: new reservation, scheduling, dispatching, and billing software program, 800MHz radio system – which will enable the use of Mobile Data Terminals.</li> <li>▪ All vehicles are included in the County's emergency preparedness system.</li> </ul>
<b>Cumberland County Transportation Department (CCTD) - Cumberland County Continued</b>	
Other Comments/Concerns	<ul style="list-style-type: none"> <li>▪ Typical trips include: day programs, nutritional sites, medical, food shopping, worksite, and social service agencies.</li> </ul>

## Community Transit (CT) – York County

Programs/Policies	<ul style="list-style-type: none"> <li>▪ CT services York County.</li> <li>▪ CT provides both Shared Ride and Fixed Route services.</li> <li>▪ Shared Ride—must schedule before noon, day prior to trip.</li> <li>▪ Scheduling M– F from 9am-5pm.</li> <li>▪ Approximately 15 % of local trips are subcontracted to Yellow Cab.</li> </ul>
Disability Definition Used	<ul style="list-style-type: none"> <li>▪ ADA.</li> </ul>
Hours of Operation	<ul style="list-style-type: none"> <li>▪ Monday – Friday: 6:00 am – 6:30 pm.</li> <li>▪ Saturday: 7:15 am – 5:30 pm.</li> </ul>
Equipment (i.e. Accessible Vehicles, etc.)	<ul style="list-style-type: none"> <li>▪ Demand Responsive service-25 passenger body on chassis van, 100% ADA compliant-an additional 7 vans will be delivered by the end of 2001.</li> <li>▪ Fixed Route: 27 heavy-duty buses, 85% ADA compliant.</li> </ul>
Fare Structure	<ul style="list-style-type: none"> <li>▪ Within City of York: \$5.75 average.</li> <li>▪ York County: \$7.22.</li> <li>▪ Adjoining Counties \$13.80.</li> <li>▪ ADA Trips \$2-\$3 each way.</li> </ul>
Other Private/Public Regional Transport Services	<ul style="list-style-type: none"> <li>▪ Yellow Cab.</li> </ul>
Ability to Provide Additional Service	<ul style="list-style-type: none"> <li>▪ Limited, 7:00 – 10:30 a.m. &amp; 1:30 – 5:00 p.m. at capacity. (will expand</li> </ul>

	somewhat with the 7 additional vans)
Local/Regional Studies	<ul style="list-style-type: none"> <li>■ Transportation Development Plan.</li> <li>■ Demand Responsive-mail out a customer survey.</li> <li>■ Fixed Route-biannual customer satisfaction survey.</li> </ul>
<b>Community Transit (CT) – York County Continued</b>	
Public Involvement/Marketing	<ul style="list-style-type: none"> <li>■ Attend all local fairs/festivals.</li> <li>■ Information at Senior Centers.</li> </ul>
Long Range Plan	<ul style="list-style-type: none"> <li>■ Transportation Development Plan is updated every five years.</li> </ul>
Innovations	<ul style="list-style-type: none"> <li>■ Provision of both Shared Ride and Public Transportation.</li> <li>■ Deviated fixed-route.</li> <li>■ Manage Adams County Transit to enhance inter-county coordination.</li> <li>■ “Point-to-point” public service to begin September 2000.</li> <li>■ In process of implementing new scheduling system with mobile data terminals, AVL &amp; GIS.</li> </ul>

Other Comments/Concerns	<ul style="list-style-type: none"> <li>■ Ridership-60 % seniors, 30% MH/MR, 10% other.</li> <li>■ Trips types-medical, food shopping, worksite, social service agencies.</li> <li>■ MH/MR buys time on a dedicated van.</li> <li>■ Will see a 25% increase in capacity in July with the addition of new vehicles.</li> <li>■ A goal is to extend service to everyone in the County.</li> <li>■ Establish a decentralized system utilizing “mini-hubs”.</li> <li>■ Software improvements for scheduling are needed.</li> <li>■ In the process of implementing new scheduling system with Mobile Data Terminals, AVL, and GIS.</li> </ul>
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<b>Community Action Southwest (CAS) – Greene County</b>	
Programs/Policies	<ul style="list-style-type: none"> <li>■ CAS services Greene County with links to the cities of Washington, PA and Morgantown, WV.</li> <li>■ Demand response with 24-hour notice.</li> <li>■ The Greene County Transportation Program provides Shared Ride and other types of demand responsive service through CAS, a nonprofit organization.</li> </ul>

