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Advancing Communities of Learning: A Collaborative Project between Local Universities, Funding Agencies, and Nonprofits to Develop a Subsidized Senior-Transportation Plan

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***to Develop a Subsidized Senior-Transportation Plan**[*]*

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ABSTRACT

The growing population of seniors in the United States poses both interesting and challenging transportation policy issues that demand research on alternatives to current transportation systems. This study was motivated by a local foundation's interest in senior quality-of-life issues in the communities served. The aim of this study was to assess senior transportation needs and systems as a means to move policy makers and funders closer to providing high-quality senior transportation services. The localized nature of senior transportation needs is best examined as a case study. In this article, one mid-sized Indiana community is examined using focus group interviews and individual surveys of senior citizens. In addition, a survey of the literature on senior-transportation models provided critical information relevant to formulating best-practice recommendations for community-level senior-transportation systems. To design effective senior-transportation systems, five critical factors are evaluated. Finally, the article presents a case study highlighting the importance of multisector collaboration in addressing the challenges and

opportunities associated with critical senior-transportation issues in upcoming decades.

KEY WORDS Community of Learning; Community of Practice; Senior Subsidized Transportation Plan

It is well known that with rising life expectancies, the largest generation in America's history will also be the oldest ever (Transportation for America 2011). Members of this baby-boomer generation, unlike those of earlier generations, tend to live in suburban areas with limited public transportation and thus are reliant on automobiles and roads to connect them to the services they require as well as to work and recreational opportunities. According to 2010 census data, the number of Americans over age 65 is expected to reach 71.5 million by 2030. This is twice the number of seniors reported in the year 2000 census. By 2030, one in every five people will be an older adult. As the percentage of seniors in the US population rises, the needs of this aging population, including the increasing demand for senior-transportation services, become of increasing relevance and concern.

The needs for senior-transportation services were recently recognized in "The Maturing of America," a 2005 report published by the National Association of Area Agencies on Aging. Specifically, the report detailed the need for communities to assess if their existing transportation systems are available, accessible, affordable, and adaptable. The need for such services to address senior needs is pressing because of the aging population in the United States.

The population trends observed at the national level will also be seen at the local levels. In Lake County, Indiana, specifically in the city of Hobart, for example, the aging of the population is becoming increasingly more evident. As of 2010, Lake County was home to more than 124,000 seniors aged 55 and over. If the county follows the national trend, this population will double and approximately 250,000 seniors will be living in the county in 2030. These seniors are faced with significant obstacles that limit their ability to move through the community and to receive services. The recession and local economic conditions have placed an increased burden on the budget of seniors. Seniors who need to limit or stop their driving can experience drastic declines in mobility and are thereby placed at higher risk of poor health, isolation, and loneliness. A senior-transportation program provides seniors with the option to maintain their mobility and independence.

While the needs of a senior-transportation program is not debatable, it may be a challenge for city or municipality policy makers to develop plans for such a program on their own. They may not have the funds and/or the expertise needed to develop such a plan. Thus, a better option is to combine their available resources with those of community partners such as universities, funding agencies, other government agencies, and service providers. A public policy model such as community of practice (CoP), for example, may be suitable for this purpose. According to the CoP model, learning takes place in social contexts that emerge and evolve when people who have common goals

interact as they strive toward those goals (Wenger 1998). For organizations, learning is an issue of sustaining the interconnected communities of practice through which an organization knows what it knows and thus becomes effective and valuable as an organization. (See Wenger [1998] and Smith and McKeen [2003] for more details on the CoP model. For a nonprofit or government organization, the CoP model is highly relevant because it enables the organization to collaborate with other community organizations such as universities, funding agencies, and service providers. In this article, we illustrate how the CoP model is applied to develop a senior-transportation solution for a mid-sized town in Indiana.

The city of Hobart, Indiana, faces the same challenges as other communities serving seniors. Transportation services connect the individual to the community where they can fulfill their basic needs such as food, medical care, family visits, and recreation. Effective and efficient service delivery today will serve as the foundation for service programming and delivery well into the future when needs will be even more extreme. Assessing the transportation needs of seniors in the city of Hobart and designing a transportation service program will significantly increase the likelihood that seniors will receive the required services and that public and nonprofit agencies will work to effectively improve the quality of life of the region through transportation programming.

Researchers from a leading public university in the Midwest worked with the Legacy Foundation, a major nonprofit funding agency, to evaluate the current senior transportation in Hobart. This community-level perspective is critical to informing not only local policy but also state and national policy. The number of seniors seeking community-based services is growing while the number of informal supports, such as those provided by family members and friends, is shrinking (American Institutes for Research 2016). The complexity of issues and problems facing seniors of all income levels, racial and ethnic backgrounds, and other demographic characteristics suggests that local, community-based approaches, as opposed to national and state-level approaches, will grow in importance.

In this article, we begin to examine the complexities of senior transportation systems at the local level. First, we present a survey of existing types of community-level senior-transportation systems. From this survey and a review of the literature, we develop five criteria for evaluating the effectiveness of senior-transportation systems. This is followed by a detailed description of a set of transportation models that best satisfy the five evaluation criteria and that should therefore be considered by policy makers and funders as viable options for community-level senior transportation. Simultaneous with the development of a framework for evaluating senior-transportation models, we undertook a senior-transportation needs assessment. In the third section of this article, we detail the results from the Senior Needs Assessment survey conducted in an Indiana community. Combining the results of the two surveys (i.e., the survey of models and the Senior Needs Assessment survey), we then propose a local senior-transportation model for the case-study community. The policy variables relevant to the selection of the senior-transportation model (e.g., availability of funds, manpower, and other resources) are presented, with a set of strategic program alternatives.

