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COVER PAGE

Innovation Study Title The Project Independence Senior Taxi Transportation Program

Category Community Relationships and/or Technology and Tools

Jurisdiction Name Town of North Hempstead, New York

City/County Manager Town Supervisor Jon Kaiman

Population 240,000

Submit Innovation Study for an Alliance Innovation Award Yes [] No []
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THE PROJECT INDEPENDENCE SENIOR TAXI TRANSPORTATION PROGRAM

Synopsis – Introduction, Intent

The Project Independence Senior Taxi Transportation Program was established in October 2009 to serve the older residents of the Town of North Hempstead who face mobility challenges to accessing critical services. It is an important component of the Town's aging in place continuum of services.

The Town of North Hempstead, located in the northwestern portion of Nassau County – often referred to as the nation's "first suburb" – lies just east of New York City on Long Island. It is the State's seventh largest municipality, with a population of just under a quarter million people. Approximately 50,000 residents, or about 22 percent of the Town's population, are age 60 or older, a far higher percentage than either New York State (18.5 percent) or the nation (17.8 percent).

Though suburban in nature, the Town has relatively dense land use patterns, with limited public transit and community transportation options. The automobile is still the preferred mode of transportation for most residents, including the Town's older individuals, more than 90 percent of whom maintain their drivers' licenses, even into their 90's.

Project Independence (PI) is a model aging in place initiative located within the Town's Department of Services for the Aging (DOSA). It is designed to support and assist residents of the Town who are age 60 or older remain in their own homes and familiar, intergenerational communities with maximum self-sufficiency for as long as possible. According to a recent study by AARP, more than 90 percent of older Americans want to "age in place." The percentage is even higher within the Town.

Project Independence began in 2004 with the planning for a New York State funded NORC (Naturally Occurring Retirement Community) SSP (Supportive Services Program) in two small census tracts in New Hyde Park, a middle-income area of one family homes in the southern tier of the Town. It wasn't long before older residents living outside the NORC began asking the Town to provide similar services to them, and the notion of a town-wide, aging in place initiative took shape.

The expansion began with the division of the Town into eight Project Independence regions, each with a population of between 28,000 and 35,000. The key was to designate manageable and identifiable geographic areas in which there exists a sense of community and commonality amongst the aging population. The goal was to establish a local Project Independence office, staffed by social workers, nurses and community advocates in each region. To date, four such offices have been opened.

Project Independence is a multi-faceted program with three essential components: 1) It is coordinated and nurtured by a unit of local government with a strong commitment to its senior population; 2) It has dozens of programmatic partners in the business, not-for-profit and public sectors, and 3) It has active, broad-based participation on the part of its target audience, the aging residents of the township, who participate loyally, month after month, in PI's community-based Advisory Committees.

The program is also "happily married" to the Town's 311 non-emergency telephone response system which fields and addresses constituent phone calls to the tune of about 160,000 a year. 311 is the entry point for many Project Independence users, allowing

TownStat, North Hempstead's Performance Measurement and Management System, to track calls and services, produce reports by service categories and locations, and staff to follow up to assure program users' satisfaction. Even before its first birthday, the Project Independence expansion program was getting more than 15 percent of all calls to the Town, and the majority of those calls were for transportation information and services.

The Transportation Program – Innovative Characteristics, Costs, Outcomes

Through the efforts of Town Supervisor Jon Kaiman, the Town Council and North Hempstead's elected federal officials, in 2009 the Town successfully won an Administration on Aging grant to fund the fledgling program. A portion of that grant was set aside for an analysis of the transportation needs of the Town's aging residents and the successful proposer was Nelson Nygaard Consulting Associates, Inc. of San Francisco and New York. In April, 2010, the project team conducted a telephone survey of 401 seniors residing in North Hempstead through a subcontractor, Zogby International. The findings underscored the need for innovative approaches to providing mobility services to seniors, if they were to be able to age in place.

For instance, 28 percent of respondents sometimes have trouble getting around, but of those growing numbers over the age of 80, 42 percent sometimes or always have trouble getting around. 38 percent of those over the age of 80 cannot walk for ten minutes or more. Although the majority of older residents maintained drivers' licenses, most said they were uncomfortable driving at night or in bad weather. Grocery shopping and medical appointments were the most critical destinations, while many indicated that lack of transportation to social, recreational, educational and religious events increased their feelings of isolation and/or depression.

Although the Town provided some senior transportation services via a fleet of aging buses, the buses could often be seen around Town with only three or four passengers at a time, spewing fumes, and breaking down with regularity.

By the time the final Nelson Nygaard report and recommendations were issued in September 2010, Project Independence was well into the pilot phase of its innovative taxi transportation program. This program served the dual purpose of providing mobility assistance to older residents while helping the small cab companies within the Town to improve business during their normal "down times" in the middle of the weekday, alleviating to some extent the dire effects of the sinking economy.

Reservations were made through the 311 system. At the end of each day, the 311 call takers faxed or e-mailed the reservation information to the taxi company dispatchers for the next day's rides.

The Town had been spending an estimated \$1,000,000 per year on the bus program. With the advent of the taxi program, the buses were taken out of service as they broke down, and the drivers either retired or transferred to other departments within the Town.

Taxi rates were negotiated with the companies. Grocery shopping services were offered at no cost to the riders one day per week during the hours of 11 am and 2 pm, to a designated shopping center which included a grocery store, bank, pharmacy and restaurant. The companies agreed to a rate of \$30 per hour per car, paid by the Town, which used a portion of the federal grant (\$20,000) to cover the four-month pilot program. The cabs

would pick up passengers, drop them off at the center, circle back to the neighborhood, pick up more riders, return to the shopping center, bring the first group home and so on. If the senior used a collapsible assistive device like a wheelchair or walker, the taxi driver would place it in the trunk. If a senior had an aide, the aide was able to accompany him/her at no cost.

After the initial pilot period, October, 2009 through February, 2010, Hofstra University's Sociology Department under the direction of its Dean and Chair, Prof. Marc Silver, conducted a 16-question consumer satisfaction survey which was mailed to all 73 users of the service. Forty seven surveys were returned, a 64 percent response rate. The following are average ratings for specific aspects of the program on a scale of 1 (poor) to 5 (excellent):

* Ease of making an appointment	4.17
* Compatibility with schedule (day of week)	3.76
* Compatibility with schedule (time of day)	3.85
* Amount of time provided for shopping	4.05
* Promptness of driver	3.97
* Friendliness of driver	4.1
* Accommodation of rider's individual needs	4.38

It was anticipated that the Town's older residents – those with disabilities as well as those who were self-limiting their time behind the wheel – would take advantage of the new program for their food shopping needs, and that the program would also enhance quality of life by allowing the seniors to shop with friends and neighbors, and even enjoy a restaurant meal together.

The program began in four regions of the Town, one day per week in each. It now serves the original four regions two days per week, and has been expanded town-wide, beginning with one day per week in the other four regions.

As the shopping transportation program matures, the cost to the Town could reach \$60,000 per year, with a new federal grant through the New York Metropolitan Transportation Council (NYMTC) New Freedom funds paying half and the Town paying the other half.

Since its inception, the shopping program has provided more than 15,400 rides to the Town's aging residents.

Through feedback gathered via the Town's 311 system, the various Advisory Committees and the Nelson Nygaard study, the need for transportation to non-emergency medical and dental appointments was articulated and documented. In April, 2010, the Town launched its non-emergency medical transportation program. Once again, the details of the program were worked out in consultation with the local senior Advisory Committees and the taxi companies.

Although the shopping program was offered at no charge, that program had limited hours of operation and was available only on weekdays, had limited destinations and multiple riders per car. Medical transportation presented a different set of issues. Medical, dental and treatment appointments may be scheduled seven days a week, during both day and evening hours. Each rider requires a car for the appointment and the return trip.

The taxi companies agreed to accept the Medicaid rate already established for travel between communities within the Town, even though this was not to be a Medicaid

program. The rider would pay half of that already discounted rate and the Town would be billed monthly for the other half.

Once again, reservations would be made via the 311 system, with data being tracked by TownStat. Reservations would need to be made one day in advance. Destinations would be limited to medical and dental offices, hospitals and clinics within the Town, with exceptions being made if TownStat documented heavy demand for destinations within the County but outside the Town, such as the County hospital. Again, aides would be accommodated at no additional cost and assistive devices permitted.

Another consumer satisfaction survey was conducted by the Sociology Department at Hofstra, covering the medical transportation program for the period April, 2010 through December 2010. The 16-question document was mailed to 175 users of the program, and 91 responded, a rate of 51.4 percent.

- Just under 96 percent of users reported that ease of making an appointment was good (25.8), very good (28.1) or excellent (41.6).
- Ninety eight percent reported that drivers' promptness was good (33.7), very good (30.3) or excellent (34.9).
- Ninety four percent rated the overall quality of service good (21.2), very good (29.4) or excellent (43.5).
- Ninety three percent said they were likely to recommend the service.

The cost to the Town of the medical transportation program during the past 12 month period was \$38,000. Moving forward, half of that will be paid via the NYMTC grant. Since April of 2010, the program has provided more than 17,000 rides to and from doctors' and dentists' offices, treatment center, hospitals, clinics and other healthcare facilities.

Obstacles and New Issues

In the early days of the program, taxi companies and their drivers and dispatchers, as well as 311 call takers, had to adapt to the frailties and disabilities of many of the older residents. For instance, the companies initially sent SUV's or vans for the shopping program, in order to maximize capacity, but the seniors often were unable to climb inside. Until the program was running smoothly, there were some missed appointments, confusion about Medicaid rates, and complaints about specific individual drivers. By assigning a PI staff member to immediately address all complaints and liaise with the companies, these obstacles all proved temporary. Drivers and dispatchers were provided in-service training in order to work in the program. All parties had a major stake in the success of the initiative.

In addition, consumers who are unable to get out of their wheelchairs and into a car are unable to use the program since none of the companies has wheelchair accessible cars. The inclusion in the NYMTC funding application of a request for two wheelchair accessible taxis should resolve this issue.

The Town is now designing a new transportation program to address the need for access to social, recreational, religious and educational events scheduled in the evenings. Such a program should address the feelings of isolation and even depression experienced by many older residents who no longer drive.

Innovation Study Components

1. Innovation/Creativity

- a. How did the program improve the organization (Town)?
 - i. Extended the time older residents can age in place, avoiding costly and unwanted alternative residential placements like nursing homes, etc.
 - ii. Enhanced for older residents their
 1. health maintenance – reducing emergency room visits and hospital stays
 2. nutrition
 3. socialization
 - iii. Provided economic benefits
 1. new business for struggling taxi companies
 2. reliable business for grocery stores and nearby businesses
 3. maintenance of a large segment of the population in the community, where goods and services are purchased
- b. Were new technologies used?
 - i. 311 constituent response system and TownStat data system used as a management tool to document and pinpoint need, track services, provide data for grant submissions
- c. Was a consultant used?
 - i. Nelson Nygaard (121 W. 27th St., NYC 10001, Project Manager, Richard Weiner – 415 284-1544) surveyed transportation needs of older residents of Town and provided recommendations leading to expansion of taxi program.
 - ii. Department of Sociology, Prof. Marc Silver, Chair (Hofstra University, Hempstead Turnpike, Hempstead, NY 11550 – 516 463-5645), the Project Independence program evaluator, placed an intern with DOSA from the program's inception, to assist in the evaluation process.

2. Outcomes Achieved

- a. Customer/Community needs and expectations identified and fulfilled
 - i. The need for transportation services for aging Town residents who wish to age in place was identified and fulfilled. Access to critical needs like grocery shopping and medical appointments provided to those with limited mobility.
- b. Service delivery is enhanced by provision of transportation. Since the transportation program's inception, 15,492 rides have been provided for shopping and 17,068 for medical appointments to Town residents age 60 and older.

c. Did the initiative improve access to your government? How? Through 311, those in need of transportation can access the transportation program managers at Project Independence so that any complaints are immediately addressed and problems resolved. Any constituent with an issue relating to the transportation program is either transferred directly to PI or called back within a day. In addition, through their direct contact with DOSA/PI, seniors learn of other PI services and how to access them. These include social work and community nursing services, household repairs, community education, exercise and fitness classes, support groups for caregivers, socialization programs and volunteer opportunities.

d. Has the health of the community improved? How?

- i. The enhanced access to healthcare services via the taxi transportation program has allowed older residents to maintain and improve their health. The comments of the responders to the Hofstra survey of medical transportation users (attached) underscores this.

3. Applicable Results and Real World Practicality

a. What practical applications will be shared?

- i. Presenters will share information on how any unit of local government can assess transportation needs of older residents, formulate strategies to address the needs, implement and evaluate those strategies.

b. Applicability

- i. The program or a similar model is applicable to other local governments and can be modified to meet their needs.

c. What results, outcomes will you share?

- i. Presenters will share findings of needs analysis, consumer satisfaction surveys and TownStat reports.
- ii. Performance measures are included in the Hofstra surveys.

4. Innovation Study Presentation

Presenters will use PowerPoint, Handouts, Q and A



**Project Independence Expansion
Taxicab Pilot Program Feedback Survey**

Please mark an “X” next to where you live:

Great Neck New Hyde Park Port Washington Westbury

What is your gender? Male Female

What is your date of birth? [MM/DD/YYYY] _____

Do you use an ambulatory device (wheelchair, walker, cane, etc.)? No Yes

Which mode of transportation did you use most frequently for shopping (Check only one box)?

MTA bus TONH bus family/friend/neighbor AbleRide Walk Other

Which taxicab company did you use? Delux Taxi Hispano

Approximately, how many times did you use the service during the pilot program (10/15/09 thru 2/15-10)? _____

Please rate the quality of the following aspects of the taxicab pilot program:

	Poor	Fair	Good	Very Good	Excellent
The ease of making an appointment					
Convenience (day of week)					
Convenience (time of day)					
The amount of time provided for shopping					
The promptness of the driver					
The friendliness of the driver					
The driver's accommodation of your individual needs					
The overall quality of the service					

Not at all likely				Very likely

How likely are you to use this service in the future?

Please provide any additional comments about your experience in the space provided below:

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HOFSTRA UNIVERSITY
Hempstead, NY 11549-1000

Evaluation of Project Independence Taxi Shopping Pilot Program

October 15th, 2009 – February 15th, 2010

Evaluation by:
Taylor Fontes, MA
Applied Social Research and Policy Analysis
Marc L. Silver, PhD, Program Director & Sociology Department Chair

Submitted to:
Town of North Hempstead
Jon Kaiman, Supervisor
Department of Services for the Aging
Evelyn Roth, Commissioner

May 17th, 2010

Project Independence Taxi Pilot Program Constituent Feedback Report

On October 15th, 2009, The Town of North Hempstead launched a four month pilot transportation program for the participants of Project Independence, its aging-in-place program. In a partnership with two taxicab companies in the town, residents from four regions were provided with shopping transportation once a week at a predetermined location. Residents would simply call 311, the Town's central information number to arrange for the service. The pilot terminated on February 15th, 2010 at which point all users of the service were administered a feedback survey (attached).

- 73 residents in four regions: Great Neck, New Hyde Park, Port Washington, and Westbury, used the service at least once during the pilot period. 47 surveys were returned and analyzed to determine the effectiveness of the program. In addition to basic demographic and characteristic information, respondents were asked to rate the quality of seven aspects of the program as well as their overall experience and to provide written comments to supplement their ratings.

- Of the four regions serviced, the majority of users (39%) live in the New Hyde Park area; 23% of the riders live in the Great Neck area, 27% live in Port Washington, and 9% live in Westbury. An overwhelming majority of the riders were female (82%). 48% of the users indicated relying on an ambulatory device which exceeded the amount who indicated independent ambulation (45%). The remaining 7% surveyed did not respond to this question.

- Respondents were asked to indicate which form of transportation they used most often prior to the introduction of the pilot program for shopping. Most residents (43%) reported that they relied on family, friends, or a neighbor. Despite the high percentage of seniors citing the use of an ambulatory device, only 14% indicated that they used AbleRide for transportation prior to the pilot. 21% cited either the TONH or MTA bus as their primary mode of transportation and another 21% indicated either walking or using some other form of transportation.

- The average amount of roundtrip rides was 4.4; the median and mode were 3. Almost half of the respondents used the service 5 or more times. 10% of users

reported having used the service every week during the program. 90% of users reported that they were likely or very likely to recommend the program.

- ✦ The average rating for overall quality of the service on a scale of 1(poor) to five (excellent) was 4.24.

- ✦ The following are average ratings for specific aspects of the program on a scale of 1 (poor) to five (excellent).
 - Ease of making an appointment 4.175
 - Compatibility with schedule (day of week) 3.76
 - Compatibility with schedule (time of day) 3.85
 - The amount of time provided for shopping 4.05
 - The promptness of the driver 3.97
 - The friendliness of the driver 4.1
 - The driver's accommodation of rider's individual needs 4.38

Constituent Comments:

“This service is a blessing.”

“I was very pleased with the service. Not having to ask or family to come out and drive us in the winter...was very helpful!”

I think it is a wonderful idea. I feel lucky you are in my area and I can stay in my home.”

“One particular driver was marvelous in every respect. The others were very good.”

“The vans were difficult to get in and out, but today we had taxis which were very comfortable. The drivers could not be more helpful. They are great!”

“I really appreciate having this service. It has made a very big difference in my household. It would be wonderful if the service could be expanded to doctor visits, voting, libraries, etc.”

“I found the drivers very helpful and courteous – the cars are clean and it is a pleasure riding in them – you feel like a lady. I find this to be an excellent service. I hope it will

continue not only for shopping, but for doctor's appointments as well – which are most important!"

"This service has been of great help to me. I appreciate the organizers' efforts to provide such excellent and helpful service. I appreciate that this service has more personal consideration than the town bus service."

"As all new changes take time to perfect their system, I believe with a good deal of patience we may see a rapid improvement, in all phases of the new system. One particular disappointment was the condition of the cab...not to clean and rather hard to 'mount.' Most of us agreed on that!"

"I would like to have a taxi going to Pathmark because it has a pharmacy. I take my prescriptions there while I shop. Waldbaum's does not have a pharmacy."

"The taxi drivers are very nice but the program is a hardship. I am disabled and live on social security. Pathmark was a much more affordable market than Waldbaum's. I also cannot shop without the assistance of my nurse's aide who works mornings only. The taxi arrives so late in the morning that the nurse's hours are almost over. We have very little time to shop. We know the taxi program is well-intended but the Pathmark bus was much better for the senior citizens. Thank you for asking for my comments."

Project Independence reports that since the end of the pilot program:

- Shopping transportation services have been expanded to the entire Town of North Hempstead
- Schedules have been adjusted based upon suggestions from residents
- The local Pathmark with the pharmacy has been added to the schedule
- The taxi companies have been instructed to discontinue use of vans and to use only cars
- Medical transportation began on April 1, 2010 at discounted rates, and is available town wide seven days a week.



**Project Independence Expansion
Taxicab Medical Transportation Program Feedback Survey**

1. What is your zip code? _____

2. What is your gender? Male [Female]

3. What is your date of birth? [MM/DD/YYYY] _____

4. Do you use an ambulatory device? (wheelchair, walker, cane, etc.)? No Yes

5. How would you rate your overall health?

Very Poor	Poor	Fair	Good	Very Good

6. What mode of transportation did you use for *non-emergency* medical transportation prior to the Town's medical transportation program?