## Community Action Southwest (CAS) – Greene County Continued

Disability Definition Used	<ul style="list-style-type: none"> <li>■ ADA.</li> </ul>
Demand Estimation	<ul style="list-style-type: none"> <li>■ As of this report date, CAS is providing transportation to 3097 PWD and 639 persons needing escorts/annually.</li> <li>■ Survey efforts are ongoing to assess the consumer market.</li> </ul>
Hours of Operation	<ul style="list-style-type: none"> <li>■ Ride reservations &amp; information 8:30am – 4pm M – F.</li> </ul>
Equipment (i.e. Accessible Vehicles, etc.)	<ul style="list-style-type: none"> <li>■ 10 wheelchair accessible vehicles.</li> <li>■ 1 non-accessible vehicle</li> </ul>
Ability to Provide Additional Service	<ul style="list-style-type: none"> <li>■ Shortage of CDL drivers (current salary \$8/hr. is unattractive)</li> </ul>
Recommended Method to Provide Service for PWD	<ul style="list-style-type: none"> <li>■ The Shared Ride program basic delivery system should be adapted for service to persons with disabilities.</li> </ul>
Innovations	<ul style="list-style-type: none"> <li>■ Designated stops (Carmichaels &amp; Waynesburg) for high trip concentration areas beginning 7/00.</li> </ul>
Other Comments/Concerns	<ul style="list-style-type: none"> <li>■ Medical trips for dialysis are tightly scheduled around two county centers.</li> <li>■ Identification of client trips &amp; program eligibility is becoming complex due to the number of programs that persons are eligible for (i.e. single passengers with multiple program eligibility, incorporation of a uniform access card would be helpful).</li> <li>■ New drivers will require sensitivity</li> </ul>

	<p>training &amp; instruction on special equipment use.</p> <ul style="list-style-type: none"> <li>▪ Limitations of use as an ambulance service.</li> <li>▪ Clarification of state program requirements &amp; reporting methods for record keeping &amp; invoicing.</li> <li>▪ Timely payment schedules by a new program (some programs are tardy &amp; require operator to “float” costs until payment.)</li> <li>▪ \$5,000 cage on profit leads to rate increases to fund maintenance items.</li> </ul>
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<b>Washington County Transportation Program – Washington County</b>	
Programs/Policies	<ul style="list-style-type: none"> <li>▪ 24 hour notice for demand responsive service to Intelitran, a trip broker who provides a manifest to 5 regional operators the evening prior.</li> <li>▪ Fixed-Route Washington/Pittsburgh.</li> <li>▪ Veterans Transportation Program.</li> </ul>
Disability Definition Used	<ul style="list-style-type: none"> <li>▪ ADA.</li> </ul>
Demand Estimation	<ul style="list-style-type: none"> <li>▪ 11,066 PWD using wheelchairs used the service from 7/99 – 3/00.</li> <li>▪ Survey efforts are ongoing to assess the consumer market.</li> </ul>
Hours of Operation	<ul style="list-style-type: none"> <li>▪ Operators 6am – 7pm.</li> <li>▪ 24-hour night service for Welfare to</li> </ul>



