Rural Transportation

As described in the 2005 NCD report, lack of public transportation is one of the most serious, persistent problems reported by people with disabilities who live in rural America today.[[1]](#endnote-1) Some 40 years after the Urban Mass Transportation Act and 23 years after the Americans with Disabilities Act, minimal or nonexistent transit services in most rural areas still create serious, ongoing barriers to employment, accessible health care, and full participation in society for people with disabilities.

According to Christopher G. Bell, Esq., member of the American Council of the Blind of Minnesota, “There is totally inadequate public transportation in rural [areas]. There’s an ongoing failure to pursue the needs of our rural brothers and sisters, who include people with disabilities.”[[2]](#endnote-2)

Tim Sheehan, Executive Director of the Center for Independent Living of Western Wisconsin, explained, “One of the current issues is the lack of a common definition of ‘transit’ throughout the transportation system. Rural transportation (where it is available) is generally defined as specialized transportation.” This deficiency creates eligibility silos that in turn lead to competition for the limited amount of funding for individual programs. Numerous restrictions are imposed on rural providers: limited trip purposes, limited hours of service, client-only transportation, and duplicative services, to name a few. Also, the cost of transportation in rural areas is generally higher due to the longer distances traveled.

Why is rural transportation so important? Census data shows that nearly 30 percent of Americans live in rural or nonmetropolitan areas.[[3]](#endnote-3) The 2010 census found that the rural share of the U.S. population had dropped to 16 percent from 21 percent in 2000, but the figure is much larger when population of cities under 50,000 (the minimum size for a metropolitan area) is counted. Using that parameter, 28.8 percent of Americans live in rural areas or small cities. In 34 states, more than 28 percent of the people live in rural areas or nonmetropolitan towns; in 15 states, such places account for more than half the population. By this measure, the most rural state is Vermont, with 82.6 percent of its population living in rural areas or small towns.

Compared to the resources allocated to urban areas, those allocated for rural public transportation are significantly inequitable. Statistically, 25 percent of the U.S. population lives in rural areas, but only 6 percent of federal transit funding is allocated to serve them. Many rural communities (1,200 counties with a total population of 37 million) have no public transit at all.[[4]](#endnote-4)

However, with the provisions in the law known as MAP-21 (Moving Ahead for Progress in the 21st Century, the federal reauthorization of the U.S. DOT surface transportation programs through fiscal year 2014),[[5]](#endnote-5) rural transportation advocates believe that creativity and the coordination of local and regional resources can help achieve the goal of completely integrated, rather than separate or segregated, regional transit service for people with disabilities in rural America. Advocates also believe that these coordinated activities should be measurable to ensure that people can go where they need to, safely and in the most efficient manner.

Funding Sources for Rural Transportation

The previous reauthorization—the 2005 Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU)[[6]](#endnote-6)—defined four basic funding streams: §5310,[[7]](#endnote-7) §5311,[[8]](#endnote-8) §5316,[[9]](#endnote-9) and §5317.[[10]](#endnote-10) These sections complement one another.

Transportation for Elderly Persons and People with Disabilities (§5310) is a formula-funded program provided to each state to help private nonprofit groups meet the transportation needs of elderly and disabled people where transportation services are unavailable, insufficient, or inappropriate. Section 5310 funds are distributed among the states by a formula based on the number of elderly people and people with disabilities in each state according to the latest U.S. census data. SAFETEA-LU required recipients to have a locally developed and coordinated public transit/human services transportation plan.

Since the resources available to the §5310 program are limited, they are allocated on the basis of relative need. Federal statute[[11]](#endnote-11) specifies three aspects of need for the §5310 transportation grant program; need is said to exist when transportation is unavailable, insufficient, or inappropriate.[[12]](#endnote-12)

It is important to understand the nuances of “unavailable, insufficient, or inappropriate” when considering transportation that is accessible to people with disabilities and elderly people. The Urban Mass Transportation Act of 1970[[13]](#endnote-13) clearly stated that elderly people and people with disabilities have the same right to use public transportation as any other citizens and that a special effort should be made in the planning and design of facilities and services to ensure effective use. Most people think of accessible transportation as buses, vans, or trains with special lifts that allow people using wheelchairs or other mobility devices to board. However, accessible transportation includes systems, services, vehicles, routes, stops, programs, and all other aspects of transportation; it should meet or exceed the minimum requirements set forth in the Americans with Disabilities Act.

