

**Central East Local Health Integration Network**

**RURAL TRANSPORTATION  
IN THE CENTRAL EAST LHIN**

**PHASE ONE REVIEW**

**March 2009**

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## EXECUTIVE SUMMARY

The overriding goal of this project is to improve access to health and health support services by people in rural areas who require assistance with transportation. As a first step in this process, this Phase One Review:

- Describes the existing rural transportation services in the CE LHIN that are provided by the five Community Care agencies;
- Identifies the strengths of the rural transportation services and the challenges experienced by the provider agencies;
- Describes related external transportation system trends;
- Identifies next steps and opportunities for collaboration.

### ***The Planning Process***

This Review was developed as a three stage process that consisted of an **interim discussion paper**; a **Round Table Discussion** with key stakeholders and decision makers in early 2009; and the **completed Phase One Review**, which incorporates the outcomes of the first two stages.

### ***Description of Rural Transportation Services in the CE LHIN***

All of the Community Care organizations match volunteer drivers with people who need rides to medical appointments, for necessary shopping and errands, and for social and spiritual trips. The majority of users are seniors and the majority of drives are for medical reasons. Drivers use their own vehicles and are reimbursed at a set mileage rate which is usually paid directly by the client to the driver, unless there is a financial limitation. Until the Aging at Home vans were awarded, four of the five Community Care agencies had also established transportation programs that use owned vans and paid staff, in addition to the volunteer-based model.<sup>1</sup> Aging at Home vans were awarded to each Community Care agency in the summer of 2008. They have presented both opportunities and implementation challenges.

### ***Best Practices in the CE LHIN Rural Transportation Programs***

BEST PRACTICE <i>(Beverly Foundation 2004)</i>	DEMONSTRATED IN COMMUNITY CARE PROGRAMS
Customizing the service to meet clients needs	✓
Filling a gap in transportation	✓
Close working relationship with doctors' offices [and other agencies] to coordinate schedules	✓
Open door policy for eligibility [with available resources]	Eligibility criteria varies between agencies and reflects practical operating limitations
Reimbursing volunteers for mileage to keep overhead costs down.	✓

<sup>1</sup> Table 3.1 in Appendix Three further describes the transportation programs with respect to eligibility, drivers and vehicles.

### ***Emerging Trends and Operational Issues***

The trends that have emerged from a review of other special transportation services, including those in rural jurisdictions are development of:

- Increased coordination of rural transportation programs to better focus on overall mobility of seniors and maximize the capacity of special transportation services.
- Innovative means of increasing access to health services for people in rural areas.
- System-wide measures of success

The operational issues that have been identified by the rural transportation providers in the CE LHIN include:

- Service limitations related to complex client needs and changing client demands;
- Increasingly complex financial considerations including third party billing and issues related to paying some drivers and not others;
- Ability to continue recruiting adequate numbers of volunteers;
- Plan for evergreening of fleet vehicles to ensure their ongoing reliability and safety;
- Scheduling complexities and off-hour transportation needs;
- Equitable and adequate program funding that has implications for accurate costing of transportation services and the need for local fundraising; and
- Establishing a useful and cost-sustainable role for the new Aging at Home vans.
- Assess risk management practices related to dialysis drives to ensure that this service is safely provided given the potential for physiological instability after dialysis.

### ***Key Planning Themes***

The key planning themes that have been extrapolated from both the emerging trends and operational issues to provide a framework for future work are:

- Collaboration and Coordination;
- Client Centred Quality and Access to Health Services;
- Capacity and Sustainability; and
- Equity and Adequate Funding

### ***Roadmap for Rural Transportation Services***

To further clarify the magnitude of the importance of the rural transportation services that are provided within the health care system, and to address the issues that have been identified, the next steps in this process are presented as a roadmap for future system work.

## Collaborative Roadmap for Rural Transportation Services

Next Steps	KEY PLANNING THEMES				
	Collaboration & Coordination	Client Centred Quality	Access to Health Services	Capacity & Sustainability	Equity & Adequate Funding
Work toward adequate and equitable resourcing by identifying and standardizing the collection of meaningful utilization and cost information for transportation services.	✓			✓	✓
Establish a common vision for rural transportation services throughout the CE LHIN.	✓	✓	✓		
Develop LHIN-wide Measures of Success to form a basis for program evaluation.	✓	✓			✓
Map the trips that are required to what destinations & what type of service and apply this information to decisions around siting and coordination of health services.	✓		✓		
Further assess the affordability of rural transportation for clients.	✓	✓	✓		
Clarify and enable inclusive eligibility criteria.	✓	✓	✓		
Assess current services against the Accessibility standards.	✓	✓	✓		
Assess risk management practices related to clients transportation, and in particular for safe transportation of dialysis clients.		✓	✓		
Address joint services provided with ODSP to reduce the burden of support that is falling on the C.C. agencies.	✓			✓	
Consider developing a pilot projects as innovative alternatives to bring health services closer to clients. One of these may be to incorporate EMS services as an alternative mobile provider of primary care services in the rural parts of the CE LHIN.	✓		✓	✓	
Address Fleet Management including the development of an Evergreening Plan.	✓			✓	✓
Explore means to reduce the burden of fundraising to supplement rural transportation programming.	✓			✓	✓
Explore and consider standardizing scheduling systems that will ease scheduling pressures.	✓			✓	✓
Consider and address wage disparities between agencies for paid drivers.	✓			✓	✓

# **Rural Transportation In the Central East LHIN**

## **Phase One Review March, 2009**

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### **1. INTRODUCTION**

#### **1.1 BACKGROUND**

Three significant factors have converged as the impetus for this project:

- Transportation, as it relates to accessing health and other services, has been a long standing issue in the rural parts of the Central East Local Health Integration Network (CE LHIN).
- Seamless care for seniors has been identified as a priority in the CE LHIN, and consequently the LHIN has formed a Seamless Care for Seniors Network to ensure that issues concerning the provision of health care for seniors are addressed.
- And finally, in August of 2007 the provincial government announced its Aging at Home Strategy in recognition that there will be a growing number of seniors in the province as the baby boomers age, that seniors prefer to stay in their own homes as they age, and that enabling strategies will need to be developed to overcome the barriers to staying at home that currently exist.

#### **1.2 GOAL OF THE PROJECT**

The overriding goal of this project is to improve access to health and health support services by people in rural areas who require assistance with transportation.

This goal implies several things. First of all, it means that it is necessary to understand the system of rural transportation that currently exists.

It also implies that improving access to health services requires close collaboration with the CE LHIN in terms of transportation program support, and between organizations to develop a system of transportation services in the rural catchment areas.

Finally, it implies that transportation services are not the only means of linking people with the activities and services they need. People can be moved to services, or services can be made more accessible to the people who need them.

This is an important consideration when transportation system capacity is considered.

With this broader goal in mind, the purpose of this project is to support the Community Care agencies that provide rural transportation services, and to maximize their very effective service within the context of the broader health system and its population based needs, the challenges that the provider agencies are facing, and in concert with the evolution of the larger regional transportation system.

This Phase One Review:

- Describes the existing rural transportation services in the CE LHIN that are provided by the five Community Care agencies;
- Identifies the strengths of the rural transportation services and the challenges experienced by the provider agencies;
- Describes related external transportation system trends;
- Identifies next steps and opportunities for collaboration.

### **1.3 COMMUNITY CARE FOCUS**

In the fall of 2008, the CE LHIN initiated this project to begin looking at issues related to rural transportation for seniors by focusing on a manageable component of rural transportation. This project focuses therefore, on the transportation services that are provided by the five Community Care organizations that serve the rural parts of the CE LHIN, namely:

- Community Care Durham
- Community Care Northumberland
- Community Care Peterborough
- Community Care Kawartha Lakes
- Community Care Haliburton

The Community Care organizations are independent not-for-profit agencies that are funded primarily by the Ministry of Health and Long-Term Care through the CE LHIN and governed by community based boards of directors. Their range of home support services are either free of charge or available for a nominal fee and are provided to “enhance the ability of adults with needs related to aging or physical disabilities to remain as independent as possible in their own homes and communities”<sup>2</sup>. For the most part their services are provided by volunteers, although, and increasingly, some are provided with paid staff.

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<sup>2</sup> Community Care Durham

## **1.4 RURAL TRANSPORTATION**

The transportation services that are provided by the Community Care agencies vary in their nature. Assisted transportation may be provided because people have a disability or a health concern which may or may not be age related. It may be provided because people require financial support. Or it may be provided because there is no other transportation available. Historically, seniors have been the target service population, but this is changing. Some agencies provide accessible transportation, while others do not have these resources. All of the agencies have developed their transportation services to meet the unique needs of the rural communities they serve.