REVIEW OF LITERATURE ON SENIOR-TRANSPORTATION MODELS

The state of current knowledge about existing senior-transportation models is limited; thus, our research began with a survey of the extant literature on senior-transportation models or systems from cities around the country (Placer County Transportation Planning Agency 2007; Seniors' Research Center 2013; Walter 2012; West Group Research 2007) . (In this article, we use the terms "transportation model," "transportation program," and "transportation system" interchangeably.) We searched several databases, including ABI/Inform and Google, using key words such as "senior transportation models," "subsidized senior transportation models," "urban transportation systems," and so on. The search generated a plethora of transportation models, including from large cities such as New York City and Los Angeles. We narrowed our search using more specific key words such as "senior subsidized transportation systems in mid-sized cities" and "transportation systems for seniors in small towns." As a result of this systematic search, we identified and reviewed approximately 12 transportation systems that are similar to the Hobart program in terms of size, scope, or region. For example, we reviewed senior-transportation programs from a number of cities and towns, including Des Plaines, Illinois (City of Desplaines 2013); the village of Homewood, Illinois (Village of Homewood 2013); Hilo, Hawaii (County of Hawai'i 2012); Hebron, Indiana (City of Hebron n.d.); Lisle, Illinois (Village of Lisle 2013); Albuquerque, New Mexico; Deerfield, Illinois (Village of Deerfield 2013); and Randolph, New Jersey (Township of Randolph 2013).

The review of existing policy and academic literature revealed a number of research papers describing and evaluating existing senior-transportation systems. For example, a study undertaken by the National Center for Transit Research (NCTR) at the University of Southern Florida (Foreman et al. 2003) reviewed extant senior-transportation models across the country. A 2002 report from the American Public Transportation Association (APTA) identified a number of small nonprofit agencies offering senior-transportation facilities in cities such as Des Moines, Iowa. These services are generally provided in conjunction with larger public-transportation systems because, as studies revealed, many seniors are unable to access ordinary forms of public transportation. Thus, our systematic search generated a rich combination of models from Midwestern towns as well as from other parts of the country.

TYPES OF SENIOR-TRANSPORTATION SYSTEMS

Based on the literature review of senior-transportation systems across the country, we have identified five major models of subsidized or free transportation available to senior citizens in most of the transportation systems we reviewed:

- Taxi subsidy programs
- Community transit services
- Dial-a-ride services
- Paratransit services (as per the Americans with Disabilities Act [ADA])
- Volunteer drivers

Table 1. Categorization of Different Transportation Services for Senior Citizens

Type of Service	Description of Service	Strengths	Weaknesses
Taxi subsidy	Independent taxicab companies provide services directly to the users.	• Services can be available 24/7. • Costs can be shared with the users.	• Taxicabs may not be ADA-compatible. • The sponsoring agency may not have full control of how and where the services are provided. • Taxicab companies may deny services to users with disabilities.
Community transit	The sponsoring community runs a transit service mostly through buses; services are generally offered in several neighborhood communities.	• The sponsoring agency has flexibility in selecting how and where the services will be provided. • Easy to provide ADA-compatible services	• Services may not be available around the clock. • Home pick-up and drop-off services may not be offered.
Dial-a-ride	Users call in to get services to specified destinations.	• Services are generally offered free of cost.	• Services may not be available around the clock.
Paratransit	Users with physical disabilities call in to get services.	• ADA compatible • Home pick-up and drop-off services are offered.	• Services may not be available around the clock.
Volunteer	Volunteers are trained to offer services, using their own or agencies' vehicles.	• Some programs offer riders flexibility to choose their own drivers.	• Service may not be ADA compatible. • High liability to sponsoring agencies because of volunteers

In general, most programs offer a combination of services, with the subsidized taxi services cited as the most common service provided. Table 1 provides an outline of the strengths and weaknesses of each of the five service models based on cost, client outreach, financial sustainability, volunteer involvement, and ADA compatibility. A summary assessment for each type service is provided below.

In general, **taxicab services** are available around the clock and users share the cost with the nonprofit or government agency providing the service. The sponsoring agency has little control over how and where the services are provided by the taxicab companies, however. Many taxicabs are not ADA compatible, and drivers may not agree to provide service to seniors with disabilities. (See Johnson and Gettinger 2012 for a detailed review of local partnerships with taxicab companies.)

Community transit services are generally offered when services are needed over a large area. Typically, these services are offered across several communities. These types of services offer flexibility to the sponsoring agencies to design services according to the specific needs of the communities. Because buses are the most used, it is easier to offer transportation via ADA-compatible vehicles with community transit services. Unfortunately, these services are offered in specific routes; hence, home pick-up and drop-off are not included. In addition, services are not offered around the clock. Because the overhead and maintenance costs for these services are substantial, they are suitable mostly for larger communities.

Many communities offer **dial-a-ride services** to their senior citizens. From a user's perspective, a dial-a-ride service provides more flexibility than a community transit service but less than a taxicab service. Here, a user calls in advance, between 2 and 24 hours before the service, to request transport to specific destination possibilities such as hospitals, shopping malls, doctor offices, and the like. The service is generally offered free of cost to users but is not available around the clock.

Paratransit services are meant for seniors with disabilities. The vehicles are ADA compatible, and users are generally provided door-to-door service. Again, these services require specially designed ADA-compatible vehicles; hence, larger or richer communities are able to offer this type of service.

Finally, many communities incorporate **volunteer services** to provide transportation to their citizens. Some communities let volunteers use their own vehicles, while others require volunteers to use agency vehicles to provide service. Several programs even let the users select their own volunteer drivers (e.g., a spouse or child). Because of the inbuilt flexibility of this program, it is difficult to offer ADA-compatible services, and the liability to the sponsoring agency for the volunteer drivers as well as the users is substantial. To circumvent this liability, volunteers must be properly trained before they become eligible to render this service.

KEY CRITERIA TO EVALUATE SENIOR-TRANSPORTATION MODELS

It is important to identify a set of evaluation criteria to evaluate the myriad senior-transportation models across the country. Foreman et al. (2003) identified four important criteria for any senior-transportation model: cost to participants, client outreach, external

funding opportunity, and volunteer involvement. We also believe that every transportation model should provide ADA-compatible services to citizens with physical disability, which was considered a critical element by Hobart seniors who responded to our survey. We thus evaluated more than 12 senior-transportation systems based on the following criteria:

- Cost to participants—Does the program offer the services to participants free or at a reasonable price?
- Client outreach—Does the program reach out to the seniors with information and service?
- External funding opportunity—Does the program avail funding from external sources?
- Volunteer involvement—Does the program involve volunteers providing various services to seniors?
- ADA compatibility—Does the program offer ADA-compatible transportation services?