- Drove Self MTA bus TONH bus family/friend/neighbor
 AbleRide walk ambulette Other
 None, had no access to transportation none, did not utilize medical services

7. Since April 1st, 2010, how many times have you used the Town of North Hempstead's Medical Transportation Program for the following types of medical services?

	# of roundtrip rides	Location of Service Provider
General Practitioner/Internist		
Dentist		
Physical Therapist		
Specialist - dialysis		
Specialist - other than dialysis		
Non-emergency procedure/surgery		
Mental Health/Counseling		
Other (please specify_)		

8. Which taxi company did you use *for this program*?

- All Island /Ollie's Checker Cab Delux Transportation Taxi Hispano Express

9. Which of the following medical services do you use, if any, are located *outside* the Town of North Hempstead?

	Location of Service Provider
General Practitioner/Internist	
Dentist	
Physical Therapist	
Specialist - dialysis	
Specialist - other than dialysis	
Non-emergency procedure/surgery	
Mental Health/Counseling	
Other (please specify_)	

10. Please rate the quality of the following aspects of the medical transportation program:

	Poor	Fair	Good	Very Good	Excellent
The ease of making an appointment					
The promptness of the driver (on average)					
The friendliness of the driver (on average)					
The driver's accommodation of your individual needs (on average)					
The overall quality of the service					

11. How likely are you to recommend this service?

Very Likely				Not at all likely

12. Please provide any additional comments about your experience in the space provided below:

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Thank you for your participation. Your responses will help us to better serve the senior residents of the Town of North Hempstead.



Department of Sociology

Project Independence Medical Transportation Satisfaction Survey Results

The following are the results of the Project Independence Medical Transportation Satisfaction Survey. The survey was administered to a random sample of 177 Project Independence members who utilized the service provided through the partnership Town of North Hempstead's Department of Services for the Aging and four private taxicab companies operating within the town during the months of April, 2010 and December, 2010. 91 of the members sampled completed and returned the survey representing a 51.4% response rate.

Demographic Statistics and Rates of Utilization

- The average age of the user is 82.62 year old.
- The majority of users are female; 79%.
- 57% report the use of an ambulatory device (cane, walker, wheelchair, etc.)
- The average amount of round trip rides reported for an individual member is 8.6 with a minimum of 1 ride and a maximum of 53.
- 23% of users surveyed reside in Great Neck
- 19.5% reside in Port Washington
- 18.4% reside in New Hyde Park or Garden City Park
- 12.6% reside in Roslyn or Roslyn Heights
- 10.3% reside in Mineola, Williston Park or East Williston
- 9.2% reside in Manhasset
- 6.9% reside in Westbury

Self-Reported Overall Health:

Overall, 54% of respondents report being in “good” or “very good” health; 12% report being in “poor” or “very poor” health.

- 1.1% reported “very poor” overall health
- 11% reported “poor” health
- 33% reported “fair” health
- 48.9% reported “good” health
- 5.7% reported “very good” health

Prior Transportation

76% of respondents used modes of transportation other than driving themselves prior to using the Medical Taxi service.

- 31.1 percent report that prior to using the medical transportation program they relied upon a family, friend or neighbor for non-emergency medical transportation.
- 27.7% report using AbleRide or the MTA bus.
- 24.4% report driving themselves.
- 11% reported “other” modes of prior transportation
- 1.1% each reported using the TONH bus, walking or that they did not utilize medical services at all *because* they did not have access to medical transportation or walking
- 2.2% of constituents report that they did not utilize medical services prior to the program but did not specify why.

Aspects of Quality of Program:

Overall, respondents report **high** satisfaction with the program. Overall satisfaction (measured as the mean of responses to the five satisfaction questions) is 4.0 on a five point scale. The median is 4.0, as well. 60% of respondents have overall satisfaction scores of at least 4 on the five point scale (32% between 4.0 and 3.9; 28% a perfect 5).

1) Ease Making An Appointment

- 41.6% of the respondents report ease of making an appointment as “excellent”
- 28.1% report “very good”

- 25.8% report “good”
- 4.5% report “fair”
- No participants rate the ease of making an appointment as “poor”.

2) Promptness of Driver

- 34.8% of the respondents report the promptness as “excellent”
- 30.3 % report “very good”
- 33.7% report “good”
- None report “fair”
- 1.1% report “poor”

3) Friendliness of Driver

- 32.6% of respondents report the friendliness of the driver as “excellent”
- 32.6% report “very good”
- 25.8% report “good”
- 9% report “fair”
- No one reports “poor”

4) Accommodation of Individual Needs

- 32.9% of respondents report the driver’s accommodation of their individual needs as “excellent”
- 34.1% report “very good”
- 22.4% report “good”
- 9.4% report “fair”
- 1.2% report “poor”

5) Overall Quality of Service

- 43.5% report the overall quality of the service as “excellent”
- 29.4% report “very good”
- 21.2% report “good”
- 5.9% report “fair”
- No on reported “poor”

Likelihood of Recommending Service

- 89.8% of respondents report that they are “very likely” to recommend the service to other constituents.
- 3.4% report that they are likely to recommend the service
- 6.8% were neutral with regard to whether or not they were likely to recommend the service

Additional Analyses

1. There were no significant differences in the ratings of the quality of service across the taxi companies. All taxi companies are rated positively.

After comparing the reported overall quality of Project Independence’s medical transportation users by the taxi company utilized, one-way ANOVA tests yielded that there was no significant difference ($F(3, 78) = 1.466, p > .05$). These results suggest that Project Independence members do not prefer one taxi company over the next, ultimately suggesting that all taxi cab companies are providing high quality means of medical transportation.

2. A statistically significant difference in the ratings of quality is found between respondents using ambulatory devices and those who do not (3.7; 4.2, respectively).

A two-tailed, independent samples t-test was used to compare overall levels of transportation satisfaction between those who use and do not use an ambulatory device. Those who use an ambulatory reported significantly lower satisfaction scores than those who do not use an ambulatory device. These results may suggest that additional services, or accommodations, should be supplied by the taxi companies to increase satisfaction scores for people that use ambulatory devices.

3. There is no significant relationship between frequency of use and satisfaction, $r(74,70) = .118, p > .05$.
4. The frequency of utilization of the taxi service is related to respondents’ region of residence within the Town of North Hempstead. The region covering the Great Necks had a significantly high rate of utilization than four of the other regions. New Hyde Park/Garden City had the lowest rate of utilization (although not statistically different from other regions except for Great Necks region).

TOTAL RIDES TAKEN BY REGION

Region	Mean	N	Std. Deviation
New Hyde Park, Garden City Park	5.5385	13	5.14159
Great Necks	17.3750	16	15.48279
Manhasset	8.8571	7	2.73426
Port Washington	5.2667	15	3.01109
Roslyn	7.3000	10	6.37791
Westbury	9.0000	3	3.60555
Mineola, Willistons	5.7500	8	3.32738
Total	8.8472	72	9.30948

5. There is no statistical difference with respect to overall satisfaction by region (one-way ANOVA). Respondents from all regions rated the service equally positively.

Respondents were provided a space at the end of the survey in which to include additional comments about the medical transportation service

- 2 positive comments were given regarding the dispatchers
- 15 positive comments were given regarding the drivers
- 1 positive comment was given regarding cost of the service
- 48 positive comments were given regarding the service overall
- 3 positive comments were given regarding Project Independence overall

- 2 negative comments were given regarding the dispatchers
- 8 negative comments were given regarding drivers
- 2 negative comments were given regarding the cost of the service
- 2 negative comments were given regarding the service overall

(One constituent suggested that transportation be provided for “social purposes” which was interpreted as a neutral comment.)

Sample of Written Comments:

Respondent Number 1

Very prompt pick up.

When I call to make reservation, everyone is wonderful

Respondent Number 3

Taxi “dispatches” are very considerate and helpful.

Thank you for this very valuable service

Respondent Number 7

I cannot find anything to complain about—these young men are a delight!

Respondent Number 9

Most drivers are fine—once in a while you get a nasty one

Respondent Number 14

This is a welcomed service for the senior population and I appreciate it very much

Respondent Number 21

It would be helpful to have some assistance entering and leaving the taxi since my wife and I both use canes

Respondent Number 22

I have found this service to be very satisfactory. The personnel at the town of north Hempstead are very efficient and friendly.

The service and the drivers are pleasant.

I approve and appreciate this service and hope it continues

Respondent Number 32

This is a great service and has helped me immeasurably. You are to be commended for starting

Respondent Number 38

I am very grateful for this service. It has eliminated a great amount of stress, knowing that I will be picked up and will arrive for my appointments safely and on time. I could not have gone to physical therapy two times a week if it weren't for the taxi service. The employees at 311 and all others have been very pleasant and helpful. Lorraine, who calls in the evening with pick up times, is always cheerful and has been especially kind. I would like to thank everyone for this service and hope it continues, thank you.

Respondent Number 41

I don't know how to thank you enough.

Every contact (Lorraine etc) was reassuring and I am grateful for all your kindness. I have an aide at this time who drives me. But the times may come when I will ask for your help again. You deserve an applaud forever for creating this program. Thank you, thank you, thank you.

Respondent Number 42

Had difficult time at Kensington Gate.

Respondent Number 54:

Always polite drivers. –Pardon shaky penmanship
No complaints.
(Husband in heaven now.)

Respondent Number 73:

I thank the town of North Hempstead for their services. It is really appreciated.

Respondent Number 78:

Sometimes there are discrepancies between 311 and taxi driver about fares.
Is it possible to have driver stop off at bank, post office, pharmacy on way to doctor's office if it is enroute – he does not go out of his way. It saves time and money for me.

Respondent Number 83:

Generally I am able to drive myself. When I need surgery I need someone in addition to the driver! Usually I am able. To get a friend or one of my children to pick me up so that is sometimes difficult.
Thank you, this is a good service.

Respondent Number 89:

Most drivers are excellent. They are cheerful and helpful. Since we started using Project Independence we had only 2 or so surly drivers. We love project Independence.



**Project Independence Expansion
Taxicab Medical Transportation Program Feedback Survey**

1. What is your zip code? _____

2. What is your gender? Male [Female]

3. What is your date of birth? [MM/DD/YYYY] _____

4. Do you use an ambulatory device? (wheelchair, walker, cane, etc.)? No Yes

5. How would you rate your overall health?

Very Poor	Poor	Fair	Good	Very Good

6. What mode of transportation did you use for *non-emergency* medical transportation prior to the Town's medical transportation program?

Drove Self MTA bus TONH bus family/friend/neighbor

AbleRide walk ambulette Other

None, had no access to transportation no did not utilize medical services

7. Since April 1st, 2010, how many times have you used the Town of North Hempstead's Medical Transportation Program for the following types of medical services?

	# of roundtrip rides	Location of Service Provider
General Practitioner/Internist		
Dentist		
Physical Therapist		
Specialist - dialysis		
Specialist - other than dialysis		
Non-emergency procedure/surgery		
Mental Health/Counseling		
Other (please specify_)		

8. Which taxi company did you use *for this program*?

All Island /Ollie's Checker Cab De Transportation Taxi Hispanpress

9. Which of the following medical services do you use, if any, are located *outside* the Town of North Hempstead?

	Location of Service Provider
General Practitioner/Internist	
Dentist	
Physical Therapist	

Specialist - dialysis	
Specialist - other than dialysis	
Non-emergency procedure/surgery	
Mental Health/Counseling	
Other (please specify_)	

10. Please rate the quality of the following aspects of the medical transportation program:

	Poor	Fair	Good	Very Good	Excellent
The ease of making an appointment					
The promptness of the driver (on average)					
The friendliness of the driver (on average)					
The driver's accommodation of your individual needs (on average)					
The overall quality of the service					

11. How likely are you to recommend this service?

Very Likely

Not at all likely

--	--	--	--	--

12. Please provide any additional comments about your experience in the space provided below:

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Thank you for your participation. Your responses will help us to better serve the senior residents of the Town of North Hempstead.



PREPARED FOR THE TOWN OF NORTH HEMPSTEAD
DEPARTMENT OF SERVICES FOR THE AGING



Senior Transportation Needs Assessment

September 2010

FINAL REPORT

Table of Contents

	Page
Executive Summary.....	ES-1
Introduction.....	ES-1
Strategies	ES-2
Chapter 1. Introduction	1
Chapter 2. Existing Conditions.....	1
Introduction.....	1
Demographics	1
Major Destinations.....	6
Public Transit Services	9
Other Bus Services.....	13
Private Taxi Companies.....	19
Chapter 3. Outreach Activities.....	21
Chapter 4. Unmet Needs and Strategy Evaluation Criteria.....	25
Strategy Evaluation Criteria	26
Chapter 5. Strategies and Recommendations	29
Introduction.....	29
Strategies for North Hempstead Senior Mobility.....	29
Appendix A: Survey Report	
Appendix B: Liability Issues Associated with Volunteer Elderly Transportation	

Table of Figures

	Page
Figure 2-1	Older Adult Population..... 1
Figure 2-2	Older Adults in North Hempstead by Jurisdiction 2
Figure 2-3	Density of Older Adults in North Hempstead..... 4
Figure 2-4	Number of Older Adults in North Hempstead..... 5
Figure 2-5	List of Major Destinations in North Hempstead 6
Figure 2-6	Major Destinations in North Hempstead 8
Figure 2-7	MTA Long Island Rail Road Routes in North Hempstead 10
Figure 2-8	MTA Long Island Bus Routes 12
Figure 2-9	Project Independence Shopping Taxi Schedule and Destinations 14
Figure 2-10	Project Independence Taxi Trip Requests (Oct. 2009 – Feb. 2010)..... 15
Figure 2-11	Inventory of Transportation Providers in the North Hempstead Area 17
Figure 2-12	Taxi Operators in North Hempstead 19
Figure 5-1	Senior Needs Assessment – Summary Matrix of Potential Mobility Strategies .. 30
Figure 5-2	Timeline for First Year Implementation Steps 43

Executive Summary

Introduction

The Town of North Hempstead includes communities with some of the highest densities of older adults in all of Nassau County. As home to one of the first suburban Naturally Occurring Retirement Communities (NORC) designated by the New York State Office for the Aging in New Hyde Park, North Hempstead is finding innovative ways to assist its older adult population to age in place. Adults over 60 years of age make up nearly 22% of the total population of the Town, a far higher percentage than either New York State (18.5%) or the nation (17.8%).

Though suburban in nature, the Town has relatively dense land use patterns and several public transit and community transportation options. However, the automobile is still the preferred mode of travel for most seniors.

The Town of North Hempstead is taking a proactive approach to provide services for its seniors. Until recently, the Town operated a fleet of 12 buses for its older adult population (60 years and over) that provided free transportation for shopping trips as well as to senior centers. Due to low utilization, the Town stopped using the buses and began offering transportation through free taxi rides to shopping destinations through a new program known as Project Independence. Project Independence is a Town program that provides an array of services for the Town's senior residents, including transportation, and uses federal, state and local funding to promote aging in place.

After the first four months of operating the taxi pilot project in designated communities, the project was expanded to cover the entire Town. The program has been very successful and highly popular. The Town recently began making taxis available for non-emergency medical and dental visits within the Town, in addition to the shopping service. The medical service is available seven days a week. In contrast to the shopping program, there is a nominal charge for the medical trips.

The Town was recently awarded a substantial grant through the Federal Transit Authority's (FTA) New Freedom program to support Project Independence. The grant includes funding to support:

- Mobility management, including three new full-time employees
- Project Independence taxi services, including both the free shopping and half-fare medical transportation programs piloted in 2009 and 2010
- Two accessible taxicabs, one each for two taxicab companies under contract to operate Project Independence taxi services

This study is intended to assess the transportation needs of the Town's older adult population and identify a range of mobility strategies to address those needs. The project team analyzed the land use patterns of senior residential areas as well as popular destinations in the Town for seniors. To gather more detailed data about travel patterns and attitudes, the team conducted a telephone survey and focus group. From these data-gathering efforts, the study team compiled a list of unmet needs in the Town and developed strategies that could begin to address these needs.

Study Outreach and Needs Assessment

Between April 19th and 21st, 2010, the project team conducted a telephone survey of 401 seniors residing in North Hempstead. Below are several highlights from the survey findings.

- When asked to state their most frequent destinations in their community, shopping locations, both grocery stores (43%) and malls (41%), were the most frequent responses.
- When asked what best describes the respondents' plans for when they can no longer drive, 37% of all seniors reported not having thought about the situation. Nearly 25% of seniors over 80 have not thought about it.
- Twenty-eight percent (28%) of respondents sometimes have trouble getting around – 3% of these said they “always” have problems getting places. Of those respondents over 80, 42% sometimes (37.4%) or always (4.4%) have trouble getting around.
- Eighteen percent (18%) of seniors of all ages report being unable to walk 10 minutes or more (a 10-minute walk is the planning standard for bus stop access). For seniors over 80, 38% cannot walk for 10 minutes or more.
- Most seniors expressed a willingness to pay for Project Independence transportation services, with the range of \$2 to \$5 being the most popular.
- Forty percent (40%) of seniors had heard of the Town's Project Independence, which is a very high percentage for the relatively new program.

Ten seniors participated in the focus group held in June 2010. Participants in the focus group all had a hearing impairment of some kind, and one participant had a visual impairment.

Unmet Needs

The Town is served by Metropolitan Transportation Authority's Long Island Rail Road (LIRR), MTA Long Island Bus, MTA Able-Ride and a number of community-based transportation services for seniors. Still, in some areas, especially the northern part of the Town, there is a lack of fixed-route bus service and community-based transportation services. Seniors reported that many major destinations are not accessible by bus, even in other parts of the Town. Most of the available services operate during regular business hours – seniors making evening and weekend trips have fewer options. Further, a number of community-based transportation programs in the Town are only available for agency clients or members, and not for unaffiliated seniors.

A significant portion of seniors surveyed were not comfortable driving at night or in bad weather. Also, many seniors have a negative perception about riding a bus or shuttle.

Strategies

Together with participating stakeholders, the study team devised the following strategies to address unmet transportation needs for seniors in North Hempstead. Taking into account the opinions expressed in the survey results, the discussion in the focus group, and stakeholder interviews, the following strategies were tailored for North Hempstead's particular institutions, development patterns, and traveler preferences.

- **Continue/Expand Project Independence** - A potential next step for the Project Independence taxi service is to implement service for social or quality-of-life trips, in the evenings, during the weekday, or on weekends.
- **Taxi Fleet Expansion/Diversification** - Expand taxi fleet capacity or diversify taxi company's fleet to accommodate more seniors who may need accessible vehicles
- **Mobility Manager** - This strategy would build on the Town's 3-1-1 system to provide information about all senior transportation options in the Town (both public and privately operated), but also serve as a "travel agent" for seniors by helping them plan trips and manage their eligibility for different transportation programs.