This variety of service, which is offered with different degrees of assistance is captured for the purposes of this project as 'rural transportation'. It is important that the complexity of the service that is provided and the needs that are being met are understood.

## **1.5 THE PLANNING PROCESS**

### **Assumptions**

These key assumptions were made at the beginning of this project, namely that:

- There are currently challenges in the rural transportation system that can be addressed with the intention of making improvements.
- There is a readiness by transportation service providers to consider new ideas and work together to collaboratively make changes, which may or may not be significant, to improve access to services for residents of their communities.
- Respect for the individuality of communities is essential.

### **Directions from Seniors in the CE LHIN**

Direction for looking forward needs to be taken from this advice that seniors in the CE LHIN<sup>3</sup> gave in the development of the Integrated Health Services Plan: Engaged Communities, Healthy Communities 2006:

- Take a coordinated approach to providing services.
- Improve access to primary care, and transportation options for improved access to services.
- Focus more on wellness, giving people the means to create their own relevant health care solutions.

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<sup>3</sup> pg 35. CE LHIN Integrated Health Services Plan 2006

- Encourage best practices.

## Methodology

### *Process*

This project consisted of a three stage process. The first stage was an **interim discussion paper**, which was developed at the midpoint of the project to present significant environmental trends and local issues for the consideration of key transportation stakeholders. It was prepared by:

- Reviewing the related work that has been documented in Canada and in the United States with respect to assisted transportation for seniors and rural health to identify current trends in the field. This information is summarized in Appendix Two.
- Collecting information about the rural transportation services that are currently provided by the five Community Care agencies to both describe the services and identify local issues,
- Coordinating this planning process with the process that is being conducted by the Central LHIN with respect to seniors' transportation.

The second stage was a **Round Table** discussion in early 2009 with the key stakeholders and decision makers from the Community Care agencies. It resulted in:

- Clarification of comparable utilization information about the transportation services;
- Identification of both the challenges and strengths of the existing services;
- Assessed the status of the 'Aging at Home' vans and potential options to maximize their effectiveness; and
- Identified next steps in the process of optimizing the rural transportation services.

The third stage is the **completed Phase One Review** which incorporates the outcomes of the first two stages and outlines an implementation plan to guide the next steps.

### *Analysis*

The information that has been gathered is a combination of qualitative and quantitative. At times, estimates have been made to facilitate comparisons. Each of the Community Care agencies worked very hard to provide the best information they had available to describe their services. Their work was critical in being able to compile an aggregated picture of the rural transportation services in the CE LHIN.

## 2. RURAL TRANSPORTATION IN THE CE LHIN

### 2.1 POPULATION-BASED NEED<sup>4</sup>

#### Access to Health Services in Rural Areas

A rurality index of >40 indicates a rural area with a higher degree of social isolation and difficulty accessing health care services. The higher the index, the more isolated the region. The rurality index of the geographic areas of the CE LHIN that are the focus of this project are identified in Table 1 below. In Durham Region the predominantly rural municipalities are Clarington (east Durham) and Brock (north Durham).

Table 1. Rurality Index of Target Geographic Areas CE LHIN

Geographic Catchment Area	Rurality Index of Ontario
Haliburton Highlands	76.92
Kawartha Lakes	58.37
Peterborough City & County	42.25
Northumberland/Havelock	58.53
Durham North/Central	42.78

This rurality designation means that the signature works that highlight issues of access to health care services in rural areas of Canada, namely the Kirby Panel (2002) and the Romanow Commission (2002) are relevant to these geographic areas of the CE LHIN. It has been said that “If there is two-tiered medicine in Canada, it’s not rich and poor, it’s urban versus rural.”<sup>5</sup>

Access to health services is one of the five key principles of the Canada Health Act, which stipulates that reasonable access to insured health service be provided to all Canadians under uniform terms and conditions. The Kirby Report (2002) points out that ‘rural...area residents can have access to only a small range of service providers, and if they have to seek more specialized care they must travel long distances and incur additional expenses, which are not fully reimbursed.’<sup>6</sup>

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<sup>4</sup> The following descriptions were taken from the Integrated Health Services Plan and the related Environmental Scan completed by the CE LHIN in November 2006.

<sup>5</sup> John Wootton, cited by K.V. Nagarajan (Journal of Rural Medicine 2004; 9(4): 245-51) from Kirby and LeBreton. *The health of Canadians – the federal role. Volume two: current trends and future challenges. Ottawa: The Standing Senate Committee on Social Affairs, Science and Technology, Parliament of Canada; 2002. pg139.*

<sup>6</sup> K.V. Naragajan. *Ibid.*

The Romanow Commission Report (2002) goes on to observe that “there is a gradient in terms of health status, depending on how far away a community is from an urban metropolitan area. The farther away the community, the worse is the health status of the population. Despite the efforts to improve access in the 1990s in the wake of centralization and consolidation, the Report notes there is an ‘inverse care law’ in effect. That is, while the health status of this population is lower and access to primary care is worse, the rural communities are not as well served as their urban counterparts.”<sup>7</sup>

Access to health care services is the need. Effective transportation is one means of providing that access by moving the person to the service. Other means involve bringing the service to the person, and providing linkages through the use of technology.

## Seniors’ Population

Table 2 shows the total seniors population and relative percentages as the population ages in the rural catchment areas (2001).

Over the 15 year timeframe of the CE LHIN’s environmental scan the seniors population is expected to increase by approximately 50% in the LHIN as a whole, while numbers in the over 85 age group will nearly double. This is significant because ‘utilization of health care resources increases exponentially with age’<sup>8</sup>. It also indicates that the demand for special transportation services for seniors can be expected to at least double between 2001 and 2016, all other things being equal.

It therefore raises the question of whether or not there is adequate growth capacity in the current system to effectively accommodate this increase in demand; and if there is not, what efficiencies can be gained to maximize existing resources.

Table 2. Population of Seniors in Rural Areas of the CE LHIN

Geographic Catchment Area	Total pop >65 (2001)	% pop >65 (2001)	% pop >75 (2001)	% pop >85 (2001)
Haliburton Highlands	3,630	24%	8.8%	1.8%
Kawartha Lakes	13,175	19%	8.2%	1.9%
Peterborough City & County	21,770	18%	8.3%	2.0%
Northumberland/Havelock	12,856	18%	7.6%	1.8%
Durham North/Central	6,765	14%	6.0%	1.4%
CE LHIN Growth Projections (2001-2016)		47.5%	43.9%	91.3%

<sup>7</sup> K.V. Naragajan (Ibed) from *Romanow R.J. Building on values: the future of health care in Canada-final report. Ottawa: The Romanow Commission Report; 2002.*

<sup>8</sup> Pg. 31. CE LHIN Integrated Health Services Plan, 2006.

## 2.2 COMMUNITY CARE RURAL TRANSPORTATION SERVICES

The purpose of this section is to describe the rural transportation services that are currently provided by the five Community Care agencies in the CE LHIN, and to present the issues that have been identified by them.

### General Description

All of the Community Care organizations match volunteer drivers with people who need rides to medical appointments, for necessary shopping and errands, and for social and spiritual trips. By far the majority (75% or more in 4 of 5 agencies) of users are seniors. Generally over 75% of the drives are for medical reasons, with this approaching 90% in Peterborough and Haliburton.

Drivers use their own vehicles and are reimbursed at a set mileage rate which is usually paid directly by the client to the driver, unless there is a financial limitation. Until the Aging at Home vans were awarded, four of the five Community Care agencies had also established transportation programs that use owned vans and paid staff, in addition to the volunteer-based model.<sup>9</sup> Additionally, Community Care Kawartha Lakes is involved in a unique collaboration with its EMS to transport non-urgent clients in its Specialized Transit Program<sup>10</sup>.

Aging at Home vans were awarded to each Community Care agency in the summer of 2008. They have presented both opportunities and implementation challenges that are discussed later.

### **Other Community Care services**

In addition to their transportation services, the other services that the Community Care agencies provide are:

Meals on Wheels	Diners Club	Home Help
Home Maintenance	Friendly Visiting	Telephone Reassurance
Caregiver support <sup>11</sup>		

To meet the need identified in their communities, some agencies also provide:

Income tax clinics	Elder abuse programs	Supportive housing
Mental health Support	Social recreation	Falls prevention
Wellness programs	Emergency response <sup>12</sup>	Equipment loan cupboards

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<sup>9</sup> Table 3.1 in Appendix Three further describes the transportation programs with respect to eligibility, drivers and vehicles.