As the Federal Transit Administration underscored, “Unlike many other inter-jurisdictional assistance programs of the federal government, existing and potential mass transit needs are not distributed evenly across the states, but instead tend to be much more concentrated. Any movement toward allocating federal transit formula funds on a basis unrelated to need would run counter to the purpose of the program.”[[14]](#endnote-14)

Who determines need, and what criteria are used? How does this guide the planning process? Is the need defined by the internal operations of human service agencies or by community needs assessment with an emphasis on community participation? Even when the perspective is more individually focused, is that perspective on a person’s whole life or just on his or her role as a service agency client?

There are no universal definitions or criteria for the §5310 primary program rationale: when public transportation is unavailable, insufficient, or inappropriate. This creates ambiguity: What is the operational meaning of these terms?[[15]](#endnote-15)

Unavailable public transportation is easiest to operationalize: There is no public transportation. In some states, particularly those with large unserved rural areas, §5310 funds might provide the backbone for a general rural transportation system that is planned, designed, and carried out to meet the special needs of elderly people and people with disabilities. The ADA, meanwhile, can provide relief in areas where transportation is available for others but not for people with disabilities.

The term insufficient is relative and implies that there are not enough available resources to meet existing needs. This leads to questions of how one defines transportation needs, and who defines them. Some states and local jurisdictions reference or make use of/rely on surveys of transportation needs.

The hardest term to operationalize is inappropriate. When do people with special needs require separate services rather than universally designed or better developed mass market services? Should riders with diagnostic labels (e.g., intellectual disability), age, or other characteristics be excluded and existing transportation be considered inappropriate? Sometimes the term “inappropriate” seems to be applied to the person rather than to the transportation services.

The second funding section is Formula Grants for Other than Urbanized Areas (§5311), a rural program that is formula-based and provides funding to states with the purpose of supporting public transportation in rural areas with populations under 50,000. The goal is to enhance access to health care, shopping, education, employment, public services, and recreation in nonurbanized areas. The program is also designed to encourage and facilitate the most efficient use of all transportation funds through the coordination of programs and services. This section includes the Rural Transit Assistance program and the Tribal Transit program.

The Job Access and Reverse Commute (JARC) program (§5316) was established to address the unique transportation challenges faced by welfare recipients and those with low incomes as they seek to obtain and maintain employment. The New Freedom program (§5317) was established to provide additional tools to remove barriers facing people with disabilities who are seeking integration into the workforce and full participation in society. The program is designed to expand the available transportation options beyond the requirements of the ADA.

An often overlooked section of SAFETEA-LU is the Public Transportation on Indian Reservations program.[[16]](#endnote-16) The Federal Transit Administration provides direct funding to federally recognized tribes to support tribal public transportation in rural areas.

Significant changes in the MAP-21 law included the end of both the JARC (§5316) and New Freedom (§5317) programs; however, both survived the last reauthorization as eligible activities.[[17]](#endnote-17) JARC-type activities will be eligible under Sections 5311 (rural) and 5307 (urban). New Freedom–type projects will be allowed under Section 5310 (seniors and people with disabilities).

Successful Strategies for Rural Transportation

For transportation to be effective in rural areas, the system cannot apply a one-size-fits-all mentality. Transportation services in rural areas take planning, creativity, and ingenuity. Low population and long distances can make traditional fixed-route and paratransit services too expensive or ineffective.

Strategies might include voucher programs, volunteers, flex services, taxicabs, mobility management, coordinated services, car ownership, or a combination of these services.