	<p>Work.</p> <ul style="list-style-type: none"> <li>▪ Limited weekend depending upon area.</li> </ul>
Equipment (i.e. Accessible Vehicles, etc.)	<ul style="list-style-type: none"> <li>▪ 10 new accessible vehicles to be acquired in 2000 with raised roof.</li> <li>▪ Existing fleet.</li> </ul>
Fare Structure	<ul style="list-style-type: none"> <li>▪ Demand Responsive 1<sup>st</sup> mile is \$2 &amp; \$1/mile thereafter based on grid zones.</li> <li>▪ Route-Deviated \$2</li> </ul>
Other Private/Public Regional Transport Services	<ul style="list-style-type: none"> <li>▪ G.G. &amp; C. Bus Company.</li> <li>▪ Mid Mon Valley Transit.</li> </ul>
Ability to Provide Additional Service	<ul style="list-style-type: none"> <li>▪ Operations are at capacity.</li> </ul>
Innovations	<ul style="list-style-type: none"> <li>▪ Currently operators own the equipment &amp; vehicles.</li> <li>▪ New purchases will be by the county &amp; leased to operators (also responsible for maintenance) to retain stronger control over service delivery.</li> </ul>

<b>Washington County Transportation Program – Washington County Continued</b>	
Other Comments/Concerns	<ul style="list-style-type: none"> <li>▪ Currently meeting ADA requirements for accessible vehicles.</li> <li>▪ Past experience with Association of Retarded Citizens (ARC) shifting work trips to county transportation overloaded county resources.</li> <li>▪ Welfare to Work program is</li> </ul>

	<p>mushrooming ridership.</p> <ul style="list-style-type: none"> <li>▪ Identification of eligible riders.</li> <li>▪ ADA recognizes drug &amp; alcohol addiction as a disability.</li> <li>▪ Use one I.D. card for all clients that show's program certifications.</li> <li>▪ Additional part-time trip coordinators.</li> <li>▪ Capacity of accessible vehicles.</li> <li>▪ Training for drivers to serve PWD.</li> <li>▪ Door through door liability insurance.</li> <li>▪ MATP (program) delay for reimbursements.</li> <li>▪ Timing of reports due &amp; payment checks.</li> </ul>
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<b>Schuylkill County Transportation Service (STS) – Schuylkill County</b>	
PROGRAMS/POLICIES	<ul style="list-style-type: none"> <li>▪ Service provided to Schuylkill County.</li> <li>▪ 24-hour advance notice to schedule trips.</li> <li>▪ STS provides Shared Ride and Fixed Route (8 main lines, 6 feeder lines) service.</li> </ul>
Disability Definition Used	<ul style="list-style-type: none"> <li>▪ ADA.</li> </ul>
Hours of Operation	<ul style="list-style-type: none"> <li>▪ Demand Responsive: M-F 6am – 5pm, limited weekend service.</li> <li>▪ Fixed Route: M-F 6am– 6pm, Sat.</li> </ul>

	8am– 5 pm.
Equipment (i.e. Accessible Vehicles, etc.)	<ul style="list-style-type: none"> <li>▪ Demand Responsive: 22 small vans 8-17 passengers.</li> <li>▪ Fixed Route: 9 heavy-duty busses.</li> <li>▪ 100% ADA compliant.</li> </ul>
<b>Schuylkill County Transportation Service (STS) – Schuylkill County Continued</b>	
Fare Structure	<ul style="list-style-type: none"> <li>▪ Demand Responsive: \$9.50 average fare.</li> <li>▪ Fixed Route: Base \$1.25, highest \$3.00.</li> </ul>
Other Private/Public Regional Transport Services	<ul style="list-style-type: none"> <li>▪ J.L. Hablett, Inc. (taxi).</li> <li>▪ Bert Line Cab Co.</li> <li>▪ Capital Trailways.</li> <li>▪ Newhurst Bus Co.</li> <li>▪ R&amp;J Bus Co. (charter and school bus).</li> </ul>
Ability to Provide Additional Service	<ul style="list-style-type: none"> <li>▪ Limited, at capacity from 7:00 – 9:00 a.m. and 2:30 – 4:30 p.m.</li> </ul>
Previous Local/Regional Studies	<ul style="list-style-type: none"> <li>▪ None.</li> </ul>
Public Involvement/Marketing	<ul style="list-style-type: none"> <li>▪ Senior Fairs.</li> <li>▪ Senior Centers.</li> <li>▪ Frequent rider Bus Ticket</li> <li>▪ Offer group holiday trips.</li> <li>▪ Welfare to Work Program.</li> </ul>
Long Range Plan	<ul style="list-style-type: none"> <li>▪ Economic Development Council of</li> </ul>