<sup>10</sup> As much as possible, this program has been excluded from information provided by C.C. Kawartha Lakes

<sup>11</sup> Which may include in home respite or adult day programs

<sup>12</sup> Personal distress alarms

## Rural Transportation Program Strengths

Although they are unique and independent services, the rural transportation that is provided by the five Community Care agencies all have the same strengths, namely that they are:

- Low cost and low maintenance due to the volunteer nature of drivers using their own vehicles who provide the majority of the drives;
- Community specific services that have been designed to fill local transportation gaps and complement other supportive services;
- Flexible in that they provide both transportation when no other option exists, as well as providing assistance for people who cannot use other transportation means;
- Generally prioritizing services to transport people for medical reasons; and
- Adaptable and responsive to meet individual client needs.

### ***Client Centred Quality***

The Beverly Foundation, located in New Mexico, is a national U.S. foundation that focuses on mobility and transportation issues for older people. Its 2004 report, prepared in partnership with the AAA Foundation for Traffic Safety, identified several best practices that are compared to Community Care programming in Table 3 below. In a preliminary assessment, the CE LHIN Rural Transportation Programs appear to demonstrate most of these best practices that fell within the scope of this project to assess. Eligibility appears to be a gap that requires further assessment.

Table 3. Best Practices in Community Care Rural Transportation Programs

BEST PRACTICE	DEMONSTRATED IN COMMUNITY CARE PROGRAMS
High quality of the drivers (patient, friendly, caring, courtesy and on-time )	Not assessed
Customizing the service to meet clients needs	✓
Filling a gap in transportation	✓
Scheduling a volunteer companion as well as a driver	Varies by agency. 3/5 require client to provide own escort
Close working relationship with doctors' offices [and other agencies] to coordinate schedules	✓ Close collaboration throughout community and with other community services
Open door policy for eligibility	Eligibility criteria varies between agencies and reflects practical operating limitations
Reimbursing volunteers for mileage to keep overhead costs down	✓
Minimal demand on each volunteer to ease both recruitment and retention	Not assessed

Table 3.2 (Appendix Three) summarizes the information that has been received from the Community Care agencies with respect to the client centred parameters of availability, accessibility, affordability, acceptability, and adaptability.<sup>13</sup>

## **Utilization**

Table 3.3 (Appendix Three) summarizes the key utilization information from the five programs.

### ***Changes in Numbers Served***

Changes in utilization were compared over the three year period (2004/05-2007/08). While there has been an overall growth in individuals served of nearly 10%, this is not a uniform trend. Peterborough has shown a negligible decline in numbers served, while Kawartha Lakes (24%) and Haliburton (64%) have increased significantly.

Not proportionately, the number of units provided overall has increased by approximately 20%. Northumberland (30%), Kawartha Lakes (50%) and Haliburton (83%) have seen substantial increases in units. In general, it appears that the trend is that the individuals who are using the services are using them more.

### ***Dialysis***

The largest category of medical/health related trips for all of the agencies are to transport clients for dialysis. These are trips that are frequent, and not optional for the client. There are jurisdictions outside of the CE LHIN where these drives are done only by EMS because of the potential for physiological instability after the dialysis treatment. It may be prudent to focus on dialysis drives to ensure that this service is safely provided within the context of risk management considerations.

### ***Cancelled Drives***

The number of drives cancelled is high and significant. Drives are generally cancelled by the client because there has been a change in their appointments or their circumstances. These are time consuming for the agencies because there has often been a significant amount of time spent arranging the ride. This scheduling time is not captured in workload measurements when there is no 'ride' service provided.

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<sup>13</sup> The Beverly Foundation has developed (2002) the 5 A's of Senior Friendly Transportation, namely Availability (can fulfill expectations); Accessibility (can provide assistance); Affordability (can meet financial needs); Acceptability (can satisfy preferences); and Adaptability (can offer flexible service).

## **Sustainability**

Table 3.4 (Appendix Three) addresses the rural transportation programs' sustainability.

### ***Sustainability and Appropriate Resourcing***

In the data collection process only two programs identified the cost and revenue for their transportation program. These programs estimated that their revenue funded approximately 50% of the costs of the transportation service.

Appropriate resourcing is essential to the sustainability of the transportation programs and to enable them to adjust their capacity to the demand that is currently there. It appears that current funding levels are adequate to primarily provide transportation services for people to access medical and essential health services. If these rural transportation services are to be useful in supporting people to live at home within the context of the broader determinants of health (Section 3), thought may need to be given to how to appropriately fund these essential transportation services.

### ***Accurate Costing of Transportation Services***

Many of the resources used to manage and coordinate the transportation service are embedded with those used for other agency services. While this sharing of overhead resources has inherent efficiencies, it also makes accurate costing for the transportation program difficult. Consequently this has implications for allocating appropriate funding to transportation costs.

### ***Fundraising***

Fundraising to subsidize transportation services is done by some agencies and not by others. In small organizations that are volunteer based, this is a very time consuming activity that diverts resources from the provision of service. There is a lack of consistency across the agencies with respect to how ministry funding is allocated to subsidize client costs.

### ***The Cost Maintenance Continuum***

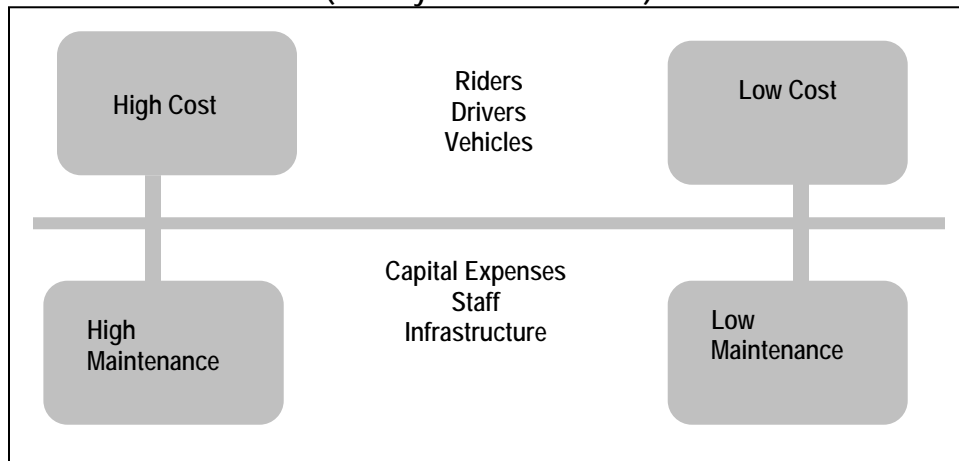
A Cost/Maintenance Continuum model is a useful framework within which to consider decisions about whether or not to own vehicles, pay drivers, or incur other capital costs as opposed to focusing on a volunteer model. It is reproduced as Figure One.

The volunteer model used by the Community Care agencies is a low cost, low maintenance one. As the use of owned vans and paid drivers increases, so will the cost and complexity of the service. It is important that funders are aware of the implications of these changes. It is also important, given the rural nature of the service areas, to ensure that the higher cost options are really the ones that are

best suited to meet the needs of the people who require access to health and health support services.

Ethical issues have been raised, as agencies find that they are paying drivers to do the same work for which other drivers are volunteering. This is a challenge that the Aging at Home vans have highlighted.

Figure One: The Cost Maintenance Continuum  
(Beverly Foundation 2002)



## Aging at Home Vans

Aging at home vans were unexpectedly 'given' to each of the Community Care organizations in the summer of 2008 by the provincial government to assist with providing supplemental transportation for seniors. As such, the presence of the vans continues to provide an opportunity for the Community Care agencies to examine how they provide their assisted transportation service. For some agencies the implementation of the vans requires more change than others. They have been operationalized to varying degrees throughout the CE LHIN, and have introduced several issues to the service system, namely:

- They have introduced a "fleet" where none existed before (Haliburton) and have therefore required a whole new way of delivering transportation services, with the infrastructure and costs that that implies.
- There has been a need to develop appropriate uses for the vans, which are multi-passenger vehicles, in rural areas where ride-sharing might not always be the most effective means of transportation.
- Program costs have increased because of the need to maintain, insure and operate the vans. The \$25,000 (annual funding) that was given to each agency with the vans appears to be insufficient to fund the increased costs incurred by the vans.
- They have introduced more seating capacity, but they are not accessible.

Significant questions remain about the best way to operationalize the vans. All of the agencies are either operating their vans, or have plans in place to do so. One agency has determined that it is able to operate the van for seven hours per week in order to break even. Another agency is engaged in a one year pilot project to cost –share with its municipality in order to supplement the cost of the van.