There are numerous examples of successful programs across the country. Most programs use a combination of strategies. This report will focus on seven successful programs: Independent Living Center, Alaska; North Country Independent Living, Wisconsin; APRIL/NCIL/Easter Seals Project ACTION Mobility Managers Independent Living Coaches; Linx Cooperative; Center for Independent Living of Western Wisconsin; Living Independence Network Corporation, Idaho; and Good News Mountaineer Garage, West Virginia. The following is a discussion of these programs, with an update on those that were mentioned in the 2005 NCD report.

Voucher Programs

Voucher programs[[18]](#endnote-18) use tickets or coupons that eligible riders give to participating transportation providers in exchange for rides. In general, voucher programs target those with the greatest need for transportation who cannot use existing transportation services for one or more reasons; for example, people who cannot operate private vehicles because they have disabilities or they do not own vehicles. Other programs focus on people who cannot afford to use existing taxi services, who live in areas where those services are not available, or who live outside the fixed-route bus service area.

A voucher system has three distinct parts: (1) the riders who use public and private transportation services at a fully or partially subsidized rate pay for those rides with the vouchers; (2) the transportation providers who agree to accept the vouchers or coupons as payment for the trip submit the vouchers to the sponsoring agency for reimbursement based on previously negotiated arrangements; and (3) the community supports the subsidized cost of the voucher through a local agency or agencies. The agencies determine customer eligibility for the voucher, provide the vouchers to the customer, and reimburse the transportation providers for trips.

A voucher program helps customers afford access to essential services and destinations. They may ride free or pay only a small co-payment for the trip.

The rider becomes more involved in the process if he or she also chooses the provider. Providers can be family members, friends, or neighbors. Being able to rely on voucher-supported services means additional independence for a rider who previously had to depend on the good will of family members and friends for personal transportation.

A voucher system allows customers to choose transportation services that match their needs: the type of vehicle, the time and day of travel (including weekends), and the type of service (e.g., door-to-door). Public transportation providers also benefit, because participation in a voucher program allows them to expand their ridership. Taxis and human service transportation providers can increase their contract revenue, while family members, friends, and neighbors can receive reimbursement for trips they might have been funding out of their own pockets. All stakeholders benefit.

Volunteers

Volunteer driver programs can fill gaps in existing transportation services, especially in rural areas where public transportation, taxis, and human service vehicles may not be available. Volunteer drivers are worth their weight in gold. Cultivating a cadre of dedicated volunteers for a voucher program will strengthen the program and support its continuity.

Flex Services

Traditional fixed-route transportation systems generally operate along specified, inflexible routes. ADA complementary paratransit provides some flexibility but might still be bound to a service area or a schedule. In rural areas with low population and long distances, these traditional services can be very expensive or completely ineffective. Flex services seek to find a compromise. These services may include route deviation services to requested stops as well as extended or flexible hours of service. (Also see chapter 5 on Fixed Route Deviation Service.)

Taxicabs

In rural areas where taxi service exists, taxicabs may be used to augment traditional public transit service, to extend the days and hours of service, or to offer a service mode that is less expensive for some trips. Transit systems typically use one of two approaches to arrange service with a taxi company: The service can be contracted as a part of an integrated paratransit system or as a supplemental service that is arranged by the rider and subsidized by the transit system.[[19]](#endnote-19)

The Independent Living Center (ILC) provides independent living services on the Kenai Peninsula in Alaska and has been operating a voucher program with community area taxi companies since 1997. This program is part of an original voucher project of the Association of Programs for Rural Independent Living (APRIL). ILC started its first voucher program in the Soldotna/Kenai area, which has an approximate population of 25,000. When the program began, transportation options for people with disabilities were generally not affordable, accessible, or available. Taxis were available but were not affordable or accessible. Specific transportation for elders and individuals with disabilities was limited in its availability.