We identified five local senior-transportation systems that employed all five best-practices criteria and that were relevant to the needs of the senior population in the case-study community:

- Shepherd's Center of the Northland (SCN); Kansas City, Missouri
- Coordinated Services for the Elderly; Hilo, Hawaii
- I CARE, Inc.; Decatur, Georgia
- Senior Taxi Voucher Program; Homewood, Illinois
- Call-A-Ride, Inc.; Hebron, Indiana

We selected the first three systems because they were identified as "best practices" by the NCTR based on the evaluation criteria (except ADA compatibility) outlined above (Foreman et al. 2003). We also selected the Homewood, Illinois, and Hebron, Indiana, systems based on the five criteria. In addition, both Homewood and Hebron are similar in size to Hobart and are located in the Midwest. Although these five systems are from different regions of the country, the areas offering them are similar in size and scope to Hobart and at the same time can serve as model programs for Hobart with respect to one or more of the criteria listed above. For example, the Hilo, Hawaii, program is located in a different part of the country but is similar to the Hobart program in size and scope. Similarly, like the Hobart program, the Kansas City program is sustained by private funds instead of involving any government support. It also has an efficient client-outreach program and an active fundraising agenda. The Call-A-Ride program of Hebron, Indiana, is an effective volunteer-run bus service for seniors. The Homewood, Illinois, program provides a subsidized taxicab service similar to that in Hobart. The I CARE program in Decatur, Georgia, exemplifies an efficient volunteer-run program that offers free transportation and is also successful in attracting grants from several private sources.

Table 2. An Outline of Best Cases of Subsidized Urban Transportation Systems for Senior Citizens

Evaluation Criteria	Best Cases				
	Shepard's Center of the Northland, Kansas City, MO (Case No. 1)	Coordinated Services for the Elderly, Hilo, HI (Case No. 2)	I CARE, Inc., DeKalb County, Georgia (Case No. 3)	Senior Taxi Voucher Program, Village of Homewood, IL (Case No. 4)	Call-A-Ride, Inc., Hebron, IN (Case No. 5)
Cost to participants	No cost to participants	No charge to seniors	Free to all participants	$2.00 per voucher; 20 vouchers can be purchased each month.	No cost to participants
Client outreach	Newsletter	"Information and Assistance" publications providing the area's senior population with telephone numbers and contact information for senior centers, social agencies, and other senior support services.	Online access and word of mouth.	Local newspaper, media, and business directory	Monthly Chamber of Commerce newsletter
External funding opportunity	Does not receive any direct governmental funding; has been sustained by private grants and through active fundraising	State, county, and federal funding	Nonprofit 501(c)(3) tax-exempt organization; has received funds from United Way of Metropolitan Atlanta, the Green Fund, the Robert Wood Johnson Foundation, the Community Foundation for Greater Atlanta, the state of Georgia, AT&T, and Eckerd	Subsidized transportation funds and grants	No data available
Volunteer involvement	Both internal and external; volunteers use their own vehicles	Both internal and external	Both internal and external	No data available	Run completely by volunteers
ADA compatibility	No	Yes	No	No	Yes

Note: HI=Hawaii; IL=Illinois; IN=Indiana; MO=Missouri; No.=number.

Table 2 presents a summary of best cases. Below, we describe the characteristics of each system in detail.

Shepherd's Center of the Northland (SCN)

This program in Kansas City, Missouri, offers limited services, but its advantage is that it is surrounded by complementary transportation programs. Some of these programs are for seniors only, whereas others serve particular areas or groups. For example, the Clay County program does not accept Medicaid patients, and participants must live in Clay County. The Clay County program also charges $5.00 for each trip. This can be costly for someone who does not have Medicaid to help pay for health coverage.

The SCN client-outreach program consists of a monthly newsletter. The SCN does not receive any direct governmental funding and has been sustained by private grants and through active fundraising. There is an active volunteer program, and volunteers use their own vehicles as transportation sources. SCN does have a van, but it is used only for ambulatory participants. Other programs in Clay County have ADA involvement.

The SCN would be a good fit for a small community within a larger community (like Hobart) that has alternatives to any transportation services outside of the immediate service area. This program can serve as a good template for the Hobart program for effective client outreach through newsletters and publications.

Coordinated Services for the Elderly

Located in Hilo, Hawaii, this program serves a large senior community. The population of Hilo is 43,263, 18 percent of which is aged 65 years or older. There is no charge to seniors for transportation. This program offers "Informational and Assistance" publications that provide the area's elderly population with telephone numbers and contact information for senior centers, social agencies, and other senior-support services. The program is funded by county, state, and federal funds and has an open volunteer program. It includes services under ADA guidelines.

This program is successful because it appears to be well planned and adequately funded to service the needs of seniors. It can serve as an aspirational program for Hobart because it is able to attract external funds and to involve volunteers effectively.

I CARE, Inc.

I CARE, in Decatur, Georgia, provides trained volunteers/companions to take seniors to medical appointments. The usual client of I CARE has a serious physical, mental, emotional, or financial problem preventing him or her from driving, using public transportation, or getting help from friends or family. The transportation program for this community of seniors does not have ADA involvement and is limited to seniors who do not have ambulatory issues. I CARE provides transportation free to participants. Even though Decatur is a large community, only 9.4 percent of the population is aged 65 or older.

The only client outreach service is online. This program is funded by several nonprofit 501(c)(3) grants from United Way of Metropolitan Atlanta, the Green Fund, the Robert Johnson Woods Foundation, the Community Foundation for Greater Atlanta, the state of Georgia, AT&T, and Eckerd. This program is an exemplary program in volunteer involvement.

Senior Taxi Voucher Program

This program in Homewood, Illinois, is a transportation program for seniors in the community. The cost to the participant is $2.00 for each voucher, and participants can purchase up to 20 vouchers each month. Passengers traveling with a voucher user (entering and exiting with the voucher user) are charged a fare of $0.50 each. To date, the program offers 24-hour travel seven days a week. Currently, only two cab companies provide transportation services for this program.

Client-outreach efforts of this program are effective and consist of using local media such as the daily newspaper and a business directory. The program uses subsidized funding and grants. There is no data on volunteer or ADA involvement. This program is pretty similar to Hobart's.

Call-A-Ride, Inc

This program, offered in Hebron, Indiana, provides transportation for seniors going to medical offices and the hospital for treatment. There is no cost to clients, and there is ADA involvement where wheelchair-accessible vans are used.

The population of Hebron is 3,730, with 10.7 percent of citizens aged 65 and older. There is no external funding, and the program is run completely by volunteers. The only client-outreach source is the monthly newsletter from the local Chamber of Commerce. This program can serve as an exemplary model for volunteer involvement for the Hobart program.