### ***Advantages and Disadvantages of the Aging at Home Vans***

Agencies have found that the vans are helpful in that they:

- Afford greater control over scheduling when the driver is paid;
- Provide increased transportation capacity;
- Increase awareness of the transportation service because of their visibility;
- Can be dedicated to a particular high needs client group;
- Provide opportunities for service enhancement that volunteers do not wish provide.

Conversely, they have resulted in:

- Additional costs and logistics related to storage and snow removal;
- Significant amounts of 'deadheading' hours to transport empty vans for use in different parts of the county. Rural distances exacerbate the logistics and cost challenges.

## **Other Challenges**

### ***Scheduling and Off Hours Transportation Needs***

Most of the Community Care agencies have identified the complexity and time-consuming nature of scheduling rides. This has been compounded when trips are cancelled by clients because of health reasons or appointment changes.

Increasingly diagnostic procedures are being scheduled in evening and weekend time-slots. Appointments may be booked if there are cancellations. To access these appointments, sometimes with little notice, more and more flexible resources are needed both to make the trips and to accommodate scheduling in off hours.

Scheduling appears to be a function that is managed independently and differently by each of the agencies. Some agencies do it manually, while others use electronic systems. It appears to be a burden for which help may be available through a shared approach.

### ***Volunteer Recruitment***

Most of the programs have identified an increasing difficulty in recruiting adequate numbers of volunteers. Some programs have recognized the potential to serve more people, but have not been able to because of current financial and volunteer limitations. When the growing number of 'old old' seniors is added to this mix, it

means that capacity is a significant issue in most of the programs, although it may not be a documented issue. Creative solutions need to be developed with other significant service providers to address this.

### ***Increasingly Complex Financial Considerations***

In an environment that is historically volunteer based, there are several financial issues that are either consuming disproportionate agency resources or emerging as potential concerns. They include:

- Managing billing for significant numbers of ODSP clients requires a great deal of time and can have potential cashflow implications if bills are not paid in a timely manner;
- Volunteers receive payment from clients to cover their mileage costs. Perceptions of payment to volunteers may create a sense of 'paying for the service' by some clients, which may then unfairly change the expectations of the volunteer. Volunteers may also receive substantial reimbursement payments from the agencies because of third party billings. This reimbursement by the agency may raise questions from an auditing perspective because of the size of the payments.
- Potential liability insurance increases for volunteers can create an additional burden on volunteers and impact on their availability.

### ***Service Limitations and Complex Client Needs***

Clients with more complex and diverse needs are needing the rural transportation services. These may be people with

- Cognitive impairments for whom scheduling is more difficult to manage;
- Multiple chronic physical issues who require more assistance;
- Needs for service outside of regular hours;
- Financial limitations who are being supported by ODSP or Ontario Works,
- Behaviors that are challenging to the rules and normal practices of the agency;
- Mental health challenges who are difficult to serve.

Services cannot be provided if people are:

- Aggressive or if there are concerns that the volunteer may be put at risk;
- Physically impossible to assist either because of client need, volunteer limitations, or vehicle limitations;
- Behaviors are inappropriate; or if
- Accessibility to buildings is a barrier.

This means that some people may not be served who require assistance with transportation, because of the reasonable limitations of the volunteer based

service. Documentation is not kept of people who are not able to be provided with rides, if they are not clients.

### ***Evergreening of Fleet***

All of the agencies now 'own' fleet vehicles. By their nature, these vehicles will need to be replaced from time to time to ensure their reliability, safety and economy of operation. Once they are integrated into programming people come to depend on them for service. To ensure a timely, affordable and predictable turnover of appropriate vehicles, an evergreening plan needs to be developed and in place. Economies in vehicle purchasing, maintenance, and insurance may be achieved if this is a collaborative interagency plan.

## **3. EXTERNAL TRENDS**

Within the past decade there has been a significant amount of attention paid to the best ways to provide transportation for seniors and people with disabilities both in urban and rural settings. The common characteristics of rural areas is the distances that must be travelled and the sparse population. These make shared transportation options less viable, the cost of transportation provision higher, flexibility in the delivery system more important, and the pool of volunteers available smaller.

In reviewing transportation trends and models in rural areas, the key trends that are relevant for consideration of local transportation programs are:

- Measures of Success
- Rural Access to Health Care Services
- Coordination for Greater Mobility
- Financial Considerations and Services for Seniors

### **3.1 MEASURES OF SUCCESS**

#### ***Central LHIN Transportation Project***

Because of the pivotal role that transportation plays in access to centralized health care services, and to enabling people to remain independent living in their own homes and communities, other LHINs in Ontario are also examining specialized transportation services in their catchment areas. This is currently happening in the Central LHIN, which includes Toronto and York Region, and therefore is contiguous with the CE LHIN.

The measures of success that the Central LHIN has identified as hallmarks of a coordinated transportation system to improve the health of the seniors' population are in Table 3<sup>14</sup>. They are consistent with the performance dimensions identified by the CE LHIN; namely that services will be safe, effective, person-centred, accessible, efficient, equitable, integrated, appropriately resourced, and focused on population health.

Table 3 Central LHIN Seniors Transportation Measures of Success

LHIN Goals are to increase:	Identified Measures of Success in a Coordinated Transportation System
Access	<ul style="list-style-type: none"> <li>• Increased access for seniors to needed medical, social and recreational services</li> <li>• Continued support for the instrumental activities of daily living (banking, grocery shopping)</li> </ul>
Coordination	<ul style="list-style-type: none"> <li>• Easier for the client to find the right transportation service</li> </ul>
Quality	<ul style="list-style-type: none"> <li>• To ensure the service provided meets industry standards and the client's needs</li> </ul>
Efficiency	<ul style="list-style-type: none"> <li>• Resources (vehicles, staff, volunteers) are optimally utilized across the system</li> </ul>
Integration	<ul style="list-style-type: none"> <li>• Providers work together to increase service levels in the system and improve service to the client</li> </ul>

## 3.2 RURAL ACCESS TO HEALTH SERVICES

### ***Rural Health in Rural Hands***

*Rural Health in Rural Hands: Strategic Directions for Rural, Remote, Northern and Aboriginal Communities* was completed in November of 2002, by the Federal Ministerial Advisory Council on Rural Health. Its work informed both the Romanow Commission and the Kirby Report. It points out that 'rural realities and rural health needs are different from those in urban areas....A major problem for rural people is the distance they must travel to reach health services....As well, health care restructuring has centralized, reduced or eliminated hospital-based services without community-based services being enhanced.'

It is important to apply this rural lens to the rural parts of the CE LHIN. The report makes seven recommendations, five of which are useful to consider with future options for assisted transportation services, namely:

- Building healthy communities. This includes developing programs and policies specific to rural...communities; supporting the development of Healthy Communities models; and supporting opportunities for community capacity-building processes and coordination;

<sup>14</sup> Presentation by CE LHIN November 26, 2008 Planning Day.

- Building infrastructure to enable rural communities to develop community – based solutions to health challenges;
- Fostering greater intersectoral collaboration on health issues, both across sectors and across jurisdictions;
- Creating a nationwide telehealth ...network to serve the health and health care needs of rural..communities; and
- Supporting the training, recruitment and retention of health human resources that includes supporting community innovation.

The challenge that rural transportation services will have in the CE LHIN is to effectively link with other GTA transportation services as appropriate while maintaining their local approaches to meeting the needs of people in their communities. It recognizes that there is an absence of transportation services in many rural areas.

### ***Access to Health Services Using Existing Rural Transportation Services***

If a key function of the rural transportation services is to provide access for residents of rural areas to medical and health services, then it is important to be able to assess how well this is working. This information is necessary both to evaluate need for specialized transportation services and to apply to broader health system planning considerations. Tables 4.1 and 4.2 (Appendix Four) captures the current information that is readily available.

### ***The Future of EMS in Canada: Defining the New Road Ahead***

The Emergency Medical Services Chiefs of Canada released their report in September of 2006. They looked at a variety of factors affecting the EMS field as well as the aging population and a shortage of health care professionals. They consequently developed a vision of EMS as a mobile health care service that can provide primary health care in a mobile setting 'at the point where citizens need it, providing services according to the scope of practice determined and required by each community.'<sup>15</sup> EMS services work with a reserve capacity that allows them opportunity to expand their scope of practice. This reserve capacity is generally greater in rural areas because of a lower call volume.

With this model in mind, a small community in Nova Scotia (Long and Brier Islands), located 2 hours away from a hospital established a 24/7 ambulance base at an abandoned clinic. In 2003 there was a 23% decrease from the previous year, in the number of residents attending the emergency department.