In 1997, ILC began working with the local cab company and the Department of Transportation to eliminate barriers to transportation for elders and people with disabilities. ILC obtained an accessible minivan with §5310 funds and leased it to the cab company which, in turn, operated, maintained, fueled, and insured it. At the same time, ILC received a small grant to subsidize cab rides for people with disabilities and people over the age of 60. Eligible riders purchased a limited number of vouchers a month for a fraction of the fare. This program yields benefits for all involved. It works with private businesses (cab companies) that are familiar with the transportation business. Cab companies are demand-responsive transportation providers that offer door-to-door service and operate 24 hours a day, seven days a week, offering availability superior to that offered by most public transit systems. The rider contributes toward the ride, and the state DOT extends the effectiveness of its funds. The ILC benefits, as it garners a customer base that might not ordinarily come through its doors. It is able to provide other independent living services to consumers who initially came in for transportation assistance.

Over the years, the program has changed. The same cab company operates five accessible vans, which it purchased as part of its 20‑plus vehicle fleet. The cab company contracts with the newly formed Transportation Brokerage, a Medicaid and Medicaid waiver transportation provider, and with the ILC voucher program. In the last three years, the cab company had annual revenue of over $87,000 through the ILC voucher program. The funding sources for vouchers include §5310 and Alaska Mental Health Trust dollars that are channeled through Alaska DOT for transportation use.

ILC replicated the program in the Homer area, which has an approximate population of 8,000, and a similar program was established in Seward in 2010. Each program is tailored to fit the community, the consumers’ needs, and the local cab companies, but they have common elements. The local ILC office is responsible for establishing the eligibility of the riders, selling vouchers and tracking their use, reimbursing the cab companies for redeemed vouchers, and for all grant writing and reporting requirements. ILC earns three dollars for each ride given. This is a way to address the “no operating expenses” requirement of most DOT funding.

In FY 2012, the ILC voucher program provided 6,275 one-way rides for 115 people in the Homer area. In the Kenai/Soldotna area, 178 people received 7,320 one-way rides. In Seward, 55 people received 3,090 rides.

Homer is the site of another innovative project. One Kenai Peninsula transit provider is donating an accessible minivan to a local cab company for use in its fleet. The cab company will be responsible for all operations, maintenance, and insurance of the vehicle.

In addition, local human service agencies are coordinating and pooling their purchase of rides through Central Area Rural Transit System, a publicly funded transit provider. The DOT/FTA and the Alaska Mental Health Trust Authority are primary funding sources. These pooled purchases leverage public transportation funds that can be used by the general public for a voucher system. This program was in the design phase for nearly two years and was introduced in 2013. It will use cab companies to take the place of public transit in rural Alaska. Solicitation of grant applicants began in 2013 through the human service transportation coordinated by the Anchorage Metropolitan Area Transportation Solutions.[[20]](#endnote-20)

Vouchers and volunteer drivers also have been successful in northwest Wisconsin. North Country Independent Living serves a 9,000‑square-mile, eight-county region in northwestern Wisconsin with an average population density of 13 people per square mile. Public transit services are available in only a few communities, leaving most of the nearly 150,000 people in the area to look for other solutions. The people with disabilities in the region and anyone who does not own or drive a car face significant transportation barriers.

To help overcome these barriers, North Country has initiated both a voucher and a volunteer driver program. Beginning in 2007 with a pilot program, the North Country voucher program has provided more than 30,000 trips for more than 160 consumers with disabilities. These consumers have been able to travel a total of more than 750,000 miles. In 2011, North Country began its collaboration with its neighboring center, the Center for Independent Living of Western Wisconsin, to provide the managed care organization (MCO) of the area with an effective volunteer driver program that would serve MCO members in 11 northwestern Wisconsin counties. By the end of 2012, this program had already provided more than 20,000 trips.

More important than the numbers, though, is the story behind each one of these trips. For the riders, both the volunteer driver and voucher programs can make the difference between going out and staying home, between isolation and the chance to be part of the community.

One story is that of a young woman who used the name Millie for the purposes of this report. She experienced a traumatic brain injury nearly a decade ago. After years of hard work in rehabilitation, she is now pursing her employment goal by gaining needed education at a community college. The school is more than 20 miles from her house. Thanks to a volunteer driver, Millie travels to class and returns home three days a week.