Information, Education and Training

The telephone survey revealed that substantial numbers of seniors in North Hempstead have not considered how they will travel after they can no longer drive. The following strategies emphasize information, education and training and are essential to educate seniors as they transition from driving themselves:

- **Transit Liaison** - Work with the MTA to establish a transit liaison within the Town – this role could be filled by the Mobility Manager
- **Senior-oriented Transit Advertising** - Create or disseminate service descriptions for different transit routes that are tailored to seniors in those communities served
- **Volunteer Driver Service** - Establish a network of volunteers willing to transport individuals when and where other services are not available
- **Older Driver Wellness Programs** - Publish information and hold workshops focused on extending safe driving (based on the comprehensive American Society on Aging model)
- **Senior-Group Travel Training** - Develop travel training programs in partnership with senior centers and other senior service organizations
- **Escort Programs / "Bus Buddies" / Travel Ambassador** - Establish network of escorts or bus buddies for individuals requiring assistance while traveling on buses/trains

Accessibility and Land Use Planning

For those seniors who can no longer drive, finding alternatives in auto-oriented suburban communities is a significant challenge. Seniors who can walk to different land uses within a neighborhood are more likely to utilize those sites, including retail, parks, and community facilities. Recommendations include:

- **Pedestrian Accessibility Infrastructure Improvements** - Install or expand use of pedestrian infrastructure and sidewalks, especially in priority neighborhoods
- **Senior-Friendly Land Use Policies** - Explore whether land use policies are senior mobility-friendly; where practical, continue to develop policies/ ordinances/ codes that encourage senior-friendly communities

Other Strategies

- **Transportation Cost Sharing with Health Agencies** - Require or encourage health care providers such as operators of dialysis clinics to share the costs of providing transportation

- **Public/Private Partnerships** - Require/encourage senior housing developments to support transportation programs
- **Formalized Senior Housing Facility Casual Carpool Program** – Create formal ride-sharing program at senior housing facilities and retirement communities

Implementation Plan

Continuing and expanding Project Independence should be the primary activity for the first year of implementation. This includes hiring an agency-level Mobility Manager, funded by the Town's recently acquired New Freedom grant, as well as information centralization, dissemination of information about Project Independence and senior transportation options, and developing strong relationships with local organizations, such as senior centers. In the second year, travel training programs should be instituted to help seniors take the next step in expanding their mobility options and planning should be underway for the longer term strategies. In Years 3-5, the Town should focus on establishing a strong partnership with the MTA LI Bus through a transit liaison, further expanding and diversifying the taxi fleet, and establishing public/private partnerships with senior housing developments. As Project Independence grows, the existing model may expand beyond the capacity of taxi companies or become too costly on a per trip basis to operate. At that point, a community bus could operate for one or two days per week in each village, similar to Project Independence, but without the administrative costs of a demand-response system.

Chapter 1. Introduction

The Town of North Hempstead is comprised of 30 villages and 17 hamlets and lies just across the eastern border of Queens on Long Island. Certain villages and hamlets in North Hempstead – specifically, Great Neck Plaza, New Hyde Park, Williston Park, and Floral Park – contain some of the highest densities of older adults in all of Nassau County. As home to one of the first suburban Naturally Occurring Retirement Communities (NORC) designated by the New York State Office for the Aging in New Hyde Park, North Hempstead is finding innovative ways to assist its older adult population to age in place.

This study is intended to assess the transportation needs of the Town's older adult population, and identify a range of mobility strategies to address those needs. The report summarizes the Town's demographics, reviews outreach activities conducted as part of this project, analyzes unmet senior mobility needs and gaps in the Town's transportation system, and concludes with recommended strategies for addressing these needs.

Chapter 2. Existing Conditions

Introduction

This chapter begins with a demographic analysis of North Hempstead and continues with a listing of major trip destinations. Available public transit and community transportation services are also described.

Demographics

Figure 2-1 shows the total and older adult populations of North Hempstead, compared to those of the state and nation as a whole. Adults over 60 years of age make up nearly 22% of the total population of the Town, a far higher percentage than either the state (18.5%) or nation (17.8%). The median age is much higher as a result – 42.4 years in the Town, compared to 38 years for the state overall and 36.9 years for the nation. The total population and older adult population are broken down by village and hamlet in Figure 2-2.

Figure 2-1 Older Adult Population

Geography	Population	Over 60 yrs	% of Total	Median Age
North Hempstead	228,612	49,457	21.6%	42.4
New York State	19,490,297	3,614,326	18.5%	38.0
US	304,059,728	54,087,228	17.8%	36.9

Source: American Community Survey 2008

Figure 2-2 Older Adults in North Hempstead by Jurisdiction¹

Jurisdiction	Total Population	Over 60	% of Population
Mineola	19,240	3,831	20%
North New Hyde Park	14,542	3,539	24%
Floral Park*	15,985	3,175	20%
Port Washington	15,194	3,145	21%
Westbury*	14,263	2,418	17%
New Hyde Park*	9,522	2,194	23%
Great Neck Plaza	6,340	2,145	34%
Great Neck	9,540	2,058	22%
Manhasset	8,362	1,946	23%
Garden City Park	7,554	1,772	23%
North Hills	4,301	1,608	37%
New Cassel	13,298	1,544	12%
Williston Park	7,261	1,523	21%
East Hills	6,871	1,343	20%
Albertson	5,184	1,228	24%
Roslyn Heights	6,295	1,200	19%
Lake Success	2,797	1,104	39%
Searingtown	5,050	1,042	21%
Flower Hill	4,508	1,035	23%
Carle Place	5,247	989	19%
Manhasset Hills	3,661	989	27%
Kings Point	5,076	963	19%
Manorhaven	6,138	938	15%
Herricks	4,076	937	23%
University Gardens	4,148	800	19%
Glenwood Landing*	3,539	742	21%
Old Westbury*	4,242	726	17%

¹ (Note: Populations in Figure 2-2 do not add to total because portions of listed jurisdictions lie in other county subdivisions or towns (marked by an asterisk). These jurisdictions are not divided by the Census data and therefore the population numbers could not be appropriately divided to reflect actual populations.)

Jurisdiction	Total Population	Over 60	% of Population
Roslyn	2,585	680	26%
Great Neck Estates	2,824	620	22%
Sands Point	2,761	583	21%
Port Washington North	2,736	551	20%
Thomaston	2,595	536	21%
East Williston	2,503	515	21%
Munsey Park	2,632	418	16%
Kensington	1,215	328	27%
Roslyn Harbor*	1,000	286	29%
Plandome	1,272	264	21%
Roslyn Estates	1,220	236	19%
Saddle Rock	791	215	27%
Russell Gardens	1,074	208	19%
Great Neck Gardens	1,117	203	18%
Plandome Heights	971	185	19%
Plandome Manor	838	174	21%
Baxter Estates	1,006	172	17%
Greenvale*	2,210	160	7%
Harbor Hills	573	130	23%
Saddle Rock Estates	439	121	28%

Figure 2-3 shows the density of older adults by Census block group in North Hempstead. The highest densities exist in Great Neck Plaza, and Great Neck Estates. Very high densities also exist along the Queens border, in the communities of Great Neck, Lake Success, Russell Gardens, Thomaston, Kensington, and Plandome Heights, and along the border with Hempstead to the south, in Floral Park, New Hyde Park, and Mineola.²

Figure 2-4 shows the total number of older adults in each Census block group. There are large numbers of older adults in the Great Neck and New Hyde Park areas, and also in Roslyn, Williston, and the Port Washington area.

² This map uses Census data from the 2000 Decennial Census, which is the only source available at this level of detail for this target population. Nassau County disputed the original Census Bureau's 2007 population findings. The county believes that the Census undercounted population by 50,000. Population estimates for Long Island for 2007, developed by the Nassau County Planning Department, were recently accepted by the Census Bureau and are used in this report.

Figure 2-3 Density of Older Adults in North Hempstead

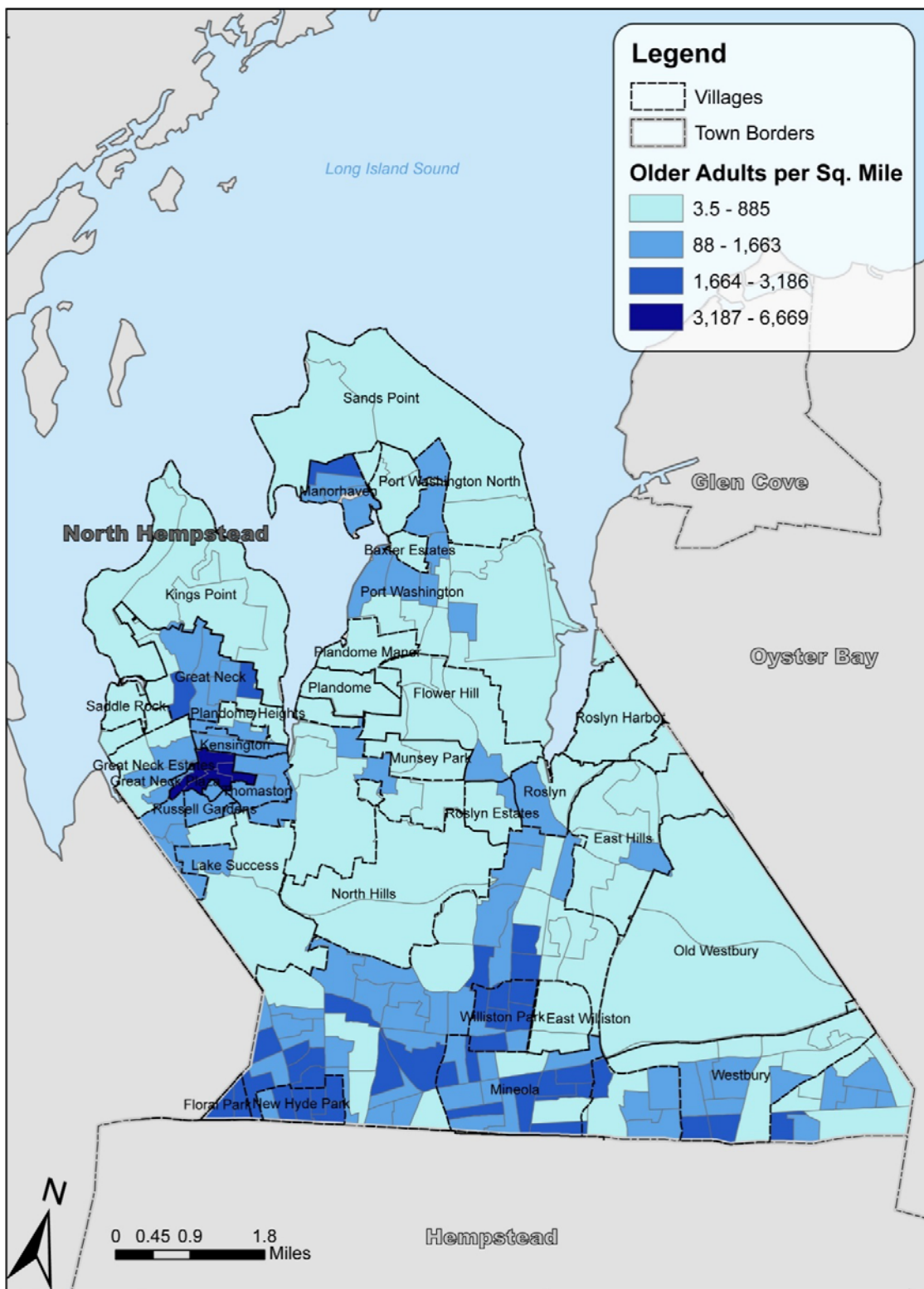
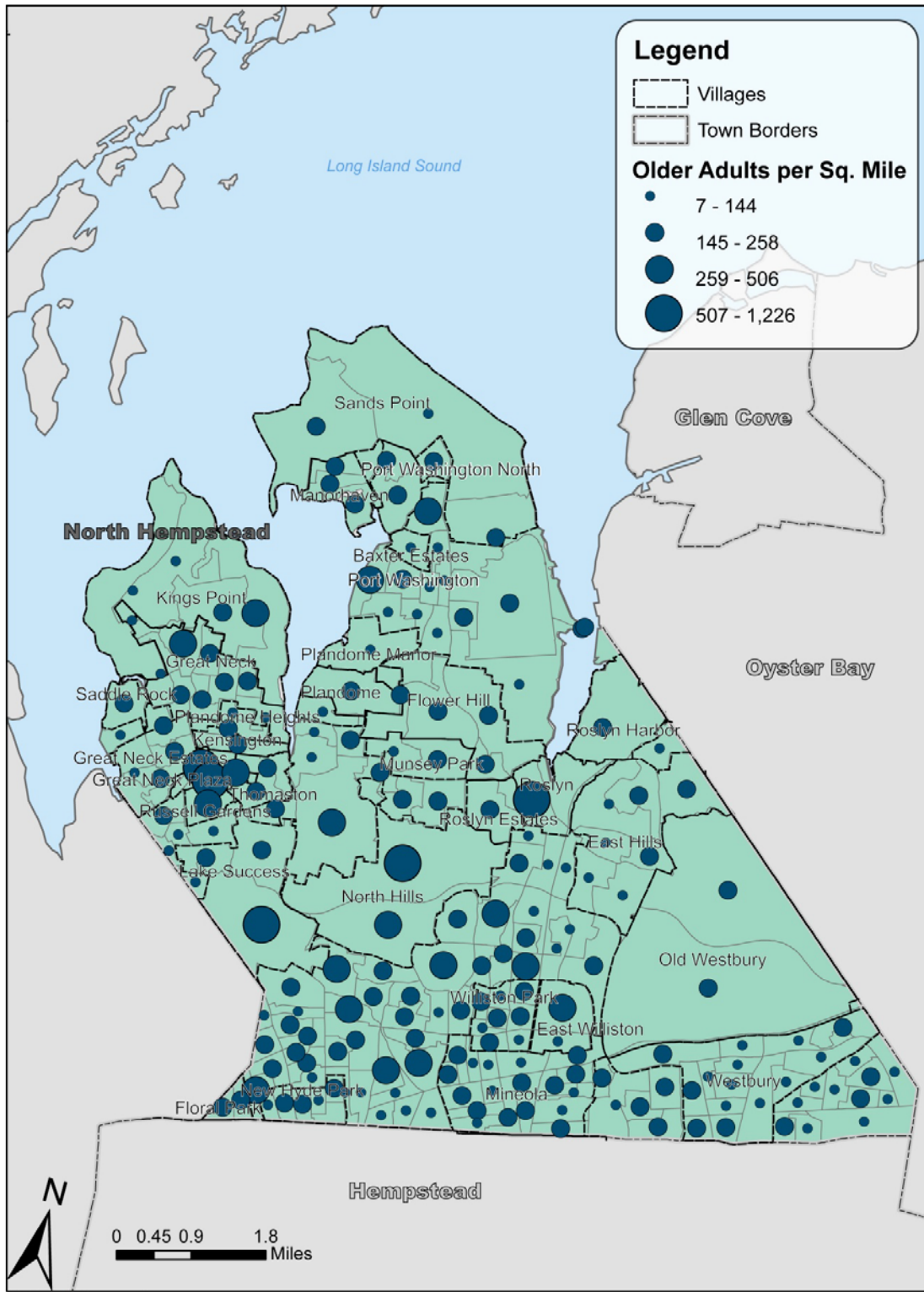


Figure 2-4 Number of Older Adults in North Hempstead



Major Destinations

In the absence of origin-destination data for existing transportation services, major destinations can be mapped and compared to the senior residential locations (a substitute for trip origins). In North Hempstead, fifteen major destinations are senior centers or community centers. Twelve medical facilities, such as area hospitals, dialysis centers and doctor's offices, are included. Fourteen shopping destinations are mapped. Many senior and community services are co-located with other types of services in the same facility. In Figure 2-6, only one icon is used to represent each location, even though several programs may be housed there. The map is used to assess where seniors are traveling geographically in North Hempstead; thus, mapping only one service is sufficient for this study's purposes.

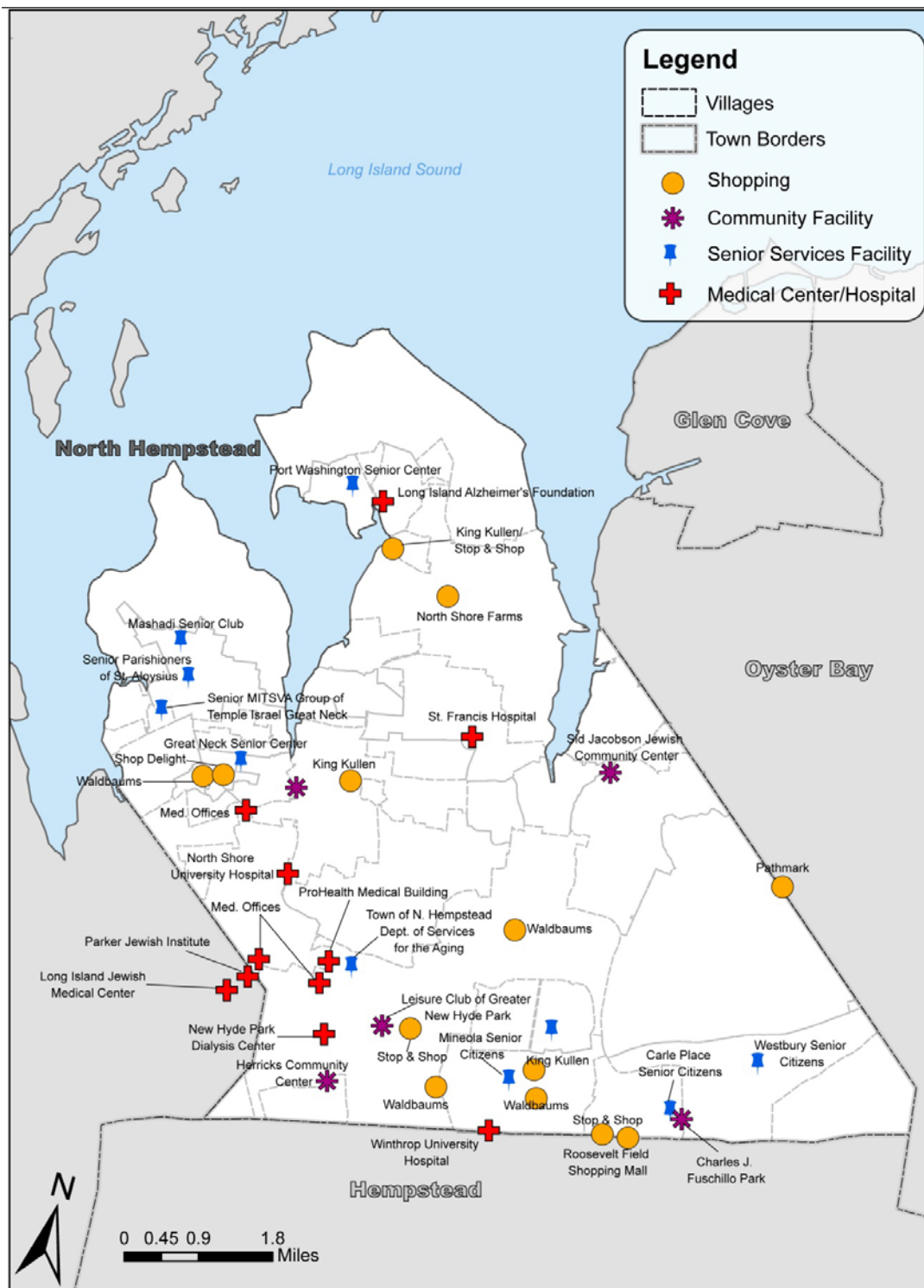
Figure 2-5 lists these destinations and the jurisdiction in which they are located. Hospitals just across the border in neighboring jurisdictions were also included, since some seniors may also travel to these destinations. A map of major destinations is included in Figure 2-6.