This type of model speaks to opportunities to provide health care services to rural residents in an innovative way that can reduce some of their transportation needs to travel to services and increase their access to the appropriate level of health care.

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<sup>15</sup> The Future of EMS in Canada: Defining the New Road Ahead. EMS Chiefs of Canada. Sept 2006. pgs 3, 18.

### **3.3 COORDINATION FOR GREATER MOBILITY**

#### **U.S. Models**

A number of comprehensive studies have been conducted in the United States that look at aging and mobility, some of which summarize key elements of various transportation programs, and some of which focus on the broader concept of mobility, rather than simply transportation. All of the work reviewed is consistent in that it advocates:

- Regional multi-agency collaboration and
- A multi-faceted approach

Additional recommendations from selected models are presented in Appendix Five.

#### **The Greater Toronto Area and the Central East LHIN**

##### ***Central LHIN Transportation Project***

The planning that is currently underway is involving the multiple providers of special needs transportation. These providers include representatives from Metrolinx, numerous non-profit organizations that provide services for seniors, TTC Wheel Trans, Regional transit and government, hospitals, and EMS.

The expected outcome of this planning is that there will be a coordination model selected and implemented in the Central LHIN catchment area, with one provider of the coordinated service. This is an important not only as a model for the CE LHIN special transportation providers, but as an option for cross-border collaboration for clients who wish or need to travel to the Central LHIN for healthcare or social reasons.

Questions that arose in the planning process were if transportation services offered by organizations that provided other home support services were best housed and solely managed by those organizations. Increasingly the provision of transportation services is becoming more complex. It appears that in a multi-service agency transportation needs have the potential to encroach on other funding and resources needed for other services. It is not clear if this is universally seen as a positive or a negative feature of the combined service.

##### ***Metrolinx Draft Regional Transportation Plan (September 2008)***

The Greater Toronto Transportation Authority Act (GTTA - 2006) resulted in the establishment of the Greater Toronto Transportation Authority which became Metrolinx in December 2007. It was given the mandate to 'develop and implement an integrated multi-modal transportation plan for the Greater Toronto and Hamilton area....The GTTA Act also includes the provision for Metrolinx to assume

responsibility for GO Transit in the future. Its catchment area includes York and Durham Regions. The future vision for transportation in the GTHA is that it will be seamless, efficient, convenient, equitable and user-centred. Its five imperatives are to:

- Reduce demands on the transportation system
- Increase choices for travel [that include] encouraging the use of options other than the automobile
- Meet the needs of the traveller first
- Build communities that make travelling easier
- Commit to continuous improvement

Although these imperatives were designed with a largely complex and urban area in mind, they can provide useful direction for any transportation system. Transportation in rural areas, although often operating in apparent isolation is part of a larger system of transportation. The challenge becomes how to link with this system when it is in the best interests of the clients, which it might be under some circumstances.

### ***Transit Georgina***

Transit Georgina is a not-for-profit provider of special needs transportation in Georgina Township, which is in the rural northern part of York Region and borders on Brock Township in north Durham. It operates solely through the use of volunteer drivers who supply their own vehicles and are reimbursed at the mileage rate charge to the client. Transit Georgina manages the service including the dispatch and scheduling components. Dedicated solely to transportation services, it offers no other home support services. This rural part of York Region is not served by any other special service transportation providers in the Central LHIN. It appears that this dedicated model based solely on volunteer drivers and non-owned vehicles works very well in this proximal rural area.

### ***Northumberland County Transportation Initiative***

Community Care Northumberland operates the Cramahe Van Route in collaboration with the HKPR District Health Unit, Northumberland United Way, Ontario Disability Support Program, the Help Centre and the YMCA Early Years program. It is six passenger van with a maximum fee of \$5.00. Registration with the program is required prior to riding, with application forms available throughout Northumberland County. Transportation is available two days per week for appointments, meetings, work, school, shopping and recreation.

This project recognizes the need for supported and affordable transportation for people of different ages, that is easily accessible, and is offered as a multi-agency collaborative model.

### **3.4 FINANCIAL CONSIDERATIONS AND SERVICES FOR SENIORS**

The CE LHIN IHSP states that “continuing to fund program growth to match our aging population is probably not sustainable. We need to [invest] strategically in services that will ensure the right care in the right place at the right time for our seniors and their caregivers”<sup>16</sup>.

#### **Best Use of Scarce Resources**

Transportation that is provided by a health funded or other dedicated source is necessarily limited. This poses service delivery dilemmas for funders and provider agencies. It imposes a need to seek the most cost-effective means of service delivery that most effectively meet the needs of the people who need it. As transportation service delivery becomes more complicated it also imposes a need to clarify what the actual cost of transportation service delivery is, so that it does not encroach on other necessary services for special populations in need and so that the true cost can be reflected and funded within a comprehensive and progressive health area budget.

Funding decisions will necessarily revolve around what types of trips are eligible or priorities, as the demand for services increases which it will as the population ages. It appears to be generally agreed that transportation for medical services is a priority. However there are other tiers of needs that become important in an aging at home strategy, which are briefly discussed below.

#### **Supporting People to Age at Home**

The transportation literature talks about transportation to enhance quantity of life (access to health care services) and quality of life (access to other services and activities). The Community Care organizations are well established masters at identifying the elements of living with which people need support as they age or live with disabilities, to allow them to remain as independent as possible and living in their own homes and communities.

To maintain a household there are certain transportation functions that are essential, unless other arrangements can be made to address these requirements. These include providing for the basics of life, such as obtaining food, other supplies, and clothing, and attending to financial business. If people cannot look after these needs their health will decline, their personal safety will be put at risk, and they will not be able to stay in their own homes.

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<sup>16</sup> Pg. 55. CE LHIN Environmental Scan.

## **The Broader Determinants of Health**

The next level of need is that which people have for social interaction, self esteem and self-actualization according to Maslow's hierarchy of needs. The impact of not being able to meet these needs because of a lack of transportation is not as imminent or as certain as the consequence of not having food to eat or paying the power bill. However isolation and depression are serious risks for people who live alone or cannot independently meet these needs. People may experience significant mental health problems if these needs are not met, which can lead to a decline in their physical health or a decision to leave their homes and their home communities.

## **4. KEY THEMES AND NEXT STEPS**

### **4.1 KEY PLANNING THEMES**

#### **Collaboration and Coordination**

The literature and initiatives in other jurisdictions emphasize the benefits of coordination of transportation services to:

- Achieve efficiencies in programming support functions
- Standardize services where possible
- Focus on broader issues of mobility for seniors and others who need assistance with transportation
- Link with the broader transportation system to effectively coordinate and maximize services
- Link with other health and social service systems to develop alternative methods to link seniors with services

Clearly, collaboration and coordination are hallmark concepts of the Community Care agencies that have developed and continue to operate their services in their communities based on very significant collaborative models. Within the current environment, partners for collaboration include the CE LHIN as the program funder, other publicly funded service providers (such as ODSP), and each other. This means that it will be important to continue looking at the rural transportation services as a LHIN wide system, so that local services might be enhanced and support achieved for local programming.

## **Client Centred Quality and Access to Health Services**

As a first step to moving forward in any type of system-wide approach, there needs to be a common understanding of what success looks like from the point of view of the people for whom the service is intended, and making service standards explicit. That includes considering the need in the population as a whole for access to health services. The Community Care agencies work very hard to provide the transportation that people need with the resources they have. It is important to better understand who cannot be served currently, to apply equitable standards of service across the CE LHIN, and to work towards addressing the gaps in access to service that might be identified.

It is also important from the perspective of the CE LHIN, that there is an understanding of the nature of the transportation that is required in rural areas to provide access to health services because that informs the health system planning process within the larger system of health services.

## **Capacity and Sustainability**

The rural transportation programs are experiencing pressure on their services by changes in the realms of:

- Growing seniors populations,
- Expanded client populations and different service expectations,
- Volunteer expectations and availability,
- Evolving program delivery models from a volunteer to a mixed volunteer and paid model,
- Increasing fleet responsibilities

These parameters are managed differently by different agencies. Transportation services are often limited to trips for medical reasons. Therefore utilization analysis does not reflect unmet demand in communities for other transportation that could assist people to age at home. It may also not reflect program growth, because capacity has been achieved.

Measurement of program capacity is difficult because of the:

- Variation and fluctuation in the transportation that is provided;
- Embedded nature of the transportation program with other Community Care services.

The agencies are feeling varying strain because of scheduling pressures, fundraising requirements to subsidize their programs, and changing client caseloads and growing fleets responsibilities. Support is required to manage all of these things.