Another consumer who used the name Jean used vouchers to pay someone to drive her to work at a nursing home so she could complete the unpaid internship that was required for her certificate as a community nursing assistant. With this experience, Jean later got a job at the same facility. Now, not only does she have a job, but she is also providing her own transportation.

Bill’s story concerns receiving needed specialized medical care far from home. In fact, medical care is the reason behind most of the trips that consumers need, often to medical centers far from their homes. Bill needs dialysis three times a week at a medical center 45 miles away. On dialysis days, a North Country volunteer driver picks him up at 5:30 a.m., takes him to dialysis and has him home again by 1:00 p.m. Not only are these trips saving the MCO the cost of a nursing home placement but, perhaps more important, Bill can live where he chooses, in his lifelong home in the north woods of Wisconsin.

Mobility Management

Mobility management refers to the consideration and coordination of all modes of transportation to meet the needs of users. In this practice, communities rely on a variety of transportation sources to move rural and small town residents from Point A to Point B as safely and efficiently as possible. This people-oriented approach takes into account a rider’s age, income level, and accessibility needs to determine the best transportation option. Effective mobility management ensures that residents are familiar with available resources and that communities coordinate transit programs effectively.

Mobility management programs seek to expand accessible transportation services and to connect these services to people in the community who require them. Person-centered mobility management focuses on the interests and community connections preferred by the person who is interested in the various transportation options. The key to accessible transportation is ensuring that people with disabilities can live spontaneous lives, connected to community-based activities including health care, recreation, leisure, civic engagement, education, and employment. Mobility management has many facets, and it is unique to each community.

In 2010, Easter Seals Project ACTION initiated a grant program in partnership with the Association of Programs for Rural Independent Living and the National Council on Independent Living (NCIL) to create mobility management/independent living coaches.[[21]](#endnote-21) The coaches are people with disabilities from centers for independent living who educate and train mobility managers to work closely with disability organizations in their respective communities. The primary goal of this program is to connect with the independent living movement and to have greater involvement and feedback from people with disabilities in person-directed mobility management.

Part of a mobility manager’s duty is to form connections and develop relationships with local agencies, governing bodies, and transportation providers. This is critical to determine what transportation is available, where it overlaps, and how it can be coordinated among agencies for the highest efficiencies in transporting people. Such coordination occurred among Idaho, Montana, and Wyoming when several organizations from these states and the Wyoming mobility manager worked together to create a new transportation option through Yellowstone National Park.[[22]](#endnote-22)

A previously closed bus system now operates inside the park and provides tours to park exhibits. Members of the Linx Cooperative entered into an agreement with the National Park Service to open the roads within the park to public transportation and to coordinate services among outside providers to link the gateway communities of the park. A key aspect of this agreement is that the transit lines provide a different type of service than the tour buses. Now these transit bus lines are able to serve Yellowstone and Grand Teton National Parks as well as Bozeman, Montana, on the north; Jackson, Wyoming, on the south; Cody, Wyoming, on the east; and Idaho Falls, Idaho, and West Yellowstone, Montana, on the west. Opening this throughway has reduced trips that typically take six to eight hours (to go around the park) to four hours, allowing quicker access to health care and other services.

The independent living coach serving this region said,

I work with Linx, a transportation cooperative of the Yellowstone Business Partnership. The goal of this program is to increase transportation opportunities for all individuals within Western Wyoming, Southern Montana and Eastern Idaho. This group is made up of transportation providers, businesses, nonprofit groups, and other interested parties. I chose to work with Linx because it involves mobility managers at the decision-making level. Linx offers the opportunity to advocate and provide training for transportation-related issues that are important to an independent living center and to those who have the ability to expand services. I have been very impressed with the willingness of these providers to comply with—and exceed—ADA requirements and to treat individuals with disabilities as they would any other passenger.[[23]](#endnote-23)

Coordinated Services

Although the lack of transportation options in rural America is a persistent problem, several programs are using creativity and coordination to provide services to people with disabilities and those with low incomes. The Center for Independent Living for Western Wisconsin (CILWW) is one example.[[24]](#endnote-24) The CILWW effort to increase transit options in rural Wisconsin has two critical components: regional coordination and provision of transportation to rural communities with few or no transit resources.

