

Health Care and Public Transit

This publication was created by the Iowa Department of Public Health, Bureau of Health Care Access and the Iowa Department of Transportation, Office of Public Transit in an effort to promote collaboration to improve health care access for all citizens through the use of public transit.

Introduction

Transportation is an important health care issue. The majority of the population here in Iowa have ready access and typically use private automobiles to access health care and other community services. There is also a significant segment of the population that either does not have access to a personal automobile or is not currently capable of driving. This can potentially limit their access to health care, but it has greater health implications because it can also limit access to nutrition and other community services, as well as involvement in social activities.

For people unable to drive themselves, the alternatives generally include reliance on family, friends, volunteer groups, and public transit. Many choose transit because it gives them a degree of independence. Public transit is often used to supplement other options even when they are available. It becomes critical in circumstances where the other options do not exist. In many cases, there may be no family available or they may not always be able to get off work when travel needs arise during the workday. Friends may be in similar circumstances and volunteer groups may be either unavailable or overwhelmed.

The fact that many patients depend on public transit to get to and from health care appointments makes it beneficial for health care professionals to get to know more about public transit and how it operates here in Iowa.

Working With Local Transit Systems

Working with your local transit system can mean several things. It can mean getting to know the services that are offered, in order to help patients or staff figure out how they can make the best use of them. It can mean getting involved in the planning and decision-making process to help shape new transit services so that they will provide maximum benefits to patients, staff, and the community as a whole. It can also mean helping to advocate for expanded funding of public transit to increase the travel opportunities for everyone in your community. It might also mean encouraging local agencies that currently operate non-coordinated transportation programs to consider coordinating with the public transit program to increase the availability of services in the community.

Working With Existing Routes and Schedules

In most cases, the easiest way to achieve more benefits from the public transit system is to become familiar with where and when the busses already run. Check out any published schedules and / or route maps. These may be available at various locations around the community or you may need to call the transit system to request copies. Besides reading the schedule, it may be beneficial to talk with transit system personnel to clarify the information presented in the printed materials. It is also an opportunity to inquire about other possibilities that may not show up in the printed materials.

Sometimes making sure a patient can get to a health care appointment is just a matter of matching up an appointment time with transit service availability. This is often an issue in rural settings where service into larger communities, or even local service, may not be available every day of the week. Sometimes health care staff scheduling appointments may offer a date or time when no transit connection is available, but the patient is too intimidated or embarrassed to ask for an alternative date or time.

Getting to know which patients may rely on public transit helps. This can facilitate asking the patient whether a particular possible appointment works with the transit schedule. It may be appropriate to keep a supply of transit schedules that patients can use and take. Even better, if staff have familiarized themselves with the transit schedules, they may be able to assist in deciding if service is available. Sometimes the best move might be to call the transit system to confirm whether service would be available, possibly even letting the patient reserve their trip on the spot. (Many of the regional systems have toll-free phone numbers for people throughout their service area to obtain service information and to make reservations.)

Service Planning and Design

Transit system staff generally want to accomplish as much benefit as possible with the transportation services they can afford to provide. As such they are interested in knowing if their schedule does not match up with the schedule for other services available in a particular community. For example, if certain specialists are only available and the local clinic on specific days of the week, which don't match up with transit schedule, it would be appropriate to bring this up with transit management staff to explore their ability to change the transit schedule. This said, it is important to understand that changes in transit service schedules are not always possible. The day that it is not operating locally may be because there are other local people who are already scheduled for service that day or because the transit bus is busy elsewhere. In a coordinated system, scheduling is somewhat of a juggling act, but it is important to keep the transit management informed of unmet needs or changes in needs, so that they can optimize their schedule as much as possible.

Sometimes it may be helpful to get representatives from various service or activity centers within a small community together to try to work out service needs in the community. The group may then be able to coordinate this need among themselves, as well as public transit personnel.

Promoting Transit Coordination

In cases where agencies other than the public transit system also operate vehicles in and around the local area, one possibility for improved access to public transit services may be to encourage increased coordination between that other provider agency and the designated transit system. Many times other agencies operating their own transportation programs view overtures by the transit system proposing coordination of transportation services as a “turf” dispute from a competitor. Having another local party raise the option of transit coordination, as a potential solution to transportation needs within the community may help to overcome such barriers. Quite often, when other human service transportation is consolidated into the public transit operation, everyone ends up with more travel options.

Advocacy for Funding

It seems the need for public transportation has always been larger than the amount of service that can be provided with the limited public funding devoted to this purpose. Integrating client transportation services in to the public transit programs can help to address this shortfall to some extent. Often there will still be needs that cannot be met without increased funding.

Chances are the transit system has already asked for additional funding, but has not been successful. Often potential funders discount such requests, unless others in the community are also speaking out about the need for public transportation. Local health care professionals, not seen as directly involved with the transit system, can be of immense help in convincing elected officials all levels of government that there is truly a need for more transit service and that increased public funding of transit is appropriate.

Many Iowans think of public transit as something that is only an issue in the nation’s largest cities, not here in Iowa. Stories about local residents that rely on transit to get to their health care appointment, or to the senior nutrition site, or to the grocery store can carry a great deal of weight with elected public officials at all levels, as can an “outside” assessment which indicates there is a need for more public transit services.