Clearly, program capacity and sustainability are dependent on adequate program funding. The alternative and concurrent approach is to explore means of alleviating pressure on transportation programs. This means looking at ways to bring services to people, rather than taking people to the services.

Specific suggestions that have been made to address this are to examine alternative collaborative roles with the EMS system to delivery primary care services to people in their homes, and to continue to look towards telehealth and other technology-based solutions to bring services closer to people.

## **Equity and Adequate Funding**

The first step toward achieving adequate program funding is to clearly allocate both direct and administrative costs of the transportation service so that the needs of the transportation services can be fully understood and appropriately supported to perform its key role in providing access to health services that include both medical services and activities that support healthy aging at home. This relates back to the need to establish common program expectations so that funding can be equitable between communities.

That means that transportation services and their related infrastructure functions need to be distanced from the mainstream of Community Care services so that the true cost of these services can be adequately funded, and relief can be provided to the Community Care agencies for scheduling and back-office functions.

Transportation subsidies are provided by all of the Community Care agencies, but are funded from various sources, including local fundraising. This element that makes transportation affordable, particularly in Haliburton County, is a key aspect of service quality and accessibility. Affordability of the rural transportation services needs to be better assessed and then measures taken to ensure that agency expectations are equitable. While local fundraising activities are important means of connecting and engaging with communities, they also pose a substantial time commitment for staff who are pulled in many different program delivery directions.

## **4.2 ROADMAP FOR RURAL TRANSPORTATION SERVICES**

Clearly this Phase One Review is a preliminary step toward providing the necessary support for rural transportation services in its integral role in providing access to health services for people in rural areas. It has focused on information gathering, and indicating trends for future consideration.

To further clarify the magnitude of the importance of the transportation services that are provided within the health care system, and to address the issues that

have been identified, the next steps in this process are presented as a roadmap for future system work in Table 4.

**Table 4. Collaborative Roadmap for Rural Transportation Services**

Next Steps	KEY PLANNING THEMES				
	Collaboration & Coordination	Client Centred Quality	Access to Health Services	Capacity & Sustainability	Equity & Adequate Funding
Work toward adequate and equitable resourcing by identifying and standardizing the collection of meaningful utilization and cost information for transportation services.	✓			✓	✓
Establish a common vision for rural transportation services throughout the CE LHIN.	✓	✓	✓		
Develop LHIN-wide Measures of Success to form a basis for program evaluation.	✓	✓			✓
Map the trips that are required to what destinations & what type of service and apply this information to decisions around siting and coordination of health services.	✓		✓		
Further assess the affordability of rural transportation for clients.	✓	✓	✓		
Clarify and enable inclusive eligibility criteria.	✓	✓	✓		
Assess current services against the Accessibility standards.	✓	✓	✓		
Assess risk management practices related to clients transportation, and in particular for safe transportation of dialysis clients.		✓	✓		
Address joint services provided with ODSP to reduce the burden of support that is falling on the C.C. agencies.	✓			✓	
Consider developing a pilot projects as innovative alternatives to bring health services closer to clients. One of these may be to incorporate EMS services as an alternative mobile provider of primary care services in the rural parts of the CE LHIN.	✓		✓	✓	
Address Fleet Management including the development of an Evergreening Plan.	✓			✓	✓
Explore means to reduce the burden of fundraising to supplement rural transportation programming.	✓			✓	✓
Explore and consider standardizing scheduling systems that will ease scheduling pressures.	✓			✓	✓
Consider and address wage disparities between agencies for paid drivers.	✓			✓	✓

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## **APPENDICES**

- Appendix One: Round Table Discussion Participants  
February 4, 2009**
- Appendix Two: Supplemental Transportation Programs**
- Appendix Three: CE LHIN Rural Transportation Services**
- Appendix Four: Access to Health Services**
- Appendix Five: Recommendations from Selected U.S.  
Models**

## **APPENDIX ONE: PHASE ONE REVIEW PARTICIPANTS**

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These individuals have made significant contributions both at the Round Table Discussion on February 4, 2009 and in the compilation of data and analysis for this Phase One Review.

Trish Baird Sherry Gibson Jessica Hoskin	C.C. Northumberland
Mary-Lynn Koekkoek Danielle Belair	C.C. Peterborough
Sally Barrie	C.C. Durham
Kerri Daley Christine Caballero	C.C. City of Kawartha Lakes
Judy Cumming Donna MacDonald	C.C. Haliburton County
Kate Reed	CE Local Health Integration Network

## **APPENDIX TWO: SUPPLEMENTAL TRANSPORTATION PROGRAMS**

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The Beverly Foundation, located in New Mexico, is a national U.S. foundation that focuses on mobility and transportation issues for older people. Its 2004 report was prepared in partnership with the AAA Foundation for Traffic Safety. STPs (Supplemental Transportation Programs) are defined as ‘community- based transportation programs that complement or supplement existing transportation services and thus enable seniors to get to where they need to go....What sets them apart from most other transportation programs is that they reach a hidden population of older adults who have special mobility needs’.

### **10 Principles of the STPs Approach**

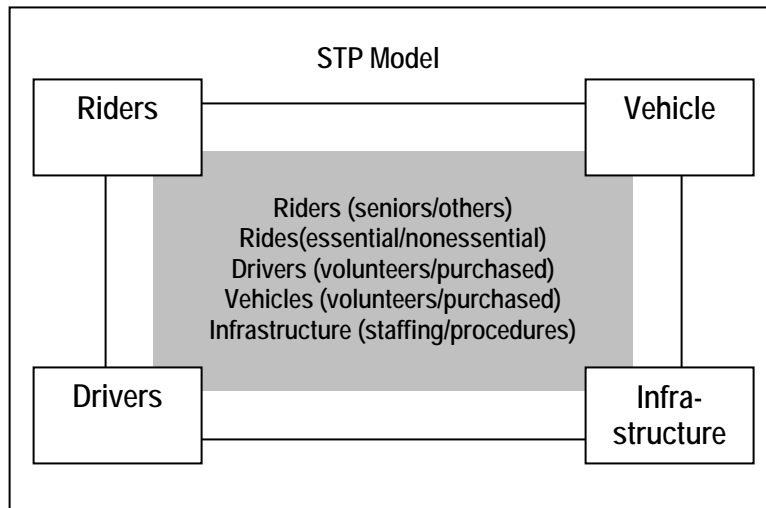
- 1. STPs fill the gaps:** by supplementing the traditional options, thus filling the gap created by access problems and service limitations.
- 2. STPs are solution oriented:** and provide solutions in the form of affordable, manageable transportation.
- 3. STPs are especially important for the “old old”:** While STPs can meet the transportation needs of people in all age groups, those aged 85+ often have physical impairments that limit their mobility and thus their access to standard means of transportation. Specialized programs such as STPs can address the needs of this age group directly and specifically.
- 4. There is a basic STP model:** of riders, drivers, vehicles and infrastructure.
- 5. STPs are organized along a continuum:** and can be low-maintenance/low-cost or high-maintenance/high-cost enterprises.
- 6. STPs should meet the criteria for being senior friendly:** namely, availability, accessibility, affordability, acceptability, and adaptability.
- 7. STPs can be consumer driven:** While there are many models, the “volunteer friends” approach gives seniors control over the recruitment of their volunteer drivers as well as a financial mechanism for asking for help and saying thank you.
- 8. Escorts are frequently an essential component of STPs:** Many users of STPs rely on transportation escorts, sometimes called “transportation caregivers”, for physical assistance with mobility as well as emotional support for security.
- 9. STPs can and should be part of the transportation system:** The purpose of STPs is not to replace or compete with existing transportation services but rather to complement them and, wherever possible, to provide links to them.

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

*(Source: pg 11 & 12. Supplemental Transportation Programs for Seniors: A Report on STPs in America. The Beverly Foundation, July 2004.)*

The Beverly Foundation has developed a model for STPs with four elements: riders, drivers, vehicles and infrastructure, which provides a useful framework for program comparisons.