The center employs a certified regional mobility manager who also serves as the transportation program coordinator. The center staffs a seven-county transportation coordinating committee that knits together the required locally developed human-service-coordinated transportation plans into a more region-based approach.

The regional coordinating committee is composed of public and private stakeholders; it meets quarterly in rotating locations within the region. The combination of the regional approach to coordination and providing transportation to those without access to it has resulted in a robust and growing program. In 2011, the program provided more than 12,000 rides; recently, it surpassed a million miles of service to a diverse population of people with disabilities. The center uses more than 140 volunteer drivers to serve the majority of those who use the program. The program is funded through a combination of New Freedom, Section 5317, and mobility management project funds, as well as monies received for delivering transit services. The rest of the funding is local match fee-for-service funds, rider reimbursements, agreements (cash and in-kind) from county partners, contracts, and the in-kind value of the drivers’ time.

Those who access the program (people with disabilities of all ages) do so for a variety of reasons, including medical, social, recreational, and employment-based trips. Since 2008, a third of those requesting transportation services have sought to access educational training, employment, or employment-related programs.

As a result of its success in meeting the unmet needs of the rural counties, the center has also engaged in a number of contracts with county human services and Aging and Disability Resource Centers (ADRCs) to coordinate and provide a portion of the transportation for those eligible under state and federal programs. Additionally, the transportation programs of the ADRCs have garnered contracts to provide transportation to consumers of two regional managed care organizations.

As the result of a recent collaboration with another private nonprofit center for independent living, the program now coordinates and provides transportation to residents in an 18‑county area of western and northwestern Wisconsin. A growing segment of those served are veterans without transportation to regional Veterans Administration centers. The program currently serves more than 130 veterans each week.

Finally, recognition of the growing demand for transportation options for rural Wisconsin residents with disabilities has led to an unprecedented and successful collaboration. In partnership with the city of Eau Claire Public Transit, the center was awarded the first two rounds of the federal Veterans Transportation Community Living Initiative grant for two years. This public-private collaborative was the only program funded in Wisconsin.

However, the success or impact of any program must be measured by how it affects the lives of individuals. The story of a user who lost his vision in midlife in 2009 summarizes what the program aims to achieve. “I had always been very independent and self-sufficient. I now had to figure out how to cope with all the changes in my life,” this user said, when asked to comment on how the rural transportation program at the CILWW had affected him. “In 2010 and 2011,” he said, “I stayed home most of the year because I didn’t want to burden people for a ride.”

After a referral and consultation on how the program operates and what it could offer him, the man decided to venture out in the community once more. “I decided I was ready to take on the world and needed to be out in the world.” He uses the program frequently for his needs and to accompany his 12-year-old son on trips. “Because of the transportation program, I have been able to attend my medical appointments, get my own groceries, and take my son on outings. He was so happy one day when we could go to the Mongolian Barbecue for lunch and then to a movie.” He concluded by saying, “I appreciate greatly the gift of independence this program has given me.”

Another coordinated services program is conducted by Living Independence Network Corporation (LINC),[[25]](#endnote-25) a center for independent living with offices in Boise, Caldwell, and Twin Falls, Idaho. The LINC transportation program[[26]](#endnote-26) is an example of cooperation and coordination among human service agencies, public and private transportation providers, riders, and federal, state, and local funding sources. The transportation program is funded by a combination of §5310, §5316, §5317, and Older Americans Act funds through the local Area Agency on Aging.