Besides these five programs, we reviewed programs from other cities such as Lisle, Illinois; Des Plaines, Illinois; Randolph, New Jersey; Warren, Michigan (Czarnik 2012); and Deerfield, Illinois. All these programs have several strengths as well as limitations, but the information available on their websites is inadequate to allow an accurate judgment of their effectiveness.

COMMON CHARACTERISTICS OF EFFECTIVE TRANSPORTATION PROGRAMS FOR SENIOR CITIZENS

Overall, all but one of the above programs are free of cost to the seniors, but the cost of that one is low. All the programs have some type of outreach method for the seniors, some better than others. For example, Coordinated Services for the Elderly's "Information and Assistance" publication is very informative for the seniors.

Most of these programs, with the exception of Call-A-Ride, Inc., received some type of external funding, and only two of the programs have ADA compatibility.

In addition to examining the models outlined above, it is important to identify the specific needs of Hobart seniors. Accordingly, we conducted a survey and focus-group interview of Hobart seniors and a number of key service providers. Details of the survey and the focus-group interview are given below.

CASE STUDY OF LOCAL SENIOR-TRANSPORTATION NEEDS

The purpose of this survey was to assess the transportation needs of the seniors aged 55 and over who reside in Hobart, and to provide the location-specific information required to develop a model of transportation services for the community. Furthermore, the survey serves as a vehicle to engage policy makers and funders in policy decisions regarding high-quality senior services. With the population of Americans aged 65 and over expected to reach 71.5 million by 2030, the number of older individuals living in suburban areas with limited access to public transportation will increase. This phenomenon will lead to older individuals' reliance on alternative forms of transportation. Our scan of literature shows that limited knowledge exists regarding transportation models addressing the needs of the aging population. Furthermore, there is no consistency in the models or transportation systems across the nation.

The city of Hobart, Indiana, with limited public transportation and a growing senior population, is no exception to seniors' growing needs for and reliance on alternative forms of transportation. Working with the Legacy Foundation, we used the Hobart community to conduct our initial study of senior-transportation needs. Hobart was chosen because (1) it has a growing aging population; (2) it has several established senior communities; (3) it has a senior center with more than 1000 members; and (4) that senior center is housed in one of the main municipality buildings and gets some of its funding from the Legacy Foundation. The setting provided for a rich case that will further the discussion on senior-transportation needs in Indiana and in communities similar to Hobart.

Data Collection and Analysis

A survey was administered to a sample of 117 individuals at various locations, including the Maria Reiner Senior Center, which services more than 1000 seniors in the community. Seniors from three of the senior-housing units in the city were also given the opportunity to complete the survey. The sampling method was a combination of both purposive sampling and snowballing techniques. These methods allowed us to reach other eligible individuals as recommended by the survey participants. The questionnaires were hand-delivered by the researchers to the four sites, and all were completed on the spot.

A focus group comprised of seven key individuals familiar with seniors' needs and the transportation landscape of the Northwest Indiana region was also conducted. The focus-group participants were asked to individually complete a five-question open-ended questionnaire before the focus-group discussion started. This was followed by a group discussion using those questions as a lead-in to the conversation. The focus-group

discussion was followed by open-ended follow-up interviews with some of the focus-group participants in addition to other key informants who did not take part in the focus-group discussions. This was done to gain insight about their perceptions regarding senior-transportation needs and the different services that can be made available to seniors. These interviews lasted about 60 to 90 minutes. The follow-up interviews with participants ensure the validity of results. Yin (2009) and Gibbs (2007) suggested several strategies to ensure reliability of results. Transcripts and codes were checked by multiple team members for consistency and accuracy. Informed consent was obtained from all participants.

Data analysis involved both qualitative and quantitative approaches. Descriptive statistics were utilized to summarize the senior survey data to ensure ease of presentation and comprehension. Data gathered from the focus groups and open-ended interviews were transcribed and coded. We then used this data to synthesize, search for patterns in responses, and identify key themes.

Findings

The survey assisted us in identifying the current and future needs of the participants. Identifying these needs is a central component of effective policy and planning. We considered the survey results to inform policy decisions in designing service pricing plans, vetting and tracking strategies, and in future, developing informational materials for participants. The information from the survey could also be used by the senior center and its donors to develop strategies for ensuring financial stability of the program. The survey encompassed key factors:

- Demographic data on the senior population of Hobart
- The current transportation situation, including needs and challenges, of the seniors
- Future transportation needs of the seniors

Focus Group

An hour-long focus-group meeting was conducted with seven key stakeholders with expertise in senior services and transportation. Participants were asked to complete a short questionnaire, followed by a group discussion. Participants' key areas of concern are presented below.

Positive attributes/characteristics of the current senior-transportation system. When asked about the positive attributes and characteristics of the current transportation system, the majority noted that the taxicabs operating on a 24-hour schedule have made the service convenient and accessible to users. The consensus was that the seniors who use the service are satisfied with the service providers, especially the taxi companies, who have been known to go out of their way to help the seniors. The seniors also echoed a sense of safety while using these services. Furthermore, the cab service was reported to be reliable and inexpensive. Participants stated that the program offers direct service

without having to stop multiple times for other riders. This means that the travel time is kept to a minimum. The seniors are also able to "ride share," which lowers the cost of transportation. The participants like that the taxi service, which can be used for only a 10-mile radius, is complemented by South Lake County Community Services' (SLCCS) on-demand transportation services. SLCCS offers long-distance transportation at a fixed cost as long as it is within its transportation jurisdiction, and the vehicles are ADA accessible.

Areas where the delivery of senior-transportation services can be improved. When asked what areas can be improved, the seniors identified the absence of outreach, and a need to increase awareness about the program. The group felt that the voucher program was not well advertised and that seniors in real need of the services did not have their needs met. Overall, there needs to be better community awareness coupled with improvement in program utilization and administration.

Currently, each individual can purchase up to 30 vouchers at $1 (true value $10, subsidized by Maria Reiner Funds) monthly with no stated expiration. Participants stated that they would like to see a more concrete needs-based system for the service utilization. "Eligibility" and "need" must be well defined to ensure long-term sustainability of the program. Some participants stated that the vouchers should be restricted in number and should be destination-specific.