Figure 2-5 List of Major Destinations in North Hempstead

Destination Name	Type	Street	Town
Charles J. Fuschillo Park	Community	180 Carle Rd.	Carle Place
Sid Jacobson Jewish Community Center	Community	300 Forest Drive	Greenvale
Manhasset Thursday Drop-In Center	Community	155 East Shore Road	Manhasset
Herricks Community Center	Community	999 Herricks Road	New Hyde Park
Leisure Club of Greater New Hyde Park, Inc.	Community	1000 Marcus Avenue	New Hyde Park
Nassau University Medical Center	Medical	2201 Hempstead Tnpk.	East Meadow
Medical Building	Medical	2001 Marcus Avenue	Lake Success
ProHealth Medical Building	Medical	3003 New Hyde Park Rd.	Lake Success
Medical Building	Medical	600 Northern Boulevard	Manhasset
North Shore University Hospital	Medical	350 Community Drive	Manhasset
Winthrop University Hospital	Medical	286 Old Country Road	Mineola
Long Island Jewish Medical Center	Medical	270-05 76th Avenue	New Hyde Park
Medical Building	Medical	410 Lakeville Rd	New Hyde Park
New Hyde Park Dialysis Center	Medical	1574 Hillside Avenue	New Hyde Park
Parker Jewish Inst. for Health Care and Rehab.	Medical	271-11 76th Avenue	New Hyde Park
Long Island Alzheimer's Foundation	Medical	5 Channel Drive	Port Washington

Destination Name	Type	Street	Town
St. Francis Hospital	Medical	100 Port Washington Blvd.	Roslyn
Carle Place Senior Citizens	Senior	207 Stonehenge Lane	Carle Place
Am. Assoc. of Retired Persons Chapter #1868	Senior	45 East Williston Avenue	East Williston
Great Neck Senior Center	Senior	80 Grace Avenue	Great Neck
Mashadi Senior Club	Senior	54 Steamboat Road	Great Neck
Sr. MITSVA Group of Temple Israel Great Neck	Senior	108 Old Mill Road	Great Neck
Senior Parishioners of St. Aloysius	Senior	592 Middleneck Road	Great Neck
Mineola Senior Citizens	Senior	155 Washington Avenue	Mineola
Town of North Hempstead Dept. of Services for the Aging	Senior	1601 Marcus Avenue	New Hyde Park
Port Washington Senior Center	Senior	80 Manorhaven Blvd.	Port Washington
Westbury Senior Citizens	Senior	360 Post Avenue	Westbury
Waldbaums	Shopping	1050 Willis Avenue	Albertson
Stop & Shop	Shopping	95 Old Country Road	Carle Place
Waldbaums	Shopping	2 Westbury Avenue	Carle Place
Roosevelt Field Shopping Mall	Shopping	630 Old Country Road	Garden City
Waldbaums	Shopping	2475 Jericho Turnpike	Garden City Park
Waldbaums	Shopping	40 Great Neck Road	Great Neck
Pathmark	Shopping	130 Wheatley Road	Greenvale
King Kullen	Shopping	1430 Northern Boulevard	Manhasset
King Kullen	Shopping	48 Jericho Turnpike	Mineola
Stop & Shop	Shopping	653 Hillside Avenue	New Hyde Park
King Kullen/Stop & Shop	Shopping	3 Shore Road	Port Washington
North Shore Farms	Shopping	770 Port Washington Blvd.	Port Washington

Figure 2-6 Major Destinations in North Hempstead



Public Transit Services

Long Island Rail Road

The Metropolitan Transportation Authority's Long Island Rail Road (LIRR) provides daily passenger rail service along 11 east-west corridors from New York City to Nassau and Suffolk counties on Long Island. Three branch lines serving 11 stations run through the Town of North Hempstead, with the Port Washington branch serving as the primary corridor. The Oyster Bay and Port Jefferson branches also provide service through portions of the Town. A map of the routes and stations is shown in Figure 2-7. Port Washington, the primary branch serving the Town of North Hempstead, is the only line that does not connect to Jamaica Station, the LIRR's major transfer hub in Queens where the 10 other branches converge.

Service on the LIRR operates essentially 24 hours a day, seven days a week (although there are breaks in service at night on some of the branches, typically between 1:00 AM and 6:00 AM). Some branches of the LIRR operate very frequently (e.g., Port Washington, Port Jefferson as far as Huntington, etc.). However, it should be noted that some branches are broken up into "zones" and not all stations are served by all trains, especially during the peak periods. Although this facilitates quick travel to and from Manhattan, it makes it more difficult to travel within Long Island.

A one-way peak fare on the LIRR for trips to Penn Station from North Hempstead ranges from \$6.50 to \$17.00, depending on the distance and time traveled. LIRR participates in MTA's reduced fare program, which provides reduced fares (half of the regular fare) to persons aged 65 or older or qualified individuals with a disability traveling outside of the peak period.

Several stations in and near North Hempstead have been designated as "key stations" and meet all ADA requirements for full accessibility, with elevator access to platforms from the street. Key stations include:

- Port Jefferson Branch
 - Mineola
- Port Washington Branch
 - Great Neck
 - Manhasset
 - Port Washington

At a number of non-key stations, ramps and/or escalators provide accessibility for individuals who use wheelchairs.

Figure 2-7 MTA Long Island Rail Road Routes in North Hempstead



MTA Long Island Bus

The biggest operator of bus service in North Hempstead is MTA Long Island Bus. MTA Long Island Bus operates local bus and shuttle routes, with service extending throughout Nassau County and into portions of eastern Queens and western Suffolk County. All MTA Long Island Bus routes operate with ADA-accessible equipment. The one-way base fare is \$2.25, or \$1.10 for seniors, persons with disabilities, and Medicare cardholders. MetroCard also offers several multiple-ride options which lower the cost per ride.

Service is provided throughout the day on most routes, so access to services beyond North Hempstead is available; however, trips may require multiple transfers. Several MTA Long Island Bus routes operate into New York City to connect with both bus and subway services in eastern Queens. Various MTA Long Island Bus routes also provide access to LIRR train stations and the surrounding area and major activity centers. Ten of the 15 LIRR stations in North Hempstead have connections to MTA Long Island bus service (Albertson, Floral Park, Manhasset, Merillon Avenue, and Plandome stations do not).

MTA Long Island Bus provides 24-hour service in some areas, although most routes that serve North Hempstead do not operate 24 hours per day. Most of the Town is served by bus routes that operate every day and/or on weekdays and Saturdays; MTA Long Island Bus also operates several routes on Sunday. Service on most routes operating in the Town begins before 7:15 AM on weekdays and ends at about 11:00 PM. On Saturdays, most routes begin about an hour later and end about an hour earlier than they do on weekdays. On Sundays, many routes start operating at about 8:00 AM and finish before 8:00 PM.

Bus routes are mapped in Figure 2-8. Most service is concentrated along the southern border of the Town, through the center of Nassau County. There are few routes in the northern part of the Town, with villages such as Port Washington and Manorhaven served by only one route. Some areas, such as Old Westbury and North Hills, have no bus service.

MTA Able-Ride

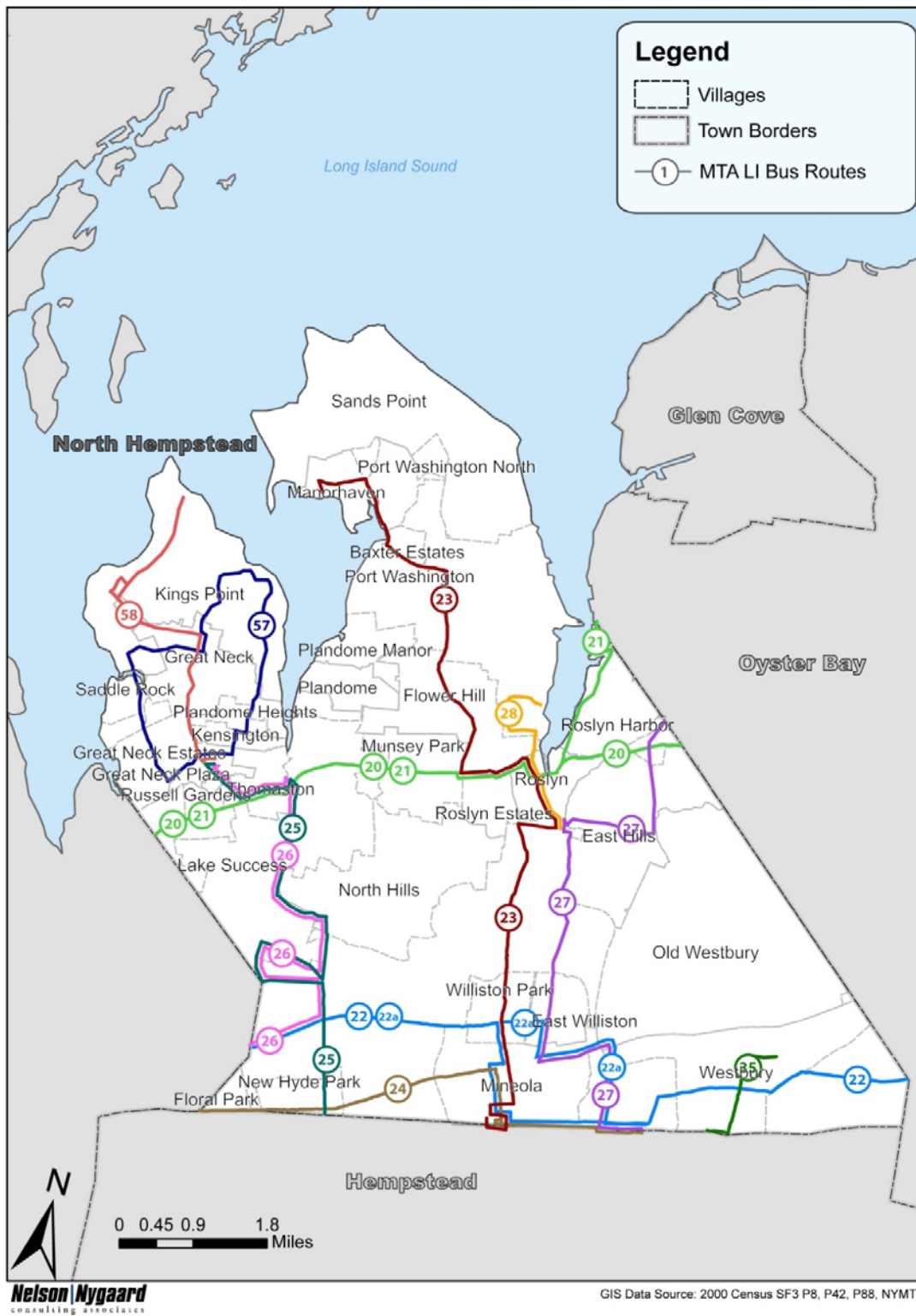
ADA complementary paratransit service is available to individuals who are unable to use fixed-route transportation because of a disability. Rides are available during the same operating hours as the fixed-route service, and services meet other criteria that ensure comparability with the fixed-route system.

MTA Long Island Bus operates Able-Ride ADA paratransit service in North Hempstead and throughout Nassau County. This service operates from 7:00 AM to 11:00 PM on weekdays, 8:00 AM to 9:00 PM on Saturdays, and 9:00 AM to 6:30 PM on Sundays. At other times, the service area is limited to within $\frac{3}{4}$ mile from a bus route in operation at the time of day.³

In March 2010, the MTA announced service cuts to Able-Ride in Nassau County, to be effective April 2010. These cuts included reducing the service area to the ADA minimum requirement of $\frac{3}{4}$ mile from fixed-route transit, utilizing Able-Ride as a feeder service to fixed-route transit for individuals capable of using transit but incapable of walking to transit stops, and instituting more strict trip-by-trip eligibility verification. These three measures are expected to reduce the number of Able-Ride trips by over 10%. At the time of this writing, the service cuts had not been implemented.

³ MTA website – accessibility section

Figure 2-8 MTA Long Island Bus Routes



Other Bus Services

Hofstra University and Adelphi University, located in nearby villages of Hempstead and Garden City, respectively, both provide campus shuttle services for students and employees.

The Hofstra service provides a connection to the Mineola LIRR station in North Hempstead on its “Blue Beetle” route. Hourly service is available from 7:15 AM until 12:45 AM on weekdays, and until 7:45 PM on Saturday and Sunday. The Blue Beetle service also offers one afternoon shopping trip each weekend day.

Adelphi University’s shuttle routes provide service to the Mineola LIRR station in North Hempstead, as well as other LIRR stations at the Hempstead bus terminal. Connections are also provided to retail and entertainment centers. Service is provided from 7:15 AM until 10:40 PM, Monday through Thursday, and until 11:45 PM on Friday, at frequencies of 5 to 15 minutes. Weekend service begins at 7:20 AM and continues until 12:00 AM on Saturday and 10:00 PM on Sunday. The frequency of service on weekends varies from roughly 20 to 60 minutes.

Other private regional bus services provide commuter and intra-regional routes. Many of these operators provide commuter service between outer counties and Manhattan. Shortline/Coach USA operates between Mineola and Hempstead in Nassau County and other New York points. On each route, 3-5 trips in each direction are provided daily. Adirondack Trailways also offers service between Mineola and Hempstead in Nassau County and destinations such as Albany and Oneonta. Three trips each way are provided between the Long Island communities and Albany and between the Long Island communities and Oneonta.

Most of the private commuter bus services operate with 40- and 45-foot long distance, “over the road” coaches, and offer premium seating and service as compared with regular transit bus service. Most operators do have wheelchair lifts on their vehicles, or only on select trips. These operators charge distance-based fares with discounts for multiple ride tickets. Some operators do offer discounts for older adults and persons with disabilities.

JARC-Funded Bus Service

Job Access Reverse Commute (JARC) funding has been used by MTA Long Island Bus in the past to increase or extend the hours of operation of service on key bus routes that serve major employment areas, such as the Nassau Hub area, the Route 110 corridor, and to provide connections to employment for individuals living in communities such as Hempstead, Freeport, Westbury, Long Beach, Uniondale, Elmont, Glen Cove, Inwood, and Valley Stream.

Town of North Hempstead Transportation Services

Until recently, the Town of North Hempstead operated a fleet of 12 buses for its older adult population (60 years and over). This service provided transportation to seniors for shopping trips as well as to senior centers. Fewer than 200 unique riders utilized the service for shopping, and the buses and vans often only carried a few passengers on any given day – far below their capacity. The Town still uses the buses for transportation to senior centers and for special events for seniors, but has shifted shopping trips to a new program, described below.

Between October 15, 2009 and February 15, 2010, North Hempstead operated a pilot project to shift the older adults using Town bus shopping service to taxis. This project is part of a program called Project Independence, which uses federal, state and local funding to promote aging in

place. Initially, the project was only available to seniors in Great Neck, Port Washington, Westbury, and New Hyde Park on designated days of the week. After these first four months, the project was expanded to cover the entire Town. Seniors are taken to specific shopping destinations, free of charge. Schedules and destinations for each community are shown in Figure 2-9.

Figure 2-9 Project Independence Shopping Taxi Schedule and Destinations

Region	New Hyde Park	Great Neck	Manhasset	Port Washington	Roslyn	Westbury / Carle Place/New Cassel	Mineola/ Willistons	Herricks/ Manhasset Hills/ Searingtown
Day of the Week	Thursday: To Stop & Shop (653 Hillside Ave)	Monday: To Waldbaums (40 Great Neck Road) & Shop Delight (4 Welwin Road)	Friday: To King Kullen (1430 Northern Blvd.)	Monday:) To NorthShore Farms (770 PortWashington Blvd)	Friday: To Waldbaums (1050 Willis Ave in Albertson) or Pathmark in Greenvale	Wednesday: To Stop & Shop (95 Old Country Road, Carle Place)	Monday: To King Kullen (48 Jericho Turnpike, Mineola Alternate Mondays to Waldbaums Garden City Park (2475 Jericho Turnpike)	Friday: To Pathmark 23-05 Jericho Turnpike, Garden City Park
	Wednesday: To Waldbaums (2475 Jericho Turnpike in Garden City Park)	Wednesday: To Waldbaums (40 Great Neck Road) & Shop Delight (4 Welwin Road		Wednesday: To King Kullen & Stop & Shop (3 Shore Road)		Friday: To Waldbaums (2 Westbury Ave, Carle Place)		

The project began with two participating taxi companies, and calls are received through a centralized call center, the Town’s 311 program. When a senior calls for a Project Independence taxi, the call taker’s software automatically assigns the senior to the local participating cab company based on the caller’s address. Callers are told that their ride will be scheduled within a 30-minute window of their requested pick-up time. Taxi companies call the seniors the day of the ride to tell them the exact pick-up time.

Two taxi companies are currently under contract until the end of 2010. Taxi companies must complete the Town’s licensing process in order to participate. The cab companies are paid \$30 per hour, per cab for the Project Independence shopping initiative, which operates from 11:00 AM – 2:00 PM. The cabs pick up seniors at their homes and take them to that jurisdiction’s designated shopping destination. Seniors can return home at any time before 2:00 PM. Project Independence has company taxis exclusively for those set hours – the taxis are not allowed to be used for other rides, as specified in the contracts with the Town.

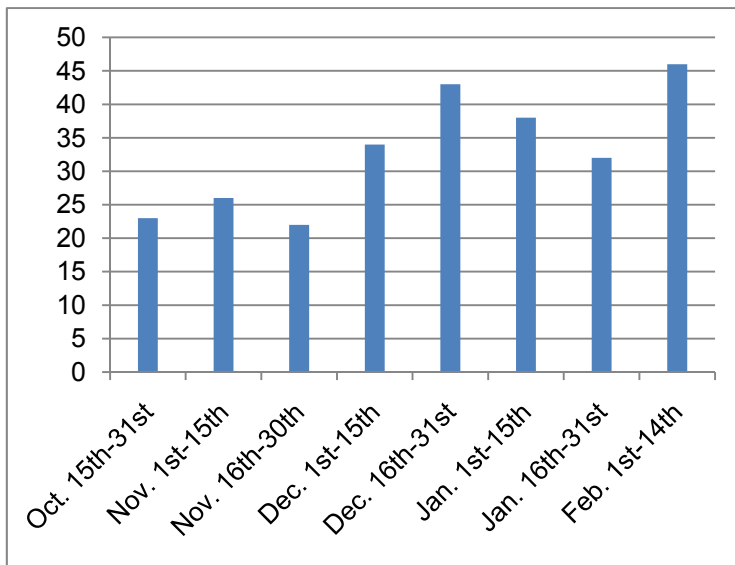
A survey conducted by Hofstra University in 2010 showed that 73 residents of the town had used the Project Independence shopping service at least once during the pilot period of October 2009

to February 2010, when the service was only available in Great Neck, New Hyde Park, Port Washington, and Westbury. Forty-seven of these participated in the survey, 39% of whom live in New Hyde Park, 23 % in Great Neck, 27% in Port Washington, and 9% in Westbury. Nearly half of the survey respondents had used the service five times or more during the pilot period. Nearly half of respondents rely on an ambulatory device to get around. Eighty-two percent (82%) were female.

Before using the Project Independence taxi service, 43% surveyed relied on family, friends, and neighbors as their primary means of transportation. Twenty-one percent (21%) used the Town’s bus service or MTA bus prior to Project Independence; 21% walked or used another form of transportation. Fourteen percent (14%) used Able-Ride.

Ninety percent (90%) were likely or very likely to recommend the program, and on average rated the overall quality of service at 4.24, with 5 being “excellent.”