The LINC transportation program is a user-side subsidy service that allows people whose disability prevents them from driving to defray the cost of public and private transportation. Participants receive a discount card to be used when they ride with the public transportation provider or private providers such as taxis. The providers then bill LINC for the discounted dollar amount, which averages less than half of the regular fee.

By the end of 2012, 1,325 people had used the program; 809 of the participants were 60 years of age or over, and 698 people used the program specifically for employment. Using creativity and working with existing resources, the program provides a significant link between people with disabilities and seniors in rural America and their communities and employment opportunities.

An example of the program run by LINC is that of a young girl with Down syndrome who was seeking transportation options. After graduating from high school, she became very active in the community. Her mother was her sole source of transportation but was not able to fulfill all the girl’s transportation needs, and she was fearful of losing her newfound independence. Working with the LINC staff, she now uses the public bus system to travel during the day and her discount card to use the taxi for activities after hours.

(For more information on coordinated services, see chapter 8 on Coordinated Transportation.)

Car Ownership

Access to available transportation is crucial for economic independence. Economic independence is a significant aspect of personal independence, and car ownership can be the solution to many transportation challenges.

Good News Mountaineer Garage[[27]](#endnote-27) is a West Virginia nonprofit organization that takes donated cars, repairs them, and gives them to families in need of transportation to travel to work or training. The vehicles are matched to the needs of the recipients, who are provided with a warranty and training in how to care for the car. The families are required to have insurance and a budget for maintenance.

Organized by a group of concerned citizens, the Good News Mountaineer Garage opened its doors in 2001; since then, it has helped more than 1,700 families in West Virginia meet their transportation needs. In 2009, the garage entered an agreement with the West Virginia Department of Rehabilitation Services, which helps people with disabilities establish and reach vocational goals, to provide vehicles to referred clients. So far, 90 vehicles have been provided to people with disabilities who previously lacked transportation.

Update on Programs Mentioned in the 2005 NCD Report

One of the programs mentioned in the 2005 NCD report[[28]](#endnote-28) was the Association of Programs for Rural Independent Living Traveler’s Cheque Program, a highly successful transportation project. The goal of this project was to demonstrate the effectiveness of a voucher model to provide employment-related transportation for people with disabilities who lived in rural areas. It was established in 10 cities across the nation to provide rides to 588 people with various types of disabilities. The cities were located in Alaska, Georgia, Illinois, Kansas, Massachusetts, Minnesota, Montana, New Mexico, Pennsylvania, and Utah. (The site in Alaska is still operating the voucher program described earlier in the section on taxicabs.) The programs provided rides for 668 people with disabilities that resulted in 149 full-time and 121 part-time jobs obtained by participants.[[29]](#endnote-29)

The Arkansas CADET (Career Alternatives for Delta Area Transportation) project[[30]](#endnote-30) was another successful rural transportation project. In August 2001, the CADET project began providing transportation vouchers to people with disabilities preparing for, looking for, and going to and from work. In 2003, the project expanded its services to include taking children to daycare, easing a heavy burden on some participants. The project provided 33,850 job-related rides and traveled 1,060,558 miles.

MAP-21 and Rural Transportation

While Moving Ahead for Progress in the 21st Century (MAP-21) represented a significant shift in transit policy for rural communities, the legislation only authorized funding for two years and will need to be reauthorized by the current Congress, which may or may not alter the MAP-21 framework. The short authorization timeline of the bill (24 months) and flat funding create challenges for rural providers. Several features of the bill that were intended to improve access to transportation in rural communities are described in the following paragraphs. At this time, it is still open for debate whether these initiatives were ultimately successful or whether the current reauthorization of MAP-21 will allow them to continue.

Equitable funding: Any and all federal investments in public transit services in MAP-21 must be accountable and accessible to all users, regardless of program or area of the country.