Additionally, participants agreed that the vouchers needed to be easier to access. One participant identified that the seniors wait for a long time for cabs to arrive. Additionally, the cabs can service only independently mobile seniors. Those seniors requiring disability services must rely on SLCCS, but SLCCS operates from 8:30 a.m. to 3:30 p.m. Monday through Friday, with no weekend service. Another with SLCCS is that it services other townships and all reservations for trips must be made at least 48 hours in advance. This works well for trips to medical appointments but usually not very well for trips for entertainment and shopping. Participants agreed that vans or buses with ADA accessibility for the seniors would be beneficial. Some of the discussions centered on the implementation of a fixed-route circular bus system within the city of Hobart and its immediate surroundings.

These findings from the focus group will augment both those of the senior survey and the literature scan of regional and national best practices.

Follow-up Interviews

Results from the follow-up interviews mirrored those from the focus-group session. Some things to be highlighted include the fact that the key stakeholders are cognizant that although a fixed-route bus service would be great for the city, the current realities from funding and need priorities would be better served by effectively restructuring the on-demand-type service that is currently in place.

Currently, the administration of the voucher system is housed at the Hobart YMCA and run on a volunteer basis. The group's view is that the volunteer system is not working well. The group believes that this program should be administered by a paid staff and housed in a strategic location that seniors frequent and that is accessible to them.

Though much cannot be expected from state and federal transportation funding currently, stakeholders want to consider the future use of CMAQ (Congestion Mitigation and Air Quality) funds as a way of implementing a transit system in the city. Furthermore, the city of Hobart could potentially work with the Legacy Foundation (administrator of the Maria Reiner Funds) on a collaborative bus service.

Key Findings from the Senior Survey

Using purposive and snowballing sampling methods, we administered surveys to 117 seniors aged 55 and older. These were conducted at the Maria Reiner Senior Center (MRC) and the three senior-housing facilities (Linden House, Kirby Manor, and Brentwood) located in the city of Hobart. Because of time limitations, potential users who did not reside in one of the senior housing options or go to the MRC were not interviewed.

Of the 117 senior surveys, 113 were useable for our analysis. With 108 responding, 91 (85 percent) identified their race as white, 9 (8.4 percent) black, and 7 (6.5 percent) as Hispanic. There were 92 (85.2 percent) females and 16 (14.8 percent) males. As Table 3 indicates, many of the survey participants were aged 80 years and older, and the lowest number of participants were those aged 55–59.

Table 3. Ages of Surveyed Seniors (*n* = 109)

| Age Range (years)	Number	Percentage
55–59	5	4.6%
60–64	8	7.3%
65–69	13	11.9%
70–74	24	22.0%
75–80	12	11.0%
80+	47	43.1%

Ninety-nine (99) percent percent of the respondents were retired, and 87.5 percent reported income levels below $40,000 per annum. (Table 4 shows the income distribution as reported on the survey.)

Table 4. Income Distribution of Surveyed Seniors (*n* = 80)

Income Range	Number	Percentage
20,000 or less	46	57.5%
20,000–40,000	24	30.0%
40,000–60,000	9	11.3%
60,000+	1	1.3%

Ninety-one (91) percent of seniors surveyed were licensed to drive a vehicle. The majority (62.4 percent) reported living alone, 32.7 percent reported living with one other individual, and 5 percent reported living with three or more people. The majority were single (widowed), as illustrated in Figure1.

Figure 1. Marital Status of Surveyed Seniors (*n* = 110)
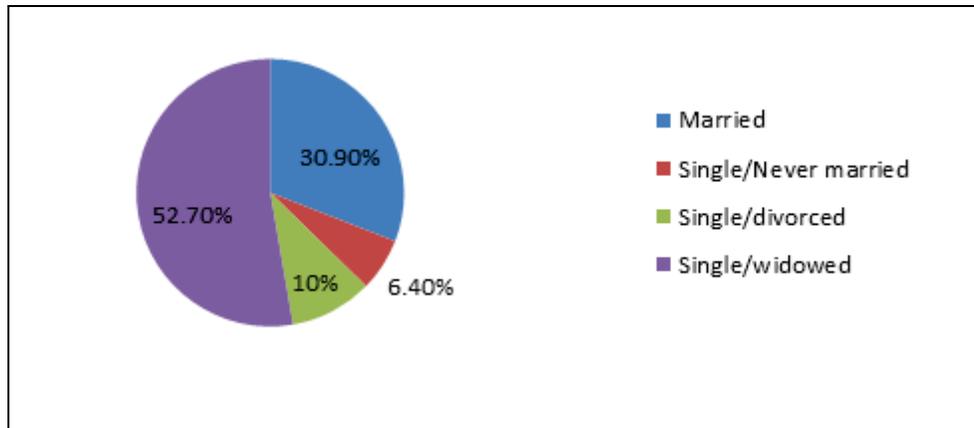
Current Modes and Availability of Transportation

When asked to rank the likelihood (1 = very likely, 2 = somewhat likely, 3 = unlikely, 4 = would not use) of using a once-weekly public transit system in both Lake County and the city of Hobart, participants' responses were split evenly across the categories. In the case of a transit system in Lake County, 28 percent would very likely use the service, 24.5 percent were somewhat likely to do so, 28.2 percent were unlikely to do so, and 21.8 percent would not use. The same trend was found for using a transit system within the city, with 32.7 percent, 19.4 percent, 22.7 percent and 25.5 percent respectively. (See Figure 2 for more details.)

Places Seniors Need to Travel

The seniors identified some areas they travel frequently and will need transportation to visit if service is made available. All these locations are within a 10-mile radius from the city center. Below, they are ranked in order from most frequent to least frequent.