The STPs Model  
(Beverly Foundation 2002)



## **APPENDIX TWO: SUPPLEMENTAL TRANSPORTATION PROGRAMS**

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### **STP Best Practices and Keys to Success**

#### **BEST PRACTICES**

- High quality of the drivers (patient, friendly, caring, courtesy and on-time )
- Customizing the service to meet clients needs
- Filling a gap in transportation
- Scheduling a volunteer companion as well as a driver
- Close working relationship with doctors' offices to coordinate schedules
- Open door policy for eligibility
- Reimbursing volunteers for mileage to keep overhead costs down
- Minimal demand on each volunteer to ease both recruitment and retention

#### **PROGRAM KEYS TO SUCCESS**

- Having broad community support and acceptance
- Keeping fares low
- Reputation for affordable, safe, and reliable service
- Making service available door-to-door
- Linking with state and federal capital grant programs for vehicles
- Maintaining our own fleet of vehicles
- Reputation for on-time service
- Friendly, on-time service and helping clients on and off vehicles
- Keeping a close eye on cash flow
- Flexibility of services provided
- Cooperation among agencies
- Cooperation in sponsorship with the local government
- Good basic coordination of services such as scheduling and billing

*Source: pg 27 & 28. Supplemental Transportation Programs for Seniors: A Report on STPs in America. The Beverly Foundation, July 2004.*

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**APPENDIX TWO: SUPPLEMENTAL TRANSPORTATION PROGRAMS**

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**Comparison of Rural Supplemental Transportation Programs for Seniors**

The Beverly Foundation compared 168 STPs in Rural Areas between 2000 & 2007(Fact Sheet October 2008, STPs in Rural America, Vol. 1:4). Their comparable findings below.

Riders	Seniors only & people with disabilities & people with dementias	17% 83% 63%	
Drivers	Paid only Volunteer only Paid & volunteer  Age 65+	13% 63% 24%  57%	
Vehicle	Autos Bus or Van  Program Vehicle Drivers Vehicle	77% 21%  27% 87%	
Service Features	(Fees) Fees No Fees Rider Donation  (Type of Assistance) Curb-to-Curb Door-to-Door Door-thru-Door Stay at Destination	16% 84% 60%  49% 80% 83% 77%	(Availability) Weekdays 97% Evenings 48% Saturdays 46% Sundays 42%  Escorts Provided 46%  (Purpose – Kerschner 1999) Medical appts only 62% Any purpose 46%

## **APPENDIX TWO: SUPPLEMENTAL TRANSPORTATION PROGRAMS**

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### **Effects of Aging on Mobility**

The characteristics that occur with aging and that most affect the mobility of seniors, including their ability to drive their own vehicles or take public transit, were identified in the Maricopa Regional Action Plan on Aging & Mobility (pg 29) as:

- Vision problems
- Reduced range of joint motion
- Reduced ability to detect, localize and differentiate sounds,
- Reduced endurance,
- Reduced tolerance for extreme temperature and environments,
- Decreased agility, balance, and stability,
- Inability to avoid dangerous situations quickly because of slower reflexes,
- Impaired judgement, confidence, and decision making abilities in driving situations, and
- Increased incidence of dementia.

These age-related deficits become more pronounced for individuals over the age of 70. If these changes become the reasons that seniors require assisted transportation, then transportation programs need to be able to accommodate them. This may mean providing, in addition to door to door services, door through door service; escorted services when required; minimizing opportunities for confusion; ensuring comfortable and safe locations to link with other forms of public transit if people are able to use it where it is available; and including safety training for drivers and escorts about relevant considerations.

## APPENDIX THREE: CE LHIN RURAL TRANSPORTATION SERVICES

Table 3.1 Description of Community Care Transportation Services (2007/08)

Element	Durham	Northumberland	Peterborough	Kawartha Lakes <sup>17</sup>	Haliburton
<b>RIDERS</b>					
Seniors	✓	✓	✓ (60+)	✓ (55+)	✓ (55+)
Adults with disabilities/ illnesses	✓	✓	✓	✓	✓
Children & families				✓	
People with Financial barriers	✓	✓	✓	✓	✓
No access to other transportation	✓	✓	✓	✓	✓
<b>DRIVERS</b>					
Volunteers (# of drivers)	265	275	307	259	46
Paid	2.5 FTE	1.5 FTE	2.5 FTE	2.0 FTE (CA) approx.	<i>(14.5 hrs/wk planned for 08/09)<sup>18</sup></i>
<b>VEHICLES</b>					
Driver Owned	✓	✓	✓	✓	✓
Accessible Vans	2	2 Venture Vans (wheelchair accessible)	2 Caremobiles (wheelchair accessible)	no	no
Aging at Home Van (received summer 2008)	✓	✓	✓	✓ (Handi-transit or CA)	✓ (not currently running)
Other Vans	1 Nissan Van 3 easy access			1 Nissan Van <sup>19</sup> 2 Dodge Caravans (CA)	
Taxis				✓ (when required)	✓ (in town for ODSP clients only) <sup>20</sup>

<sup>17</sup> Community Care Kawartha Lakes has additional vehicles in its fleet that are used in its Specialized Transit Program. These have not been included for the purposes of this review because it is generally considered as a separate program. Any staffing associated with this program has also been excluded. CA designates utilization for services provided by Caravan Service (handi-transit).

<sup>18</sup> If the planned 14.5 hours/week results in the forecasted usage, a second part time driver will be hired for an additional 14.5 hours/week in 09/10)

<sup>19</sup> Primarily used in Fenelon Falls for local adult day programs, and activities that involve both recreation and home maintenance activities such as grocery shopping.

## APPENDIX THREE: CE LHIN RURAL TRANSPORTATION SERVICES

Table 3.2 Client Centred Quality Measures of CE LHIN Rural Transportation Services (2007/08)

Senior Friendly Transportation	Durham	Northumberland	Kawartha Lakes	Peterborough	Haliburton
<b>Ride Availability</b>					
Volunteer Drivers 24/7 if available	✓ (ask for 2-3 days notice)	✓	✓	5 days/week. Saturday drive for dialysis is volunteers available	✓
Paid Drivers	Daytime M-F Exceptions for special requests with notice.	M-F 7:00 – 6:00 Other times depending on availability	N/A		<i>Plan to use part time driver M-F 8:30 – 4:30</i>
<b>Accessibility</b>					
Unfilled requests from clients on caseload	350 units	Unfilled not tracked	26 units Cancellations: 2,646	406 units	14 requests (less than 48 hrs notice for request)
When can client call in to schedule?		M-F 8:30-4:30  Answering machine in off hours.	M-F 8:30-4:30		M-F 8:30-4:30  24/7 answering service
<b>Affordability</b>					
Charge to client per km	\$.38/km  Set fee for shopping trips	\$.37/km	\$.37/km	\$.37/km	Medical appts \$.22/km (seniors)  All other \$.40/km Less if more than 1 passenger
Ave. Cost per drive	Set fee for group shopping trips	Min. cost per drive \$5.00	Not available. Minimum in town flat fee	Min. cost/driver: Local \$6 & \$8.	Min.cost/driver: \$15.00 (10% of drives)

<sup>20</sup> This arrangement has been made with ODSP as there is no public transit in Haliburton.

Senior Friendly Transportation	Durham	Northumberland	Kawartha Lakes	Peterborough	Haliburton
	using vans. In town is \$6-\$8  Ave. cost unknown.	Ave. cost unknown		Caremobile has 2 set fees and runs in County of Ptbo only for \$12 or \$24  Cost range: \$12 - \$120.  Ave. cost per drive not known	Ave. cost/drive: In county \$26 Within LHIN: \$74- \$96 (Lindsay or Peterborough) Outside LHIN: \$180.00 (\$100.00 for client) (Toronto)
<b>Subsidy available</b>	✓ (if needed)	✓ (if needed)		✓ (if needed)	✓ (for all)
<b>Acceptability and Adaptability</b>					
<b>Flexibility</b>	Attempt to meet client need based on volunteer availability  Escort on accessible van.  Other escorts provided by client	Pilot project using Aging at Home Van  Escorts provided by clients	Volunteer Pickups early or late as needed & based on volunteer availability  Escorts provided by clients & agency if requested	Early and late drives to accommodate need  Escorts provided by clients	Depends on volunteer availability  Escorts provided by clients
<b>Individualized Client Planning</b>	✓	✓	✓	✓	✓
<b>Coordination</b>	All agencies work to coordinate rides with appointments; to share rides when possible; and to accommodate special one time events.				