Rural transportation planning: Every state must develop a formalized planning process for rural transportation that includes provisions for people with disabilities, and state and local planning committees must include rural people with disabilities. Currently, 38 percent of the counties in the United States have no rural transit, and less than 10 percent of federal spending is allocated to public transportation in rural areas.[[31]](#endnote-31) The law anticipated that these planning organizations would have a more formal role in setting regional priorities and overseeing the locally developed coordinated plan, as well as the responsibility of including urban, small urban, and rural formula transit providers into a more robust coordinated plan. These organizations[[32]](#endnote-32) should be established throughout each state, with the goal of implementing rural transit systems in all counties.

Coordination: The transportation components of all federal disability-related legislation across agencies should be coordinated to be consistent with and to complement MAP-21 transportation programs. Links should be created among transportation systems and municipalities to overcome artificial barriers such as transportation that stops at a county line or unnecessary service duplication. The principle of human service transportation coordination as a part of the public transit system should be emphasized.

Before the passage of the ADA, social service agencies provided a significant portion of non-fixed-route transportation services available to people with disabilities in the United States.[[33]](#endnote-33) Transportation was not earmarked as a separate funding stream in the budgets of many agencies; for these agencies to bring clients in for services, they often had little choice but to become involved in the transportation business. However, transportation was not viewed as a primary goal in the mission of social service agencies, so many were more than willing to shift this responsibility to the federally mandated ADA paratransit programs, which met the transportation needs of agency clients to some extent. The requirement in MAP-21 to widen the scope of development of a coordinated transportation plan to include both human service providers and traditional transit formula grant providers created an opportunity to address some of the disparities in transit availability.[[34]](#endnote-34)

Conclusion

Today, 45 years after the Urban Mass Transportation Assistance Act of 1970[[35]](#endnote-35) and 25 years after enactment of the ADA, minimal or nonexistent transit services in rural areas still create serious barriers to employment, accessible health care, and full participation in society for people with disabilities.

It is time to move past us-versus-them scenarios. It is crucial to consolidate the silo approach and give transportation providers the flexibility they need to serve the entire community, beyond its individual segments. This country must systematically encourage and fund innovative private and public sector models that can address unavailable and insufficient rural transportation, such as the models described in this report. The nation must also allocate program funds to support innovative tribal transportation programs that are coordinated with other public transit and community transportation services.

As Dale Marsico, Executive Director of the Community Transportation Association of America, stated in Twenty Years Later: Rural Transit Is Thriving, Demand Is Growing, More Resources Needed by Scott Bogren, “America’s most innovative, efficient and flexible transportation providers are those serving rural areas. They are the transportation solution for the next century.”[[36]](#endnote-36)

Chapter 7. Rural Transportation

1. Congress and all federal agencies that deal with transportation should place a far greater emphasis on rural transportation in both planning and funding. The United States still has minimal or nonexistent public transit services in most rural areas. Also, compared to the resources allocated to urban areas, those allocated to rural public transportation are significantly inequitable. This creates serious, ongoing barriers to employment, accessible health care, and full participation in society for people with disabilities.
2. Federal agency coordination should address the lack of a common definition of transit throughout the transportation system. Rural transportation (where it is available) is generally defined as specialized transportation. This deficiency creates eligibility silos that lead to competition for limited funding for individual programs. Numerous restrictions are imposed on rural providers, including limited trip purposes, limited hours of service, client-only transportation, and duplicative services. The cost of transportation in rural areas is generally higher because of the longer distances traveled.
3. Local rural planners, public officials, and staff in rural jurisdictions, and anyone affected by rural transportation, should learn about the successful strategies that have been used to provide rural transportation, including voucher programs, volunteers, flex services, taxicabs, mobility management, coordinated services, car ownership, and combinations of these.
4. Congress and the U.S. Department of Transportation should address the fact that, while Moving Ahead for Progress in the 21st Century (MAP-21) offers the potential for a significant shift in transit policy for rural communities, the short authorization timeline of the bill (24 months) and flat funding create challenges for rural providers.
5. Local rural planners, public officials, and staff in rural jurisdictions, and anyone affected by rural transportation, should learn about the sections of MAP-21 that might offer possible assistance for rural transportation. These sections include Equitable Funding, Rural Transportation Planning, and Coordination.

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