1. Medical appointments
2. Shopping
3. MRC
4. Church/religious services

5. Entertainment
6. Food pantry
7. Other places

Figure 2. Modes of Transportation Used by Surveyed Seniors
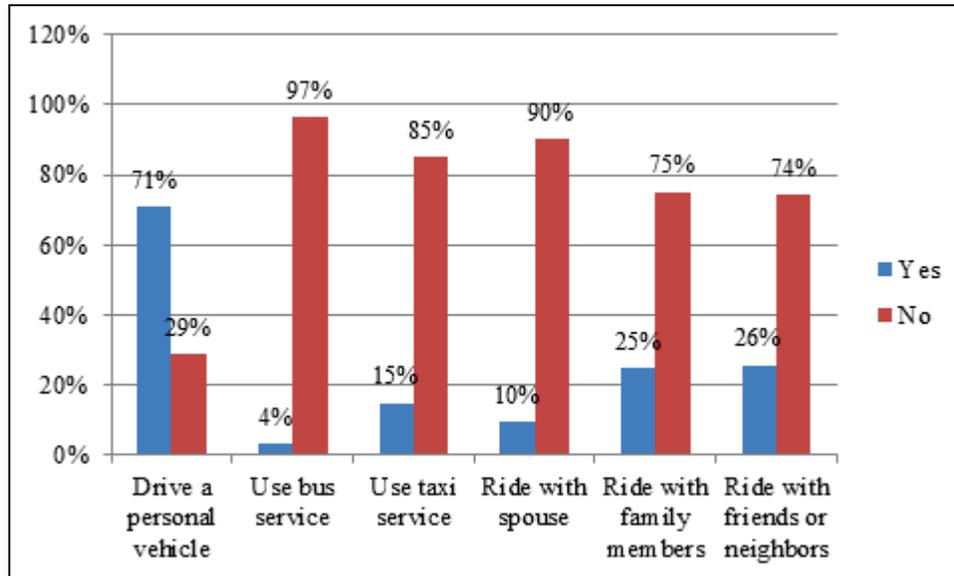
How often the seniors went to these places was of interest. More than half of the respondents (*n* = 40) reported going to the MRC two or three times per week; 43 seniors have medical appointments, 30 of them having weekly appointments; 56 need to go shopping occasionally, 44 of them needing to shop at least once per week; 30 seniors occasional required transportation for entertainment, 15 (50%) of them needing such transportation once per week; and 34 would like to attend church services, with 28 wanting to go weekly.

Voucher Usage

Of 112 seniors reporting, only 16 (14.3 percent) currently used the transportation vouchers offered through the Maria Reiner Fund. Thus, 95 seniors (84.8 percent) did not use the transportation vouchers. Of the 16 who reported using the vouchers, 11 used vouchers at least twice per week, and the rest 3–6 times per week.

Figure 3 shows the locations reported as destinations by current voucher users. This distribution indicates that voucher usage is currently limited to a few individuals; thus, there is a need to institute a program that has a wider reach and usage.

All of the voucher users reported using taxi services to go to the different areas identified by the respondents. Five (31.3 percent) of the 16 users reported that the taxi

service was always on time; 9 (56.3 percent) mentioned that they usually had to wait for service; and 2 (12.5 percent) noted that the taxi service was always running late. Nine (9) seniors mentioned providing tips to the driver, but 7 did not. Overall, 11 (78.6 percent) spent $5 or less per trip, compared to 3 (21.4 percent) who spent more than $5 per trip.

Figure 3. Locations Traveled to Using Vouchers
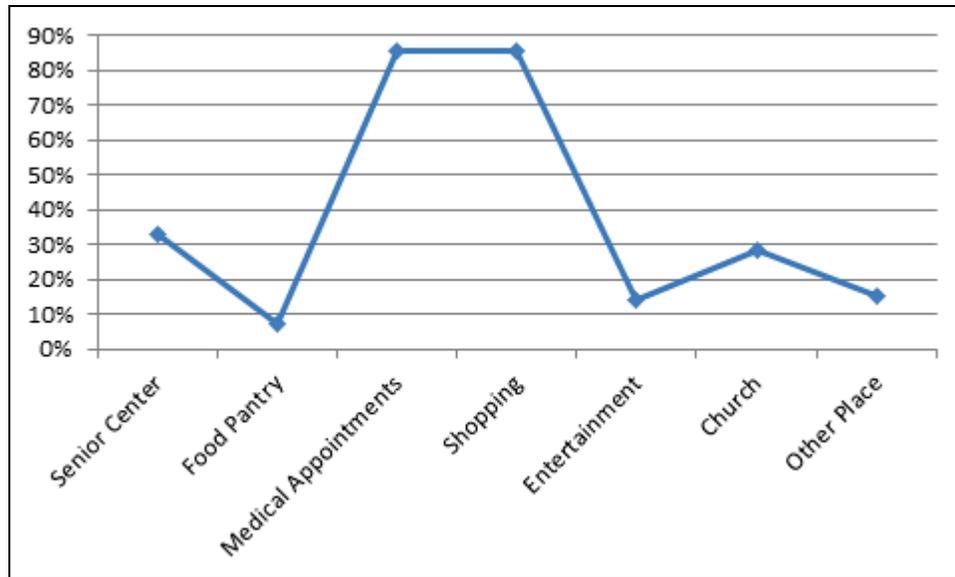
Preference of Seniors Using Other Modes of Transportation

Although the majority (57) reported that they prefer to drive their personal cars, they realize there will be a time when they will no longer be able to drive their personal cars because of age or health-related issues. Forty-three (43) ranked a senior van as their next choice of transportation, followed by 34 preferring a car driven by a family member or friend. Of the remaining seniors, 19 mentioned a city bus service as their preference and 15 would use taxi service. This is an indication that although the current voucher users use the cab services, as mentioned earlier, if the program were to expand, in the absence of personal car usage, the long-term preference of the seniors seems to be a senior van.

Importance of the Different Forms of Transportation Available to the Seniors

As expected, seniors ranked driving their own cars to be most important, followed by a car driven by a friend or a family member. Figure 4 shows the distribution of their responses. Commercially, it seems that a senior van that accommodates physical impairment would be the option to benefit most respondents.

Program(s) That Will Be Most Suitable for Hobart Senior Citizens

Based on our review of senior-transportation models, we believe that the best fit for the Hobart program will be a combination of features from the programs in Kansas City, Missouri; Hilo, Hawaii; and Homewood, Illinois. All these programs offer services at no cost or at a very reasonable cost; all have effective outreach programs (newsletters, news directories, etc.) to senior citizens; and all receive external grants to support their services. Grants for these programs are obtained from government (federal, state, and county) as well as private sources (e.g., fundraising events). Programs at Kansas City and Hilo use volunteers extensively to offer services to the seniors. Volunteers could be internal (i.e., actively involved with the program) or external (not involved with the program regularly).