## APPENDIX THREE: CE LHIN RURAL TRANSPORTATION SERVICES

Table 3.3 Utilization of Transportation Services (2007/08)

	Durham	Northumberland	Peterborough	Kawartha Lakes	Haliburton
Total # individual clients served 2007/2008	2,300	1,627	1,007	1,900 CA - 644 <sup>21</sup>	329
Total # individual clients served 2004/2005	2,257	1,508	1,030	1,527 CA - 672	200
Total # units 2007/2008	63,900 (CCD) 23,300 (rural)	32,450	22,225	60,893 CA - 7,968	7,672
Total # units 2004/2005	61,513	24,823	23,609	40,478 CA - 7,075	4,192
% seniors only (approx)	80%	75%	95%	67%	75%
Total # drives cancelled	5,290	1,552	n/a	2,646 CA - 17	541
# units Medical/health	70% (estimated)	24,300 (estimated)	19,399	42,027	6,840
# units social/pleasure	< 5% (estimated)	7,750 (estimated)	1,784	17,975 CA - 1,594	0
# units day program	25% (estimated)	400 (estimated)	1,115	891	832
# Medical units Outside county/region	50% Brock 35% for the rest of CCD	n/a	n/a	5,974	3,400
# Medical units Outside CE LHIN	25%	10% are from Brighton office which is located outside the CE LHIN (3,000)	n/a	2,441	1,200
Top 5 Reasons for Medical Trips	Diagnostic 25% Dialysis 10% Specialist 10% Therapy 5%	Primary health care Dialysis Specialist Diagnostic Mental Health Clinic	Dialysis Primary Health Care Specialist Surgery/Diagnostic Therapy	Dialysis Diagnostic Treatments Programs Counselling Caregiver Support	Dialysis <sup>22</sup> Addiction Rehab Diagnostic . Specialist Day Surgeries

<sup>21</sup> Approximate as NEV/CA is no longer separated out on CIMS data base, and based on 85% of rides being CA only. This is the same rationale for CA units of service estimates also.

**APPENDIX THREE: CE LHIN RURAL TRANSPORTATION SERVICES**

Table 3.4 Sustainability and Operating Costs (2007/ 2008)

	Durham	Northumberland	Peterborough	Kawartha Lakes	Haliburton
<b>Direct Service</b>					
# volunteer units	75%	29,236	20,276	60,893	6,872
# paid units	25%	3,180	2,022	CA – 7,968	800 (by taxi OW & ODSP) <sup>23</sup>
Salary cost/year for drivers	\$72,800	\$50,000	\$75,833	CA - \$108,074.00	See footnote
<b>Service Coordination &amp; Administration<sup>24</sup></b>					
Fleet Cost	\$63,700	\$37,000	\$44,017	\$37,566 CA – \$73,651.00	0
# Total FTEs	4.0 FTE	6 FTE	2.0 FTE 2.5 FTE (Caremobile)	6 FTE CA – 1.25 FTE	Not available
Cost	\$65,000	\$300,000.00	\$346,780	\$277,000.00 CA - \$84,959.00 (includes 15% admin)	Not available
<b>Subsidies</b>					
Total Cost of Subsidies per year	\$4,000.00 (Clarington & Brock)	\$2500.00	\$4,000.00	\$4,000.00	Not available

<sup>22</sup> Dialysis<sup>22</sup> (156 shared drives =1248 units/yr); Addiction Rehab (156 shared drives = 624 units); Diagnostic (2175 units); Specialist (2175 units); Day Surgeries (1450 units)

<sup>23</sup> The taxi cost is less than the minimum mileage we pay our drivers. The taxi invoices us and we invoice ODSP. The clients must call the transportation coordinator at CCHC to book the taxi. The same paper work is completed as a volunteer driver.

<sup>24</sup> Service Coordination and Administration = Functional Centre- Paid Driver + fleet cost (insurance, maintenance, storage etc) as per February 4<sup>th</sup> discussion.

## APPENDIX FOUR: ACCESS TO HEALTH SERVICES

Table 4.1 Access to Health Services (2007/08)

	Durham	Northumberland	Peterborough	Kawartha Lakes	Haliburton
# Medical units Outside county/ region		n/a	n/a	5,974	3,400
% of Total units for medical trips	50% Brock 35% for the rest of CCD			14%	50%
# Medical units Outside CE LHIN	25%	10% are from Brighton office which is located outside the CE LHIN (3,000)	n/a	2,441	1,200
Top 5 Reasons for Medical Trips	Diagnostic 25% Dialysis 10% Specialist 10% Therapy 5%	Primary health care Dialysis Specialist Diagnostic Mental Health Clinic	Dialysis Primary Health Care Specialist Surgery/Diagnostic Therapy	Dialysis Diagnostic Treatments Programs Counselling Caregiver Support	Dialysis <sup>25</sup> Addiction Rehab Diagnostic Specialist Day Surgeries

<sup>25</sup> Dialysis<sup>25</sup> (156 shared drives = 1248 units/yr); Addiction Rehab (156 shared drives = 624 units); Diagnostic (2175 units); Specialist (2175 units); Day Surgeries (1450 units)

**APPENDIX FOUR: ACCESS TO HEALTH SERVICES**

Table 4.2 Most Frequent Destinations for Health Services (2007/2008)

	Durham	Northumberland	Peterborough	Kawartha Lakes	Haliburton
Dialysis	Oshawa, Whitby, Peterborough, Lindsay	Cobourg, <b>Belleville</b> , Peterborough, <b>Kingston</b>	Peterborough, Lindsay	Lindsay Peterborough	Lindsay, Peterborough
Diagnostic Procedures	Oshawa, Lindsay, Peterborough, <b>Toronto</b> , <b>Newmarket</b> , <b>Orillia</b> , <b>Markham</b>		Ajax, Oshawa, Pickering, Peterborough, <b>Toronto</b> , <b>North York</b> , <b>Scarborough</b>	Lindsay, Peterborough, Oshawa, <b>Toronto</b>	Peterborough, Lindsay, <b>Bracebridge</b> , <b>Toronto</b> , Cobourg, Oshawa, <b>Orillia</b> , <b>Huntsville</b>
Primary Health Care	Bowmanville, Oshawa, Whitby, <b>Orillia</b> ,	Cobourg, <b>Belleville</b> , Peterborough, Oshawa, Campbellford	Peterborough, <b>Toronto</b> Lindsay, Oshawa,	Lindsay, Peterborough, Oshawa, <b>Toronto</b>	Minden, Haliburton, Kinmount
Specialists	Lindsay, <b>Markham</b> , <b>Newmarket</b>	<b>Toronto</b> , Peterborough, <b>Kingston</b> , <b>Belleville</b>	<b>Kingston</b> , <b>Scarborough</b>	Lindsay, Peterborough, Oshawa, <b>Toronto</b>	Peterborough, Lindsay, <b>Bracebridge</b> , <b>Toronto</b> ,
Day Surgeries	Oshawa, Bowmanville, Lindsay, Peterborough		Peterborough, <b>Toronto</b>	Lindsay, Peterborough, Oshawa	Oshawa, <b>Orillia</b>
Therapy	Oshawa, Lindsay, Peterborough		Oshawa, Peterborough, <b>Toronto</b>	Lindsay, Peterborough, Oshawa	Haliburton, Minden
Mental Health Clinics	Whitby, Oshawa, <b>Toronto</b>	Cobourg, Whitby, Campbellford		Lindsay, Peterborough, Whitby	Lindsay, Peterborough, Minden

*(Destinations in bold are those outside of the CE LHIN)*

## **APPENDIX FIVE: RECOMMENDATIONS FROM SELECTED U.S. MODELS**

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### ***Regional Action Plan on Aging and Mobility: Maricopa Association of Governments (Phoenix Arizona, 2002)***

This planning document is significant because it focuses on the broader concept of mobility as it relates to aging, and not just transportation. It talks about solutions being multi-dimensional and focusing on:

- Making streets and highways safer
- Changing development patterns to create communities where the need for driving is reduced and services are in closer proximity to where seniors live
- Creating more alternatives to driving
- Enhancing driver capabilities
- Providing education and training to increase the public's awareness of mobility awareness.

With respect to alternative transportation modes it recommends:

- Establishing a Transportation Consortium to design and oversee a Transportation Coordinated System for older adults and other transportation limited populations;
- Promote one place or phone number for people to contact to receive assistance with transportation;
- Build the 'Family of Transportation Services' by expanding or developing these programs:
  - Mileage Reimbursement
  - Taxi/Voucher Program
  - Peer/Group Travel Training
  - Neighborhood Circulators/Community Buses
  - Flex Route Bus Routes
  - Independent Transportation Network
  - Senior van pool
- Promote private sector involvement in providing alternative transportation options
- Increase public transit use through improved amenities at transportation facilities that include, but are not limited to shade, restrooms, benches, and increased security.

***Toolkit for Rural Community Coordinated Transportation Services<sup>26</sup>***

This toolkit points out that many rural communities still have ‘meager’ transportation funding. It states that ‘coordination offers better resource management strategies to:

- Improve the performance of diverse individual transportation services, as well as the overall mobility within a community;
- Achieve economies of scale
- Provide higher quality services
- Achieve more efficiencies in using limited resources, and
- Offer more visible transportation services for consumers.

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<sup>26</sup> Jon Burkhardt. Toolkit for Rural Community Coordinated Transportation Services. Transportation Research Board of the National Academies.