	North Eastern Pennsylvania Local Development District (LDD) Plan.
Innovations	<ul style="list-style-type: none"><li>■ Future ITS capabilities.</li></ul>
Other Comments/Concerns	<ul style="list-style-type: none"><li>■ None.</li></ul>

# APPENDIX O: TERMS AND DEFINITIONS

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## 2.0 TERMS AND DEFINITIONS

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In this section, we have attempted to gather definitions of different terms to be used throughout the study.

### 2.1 RURAL AREA

In this report the word “rural” has the same definition as the one provided by the U.S. Census Bureau for a non-urbanized area. A rural or non-urbanized area is where an incorporated place and adjacent settled surrounding area together total a population of less than 50,000 inhabitants.

### 2.2 PERSON WITH A DISABILITY

Means, with respect to an individual, a physical and mental impairment that substantially limits one or more of the major life activities of an individual. (Source: Federal Register July 20, 1991, Volume 56, No 144-Americans with Disabilities Act.)

### 2.3 MOBILITY LIMITATION STATUS

The data on mobility limitation status were derived from answers to questionnaire item 19a, which was asked of a sample of persons 15 years old and over. Persons were identified as having a mobility limitation if they had a health condition that had lasted for 6 or more months and which made it difficult to go outside the home alone. Examples of outside activities on the questionnaire included shopping and visiting the doctor’s office.

The term “health condition” referred to both physical and mental conditions. A temporary health problem, such as a broken bone that was expected to heal normally, was not considered a health condition.

**Compatibility-** this was the first time that a question on mobility limitation was included in the Census.

### 2.4 SELF-CARE LIMITATION STATUS

The data on self-care limitation status were derived from answers to questionnaire item 19b, which was asked of a sample of persons 15 years old and over. Persons were identified as having a self-care limitation if they had a health condition that had lasted for 6 or more months and which made it difficult to take care of their own personal needs, such as dressing, bathing, or getting around inside the home.

The term “health condition” referred to both physical and mental conditions. A temporary health problem, such as a broken bone that was expected to heal normally was not considered a health condition.

**Compatibility-** this was the first time that a question on self-care limitation was included in the Census.

## 2.5 LOCAL OR REGIONAL

The terms local and regional are used interchangeably throughout the report. Both of these terms refer to a geographic location that does not infer a specific size. The area is measureable only by the extent of potential transit service in question.

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## APPENDIX-ACRONYMS LIST

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Source-Department of Labor &  
Industry

OVR-Office of Vocational  
Rehabilitation

Source-Department of Public Welfare

AAA-Area Agency on Aging

ACP-Assisted Care Program

ADA-Americans with Disabilities Act

CSPPPD-Community Services  
Program for Persons with Physical  
Disabilities

DPW-Department of Public Welfare

MH/MR-Mental Health/Mental  
Retardation

OCYF-Office of Children, Youth &  
Families

OMHSAS-Office of Mental Health &  
Substance Abuse Services

OMR-Office of Mental Retardation

OSP-Office of Social Programs

CIP-Center for Independent Living

PASILC-PA Statewide Independent  
Living Council

UCP-United Cerebral Palsy

CIL-Centers for Independent Living



PENNSYLVANIA  
STATE TRANSPORTATION  
ADVISORY COMMITTEE

Transportation for  
Persons with Disabilities in  
Rural Pennsylvania

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