Figure 4. Importance of Various Forms of Transportation as Ranked by Respondents
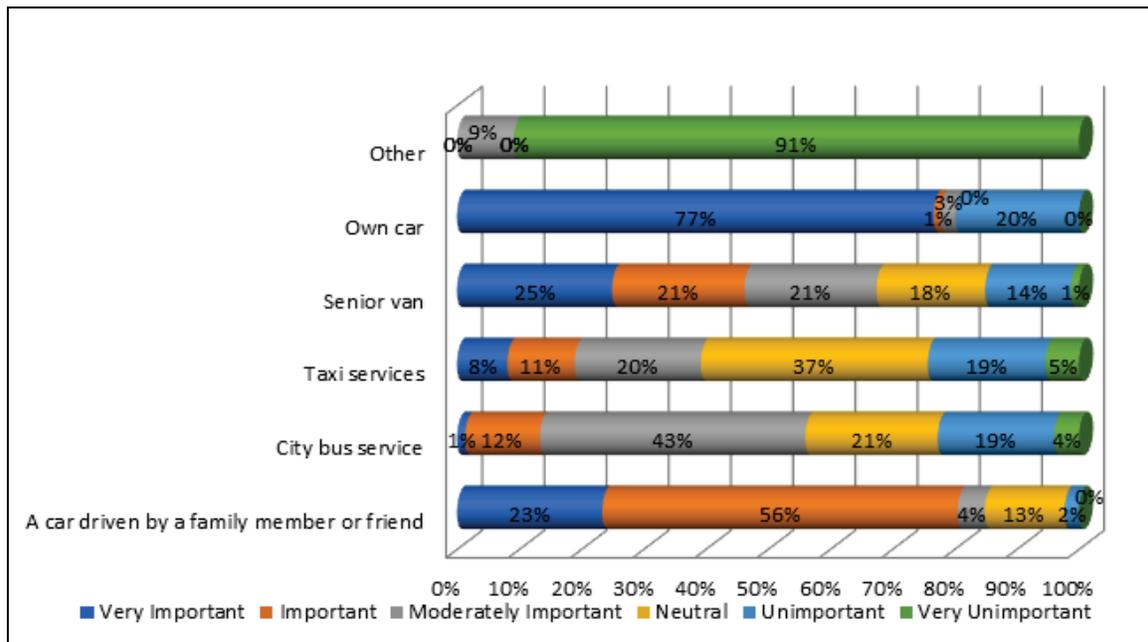
Feedback from Hobart Seniors about Existing Transportation Services

The best possible transportation system for senior citizens in Hobart will be the one that incorporates the strengths of successful programs across the country as well as addresses the specific requirements of Hobart senior citizens. The findings of our need-assessment survey of the users of the existing transportation are expected to thus be very useful. It is evident from the survey that the users like the following features of the existing Hobart services:

- 24-hour cab service
- Cheap and reliable cab service

- Opportunity to "ride share," which lowers the cost of transportation
- Direct 1:1 service that does not stop to pick up multiple riders
- Availability of SLCCS services for long-distance transportation

The users also identified a few areas that need improvement:

- More hours serviced by SLCCS buses
- Availability of vouchers (They currently have to call to purchase vouchers but prefer the option of buying vouchers at a fixed location.)
- Utilization of vouchers (Vouchers should be nontransferable, should be destination-specific, and should have an expiration date.)
- Marketing and communication. (The program is not marketed and communicated effectively to all senior citizens of Hobart.)
- ADA-compatible service for seniors who are not independently mobile

PROPOSED MODEL FOR TRANSPORTATION FOR HOBART SENIOR CITIZENS

Considering the best examples of senior-transportation models across the country, as well as the feedback from Hobart senior citizens, we believe that a redesigned senior-transportation plan for Hobart should have the following features

Subsidized price

The service should be free or priced very reasonably (not more than $2 per voucher for cab services). This is the case for almost all programs we surveyed. Moreover, more than 57 percent of our survey respondents reported an annual income of $20,000 or less; hence, many seniors will find it difficult to afford a higher voucher price. The vouchers could be made specific to individuals and/or to destinations to ensure that the vouchers are used by the people they are meant for and the purposes they are meant for. Additionally, SLCCS services should be incorporated into the system more imaginatively to offer a cost-effective service option for transportation of more than 10 or 15 miles. Table 5 provides a recommended pricing structure for the available services, based on the results of the needs assessment.

Client Outreach

The program should devise a better outreach program to inform as many as senior citizens as possible about the variety of transportation services available. Currently, the program's marketing and communication efforts are very limited. This is exemplified by the fact that only 40 or so seniors regularly use the subsidized transportation program. A cost-effective integrated marketing and communication strategy must be implemented if

more seniors are to be reached. A monthly newsletter, an automated telephone message system, and advertisements at the MRC and local hospitals, healthcare facilities, supermarkets, and the like will be effective in reaching more seniors.

Table 5. Recommended Pricing Structure for Available Transportation Services

Price	Taxi Cab	SLCCS
Up to $10.00	1 voucher	1 voucher per trip
$10.01–$15.00	3 vouchers	1 voucher per trip
$15.01–$20.00	4 vouchers	1 voucher per trip
$20.01–$25.00	5 vouchers	1 voucher per trip

External Funding Opportunity:

Currently, the program is funded solely by the Maria Reiner Fund. The program must look for external funding for long-term sustainability. Funding from different levels of government (federal, state, and county) as well as from private sources (e.g., United Way, Robert Wood Johnson Foundation) should be actively explored. The support from local nonprofit agencies (e.g. Northwestern Indiana Regional Planning Commission, or NIRPC) in attracting external funds should be actively considered.

Volunteer Involvement

The current Hobart program does not currently have the provision to involve volunteers. An effective volunteer-involvement strategy must be designed in order to widen the services. Volunteers may be involved in client-outreach activities; for example, volunteers can be recruited from the residents of three senior homes in Hobart to make their fellow residents aware of the subsidized transportation program. Other volunteers can make phone calls, send out informational brochures, and help in other methods of communicating with Hobart seniors. In the long term, the program can consider a volunteer driver program similar to that of the I CARE program in Georgia (I CARE, Inc., 2012).

ADA Compatibility

The Hobart program must provide ADA-compatible services to any senior citizen who needs them. Because ADA-compatible services are not offered by the taxicabs, these services offered by buses and vans from SLCCS should be utilized more extensively. If SLCCS were to offer its services over longer periods than currently available, it would be possible for Hobart seniors to have access to comprehensive ADA-compatible services.