Here in Iowa, in particular, there is a policy to help people stay in their own homes. It is important that policy-makers realize that providing means for these persons to reach community services such as health care must be considered as part of that strategy. This is critical both in urban settings and especially in rural settings where fairly long trips may be required to access services that are increasingly available only in larger communities.

Who Are The Public Transit Systems?

Under Iowa Law, local elected officials can establish two kinds of public transit systems. Urban transit systems must each serve at least one community with 20,000 or more population. Regional transit systems serve multicounty areas outside the major cities. There is a considerable flexibility in how the transit systems are organized and how they operate, but one common element is that their services must be open to all members of the general public.

Urban Transit Systems

Nineteen urban transit systems have been established. With the exception of CAMBUS, operated by the University of Iowa, urban transit systems are either operated as a part of city government or by an intergovernmental agency formed by several contiguous cities. Most operate only within their own city limits (or the limits of their member cities in the case of intergovernmental agencies), but a few provide services beyond those boundaries, usually in the form of connecting routes to nearby communities.

Urban transit systems generally operate buses along fixed routes. The routes are designed to come within a few blocks of most homes within any city and to serve the major activity centers, such as major employers, government offices, medical clinics, grocery stores, senior centers, shopping areas, etc. People wishing to ride catch a bus by standing at the curb at points along the route and ride to the other points served by that route, or other connecting routes. In Iowa's larger cities, the buses serving fixed routes are usually 30-40 feet long and look similar to traditional buses one might see in movies. Smaller Iowa communities may either use the big traditional buses or a smaller bus that may be 18-25 feet long and have a front end similar to a van, with a larger body attached. All fixed-route buses should by now be accessible to persons using wheelchairs.

The urban systems with fixed route services are also required to provide supplemental paratransit services for persons with disabilities who may not be able to physically ride or navigate the fixed route system. Paratransit is generally provided with smaller vehicles, which may be small buses, raised-roof vans or even minivans, all of which have been modified to be accessible to persons using wheelchairs. Paratransit services operate on a reservation basis – someone calls and requests a ride from one specific point to another. At minimum, paratransit is available between any points that are within $\frac{3}{4}$ mile of a fixed route. Paratransit services can be restricted to persons qualifying under the ADA eligibility guidelines, plus their aides and companions, but most Iowa systems also open their paratransit services to elderly persons, and some operate these services open to the public, on a space-available basis. Some of the urban transit systems provide the paratransit services within their own vehicles and drivers, but many purchase the paratransit services from another operator. In a number of cases the urban paratransit services are purchased from the regional transit system.

Current contact information and service descriptions can always be found on the web at www.iatransit.com.

Regional Transit Systems

Iowa has sixteen transit regions that cover all of the state's ninety-nine counties. Within each region, the counties, as required by the Iowa Code, have designated a single administrative agency to be responsible for provision of public transit services. These regional transit systems vary widely in how they are organized and how they operate.

Ten of the sixteen regional transit systems are intergovernmental agencies formed by the counties they serve. Eight of those ten are councils of government or regional planning commissions. The six that are not intergovernmental agencies are private not-for-profit corporations. One of the private not-for-profit agencies is a Community Action Agency and one is an Area Agency on Aging. The other private not-for-profits were organized specifically for transit purposes.

One regional transit system operates all transit services with its own vehicles and employees. Three regions do not operate any transit services themselves, but rather contract with other agencies to operate open-to-the-public transit services using either the transit system's vehicles or the other agencies own vehicles. The other twelve regional transit systems fall somewhere in between with a mix of direct and contracted services.

Most transit services by Iowa's regional transit systems are provided on a demand-response, rather than a fixed route basis. This means that someone must call in to request each ride. Most will allow either individual ride requests or multiple ride requests. Most also allow "standing reservations" or "subscriptions" that allow a person to request the same ride every weekday (such as for work trips) or on a certain day every week or every other week.

Most regional transit service is "door-to-door" with the driver assisting riders to and from the vehicle, if needed. All regional transit services are required to be accessible to persons with disabilities. If the vehicle that normally provides the service is not accessible, the transit system is required to make provisions to use an accessible vehicle whenever someone making a ride reservation needs a wheelchair accessible ride.

A few of Iowa's regional transit systems offer a volunteer drive program, with a pool of volunteer drivers who will transport individuals in the volunteer's own car. The transit system recruits the volunteers, provides umbrella insurance coverage, takes the ride requests and attempts to match requests with a driver, and then reimburses the driver for their expenses when or if a ride is provided.

In many rural areas, depending on funding levels and demand, transit services may only be available on certain days of the week, and certain connections (to other specific communities) may only be available a couple times per month.

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Public Transit Service Funding

The state of Iowa and the federal government provide some funding for support of public transit services. Other funding comes from passenger fares, from local city or county support, and from contracts with local social service agencies, hospitals, business, schools, etc. The transit systems are encouraged to coordinate with other groups interested in passenger transportation in order to maximize the amount of open-to-the-public service available in the community.