Figure 2-10 Project Independence Taxi Trip Requests (Oct. 2009 – Feb. 2010)



On April 1, 2010, Project Independence began making taxis available for non-emergency medical and dental visits within the township. Residents aged 60 and older can schedule taxi rides one day in advance of their appointments through 311. The service is available seven days a week. The Town has contracted with four companies, two licensed by the Town and two licensed by municipalities within the Town, to provide the rides. There is a nominal charge for this program – the riders pay one half of the published Medicaid rates for transportation within the Town (although this is not a Medicaid program) and the Town pays the other half.

Between April 1 and May 15, 2010, more than 350 round trips were scheduled for this medical service.

Other Transportation Services

Figure 2-11 shows an overview of other transportation services available in North Hempstead, including the Town’s van service and Project Independence.

Service Areas

The two MTA fixed-route services are available throughout Nassau and Suffolk counties. Able-Ride is available within Nassau County. Five of the remaining 12 transportation service providers in Nassau County cover the entire county, and one of these also takes clients to parts of Suffolk County and New York City. The remaining seven serve individual communities or portions of the county. One provider in the table is the County's Medicaid transportation coordinator.

Eligible Riders and Trip Purposes

The MTA fixed-route services are open to the general public. Able-Ride is available only to ADA-eligible individuals regardless of trip purpose, in accordance with ADA regulations. Most of the 12 community transportation providers place some type of restriction on either rider eligibility or trip purpose, typically limiting eligibility to members of the sponsoring organization or residents of certain communities. Seven of the community services are only available for medical appointments, though three can be used for any trip purpose.

Medicaid Non-Emergency Transportation Providers

The Nassau County Department of Social Services (DSS) administers the Medicaid program for Nassau County residents. Individuals who are able to use a private vehicle or public transportation service to travel to their Medicaid-eligible medical appointments must receive prior authorization from DSS. Medicaid recipients who require taxi or ambulette (or ambulance) service must contact Globe Ground Corporation, which is the contracted transportation coordinator of DSS, for trip authorization.

Figure 2-11 Inventory of Transportation Providers in the North Hempstead Area

No.	Service	Service Area	Service Hours	Eligible Riders	Eligible Trip Purposes	Vehicle Fleet Size
Fixed-Route Public Transit						
1	MTA Long Island Rail Road	Nassau and Suffolk counties	Most routes 24-hrs/day	General Public	All	1,018
2	MTA Long Island Bus	Nassau and Suffolk counties	M-F 7:00 AM – 11:00 PM Sat. 8:00 AM – 9:00 PM Sun. Various	General Public	All	277
Countywide or County and Beyond						
3	Able-Ride -- MTA Long Island Bus	Within Nassau County. Also from Nassau County to points east in Suffolk County or points west in NYC by transferring to SCAT or NYC's Access-A-Ride	M-F, 7:00 AM - 11:00 PM Sat, 8:00 AM - 9:00 PM Sun, 9:00 AM – 6:30 PM. All other times, Able-Ride only provides trips that start & end within ¼ mile of fixed-route service that is operating at the time the customer travels	People with disabilities who are unable to use fixed-route bus service for some or all of their trips due to a disability	All types	96
Community Providers within Nassau County						
4	Age Well Physical Therapy	Bayside, Queens to West Hempstead, Merrick, and Free Port Long Island	First pick-up is a 9:00 am, last pick-up is at 3:30 pm.	Clients, 65 yrs or older, on Medicare with no other means of transportation.	To/from agency appointments	3 Cars, 1 Van, 1 Mini-van.
5	American Cancer Society "Road to Recovery"	Nassau County, parts of Suffolk County and New York City		Nassau County residents undergoing treatment	Medical appointments	Volunteer drivers
6	The Atria	Cutter Mill, Great Neck, Roslyn. 7mile radius.	Mon – Fri, Bus. Tue Wed Thu, Towncar. Hours 9 to 3pm. Schedule 24 hrs prior to need.	Residents only	No restrictions.	15 person Bus, 1 Towncar
7	Education and Assistance Corporation (at St. Stephen's Church)	Port Washington	Daily home-to-center transportation; Food shopping (Friday mornings)	Seniors	To/from center; shopping	1 Bus

TOWN OF NORTH HEMPSTEAD

No.	Service	Service Area	Service Hours	Eligible Riders	Eligible Trip Purposes	Vehicle Fleet Size
8	FISH of New Hyde Park Volunteer Driver Program	New Hyde Park, Garden City Park	24-hrs Mon-Fri. Must call one week in advance to schedule. No weekend service.	Senior residents and residents with disabilities of New Hyde Park and Garden City Park	Local medical trips	Volunteer drivers
9	Long Island Center for Independent Living	Nassau County	9:15 – 4:15, Mon – Fri Must call a month in advance to schedule pick-up.	Center members (up to 2 trips/month)	No restrictions.	2 minivans and small bus.
10	Notre Dame Church	Within Nassau but will go further if necessary	Usually not Sundays, Saturdays only in an emergency. Prefer if you call a week in advance to schedule.	Senior members who do not drive	Medical	Volunteer drivers
11	St. Aiden's Church	Minneola, Williston Park	No set hours. Schedule 2 or 3 days before pick-up. Mon –Saturday. No service on Sunday.	Senior members. For registered parishioners only	Medical	Volunteer drivers
12	St. Charles Hospital	Glen Cove, Hempstead, North Hempstead, Oyster Bay		Persons within a designated radius of the hospital who have no other means of transportation	Medical	7 (total in fleet)
13	Town of North Hempstead	Most North Hempstead communities		Older adults through a reservation system	Senior centers, events	5 vehicles
14	Town of North Hempstead – Project Independence	Town-wide	11:00 AM – 2:00 PM – shopping 24 hrs - Medical	North Hempstead residents over 60	Shopping Medical	N/A (Taxi companies)
15	Nassau County Veterans Service Agency (516) 572-8452	Nassau County	Schedule an appointment	Veterans over age 65	VA Hospital in Northport and the VA Clinic in Plainview	Volunteer drivers
Medicaid Provider						
16	Globe Ground Corporation	Nassau County	24-hrs	Medicaid-eligible individuals	Medical	Personal vehicle Public transit Taxi/ambulette

Private Taxi Companies

With the Project Independence transportation initiative, taxi companies have become partners in senior mobility in North Hempstead. Figure 2-12 lists private taxi services available in the Town.

Taxi operators may be licensed by the County, the Town itself or by individual villages within the Town. As mentioned, in order to participate in Project Independence, taxi operators must be licensed by the Town of North Hempstead or by municipalities within the town, but the latter must meet all Town licensure requirements.

Figure 2-12 Taxi Operators in North Hempstead

Name	Jurisdiction
Town of North Hempstead	
Deluxe Transportation*	Port Washington
Madison Taxi	Port Washington
North Shore Transportation/Plandome Taxi	Manhasset
Centro America Taxi Corp	Westbury
Taxi Hispano Express Company*	Westbury
Great Neck Plaza	
Great Neck Taxi	Great Neck
Mineola	
All Island Transportation*	Franklin Square
Long Island Checker Cab Company	Freeport
Young's Taxi Service	Mineola
New Hyde Park	
Long Island Checker Cab Company*	New Hyde Park
Village of Great Neck	
Great One Limo	Great Neck
M&M American Limo-Madison Transportation	Great Neck
Friendly Limo & Taxi	Great Neck
Iffy Town Car Service/Roslyn Limo	Great Neck
Westbury	
All Season Transport	Westbury
Stuart's Taxi	Westbury

*Project Independence taxi operator

New Freedom Grant Application

The Town submitted a grant application to the Federal Transit Authority's (FTA) New Freedom program, and was recently informed that it has been successful in its application. This presents a tremendous opportunity for the Town to build on the success of its current programs. The grant includes funding to support:

- Mobility management, including three new full-time employees
- Project Independence taxi services, including both the free shopping and half-fare medical transportation programs piloted in 2009 and 2010
- Two accessible taxicabs, one each for two taxicab companies under contract to operate Project Independence taxi services

Mobility management and the accessible taxis qualify as capital expenses and will be matched at 20% of the cost with local funds. Funding to support Project Independence taxi services is considered an operating expense and requires a 50% local match from the Town.

Chapter 3. Outreach Activities

Introduction

The study team conducted a series of outreach activities to gather input from stakeholders, including seniors who utilize the transportation resources in North Hempstead. This chapter summarizes the results of a telephone survey conducted by Zogby International for this project, a focus group held for seniors with visual or hearing impairments, and input from the steering committee that advised the study team during the course of the project.

Telephone Survey of North Hempstead Seniors

Between April 19th and 21st, 2010, the project team conducted a telephone survey of 401 seniors residing in North Hempstead. The survey yielded a statistically significant sample of seniors' experiences using transportation services in the Town and their opinions about the utility and quality of various services. Below are several highlights from the survey findings. The survey report is available in full in Appendix A.

Survey Results

General – More than half (54%) of survey respondents rated existing transportation services in their community positively (excellent, good, or fair). Only 14% rated services as “Poor”; 33% were not sure.

When asked to state their most frequent destinations in their community, shopping locations, both in grocery stores (43%) and malls (41%), was the most frequent response.

Driving – Eight percent (8%) of senior respondents do not have a driver's license; of those that do, 3% do not have access to a car when they need it. However, for residents over 80 years old, 13% do not have a license, and of those that do, 9% do not have access to a car – these are clearly a significant segment of the target population for this study. Nearly three-quarters (72%) drive every day, though 5% with a license never drive. These figures drop to only 43% of residents over 80 driving every day, and over 18% never driving at all.

About one-third of seniors of all ages are uncomfortable driving both at night (33%) and in bad weather (36%). For those over 80, 55% are uncomfortable driving at night, and 52% in bad weather. These numbers suggest that a majority of over 80 year olds in the Town cannot depend on driving themselves at night or during bad weather.

When asked what best describes what the respondent will do when s/he can no longer drive, 37% of all seniors reported not having thought about the situation. Nearly 25% of seniors over 80 have not thought about it. Though the loss of a license can dramatically impact the lifestyle of an individual living outside of an urban area, an alarming number of North Hempstead seniors have not considered how they will manage their transportation needs when the time comes.

Mobility – Twenty-eight percent (28%) of respondents sometimes have trouble getting around – 3% of these said they “always” have problems getting places. Of those respondents over 80, 42% sometimes (37.4%) or always (4.4%) have trouble getting around.

Seven percent (7%) of all seniors need assistance both getting into/out of cars and taxis and boarding buses. For those over 80 years of age, these numbers increase to 11% (cars/taxis) and 13% (buses), respectively.

Eighteen percent (18%) of seniors of all ages report being unable to walk 10 minutes or more (a 10-minute walk is the planning standard for bus stop access). For seniors over 80, 38% cannot walk for 10 minutes or more.

Likely to Use Transportation Service – Sixty-percent of seniors reported that they would be likely to use a transportation service that picked them up at home to take them to medical appointments. For a home pick-up service that took seniors shopping, 50% said they would be likely to use it. For a service that took seniors to major destinations, but took longer than a regular bus service, this figure dropped to 43%. For a service that did not pick up at home, but required a 10-minute walk, only 46% stated that they would be likely to use it.

Most seniors expressed a willingness to pay for many of these services, with the range of \$2 to \$5 being the most popular (around 50% for shopping, medical, and longer-ride services). One-quarter (25%) of seniors expressed a willingness to pay more for medical appointments – between \$5 and \$10, while less than 20% would pay that much for a shopping trip or a service resulting in a longer trip.

Given the number of people who drive and have access to a car, these percentages of willingness to use and pay for transportation are significant.

Project Independence – Forty percent (40%) of seniors had heard of the Town's Project Independence, which is a very high percentage for the relatively new program. Nearly half reported that they would use the medical transportation service regularly, and 43% said the same for the shopping transportation service.

While a significant proportion has access to a car and is able to drive, it is clear that those over 80 face many more challenges. A majority of seniors are willing to use and pay for the types of services offered by Project Independence even though they are car drivers.

Focus Group

Two focus groups were planned for this study. However, only one person signed up for the group of people with visual impairments, so for the purposes of this study we are assuming there was only one group, but include the result of the solo individual with a visual impairment in the following discussion.

Ten seniors participated in the focus group held in June 2010. Participants in the focus group all had a hearing impairment of some kind. All participants still held driver's licenses, though only six of the ten had a vehicle available to drive. Four of these six self limit their driving, especially at night, in bad weather, or in unfamiliar areas.

The primary issues raised in the focus group were:

- Distance from parking to destination
- Difficulty walking to a bus stop
- High cost of non-driving modes, including Able-Ride and taxis

- Able-Ride pick-ups being late, or shared rides on Able-Ride causing them to be late for appointments
- Difficulty accessing any activities in a neighborhood with few amenities in walking distance

Importantly, of the six individuals who still drove, none had considered what they would do once they could no longer drive themselves to appointments and activities. This echoes the survey results, which indicated that many seniors have not thought about this difficult transition.

Steering Committee and Presentation to Town Board

The Project Steering Committee met three times during the course of this study to discuss study progress and provide essential input to the process and content of the reports. Drafts of all reports were circulated for comment, and the Steering Committee worked together to evaluate the strategies discussed in Chapter 4. The study team also worked closely with the Town Supervisor, the Town's project manager, and the subconsultant Zogby International to craft the telephone survey of Town seniors. Following the final Steering Committee meeting, the study and recommendations were presented to the Town Board.

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Chapter 4. Unmet Needs and Strategy Evaluation Criteria

Needs and Gaps

Using findings from the demographic analysis, services inventory, telephone survey, and focus group, the study team compiled a high-level list of gaps in the existing transportation network for seniors in North Hempstead. These are listed below.

Summary of Unmet Needs

- In some areas, especially the northern part of the Town, there is a lack of fixed-route bus service and community organization-based transportation service. Many seniors reported that major destinations are not accessible by bus.
- Though there are a number of community transportation programs in the Town for seniors, most are only available for agency clients or members, and not for unaffiliated seniors.
- The distance to and from stops and stations can be too far for some seniors to walk.
- Most services – fixed-route public transit, Able-Ride, and community transportation – have more availability during regular business hours on weekdays. For evening and weekend trips, seniors have fewer options.
- A significant portion of seniors surveyed were not comfortable driving at night or in bad weather.
- Many seniors have a negative perception about riding a bus or shuttle.

Gaps in Geographic Coverage

There are few available fixed-route services in the northern part of the Town. The Port Washington and Manorhaven area is only served by one bus route, the N23. Old Westbury and North Hills have no bus service at all.

Some community transportation services are only available in one community or a small area outside of the community. (See *Eligibility* below.) Further, a few survey respondents reported that their doctor's office, senior center, or community center are not accessible by bus.

Eligibility

Though there are many community transportation programs in the Town for seniors, most are only available for agency clients or members, and not for unaffiliated seniors. With the exception of the Town of North Hempstead's service, all remaining services are for clients (Age Well, Long Island Center for Independent Living, the churches, and veterans), for residents of specific communities (the Atria, Economic Opportunity Commission, FISH), or for patients (American Cancer Society, St. Charles Hospital).

Mobility

Distance to and from stops and stations can be problematic for seniors unable to walk long distances. Eighteen percent (18%) of seniors reported difficulty walking 10 minutes or more; 8% cannot walk any length of time. Many lower density communities do not have sidewalks to

provide access to transit or community bus stops. Though some villages have walkable downtowns, many communities do not have the infrastructure to support seniors who want to walk to a bus stop.

Time of Day/Day of the Week Limitations

Most services – fixed-route public transit, Able-Ride, and community transportation – have more availability during regular business hours on weekdays. For evening and weekend trips, seniors have fewer options. Many MTA buses only operate hourly on Sundays, making the bus an inconvenient choice for seniors to take to church or other visits.

Approximately 1/3 of all seniors and more than 1/2 of those over 80 reported that they are not comfortable driving at night or in bad weather. Since many transportation services are also unavailable at night, seniors are less likely to be able to attend evening social or community activities. Though Project Independence taxi services have been very popular, seniors can only take shopping trips during a three-hour window once or twice per week. The medical taxi program is available seven days a week, at any hour, but for nighttime social or errand trips, seniors are still left with few options to travel.

Perceptions of Transit

Few seniors reported utilizing the fixed-route transit service (5%). There is a negative perception about riding a bus or shuttle. The study team heard from a variety of sources about this negative perception, which appears to be very strong in some groups. Taxi companies are considered to provide reasonable quality service, whereas there is a stigma attached to a bus pulling up to a private residence.

Strategy Evaluation Criteria

The following criteria were used as a guide for evaluating strategies based on the unmet transportation needs and gaps in the system identified in this project. The criteria are intended to be flexible, so that differences among different communities can be taken into account. The order of presentation does not correspond to order of importance—no single category is considered more important than the others.

These criteria may also be used to evaluate projects resulting from the strategies arrived at through this process, and the criteria below use the terms “strategy” and “project” interchangeably.

Financial Criteria

Cost: Is the overall cost within a range that can realistically be funded with available sources, taking into account grants from the private or public sector or user fares/fees?

Cost per beneficiary: A broad range of a small to a large number of beneficiaries is compared to the cost of a program. Even though a program’s total cost is low, if it reaches very few people it might still have a high cost per beneficiary. This would not necessarily eliminate a project from consideration if it ranked highly on other criteria including those listed under “Transportation Benefits Criteria” and “Community Criteria.” Similarly, even though a program’s total cost is high, if it reaches many people it might still have a low cost per beneficiary.

Funding availability and sustainability: To the degree possible, strategies and related projects should have stable sources of funding to cover match requirements. In the case of pilot, demonstration, or capital projects, there should be a reasonable likelihood of continued funding for operations. It is recognized that continued funding can never be guaranteed, as it is subject to budget processes, as well as decisions and priorities of funders.

Leveraging resources: It is desirable for strategies and projects to help tap into other funding sources, especially new sources not previously available. Displacing existing funding is discouraged.

Implementation Criteria

Implementation time-frame: Strategies that will produce results quickly are preferred, as long as they are also sustainable. Projects with long-term payoffs should have some form of measurable accomplishments in the short run.

Staging: Can the improvement be implemented in stages?

Coordination: Strategies that involve coordination, for example multiple organizations working together to address a need, are desirable.

Transportation Benefits Criteria

Number of problems and trip types: Strategies that address multiple problems and serve multiple customer groups and trip purposes are preferred.

Number of beneficiaries: In general, improvements that benefit many people are preferred to those that benefit few. However, the needs of relatively small groups might be considered particularly critical based on criteria under the heading “Community.”

Unserved needs: Projects are preferred that address gaps left by other services rather than duplicating, overlapping with, or competing with other services. Note that the relative importance of various needs is a matter for local priorities as addressed under “Community.”

Measurable benefits: As much as possible, there should be ways to measure how a strategy is benefiting target groups, whether in terms of number of people served, number of trips provided, improved measures of service quality, etc.

Community Criteria

Community support: Community support may take the form of formal endorsement by organizations and individuals, support by elected governing bodies, a potential project sponsor (“champion”) with staff or vehicles, and connections to adopted plans to carry out the strategy.

Acceptability: While a strategy may look good “on paper”, there may be more subtle reasons – for example, cultural, practical, or financial – that would render it unsuccessful if implemented. The strategy must be acceptable to the target population. That is, will the target population actually use the service being offered?

Acute needs: The importance of needs will normally be reflected in community support, but also in priority designation in locally-adopted plans or policies. Acute needs may include needs of small groups who have been left unserved by other programs due to expense or other difficulties.

Unserved groups: Identifiable groups that are not able to use existing services may include people who face language and cultural barriers.

Chapter 5. Strategies and Recommendations

Introduction

This section describes a set of recommendations to assist the Town as it addresses senior mobility issues and unmet needs and gaps in its transportation network.