Specific Characteristics of the Hobart Program

In addition to the above characteristics common to national models, the Hobart program should also have a few other specific characteristics.

Size of the program. According to the management of the MRC, the current annual budget for the program is $25,000–$30,000. This limited budget is not enough to serve all senior citizens of Hobart who need free or subsidized transportation. Currently, the program serves approximately 40 seniors regularly. According to the 2010 census, there were 8,090 seniors aged 55 or older in Hobart; hence, the program served less than 0.5 percent of the population. In our needs-assessment survey, 28 percent of seniors indicated that they would very likely use available transportation services. If we use assume the same proportion for the entire senior population, the number amounts to 2265 seniors; thus, Hobart's system currently serves approximately 2 percent of seniors who would be likely to use the service. The current budget allocation does not allow service to a larger population. The services therefore need to be redesigned, keeping in mind the following questions:

- Should the services be offered to only low-income (e.g., less than $20,000) seniors?
- Should the services be offered only for specific purposes (e.g., visiting medical facilities only)?
- Should the price for vouchers be increased (from $1 to $2 or more)?
- Should the pricing strategy be redesigned (e.g., limiting the maximum distance traveled)?

Because Hobart does not have a public transportation program, it is our view that the senior-transportation services should be offered to all seniors irrespective of their income. For the same reason, we also believe that the services should not be restricted to specific destinations. Our survey showed that the majority (more than 80 percent) of the trips cost $10 or less. In order to encourage seniors to avail themselves of the taxicab services for shorter trips, we recommend that the $1 voucher price be maintained but that the number of vouchers for longer trips be increased.

Administration of the program. The program is currently administered by the Hobart YMCA. Because of the ongoing challenges faced by the program (e.g., lack of awareness of the program among Hobart seniors, limited use of the program by Hobart seniors), Table 6 outlines three short-term and two long-term strategies. We sought the feedback of all members of the advisory committee of the Hobart transportation program. Members who provided detailed feedback preferred the short-term strategy Horses for Courses, which calls for a collaborative administration of the program by the YMCA and the MRC. Specifically, this strategy recommends that the YMCA continue the voucher-administration program and that the MRC take the lead in client-outreach initiatives.

Table 6. Template for Strategic Alternatives for Subsidized Transportation for Hobart Seniors

Strategy	Overview	Length	Reason	Challenges
Maintain status quo	Continue with YMCA, with a few strategic modifications[a]	Short term	1. The YMCA has experience running the program. 2. The YMCA maintains a rich database of users. 3. Users are familiar with the YMCA call-in number.	1. Limited resources available (1 administrator and 1 part-time help) 2. Limited outreach effort to inform seniors about the services
Chart a new path	Assign administration of the program to MRC	Short term	1. MRC director is keen to run the program. 2. It may be convenient to provide services to many seniors who visit the MRC regularly. 3. The MRC has the manpower and volunteers to run the program. 4. The MRC has the capability to reach more seniors.	1. The MRC does not have experience in running the program. 2. The MRC needs to invest in developing and maintaining a user database, and in outreach efforts.
Horses for Courses	Let YMCA run the voucher program, and assign the outreach efforts to MRC	Short term	1. This is perhaps the least disruptive strategy. 2. This strategy leverages the strengths of the YMCA and MRC.	1. There could be potential lack of coordination between the YMCA and MRC with limited prior collaboration experience.
The long-term strategic alternatives below are recommended in addition to one of the short-term strategies outlined above.				
Rope in the City	Assign administration to MRC; collaborate with the city of Hobart to initiate a dial-a-service for users. (The city may be interested in investing in a couple of buses.)	Long term	1. It is possible to provide a dial-a-service to seniors to a few key destinations (e.g., hospitals, shopping mall, and MRC). 2. It is possible to offer ADA-compatible services.	1. Approach requires capital investment as well as an operating budget. 2. Approach may need substantial external funding.
Build upon current system	Collaborate with SLCCS to offer a dial-in service using SLCCS's existing fleet of buses	Long term	1. Approach does not need any capital investment. 2. It is possible to provide dial-in services to seniors to a few key destinations (e.g., hospitals, shopping mall, and MRC). 3. It is possible to offer ADA-compatible services.	1. Services may not be available for long hours. 2. MRC has limited control in running the programs

Notes: [a] The modifications will include (but not be limited to) a revised pricing structure for taxi vouchers, as well as an increased use of SLCCS services.

MRC=Maria Reiner Senior Center; SLCCS=South Lake County Community Services.

A limitation of this strategic option is that it has the potential for lack of coordination and even for dysfunctional conflict between the YMCA and the MRC. In the event that the Horses for Courses strategy is finally implemented, we therefore strongly recommend that a subcommittee consisting of members of the advisory committee be formed to clearly delineate the tasks for each organization and to regularly monitor the administration of the program.

CONCLUSION

This study provides a good example of how different entities of a community (viz., university researchers, a nonprofit funding agency, and a nonprofit senior center) collaborate with one another to develop an implementable solution to a community problem. Each group contributed its unique expertise to the project. University researchers designed the survey, and collected and analyzed the results. The Legacy Foundation provided the resources to conduct the study, and the MRC helped administer the needs-assessment survey. The project could not be completed without the active participation of each group.

A community-of-learning approach to addressing the increased demand for senior transportation is valuable. Using this approach, community partners bringing different levels and types of expertise can share that expertise to help address the complex issues associated with senior-transportation needs. By sharing knowledge and expertise, the community can more easily identify and implement best practices that support regional needs. The network of partners is also uniquely suited to moving from assessment to action as each partner brings its strengths to the network and the partners together create solutions that would not be possible if only one or two entities attempted to address the problem. The learning in this case involved acquiring a better understanding not only of senior-transportation needs but also of the social capital required to facilitate collaboration among the partners.

Our study has several limitations. The subject pool contained only 117 respondents. A larger sample size would have enabled us to undertake data analysis that was more comprehensive. It has been a challenge to reach out to more seniors. We also collected data from seniors who visited the MRC or resided in the three senior homes in Hobart. Although these participants provided a representative sample of seniors, it is possible that seniors living in private homes would have provided a unique perspective to the issue of senior transportation. Despite these limitations, we hope our study will serve as a template for a successful community-of-learning project.

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