State Transit Assistance

State funding for public transit comes from a share of the use-tax collected on the sale of motor vehicles and accessory equipment. These funds are administered by the Iowa Department of Transportation (DOT) and distributed to each urban and regional transit system on the basis of a formula that considers the amount of service and local funding support that each transit system has generated. The state funds are provided to support and improve public transit services, and can be applied to either operating needs or capital needs, but most systems use nearly all of it for support of operating costs. State funding is equivalent to approximately 9 percent of total operating costs for the average urban transit system and 24 percent for the average regional transit system.

Federal Transit Assistance

Federal funding for public transit comes partially from the federal motor fuel tax and partly from general revenues. The actual funding mechanism varies with the size of the community. Urban transit systems in small communities (under 50,000 population) and regional systems get a formula allocation of federal transit assistance based on the amount of service they provide (rides and miles) relative to their peers. Urban systems in mid-sized communities (50,000 to 200,000) receive formula funding based strictly on population factors. Urban systems, in areas over 200,000 populations, receive formula funds based on both population and service factors. The bulk of the formula funding is used to support ongoing operating costs for public transit services. On average, federal assistance makes up about 22 percent of the operating budget for Iowa's urban transit systems, and 12 percent in regional transit systems.

A separate program of federal transit assistance is available to fund major capital needs. These funds are dependent on earmarks from congress. Iowa has been successful in receiving funding under this program, but there continues to be a shortage of money to replace older transit vehicles.

Local Funding

User fees paid by riders are a significant source of funding for most Iowa transit systems. This includes fares or contributions paid on the vehicle, as well as funds collected from sales of monthly passes, tickets or tokens. Passenger revenues cover an average of about 13 percent of total transit operating costs for urban transit systems and about 11 percent for regional transit systems.

Most transit systems also receive a portion of their funding from local tax dollars, through either city or county government or a mixture. Cities are allowed to levy a special transit levy for support of public transit services. They may also use general funds, as well as special levies to pay for employee benefits, etc. Counties do not have the ability to levy specifically for transit, but they can and do use general fund revenues for this purpose. Local tax support covers an average of 49 percent of operating costs for urban transit systems and 11 percent for regional systems.

Much of the local funding for regional transit systems comes from contracts with individual social service agencies to transport their clients. Such services are provided open to the public, but can be tailored around the specific needs of those clients. Many social service agencies have found that contract for such services from the designated transit systems are more cost effective than operating their own separate transportation services. By integrating their clients into the open-to-the-public transit services, they receive benefit of the state and federal transit assistance funds. On average, revenue from service contracting covers about 41 percent of the operating costs for Iowa's regional transit systems. Iowa's urban transit systems do not typically do as much service contracting, but contract revenues still account for 9 percent of the average urban transit system's operating budget.

Leveraging Funds / Transit Coordination

Iowa DOT policy encourages each transit system to leverage funding from other agencies by partially underwriting client rides provided as part of the open-to-the-public transit services, as a way to promote transit coordination.

Transit coordination refers to the idea that all parties involved and the community as a whole generally benefits when client transportation needs are coordinated with public transit. Generally the cost to the client agency for each client's ride will be less, and more members of the community have access to transit service without increasing the overall level of public expenditure.

The potential benefits of transit coordination are great enough that Chapter 324A of the Iowa Code mandates that any agency or organization using public funds to purchase or provide passenger transportation must coordinate with one of the designated public transit systems.

Planning and Decision Making

Each public transit system has an individual who is identified as the transit manager. In stand-alone transit systems, whether public agencies or private not-for-profit corporations, this is generally the executive director. When transit is part of a larger organization, such as city, council of governments, area agency on aging or a community action agency, the transit manager is likely to be a department or program director who reports to a city manager or executive director. Decisions related to the transit program will normally involve the transit manager and the transit staff, but may require action by higher management levels as well, and often may involve the agency's board of directors or city council. Even when other parties are involved, the most appropriate starting point for discussion of transit-related matters is usually the transit manager. Transit managers are listed in the contact information at the end of this brochure. (Current contact information can always be found on the web at www.iatransit.com.)

Assistance in transit planning is generally provided to the transit staff by the local planning agency. The planning agencies are usually intergovernmental agencies formed by cities or counties to plan for the transportation needs within their jurisdictions. They are responsible for determining what projects will be funded with federal transportation funds. Most also provide

some level of assistance to the transit system in the determination of transportation needs of the community, and sometimes in the design of transit services. (Current contact information can always be found on the web at www.iatransit.com.)

Outlook

The overall need for transportation services, by persons trying to access health care, is likely to continue to increase as our population ages. While involvement in such issues may not be part of the traditional responsibilities of health care workers, helping patients or clients deal with such issues may be one of the simplest ways to contribute to their overall well-being. Improved understanding of public transit services available can help staff to be more effective in scheduling patients' appointments. Even greater benefits can be gained by working with the transit system and the planning agency, as well as other service providers in the community, to try to achieve the best match of schedules between public transit and the need for access to community services. In the long run, our hope is to increase the overall availability of public transit services to meet the needs of our changing communities.