Strategy designs were further refined at the final Steering Committee meeting and a presentation to the Town Board. The strategies were evaluated using objective criteria, described in Chapter 3, to determine the highest priority strategies to pursue.

Strategies for North Hempstead Senior Mobility

Actions have been identified to address transportation needs faced by seniors based on input from the Steering Committee, survey feedback, suggestions by focus group participants, and best practices from other locations. Implementation of these strategies will require coordination and partnership between Town agencies and North Hempstead's villages, transit agencies, community organizations, state and federal agencies, and private citizens.

Based on the criteria in the preceding chapter, strategies were divided into fourteen short- and medium-term strategies and one long-term strategy. The fourteen short- and medium-term strategies are briefly summarized in a matrix on the following page, followed by a longer description for each strategy, including the objective of the strategy, potential roles and partnerships, implementation steps, and funding. Following this section, the long-term strategy is also briefly described. These recommendations are organized into five categories: 1) continuation and expansion of Project Independence taxi services; 2) mobility management; 3) information, education, and training; 4) accessibility and land use planning; and 5) other strategies. A matrix summarizing the strategies is shown in Figure 5-1, which also includes the team's evaluation for each criterion (L=Low, M=Medium and H=High).

As noted in Chapter 3 under Financial Criteria, funding for many of these strategies, especially for public transportation, is not guaranteed. While funding sources are suggested for each strategy, it should be noted that federal transportation law will be rewritten in 2011. As a result of that process, federal funds, including New Freedom Funds, may not be continued.

Figure 5-1 Senior Needs Assessment – Summary Matrix of Potential Mobility Strategies

Strategy	Need Addressed	Evaluation	Potential Lead Agencies / Partners	Implementation
Community Transportation				
1. Continue/Expand Project Independence - Increase scope of contracts with local taxis to transport seniors to a greater number of trip purposes	Some seniors cannot drive themselves to run shopping or medical errands, or for other trip purposes.	Financial: M Implementation: H Transp. Benefits: H Community: H	TONH Dept. of Services for the Aging Taxi companies	Year 1
2. Taxi Fleet Expansion/Diversification - Expand taxi fleet capacity or diversify their fleet to accommodate more seniors who may need accessible accommodations	Existing Project Independence services may grow beyond existing fleet capacity.	Financial: M Implementation: H Transp. Benefits: L Community: M	TONH Dept. of Services for the Aging Taxi companies	Years 3-5
Mobility Management				
3. Mobility Manager - Point person for Town's senior mobility strategies and information, providing both information and referral, but also trip planning and leveraging available resources to expand mobility options for seniors	Many seniors do not know what resources are available to them, and information is not centralized. A coordinated function is required to expand the availability of senior mobility options.	Financial: M Implementation: M Transp. Benefits: H Community: H	TONH Dept. of Services for the Aging	Year 1
4. Transit Liaison - Work with the MTA to establish a transit liaison within the Town – this role could be filled by the Mobility Manager	Efforts to serve seniors can be coordinated among all transportation providers, and a Liaison could ensure that senior specific issues in routes serving the Town are addressed by the MTA.	Financial: M Implementation: M Transp. Benefits: L Community: M	TONH Dept. of Services for the Aging MTA LI Bus	Years 3-5
5. Senior-oriented Transit Advertising - Create or disseminate service descriptions for different transit routes that are tailored to seniors in those communities served	Older people who have always driven may be reluctant to use public transit, even when it is available and they are physically able.	Financial: M Implementation: M Transp. Benefits: M Community: H	TONH Dept. of Services for the Aging MTA LI Bus	Year 1
6. Volunteer Driver Service - Establish a network of volunteers willing to transport individuals when and where other services are not available	Non-driving seniors may not be able to get to transit or other transportation options at the hour or location that they need it.	Financial: M Implementation: L Transp. Benefits: H Community: H	TONH Dept. of Services for the Aging	Year 2

Strategy	Need Addressed	Evaluation	Potential Lead Agencies / Partners	Implementation
Information, Education and Training				
7. Older Driver Wellness Programs - Publish information and hold workshops focused on extending safe driving (based on the comprehensive American Society on Aging model)	Older adults who stop driving prematurely have limited mobility and may not be fully aware of ways of continued safe driving and their non-driving options.	Financial: L Implementation: M Transp. Benefits: H Community: H	TONH Dept. of Services for the Aging TONH Dept. of Community Services	Year 1
8. Senior-Group Travel Training - Develop travel training programs in partnership with senior centers and other senior service organizations	Riding transit for the first time or after a long absence can be confusing and intimidating for seniors.	Financial: M Implementation: M Transp. Benefits: H Community: M	TONH Dept. of Services for the Aging Senior centers Community-based senior organizations	Year 2
9. Escort Programs / "Bus Buddies" / Travel Ambassador - Establish network of escorts or bus buddies for individuals requiring assistance while traveling on buses/trains	Navigating transportation systems alone may be impossible for some seniors.	Financial: M Implementation: M Transp. Benefits: M-H Community: M	TONH Dept. of Services for the Aging	Year 2
Accessibility and Land Use Planning				
10. Pedestrian Accessibility Infrastructure Improvements - Install or expand use of pedestrian infrastructure and sidewalks, especially in priority neighborhoods	Lack of walkability impedes access to transit and other community services, and creates potential safety hazards for seniors.	Financial: L Implementation: L Transp. Benefits: H Community: H	TONH Dept. of Planning	Years 3-5
11. Senior-Friendly Land Use Policies - Explore whether land use policies are senior mobility-friendly; where practical, continue to develop policies/ ordinances/ codes that encourage senior-friendly communities	Walkability limitations stem from historical auto oriented land use policies that work against senior mobility.	Financial: H Implementation: L Transp. Benefits: H Community: M	TONH Dept. of Planning	Years 3-5
Other				
12. Transportation Cost Sharing with Health Agencies - Require or encourage health care providers such as operators of dialysis clinics to share the costs of providing transportation	ADA Paratransit programs are strained financially for a variety of reasons, including the financial burden of providing frequent trips to users of privately operated medical facilities that do not contribute to the cost of transportation.	Financial: H Implementation: L Transp. Benefits: M Community: H	TONH Dialysis clinics, rehab centers, etc	Year 2

Strategy	Need Addressed	Evaluation	Potential Lead Agencies / Partners	Implementation
13. Public/Private Partnerships - Require/encourage senior housing developments to support transportation programs	Senior housing developments are dense areas of need for senior transportation.	Financial: H Implementation: L Transp. Benefits: H Community: H	TONH Dept. of Planning	Years 3-5
14. Formalized Senior Housing Facility Casual Carpool Program - Formal ride-sharing program at senior housing facilities and retirement communities	Lack of coordination of rides from senior facilities.	Financial: H Implementation: M Transp. Benefits: L Community: M	TONH Dept. of Services for the Aging Senior housing facilities	Year 1

I. Continuation of Project Independence Taxi Services

The Town's existing Project Independence taxi pilot projects – the free shopping service begun in the fall of 2009 and the half-price medical service begun in April 2010 – have thus far been extremely successful, providing cost-effective and customer service-oriented transportation. The project team encourages the continuation of these two programs and recommends possibilities for extension of service as demand grows.

Current Successes

Between April and June 2010, the Town paid taxi companies approximately \$2,800 for 880 medical trips. Many taxi subsidy programs nation-wide have a much higher cost per unit than this figure; however, due to the unusually dense network of medical offices in the Town, many medical trips are short intra-village trips, qualifying for a flat \$5.00 intra-village rate. Besides the medical trip program, the Town pays taxi companies hourly for the free shopping service, keeping costs reasonable when trips are shared among a number of riders.

The Town has received a large amount of positive feedback from customers about the taxi services, and only a few complaints. While a few individuals use the service for a significant amount of trips, the average number of round trips per unique rider in a month is three.

Additional Program Opportunities

A potential next step for the Project Independence taxi service is to implement service for social or quality-of-life trips, in the evenings, during the weekday, or on weekends. Many seniors stop attending religious services, civic group meetings, or family events when they self-limit driving at nighttime or are unable to drive altogether. Beyond the basic errands to the grocery store and doctor's offices, continuing involvement in social and community activities is a major transportation need for seniors.

Expanding the Project Independence program to include social and quality-of-life trips, if provided in the off-peak hours and/or on-demand, would likely cause the per-trip costs to increase. Whereas the medical trips are short due to the density of medical facilities, destinations for social and quality-of-life trips are likely to be more dispersed, making trips longer and therefore more expensive to provide.

Offering these types of trips as a pilot program, as has been done for shopping and medical services, can provide an indication of future costs should the Town decide to expand the program. If managing demand is a concern, the Town may offer social trips on a limited basis, for instance, allowing each senior one or two social trips per month or limiting social trips to intra-village trips.

Parker Nursing Home, a facility affiliated with Long Island Jewish Medical Center, the largest medical complex in the area, has started an ambulette service. Parker has initiated a discussion with the Town about a partnership for senior transportation. Since Parker has accessible vehicles, this partnership could create additional capacity to accommodate the trip requests of wheelchair users.

Taxi Fleet Expansion/Diversification

As Project Independence grows, taxi companies may need to expand taxi fleet capacity or diversify their fleet to accommodate individuals with mobility impairments or motorized wheelchair users. As part of the Town's New Freedom grant application, two accessible taxicabs were requested. Two Project Independence taxi companies will provide the 20% local match. The Town should track use of these vehicles in order to estimate demand for additional accessible vehicles.

Potential Trends

Taxi subsidy programs are generally slow to take off, and with 50,000 Town seniors eligible for the service, usage will need to be monitored. Given the popularity of the service so far, the potential for increased utilization is high. As word spreads and ridership grows, costs to provide the service may rise significantly. In addition to the hourly rate paid to the taxi companies, the Town should consider the additional staff time necessary to monitor the program and keep it running smoothly. (The Town's New Freedom grant includes funding to support two additional call takers dedicated to taking trip reservations for the Project Independence taxi service.)

Many taxi subsidy programs are challenged by taxi company participation due to lack of perceived benefit (i.e., some drivers are reluctant to take trips for which they may not receive tips). North Hempstead has developed strong partnerships with participating taxi companies, who have displayed a willingness to engage in the program and invest in the market. These relationships should be maintained and monitored as the taxi program grows and changes.

Potential Roles and Partnerships

The Department of Services for the Aging should continue as the lead agency for Project Independence, working collaboratively with the Department of Community Services and its advisory committees in each of its eight designated Project Independence communities. The Town should also strive to maintain strong relationships with the taxi companies as partners in the project.

Implementation Steps

- Track demand for shopping and medical trips by community
- Maintain logs of trip requests for days, times, or destinations that cannot be accommodated under current program constraints
- Test expansion to additional trip purposes or times of day/week through pilot programs

Funding

The Town was recently awarded a federal New Freedom grant to support Project Independence operations. Senior co-pays, as used in the medical program, could be instituted in the shopping program or in any expansion to other trip purposes to offset costs. Taxi companies have already agreed to invest significantly in accessible cabs and could play an additional funding role through discount or in-kind services.

II. Mobility Management Function

This strategy would build on the Town's 3-1-1 system to provide more than just the current referral service; call takers would provide information about all senior transportation options in the Town (both public and privately operated), but also serve as a "travel agent" for seniors by helping them plan trips and manage their eligibility applications in different transportation programs.

The Town included this strategy in its New Freedom grant application. The grant includes funding for three full-time mobility management staff members; two will be located in the 3-1-1 Call Center as resources for senior Town residents calling for information. The third mobility manager will work in a planning role, training staff and service organizations.

In addition to the duties listed in the application, other potential mobility management duties can include:

- Transit Liaison – Work with the MTA to establish a transit liaison or point person at the Town level and within the MTA to strengthen the partnership and emphasize senior transit needs.
- Senior-Oriented Transit Advertising – Assist the MTA in the creation or dissemination of senior-oriented brochures and promotions, videos, organized trips, and tailored service descriptions. Communicate to seniors that transit is safe, modern, senior-friendly, and provides independence. Older people are not always aware of the full range of their available transportation options, and navigating the schedules, eligibility requirements etc can present a barrier.
 - One example discussed at a Steering Committee meeting was making available a directory of services online and in large print formats for seniors (and those working with them) to locate transportation services in their community.
 - Another possibility involves creating posters for senior centers with large print transit information only for the transit route or routes serving that particular senior center. In posting only a small selection of routes, the map and schedule is simplified and much easier to understand.
- Volunteer Driver Service – Adopt the model of volunteer driver programs successfully established in other locations such as Portland, OR, Portland, ME, and Alexandria, VA. Establish a network of volunteers willing to transport individuals when and where other services are not available. Consider the Riverside, CA model where riders identify their own drivers who are reimbursed for gas, removing the discomfort of repeatedly requesting rides from family members and friends without a reciprocal arrangement. Additional information regarding insurance and liability is included as Appendix B.

Potential Roles and Partnerships

DOSA received federal funding to employ a Mobility Manager and is anticipating s/he will begin work by early 2011.

Implementation Steps

The Mobility Manager will lead many of the initiatives slated to begin in Year 1 (see page 42).

Funding

The Town's New Freedom grant pays 80% of the Mobility Manager salary. The remaining 20% is funded by the Town. Once on board, the Mobility Manager can also serve as a grant researcher.

III. Information, Education and Training

The telephone survey revealed that 37% of all seniors in North Hempstead have not considered how they will travel after they can no longer drive. For Town seniors over 80, 25% have not thought about it. In the focus group, many participants discussed their fear about driving cessation, and some preferred not to discuss it, although it may occur only a few years away for some of the participants.

The following strategies focus on working with seniors as they begin to transition from driving themselves to getting around by other means. These activities could all be coordinated by a mobility manager.

Older Driver Wellness Programs

The Town should publish information and hold workshops focused on extending safe driving and driving retirement, using the American Society on Aging model. This approach incorporates program elements such as nutrition, health, exercise, car adaptation, and providing older drivers with skills to know when to stop driving, and how to identify alternative resources. The Town hosts an AARP driving course multiple times throughout the year. The course focuses on defensive driving, but could be expanded to include more topics like those listed above.

In the New Freedom grant application, the Town identified many avenues for advertising their programs, which could also be used for disseminating older driver wellness program information. These include mailings, news conferences, posters distributed to major destinations around Town, reverse 3-1-1 calls, and Project Independence publications like "The Pioneer" newsletter and the cable program "Project Independence and You."

Potential Roles and Partnerships

The Department of Community Services (DCS) hosts the AARP defensive driving course. The Mobility Manager in the Department of Services for the Aging should partner with the DCS to expand the curriculum to include more older driver wellness elements.

Implementation Steps

- Work with DCS to expand curriculum of current program
- Advertise workshops as well as older driver wellness tips
- Host older driver wellness workshops throughout the year, preferably in a variety of locations throughout the Town

Funding

Funding needs are expected to be minimal.

Senior Group Travel Training

The Town can develop travel training programs in partnership with senior centers and other senior service organizations. Training can include general orientation as well as using the 3-1-1 system, Project Independence taxis, buses, Able-Ride, and a range of other options. Trainings can be in the form of workshops with Town seniors, or “train the trainer” programs in which representatives from senior centers or other organizations are trained. Trainings can also be developed to address the needs of non-English speaking seniors.

Potential Roles and Partnerships

DOSA should compose guidelines for travel training and organize “train the trainer” sessions. Individual senior centers can organize groups of seniors to participate in the training, tailoring the training to their particular senior population.

Implementation Steps

- Identify senior center partners
- Work with senior centers to organize travel groups
- Coordinate with participating transit agencies or transportation organizations

Funding

Resources required primarily involve staff time at DOSA and each of the senior centers. Seniors can contribute their fare as needed.

Escort Programs / “Bus Buddies”/Travel Ambassador

This strategy establishes a network of volunteer escorts or bus buddies for individuals requiring assistance while traveling on buses/trains or for individuals who need additional support in learning how to use transportation services.

Escort programs use volunteers to accompany seniors on the bus, train, or paratransit vehicle. Bus buddies are similar, but operate more as a peer resource. A travel ambassador is an individual who rides the bus during a designated period, providing navigational advice and assistance to any rider who needs it.

One Steering Committee member suggested utilizing the volunteer programs established in local schools. Some students fulfilling volunteer requirements could serve as travel ambassadors or bus buddies for seniors. Especially when there are evening school events for the community, such as plays, seniors may prefer not to drive.

Potential Roles and Partnerships

The Mobility Manager should recruit volunteers willing to serve as escorts or bus buddies. Travel ambassadors would require the cooperation of MTA LI Bus or Able-Ride

Implementation Steps

- Identify volunteers willing to serve as escorts or bus buddies and establish program guidelines for escort/bus buddies.

- Work with MTA LI Bus or Able-Ride to identify appropriate routes, days, and times to use a travel ambassador.
- Advertise escorts, bus buddies, and travel ambassador programs in media, with senior organizations, and through mailings and telephone outreach.

Funding

Since the programs utilize volunteers, costs primarily include Mobility Manager staff time to organize and advertise programs.

IV. Accessibility and Land Use Planning

For those seniors who can no longer drive, finding alternatives in suburban communities that were designed for the automobile is a significant challenge. Seniors who can walk to different land uses within a neighborhood are more likely to utilize those sites, including retail, parks, and community facilities.

Feedback from the Steering Committee members as well as focus group participants suggests that improving pedestrian facilities and encouraging senior housing/developments in areas with an array of amenities would be very desirable strategies for the Town.

Pedestrian Accessibility Infrastructure Improvements

Specific strategies for improving pedestrian accessibility in the more urbanized villages include:

- Install or expand the use of pedestrian-activated crosswalk signals, countdown signals, and accessible sidewalks, especially in priority neighborhoods with high concentrations of seniors and walkable destinations, like New Hyde Park, Mineola, and Great Neck, as well as in other communities with less developed pedestrian infrastructure.
- Bring sidewalks up to the building line and prohibit parking from being located between the sidewalk and the building.
- Install bollards, trees, and other street furniture to protect pedestrians and buildings from errant drivers.
- Design sidewalks to be at least five feet wide at all points.
- Install curb extensions (wider sidewalks) at all corners with on-street parking.
- Install pedestrian signals at all traffic signals, using Leading Pedestrian Intervals to allow pedestrians to start crossing before the traffic light changes, and/or longer walking times to allow for seniors to cross.

Potential Roles and Partnerships

The Town's Department of Public Works (DPW) should play the lead role in expanding the sidewalk network, designing street furniture, constructing curb extensions, or installing pedestrian signals. While a couple of villages already have pedestrian plans in place, there does not appear to be a Town-wide plan. The Department of Planning should work with the Department of Public Works to put together a pedestrian accessibility plan for the Town and guidelines for its villages. As applicable for non Town, county or state roads, each village should work with the DPW to implement similar measures.

Implementation Steps

- Assess existing sidewalk, curb, and pedestrian facilities throughout the Town, working with local jurisdictions where applicable.
- Establish priority zones or projects, aiming to invest where improved pedestrian infrastructure would benefit the most number of seniors. An alternate step would be to devise a Town-wide pedestrian accessibility plan.
- Apply for funding and negotiate private funding through partnerships with senior developments

Funding

FTA Section 5310 funds capital projects that are focused on the elderly and disabled populations, so this may be a possible source of funds for ADA upgrades near senior housing and destinations.

Using federal funding for sidewalks can require considerable administrative overhead. Another possibility is to trade federal dollars granted with local dollars.

Senior-Friendly Land Use Policies

Addressing the issues of senior mobility in a more systemic manner will require changes to land use patterns. These need to be viewed in the long-term since they pose implementation challenges in areas where the road network has been fully developed since the 1960s.

The Town of North Hempstead has relatively dense land use patterns for a suburban community; as such, many of the improvements to increase densification that would normally be recommended in a suburban area may not apply, as the Town already contains a number of villages with traditional downtowns, such as Port Washington, Manhasset and Great Neck.

In this context, many of the challenges to senior mobility can only be addressed through substantive changes to the zoning codes that would increase building heights and limit parking requirements, both of which would be viewed unfavorably by many residents. However, a number of small steps can be taken in this direction, including both zoning and public realm improvements, each of which would facilitate more senior-friendly communities. These include:

- Ensuring that the Town zoning code and more of the municipal codes establish the development of senior facilities as conditional uses, with substantive incentives provided for those located in close proximity to services or transit stops;
- Establishing increased mixed use development as a guiding principle for the revitalization of downtowns in the villages of North Hempstead;
- Prioritizing investments in continuous sidewalks in areas with high concentrations of seniors; and,
- Requiring that parking for all new developments and redevelopments be located within parking structures wrapped in active land uses, to minimize disconnected street frontage.

As a participatory monitoring process, the Town could work with senior walking groups to perform “walking audits” and to identify priority improvements in neighborhoods with high concentrations of seniors and walkable destinations.

Potential Roles and Partnerships

Where these are lacking, the Department of Planning should develop senior-friendly land use guidelines and work with its villages to compose appropriate guidelines throughout the Town's jurisdictions. The Planning Department should also work with developers and builders during permitting processes to ensure that new developments incorporate senior-friendly site planning and design.

Implementation Steps

- Assess Town code and various village codes for senior-friendly policies.
- Organize senior walking groups with senior centers to "audit" neighborhoods or identified trouble spots.
- Draft code revisions or amendments for Town; assist villages with drafting revisions where applicable.
- Educate developers about the importance of senior-friendly land uses.

Funding

The staff time required for developing guidelines, writing zoning code changes, and negotiating with developers could be considerable.

V. Other Strategies

Beyond the recommendations discussed above, the Town can explore the utility of several innovative strategies to improve senior mobility:

Transportation Cost Sharing with Health Agencies

Require or encourage health care providers such as operators of dialysis clinics to share the costs of providing transportation for their clients to medical appointments. Many dialysis clinics in North Hempstead already help fund their clients' transportation and may be amenable to contribute to a Town program. However, in the current fiscal climate, it will be challenging to secure the cooperation of private agencies in the sharing of costs if they are already receiving Able-Ride service at a nominal cost.

Potential Roles and Partnerships

DOSA should work closely with health care agencies, especially those whose patients have a high level of transportation needs, such as dialysis patients. This strategy will need to be coordinated with the MTA Able-Ride services.

Implementation Steps

- Assess health care agencies' willingness to sponsor transportation services on a regular basis, as opposed to the existing system (i.e., pay per service, in-house transportation).
- Work with health care agencies to determine appropriate type of service and level of sponsorship

Funding

This strategy will require staff time to work with health care agencies, but will ultimately result in offsetting some Town transportation costs.

Public/Private Partnerships

As the Town negotiates with different developers during the project approval process, it could consider requiring senior housing developments to support transportation programs by either directly providing service or contributing funding to existing services that benefit their residents.

The Steering Committee discussed a route deviation precedent that was provided in the Town several years ago. A senior housing development, Harbor Homes, lobbied MTA LI Bus to alter a bus route in order to accommodate the new senior housing. This was a long process and required effort to achieve, but represents an encouraging example of steps that can be taken to enhance senior mobility.

Potential Roles and Partnerships

The Department of Planning, DOSA, and the Town's Mobility Manager should collaborate on internal Town policy and to develop guidelines for the Town's jurisdictions, where applicable. The Department of Planning should play the lead role in negotiating with developers to sponsor transportation.

Implementation Steps

- Internally develop Town guidelines for levels of support and transportation service provided as well as the process through which these will be required/encouraged.
- Educate developers and include in development approval process (if a requirement) or negotiations (if not required, but encouraged).

Funding

This strategy requires staff time from Planning, DOSA, and the Mobility Manager, but limited additional funding resources. Political buy-in will be a much more significant factor in the feasibility of implementation than the actual funding required.

Formalized Senior Housing Facility Casual Carpool Program

This strategy would include a "Ride Board" at housing facilities where seniors put up notices of rides needed and offered, and a designated ride waiting area in the lobby.

Potential Roles and Partnerships

The Mobility Manager should work with senior organizations and facilities to develop programs.

Implementation Steps

- Establish guidelines for senior housing developments and centers.
- Include in mailings to senior organizations or include as part of meetings or training sessions.

Funding

This program requires staff time, but minimal funding to cover any mailings or training materials.

Year-by-Year Implementation Plan

The following text can be used as a road map for the Mobility Manager and other planning staff that will be responsible for senior transportation issues. More detail is given for years one and two as short-term tasks are more easily specified. Medium-term strategies are generalized as years three through five, though planning for some strategies may begin earlier and actual implementation may occur later. Following these descriptions is a long term strategy to be considered more than five years in the future.

Year 1 Plan

Continuing and expanding Project Independence is the primary activity for the first year of implementation. An agency-level Mobility Manager will be on staff at DOSA in 2011, funded by the Town's recently acquired New Freedom grant. In the first year, the Mobility Manager's projects can focus primarily on facilitating Project Independence as well as some fairly simple projects such as information centralization and dissemination and developing relationships with local organizations, such as senior centers, that can in turn implement some strategies.

Apart from managing the expansion of the Project Independence programs, the Mobility Manager duties during the first year include:

- Senior-oriented transit advertising and directory of services
- Older driver wellness programs
- Formalized senior housing facility casual carpool program

Meetings with senior housing facilities, centers, and other senior organizations will be critical to discuss trainings and information dissemination initiatives. The Mobility Manager should begin building these relationships as early as possible to ensure strong partnerships on future initiatives.

Looking ahead to future years, the Mobility Manager can work with other Town staff to begin planning for future strategies. During this first year, planning should begin for several strategies, including:

- Volunteer driver program
- Senior-friendly land use policies
- Pedestrian accessibility infrastructure improvements

Figure 5-2 Timeline for First Year Implementation Steps

Strategy	2010 Q4	2011 Q1	2011 Q2	2011 Q3
Community Transportation				
Continue/Expand Project Independence	Continue tracking demand in each program	Identify unserved destinations of interest Advertise and disseminate information, especially in areas with less participation (e.g., Westbury) Determine feasibility of expansion to shopping/other times		
Mobility Management				
Senior-oriented Transit Advertising	Meet with MTA LI Bus to discuss approach. Seek supportive funds for printing large-format posters and other materials. Build on existing inventory to develop a database of transportation services for seniors.		Decide on formats for the advertisements and transportation directory. Research existing transportation-oriented web sites to link to senior-oriented transportation site/materials.	Print and disseminate transit materials Publish website directory or print and disseminate brochure/booklet directory
Volunteer Driver Service	Further research insurance and liability issues in the context of Town's status as self-insured, governmental entity		Begin developing program basics (e.g., mileage reimbursements, who connects volunteer – rider or Town?)	
Information, Education, and Training				
Older Driver Wellness Program	Meet with Dept. of Community Affairs staff to determine feasibility of expanding current older driver program	Develop expanded curriculum Advertise new program to all seniors		Begin holding new training sessions
Accessibility and Land Use Planning				
Pedestrian Accessibility Infrastructure Improvements	(Ongoing) Present information on walking and its benefits at senior centers and social clubs. Determine if Town-wide pedestrian accessibility plan should be undertaken			
Senior-Friendly Land Use Policies	Research / document various jurisdictional policies on location of senior housing developments.			
Other				
Formalized Senior Housing Facility Casual Carpool Program		Develop program guidelines	Mail/disseminate guidelines Hold informational session for senior centers/housing developments	

Year 2 Plan

As the Mobility Manager becomes more familiar with the Town and as more seniors become aware of the transportation options available, travel training programs should be instituted to help them take the next step in expanding their mobility options.

The strategies to be addressed in Year 2 include:

- Senior group travel training
- Escort programs / “bus buddies” / travel ambassador
- Volunteer driver service

Two additional strategies will be in the planning phase during this year. The Mobility Manager and DOSA staff should meet and begin to negotiate with health agencies about sharing the transportation costs of their clients. After the preliminary steps in the first year regarding pedestrian accessibility infrastructure improvements, a plan should be undertaken and the Town should begin thinking about applying for funding to implement some pilot projects.

Years 3-5 Plan

Years 3-5 involve medium-term strategies, including establishing a strong partnership with the MTA LI Bus through a transit liaison, further expansion/diversification of the taxi fleet, and establishing public/private partnerships with senior housing developments.

Strategies that had begun to be considered in Years 1 and 2 reach implementation phase, including cost sharing with health agencies, pedestrian accessibility infrastructure improvements, and senior-friendly land use policies.

Long-Term Strategies (Year 5+)

While most strategies in this report can be implemented in the short to medium term, fixed-route options should be considered in the long term as funding becomes available and the Town's programs grow.

Community Bus Service

As Project Independence grows, the existing model may expand beyond the capacity of taxi companies or become too costly on a per trip basis to operate. A community bus could operate for one or two days per week in each village, similar to Project Independence, but without the administrative costs of a demand-response system.

Community bus routes are fixed-schedule, fixed-routes that are designed to serve senior destinations by improving the proximity of bus stops. Neighborhood-scale vehicles are used to navigate smaller roads, driveways and entrances of senior-oriented facilities and shopping destinations. Typically, the buses are open to all, but with an emphasis on seniors. The focus is on convenience, ease of use, and highly-personalized driver service, rather than connecting origins and destinations in the shortest operable time.

Community bus routes have the greatest applicability and success rate in medium to high-density areas, but they can also work in lower density places where they can link housing to shopping, medical, and public services within a confined area.

Keeping in mind that Project Independence was established partly to replace an inefficient fixed-route senior shopping shuttle, this strategy should nonetheless be considered in the long term. As the Town expands transportation education, mobility training, and outreach to seniors, the number of seniors wishing to access a community bus type of service will likely increase. Coupled with the anticipated rise in the older adult population, the Town may eventually have sufficient demand for a community bus route or another variation on fixed-route buses, such as route deviation. While current fiscal constraints prevent serious consideration of these new services in the short term, longer term planning requires that they remain on the table for future consideration.

New Uses for Existing Town Bus Fleet

The Town currently has five buses that it uses to transport seniors to senior centers as well as for special events. On “Funday Mondays” during the summertime, as many as 300 seniors are picked up in a central location in their towns for a day at the beach.

The Town is receiving two new buses to continue these primary services to senior centers and for special events in the summers. The Steering Committee discussed utilizing the buses for other Town events, as well, including for the general public on special occasions.

APPENDIX A

SURVEY REPORT

ZOGBY INTERNATIONAL

**Assessment of Transportation Needs of Adults 60+
In North Hempstead, NY**

Submitted to:
Nelson-Nygaard Consulting Associates

Submitted by:
Zogby International
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April 30, 2010

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Table Of Contents

Subject	Page
I. Methodology and Sample Characteristics	2
II. Narrative Summary	4

Tables	
Table 1. Comfort Level while Driving	7
Table 2. Need Assistance	8
Table 3. Likely to Use Transportation Service	9
Table 4. Willing to Pay for Transportation Service	10
Table 5. Importance of Project Independence-type Services	11

I. Methodology and Sample Characteristics

Methodology

Zogby International was commissioned by Nelson-Nygaard Consulting Associates to conduct a telephone survey of North Hempstead Adults 60+. All calls were made from Monday, April 19, 2010 through Wednesday, April 21, 2010.

The target sample is 401 interviews with approximately 46 questions asked. Samples are randomly drawn from telephone cd's of national listed sample. Zogby International surveys employ sampling strategies in which selection probabilities are proportional to population size within area codes and exchanges. Up to six calls are made to reach a sampled phone number. Cooperation rates are calculated using one of AAPOR's approved methodologies¹ and are comparable to other professional public-opinion surveys conducted using similar sampling strategies.² Weighting by age, race, and gender is used to adjust for non-response. The margin of error is +/- 5.0 percentage points. Margins of error are higher in sub-groups.

SAMPLING

The majority of telephone lists for polls and surveys are produced in the IT department at Zogby International. Vendor-supplied lists are used for regions with complicated specifications, e.g., some Congressional Districts. Customer-supplied lists are used for special projects like customer satisfaction surveys and organization membership surveys.

Telephone lists generated in our IT department are called from a nationally published set of phone CDs of listed households, ordered by telephone number. Residential (or business) addresses are selected and then coded by region, where applicable. An appropriate replicate¹ is generated from this parent list, applying the replicate algorithm repeatedly with a very large parent list, e.g., all of the US.

Acquired lists are tested for duplicates, coded for region, tested for regional coverage, and ordered by telephone, as needed.

The resulting list is loaded into the CATI application and the randomize function within the CATI software is run to further assure a good mix for the telephone list.

INTERVIEWING

Interviews are conducted at Zogby International by professional interviewers trained on our computer-assisted telephone interviewing (CATI) computer system. A policy requiring one supervisor to no more than twelve interviewers is used. The sample management module of the CATI system gives all prospective respondent households in the source telephone list the same chance of joining the sample. Regional quotas are employed to ensure adequate coverage nationwide.

¹ See COOP4 (p.38) in *Standard Definitions: Final Dispositions of Case Codes and Outcome Rates of Surveys*. The American Association for Public Opinion Research, (2000).

² *Cooperation Tracking Study: April 2003 Update*, Jane M. Sheppard and Shelly Haas. The Council for Marketing & Opinion Research (CMOR). Cincinnati, Ohio (2003).

WEIGHTING

Reported frequencies and crosstabs are weighted using the appropriate demographic profile to provide a sample that best represents the targeted population from which the sample is drawn. The proportions comprising the demographic profile are compiled from historical exit poll data, census data, and from Zogby International survey data.

SAMPLING ERROR

Sampling Error, often referred to as the Margin of Error, is the percentage that survey results are likely to differ from the actual due to the size of the sample drawn. If a survey were conducted of all the members of a population, the sampling error would be zero. There are other sources of possible error in survey research such as sample design error and measurement error.

Sample Characteristics

Sample Characteristics	Frequency	Valid Percent*
Sample size	401	100
60-69	156	39
70-79	156	39
80+	88	22
White	345	88
Hispanic	12	3
African American	12	3
Asian/Pacific	20	5
Other/mixed	4	1
Did not answer race	9	--
Use mobility aid	47	12
Do not use mobility aid	354	88
Use vision/hearing aid	68	17
Do not use vision/hearing aid	333	83
Less than \$25,000	39	13
\$25,000-\$34,999	46	15
\$35,000-\$49,999	38	13
\$50,000-\$74,999	61	21
\$75,000-\$99,999	43	15
\$100,000 or more	70	24
Did not answer income	105	--
Male	196	49
Female	205	51

* Numbers have been rounded to the nearest percent and might not total 100.

II. Narrative Summary

1. Overall, how would you rate the adequacy of existing transportation services in your community?

Excellent	7%		
Good	30	Positive	36%
Fair	18		
Poor	14	Negative	31
Not sure	33		

Respondents are closely divided, with nearly even percentages saying the adequacy of existing transportation is good (36%), poor (31%), or they are not sure (33%).

2. What are some of the places in your community that you regularly visit? This could be the name of your local senior center, super market, shopping center, or other locations.

Supermarkets/grocery stores (173)	43%
Shopping center/mall/stores (163)	41
Library (56)	14
Doctor/Dentist/Hospital (55)	14
Church/synagogue (54)	13
Senior center (50)	12
Stop n Shop (41)	10
Walbaums (39)	10
Cullen/Kullen/King Kullen Market (31)	8
Pathmark (30)	7
Beach/park/Swimming pool (29)	7
Drug store/pharmacy (25)	6
Bank (20)	5
Department Store/Wal-Mart/Target (16)	4
Roosevelt Field (15)	4
Restaurants (13)	3
Family/friends (13)	3
Exercise classes/gym (12)	3
Everywhere/anywhere (10)	2
Train Station (10)	2
Movies/Theater (9)	2
North Shore Farms (6)	1
Work/Office (6)	1

Five each: Post office; Community Center; Adult Education Center/ School

Four each: Home Depot/Lowes/Hardware; Golf; Dry cleaner

Three each: AARP; Associated Markets; Do not leave my home; Northern Boulevard; Uncle Giuseppe's; Manhattan; Book store; Americana; Hairdresser; Museum; Great Neck house

Two each: Bakery; Lake Success; Knights of Columbus

One each: Bridge Studios; Court House; Bowling; Helen Keller Center; Port Washington; Miracle Mile; Trader Joe's; Bridge club; Parking garage; Bayside; Mitchell Field Air Force base; Elks Club; American Legion; Mineola Leisure Club; Sun Harbor Manor

3. *What are the places you need to visit regularly but have difficulty getting to?*

Do not have any difficulty getting around (300)	75%
Doctor/medical appointments (60)	15
Getting to the grocery store (14)	3
Getting to the mall/shopping (9)	2
Every place is hard (2)	<1

One each: Clothing shops; If I cannot walk; Main Street/ Port Washington; Manhattan or Staten Island; People do the shopping for me; Shoreham and New Jersey; Would like to visit the beach; Airport; Great Neck train station; Art museum - North Hempstead; Family affairs; Glen Cove; Golf courses; Library; Knights of Columbus Club; Movies; Senior center; The senior center and the doctor's office - neither are accessible by bus

4. *What sort of transportation do you usually use to get around?*

Taxi	9%
Bus	5
Drive yourself	85
Ride with family	19
Ride with friends or neighbors	6
Able-Ride	2
Other*	9
Not sure	0

***Other:** Long Island Railroad (21); Walk (5); Access a ride; Airplane; Bicycle; Drive reluctantly; Private driver three times a week

The vast majority of seniors drive themselves (85%) when they need to get around, while just under one in five (19%) say they ride with a family member. One in ten or less say they take a taxi (9%), ride with friends and neighbors (6%), use the bus (5%), or use Able-ride (2%).

5. *Which of the following statements best reflect your situation?*

I never have problems getting to places I want to go	72%
I sometimes have problems getting to places I want to go	25
I always have problems getting to places I want to go	3
Not sure	--

Nearly three in four (72%) say they never have problems getting to places they want to go, while 25% say they sometimes have problems getting around. Just 3% say they always have problems.

6. Do you have a driver's license?

Yes	93%
No	8
Not sure	--

The vast majority of seniors 60 and older have a driver's license.

(Q7-11 asked only of those who have a driver's license.)

7. Do you have access to a car when you need it?

Yes	97%
No	3
Not sure	--

Again, the vast majority of seniors with a driver's license say they have access to a car when they need one.

8. Which of the following best describes how often you drive?

Every day	72%
A few times a week	21
A few times a month	1
Rarely	1
Never	5
Not sure	--

Just over seven in ten with driver's licenses say they drive every day, while one in five (21%) drive a few times a week. Five percent with driver's licenses never drive.

9. How comfortable are you driving at night?
10. How comfortable are you driving in bad weather?

Table 1. Comfort Level while Driving

Driving. . .	Comfortable			Uncomfortable			Not sure
	Overall	Very	Smwht	Overall	Very	Smwht	
at night?	64	42	23	33	15	18	2
in bad weather?	62	31	31	36	14	23	2

More than three in five with driver’s licenses say they are comfortable driving at night (64%) and in bad weather (62%), while one in three say they are uncomfortable driving during either of those conditions.

11. Which of the following best describes what you will do when you can no longer drive?

My family will drive me	22%
My friends/neighbors will drive me	7
I will hire someone to drive	3
I will use taxis or other car service	14
I will ride Able Ride	8
I will ride the bus	3
I haven’t thought about it	37
Other*	4
Not sure	1

***Other:** Will have to move (9); **One each:** Foot mobile; I will cry; Make an effort to use a variety of services. Have done research to meet my needs; Pay for a service, but not the bus; Use Project Independence; All of the above.

A plurality (37%) of respondents say they haven’t thought about what will happen when they can no longer drive. Just over one in five (22%) say they will rely on family members to drive them around and 14% will have to resort to taxis or other car services. Less than one in ten say they will turn to friends and neighbors to drive them (7%) or will use Able-ride (8%) to get around.

ALL RESPONDENTS

12. Overall, how would you rate taxi services in your community?

Excellent	22%		
Good	40	Positive	62%
Fair	14		
Poor	3	Negative	17
Do not use taxis	19		
Not sure	2		

Sixty-two percent give a positive rating to taxi services in their community, including one in five who rate taxi services as excellent. Seventeen percent give such services a negative rating, while 19% say they do not use taxi services.

13. Do you need assistance getting into or out of cars or taxis?

14. Do you need assistance boarding buses?

Table 2. Need Assistance

Do you need assistance. . .	Yes	No	Not sure
Getting into/out of cars or taxis?	7	93	--
Boarding buses?	7	91	3

More than nine in ten respondents say they do not need assistance either getting into or out of cars or taxis or boarding buses.

15. How many minutes are you comfortable walking at one time?

Cannot walk for any length of time	8%
Less than 5 minutes	4
Less than 10 minutes	6
Less than 30 minutes	27
No problem walking for any length of time	54
Not sure	1

More than half of the respondents say they have no problem walking for any length of time, while one in four say they cannot comfortably walk for more than 30 minutes. Eight percent cannot walk for any length of time.

16. If there were a bus/van or taxi pickup service located within a 10-minute walk of your home, how likely are you to use it?

Very likely	22%		
Somewhat likely	24	Likely	46%
Somewhat unlikely	12		
Very unlikely	40	Unlikely	52
Not sure	2		

Respondents are closely divided on whether or not they would use a bus or van or taxi pickup service located within 10 minutes of their home – 46% say they are likely to use such a service, while 52% say they are unlikely to do so.

17-19. Please tell me how likely you are to use each of the following – very likely, somewhat likely, somewhat unlikely, or very unlikely.

Table 3. Likely to Use Transportation Service

A transportation service that . . .	Likely			Unlikely			Not sure
	Overall	Very	Smwht	Overall	Very	Smwht	
19. ... picked you up at home and took you to medical appointments?	60	41	19	39	33	6	1
18. ...picked you up at home and took you to a shopping center?	50	34	17	47	38	10	3
17. ...took you to major destinations in your community and came closer to where you lived, but took longer than regular bus service?	43	17	26	53	41	12	4

A plurality or majority say they are likely to use any of the transportation services tested. The service with the most likelihood of being used is a being picked up at their home to take them to medical appointments (60%). Half say they would use a service that would take them to a shopping center.

Convenience is clearly a factor in likelihood of use as the service with the least likelihood of being used is the one would that take them to major destinations, came closer to where they lived, but took longer than the regular bus service. Both of the services that pick them up at their homes enjoyed majority likelihood of usage.

20-22. Now, for the same list of services, how much would you be willing to pay for each – between \$2 and \$5.00 per trip, \$5-10 per trip, or more than \$10 per trip.

Table 4. Willing to Pay for Transportation Service

A transportation service that...	Between \$2-5	\$5-10	More than \$10	Any amount	Nothing/other	Not sure
21. ...picked you up at home and took you to a shopping center?	55	16	2	1	18	8
20. ...took you to major destinations in community and came closer to where you lived, but took longer than regular bus service?	51	19	3	0	19	8
22. ... picked you up at home and took you to medical appointments?	45	25	6	1	17	7

Cost is a factor for most respondents when considering use of a transportation service. A majority of seniors say they would only be willing to pay between \$2 and \$5 for a service that picked them up at their homes to take them to shopping centers or one that would take them to major destinations, but took longer than regular bus service.

One in four (25%) or respondents is willing to pay more for a service that picks them up at their home to take them to a medical appointment. Between 17-19% say they are not willing to pay anything for such services.

23. How familiar are you with Project Independence?

Very familiar	7%		
Somewhat familiar	16	Familiar	23%
Not very familiar	17		
Never heard of it	60	Not familiar	77
Not sure	0		

By nearly three to one (77% vs. 23%), respondents are unfamiliar with Project Independence, with 60% saying they have never heard of it.

(READ ONLY IF Q23= 3 or 4)

24. **(INFO STATEMENT ONLY)** Project Independence is a program run by the Town of North Hempstead. Project Independence has been funded through the federal, state and local governments. The program aims to give seniors access to the supportive services they need to help them remain in their own homes if they choose to, rather than having to go into a nursing home or similar situation.

25-31. For the following Project Independence type services, please indicate how important each program is to you – very important, somewhat important, not very important, or not at all important.

Table 5. Importance of Project Independence-type Services

Assistance with or transportation to . . .	Important			Not important			Not sure
	Overall	Very	Smwht	Overall	Very	Smwht	
25. Understanding/ applying for benefits you may be entitled to?	70	50	21	28	18	9	2
29. Medical and dental appointments?	63	48	15	37	29	8	1
26. with minor home repairs?	61	42	19	38	24	14	1
27. Visiting nurses in your home to check your medical needs?	58	41	18	41	29	12	1
28. Shopping centers?	53	33	20	46	33	13	1
30. Community or recreational programs?	50	24	26	49	34	15	1
31. Veterinarian services?	20	10	10	79	70	9	1

A majority say each of the services, except one, are important to them as a service offered by Project Independence. Most important is assistance with understanding and applying for benefits they may be entitled to, followed by transportation to medical or dental appointments. Least important is assistance with or transportation to veterinarian services, important to one in five respondents (20%).

32. Which of the following services would you use on a regular basis?

Transportation to medical appointments	49%
Assistance with obtaining benefits	44
Transportation to shopping centers	43
Assistance with minor home repairs	43
Visiting nurses in your home for routine medical checks	41
Transportation to community or recreational programs	33

Transportation to/assistance with veterinarian services	9
None	27
Other	--
Not sure	2

Just under half say they would use a service on a regular basis that transported them to medical appointments. About two in five say they would use the following services on a regular basis: assistance with obtaining benefits, transportation to shopping centers, assistance with minor home repairs, and a visiting nurse for routine medical checks. One in three would regularly use transportation to community or recreational programs, while just 9% would regularly use a service that assisted with and took them to veterinarian appointments.

33. *Is there any other service you can think of that would help you to remain in your own home as long as you want to?*

• Do not need services right now (274)	68%
• Lower taxes (38)	9
• Help cleaning the house (18)	4
• Help with lawn/shoveling (12)	3
• Companion/visitor (11)	3
• Someone to deliver groceries/meals/food (10)	2
• Financial help (9)	2
• Transportation (5)	1

Two each: Handyman; I live in senior housing

One each: Access to the public library; Another left leg as I am an amputee; Anything; Bar Beach seniors don't go because you have to walk to the bus – would like the bus to pick us up at our homes – we like to go to the beach; Cab or pick up bus service to take me places; Church Services; Enforce village regulations; Getting around in the city; Good health; I hope to be in my home for as long as I have; I would like a ramp for my wheelchair; I need a job; Liaison at public places that would be available where VA personnel can help with questions about what I'm entitled to; Lower the price of oil; Medical assistance; Pharmacy and banking assistance; Ramp hovarounds; A senior center; I have already investigated senior living closer to my daughter; A way to get to church

34. *How familiar are you with Able-Ride?*

Very familiar	16%		
Somewhat familiar	25	Familiar	41%
Not very familiar	13		
Never heard of it	46	Not familiar	59
Not sure	1		

A majority (59%) are not familiar with Able-ride, while 41% say they have some knowledge, including 16% who are very familiar with the service.

35. Overall, how would you rate Able-ride?

Excellent	5%		
Good	11	Positive	16%
Fair	6		
Poor	2	Negative	8
Do not use Able-ride	74		
Not sure	2		

Respondents are twice as likely to have a positive view of Able-ride over those who have a negative opinion (16% vs. 8%). Three in four (74%) say they do not use the service.

36. Which of the following do you think should be most responsible for providing transportation services for seniors?

Federal government	11%
State and local governments	58
Charities/non-profit groups	3
Individuals and their families	15
Other*	3
Not sure	9

***Other:** All of the above (8); Anyone who can do it (4)

A significant majority (58%) of respondents say that state and local governments are most responsible for providing transportation services to seniors, while 15% believe that it is the primary responsibility of individuals and their families to provide transportation. One in nine (11%) think the federal government is primarily responsible, while just 3% say charities or non-profit groups have the major responsibility.

37. Do you support or oppose government spending on projects like Project Independence?

Support	81%
Oppose	11
Not sure	8

Overall support is very strong for spending on projects like Project Independence where 81% think government should spend money on such programs. Just 11% are opposed to spending money on such projects and 8% are not sure.

38. *If you could speak to your United States Senators and Congress people in Washington D.C., what would you ask them to do to help you remain in your own home as you grow older?*

Lower/reduce taxes (112)	28%
Nothing/not sure (103)	26
Don't cut services (40)	10
Provide transportation (31)	8
Financial aid (24)	6
Visiting nurses/health care (19)	5
Help around the house/chores (13)	3
Cut spending/budget deficit (9)	2
Do whatever they need to do (9)	2
No government intervention (7)	2
Give up their own pensions (4)	1
Listen to seniors (3)	1
Reverse mortgages for seniors (2)	1

One each: Have a court order to allow you to stay in your house until you pass away; I personally am financially independent; It is very important to stay in my home as long as I can; Local supervision of funds that are allocated federally; Make doctors to make house calls; Make me younger; Might be cheaper than nursing homes – nursing homes need to be more vital and energetic; Real people on the phones, not a recording; Reduce interest rates for seniors; Stay in my home but get the services that I would get in a nursing home , based on my ability to pay.
 Stop going to war and spend needs of the people; Support state and local governments to provide services necessary for income; Talk to the younger generation to prepare themselves for oncoming situations that creep up on people so swiftly, not enabling them to live on their own....it's too late for the old timers; To increase Social Security payments; Use our resources on things that are important, things PEOPLE really want, not what our leadership wants that's exclusive of the citizens' desires and needs; Use some common sense

39. *If you could speak to your local elected officials, what would you ask them to do to help you remain in your own home as you grow older?*

Lower/reduce taxes (139)	35%
Nothing/not sure (93)	23
Don't cut services (58)	14
Provide services (30)	7
Financial aid (29)	7
Provide transportation (25)	6
Assistance around the house (6)	1
Keep Able-ride going (5)	1
Listen to seniors (4)	1
Keep the neighborhood safe (3)	1

Two each: Help with financial planning/paperwork; Good government

One each: Local programs; I would like to be able to legally rent part of my home; Be honest; Become familiar with the situation today; Enforcement of regulations; Everything and anything; Give up your own big pension

APPENDIX B

LIABILITY ISSUES ASSOCIATED WITH VOLUNTEER ELDERLY TRANSPORTATION

Appendix B

Liability Issues Associated with Volunteer Elderly Transportation

Concerns about liability are one of the greatest barriers to setting up a supplemental transportation program (STP). According to a nationwide survey of supplemental transportation providers conducted by the Beverly Foundation, a California-based non-profit whose mission is to improve senior mobility, concerns regarding liability are often the main reason many communities say they have not organized a senior transportation program, regardless of the community's need. According to the Beverly Foundation, there are three major elements of risk management which need to be addressed in a volunteer based senior mobility program: liability, exposure and insurance.

Liability

Research on community-based transportation programs indicates that most have an above-average safety record.¹ Nevertheless, liability for the negligent actions of volunteer drivers is a distinct possibility. This possibility only increases if the provider is viewed as having "deep pockets." In addition, Good Samaritan laws, such as New York's Pub. Health Law §3000-a only cover emergency medical treatment or assistance given at the scene of an accident, and are therefore not applicable to volunteers transporting the elderly on routine medical visits.² On the other hand, since the service provider does not have an employer/employee relationship with the driver, nor owns or maintains the vehicles, its liability is not easily established.

Reducing Exposure

The program provider's exposure to liability can be substantially reduced by adopting the following procedures:

1. *Rider Liability Waiver.* Several STP's prepare "Rider Agreements" that are read and signed as part of the registration process. By signing the agreement, the rider acknowledges that their participation was voluntary and that the provider is released from legal responsibility in the event of injury or harm. A form of these Rider Agreements can be obtained from the Beverly Foundation. In addition, some states, such as New Mexico have their agreements available on-line.³
2. *Driver Screening.* Drivers should be required to sign a form verifying that they meet certain basic qualifications and performance requirements. Basic qualifications may be: (1) being over 18 years of age, (2) a valid driver's license, (3) two years driving experience, (4) valid automobile registration, and (5) personal automobile liability insurance. Sample performance requirements are: (1) no violations for driving with a suspended license within the past 4 years, and (2) no more than two moving violations within the past three years.

¹ White Paper 3.1 by the Beverly Foundation, "PasRide: A Pilot Low-Maintenance/Low Cost STPs", page 7. Link: http://www.beverlyfoundation.org/library/volunteerfriendsmodel/pasride_pilot_low_cost_maintenance.pdf

² <http://ezinearticles.com/?New-Yorks-Good-Samaritan-Law---A-Good-Deed-Goes-Unpunished&id=1564360>

³ New Mexico's Liability Waiver Form:

http://www.nmaging.state.nm.us/D&E_Waiver_pdf_files/Transportation_Release_of_Liability.pdf

3. *Rider Recruitment of Drivers.* A pilot program by the Beverly Institute, called the PasRide Program, relied on an innovative system whereby the riders would recruit their own drivers from their own personal relations. Importantly, by having riders recruit their own drivers from preexisting relations, it was expected that they would avoid selecting drivers who they knew or suspected had demonstrated driving problems and would pose a safety risk.
4. *Travel Reimbursement to Riders.* Another innovative liability avoidance measure implemented by the PasRide Program is the reimbursement to riders as opposed to drivers. Other transportation programs that provide travel reimbursement usually provide the funds directly to volunteer drivers. For PasRide, as noted above, reimbursement was provided to riders, who in turn distributed the money to their volunteer driver(s). This was empowering for the rider but also positioned the Foundation in an “arms length” relationship with the driver. This was considered to help minimize the organization’s liability since the driver was not a volunteer of the organization but of the rider, and was reimbursed by the rider.

Insurance

It is recommended that most sponsors secure additional insurance coverage. Such additional coverage would include non-owned/hired auto insurance for the organization (as part of the commercial liability policy) and excess auto liability, accident and personal liability insurance for volunteers.

Figure B-1: New Mexico's Liability Waiver



Aging & Long-Term Services Department
Elderly & Disability Services Division
D&E Waiver Program

Transportation Release of Liability Form

Recipient Name: _____

Recipient Waiver ID#: _____

I, _____ agree to indemnify and hold harmless the Health Care Financing Administration, the State of New Mexico, the Aging and Long-Term Services Department, the Department of Health and any of its agencies, and the Medicaid Program against any and all liability, loss, damage, costs or expenses which I may sustain, incur or be required to pay because:

- A. I was injured, died or sustained property loss or damage while being transported, if transportation is part of my services under the Medicaid Waiver Program: or because,
- B. I, as a recipient, injured another person or damaged the property of another person while being transported, if such transportation is part of my services under the Medicaid Waiver Program.

I understand that this release shall not apply to liabilities, losses, charges, costs, or expenses caused by, or resulting from, the acts of omissions of employees of the Medicaid Waiver Program.

I also agree to promptly notify the Medicaid Waiver Program within ten (10) days, of any legal action is brought against the Health Care Financing Administration, the State of New Mexico, the Aging and Long-Term Services Department, the Department of Health and any of its agencies, or the Medicaid Program

Recipient Signature

Date

Provider Agency Signature

Date

Witness Signature

Date

NORTH HEMPSTEAD

Not a free ride, but

Reduced-rate taxi service helps seniors get to health visits

BY EMILY C. DOOLEY
emily.dooley@newsday.com

Glenda Artsis stopped driving three years ago, but she isn't homebound or entirely dependent on friends thanks to an innovative Town of North Hempstead taxi service.

Artsis, 63, of Great Neck, has become a frequent customer of the year-old Project Independence reduced-rate taxi service to nonemergency medical visits for residents age 60 and older. What had been a \$15 fare to a physical therapy appointment now costs her \$4.

"It's really a life saver," said Artsis, who uses the service at least twice a week. "Seniors really have difficulties with making ends meet and they really want to stay in their own homes. This helps."

North Hempstead launched Project Independence in 2009 as a broad-based initiative to give older residents access to health screenings, exercise programs, support groups and educational opportunities.

In April 2010, the town added the subsidized taxi rides in town and to Garden City. Since then, residents have made 11,732 trips, said Evelyn Roth, commissioner of the town's Department of Services for the Aging.

Participating taxi companies charge reduced fares that vary by location and fuel use.

Without the low-cost service, residents "would be spending a lot more on transportation and a lot less on necessities," she said.

Town Supervisor Jon Kaiman said he recently met with Sen. Kirsten Gillibrand (D-N.Y.) about using Project Independence as a model for a national taxi grant program. Gillibrand's office did not respond to requests for comment.

William Stoner, AARP's asso-



Glenda Artsis uses a nonemergency medical taxi service for rides to physical therapy sessions.

Service details

BOUNDARIES: Within North Hempstead Town and Garden City, plus the Queens entrance of North Shore LIJ Hospital

ELIGIBILITY: Residents 60 and older

COSTS: Riders pay half the discounted fare and the remainder is charged to the town

ONE-WAY SAMPLE FARES: \$21 for Port Washington to Garden City; \$17.50 Baxter Estates to Williston Park; \$11.50 New Cassel to Mineola; \$4 Plandome to Manhasset.

SOURCES: TOWN OF NORTH HEMPSTEAD; U.S. CENSUS BUREAU; HOFSTRA UNIVERSITY

ciate state director for livable communities, said North Hempstead had created "a great approach with this transportation option." The town, he said, is "probably one of the few or only ones doing this."

To use the service, riders call

the town's 311 hotline to schedule a ride. They pay half the cost of the trip. The rest is billed to the town.

North Hempstead has paid about \$6,250 in fares, Roth said. The program has allowed the town to eliminate a minimally

used senior bus program, saving about \$250,000 a year, Kaiman said.

A taxi ride from North Hills to Lake Success would typically cost \$19, but totals \$7.50 for Project Independence, said Andrea Majer, owner of Delux Transportation Services in Port Washington, one of four participating taxi companies.

"I think this is one of the most amazing things," she said. "The seniors are taking a little bit. The town is paying a little bit and Delux is taking a little bit by charging less."

A 2011 Hofstra University study found 89 percent of program participants surveyed would recommend the service.

"We get many repeat users," said Ed Lucas, a 311 call-taker. "Some of the seniors are so grateful that they're breaking into tears."

PHOTO BY HOWARD SCHNAPP

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