

Georgia Transportation Needs Assessment Report

2023



Research & Evaluation Unit

Institute on Human Development and Disability

UNIVERSITY OF GEORGIA

AUTHORS:

Hamida Jinnah, PhD

Research and Evaluation Unit (REU) Director
Associate Research Faculty, University of Georgia

CONTRIBUTIONS FROM:

Anuja Sarda

Research and Evaluation Unit (REU)
Graduate Research Assistant

Alexandria Hamilton

Research and Evaluation Unit (REU)
Program Manager

Cassidy Gaddie

Research and Evaluation Unit (REU)
Graduate Research Assistant

Whitney Ostrander

Graphic Designer



Research & Evaluation Unit
Institute on Human Development and Disability
UNIVERSITY OF GEORGIA

MORE INFORMATION:

www.ihdd.uga.edu/research-evaluation

Table of Contents

EXECUTIVE SUMMARY	5
KEY FINDINGS.....	5
RECOMMENDATIONS	14
METHODOLOGY	22
SURVEY RESULTS	25
COMBINED DEMOGRAPHICS (Individuals with Disabilities, Family/Caregivers and Key Informants)	25
INDIVIDUALS WITH DISABILITIES (IWDS)	30
FAMILY, CAREGIVERS	65
KEY INFORMANTS	91
FOCUS GROUPS AND INTERVIEW FINDINGS	108
INDIVIDUALS WITH DISABILITIES	108
FAMILY, CAREGIVERS	120
KEY INFORMANTS	124
SUGGESTIONS FROM RESPONDENTS	134
ENVIRONMENTAL SCAN	135
Transportation Data from Past Reports.....	141
General Transportation Options.....	147
Public Transit Services in Georgia	153
Transportation Funding in Georgia.....	160
Rural and Human Services Transportation (RHST)	169
Healthcare-related Transportation in Georgia	170
Driving for People With Disabilities	183
Airline Travel for People With Disabilities	183
Best Practices, Initiatives and Policies	186
APPENDIX	193

EXECUTIVE SUMMARY

KEY FINDINGS

Primary data was collected from 475 individuals with disabilities, family members, caregivers, key informants (including professionals, providers and advocates) was collected using surveys, focus groups and zoom-based interviews. Summary of key findings is provided below.

SURVEYS

INDIVIDUALS WITH DISABILITIES (IWDS)

- Residence - Almost half of respondents lived with parents or family, followed by independently in their own apartment or home, or in their own apartment or home with support/assistance.
- Disability Type - physical or mobility disability or cerebral palsy (34%), followed by intellectual disability (24%), Autism, Autism Spectrum Disorder(s), and neurodiversity (21%), and psychiatric or mental health disability (17%).
- Employment Status - Almost half were currently working, of which 39% were employed part time earning minimum wage or higher.
- Assistive Mobility Device - Most common assistive mobility device used by survey respondents to move from place to place was a manual wheelchair. Other responses included a power wheelchair and a walker. The least common assistive mobility devices were a guide animal (2%), white cane for visually impaired folks (3%), and a scooter (4%).
- Transportation Options - Frequency of Use
- Use of transportation - Riding with family (70%); riding with other non-family (48%); as a pedestrian via walking or rolling (36%). About 29% mentioned driving a vehicle, 27% mentioned riding fixed-route public transportation like a transit bus or train, and another 29% indicated using ridesharing like uber or Lyft. A fifth (21%) mentioned that a disability service provider transports them to where they want to go and another 18% get transported by disability services providers in groups. Only about 15% of respondents mentioned riding MARTA and another 17% riding paratransit.
- Concerns about public transportation - Public transportation is too expensive, no weather protection, unreliability of public transportation, equipment is unsafe, damaged, or in poor repair, restricted to their city or county, dirty or unsanitary.
- Barriers to Using Fixed Route Public Transportation Fear of crime; inconvenient routes or they take too much time; getting on and off; too much noise, bright lights, crowd stimulation; understanding how to use a bus; and no audio announcements while traveling or announcements hard to understand.

- Barriers to Using Paratransit Transportation - Long wait for pick-up, scheduling issues, cannot go multiple places on one trip, rides cancelled or do not show up, drivers need more training.
- Transportation-Related Experiences – Respondents had missed community events they wanted to attend because of a lack of transportation; lack of transportation keeps them dependent on others; lack of transportation has led to them having less control over their life; being restricted at home when they would like to be in the community; not being able to go where they want to go makes them depressed or sad; sometimes feel like they are a burden to others when they ask for help with transportation; they feel like they are socially isolated and lonely due to lack of transportation; they had lost a job because of transportation problems.
- Barriers to transportation services - Not enough services for people with disabilities, not enough accessible transportation options, not enough public transportation options; transportation being too expensive, transportation not taking them to places outside their county; transportation being difficult to access, not knowing where to find transportation services, not qualifying for paratransit, in spite of needing it or knowing how to apply for paratransit; Uber/Lyft not operating in the area or discriminate/refuse to serve people with disabilities.
- Transportation Information Sources- online internet search; friends, family, and community members; and disability service provider(s).
- Potential Barriers for Pedestrians - Broken sidewalks, cracks, and sidewalks being too narrow or blocked; no sidewalks in some areas; issues related to curb cuts including no curb cuts, curb cuts not being clearly marked, blocked or being in the wrong place; not having tactile bumps for crosswalks or lack of audible traffic signals; crosswalk signals change too fast, so there is not enough time to cross the street.
- Desired Improvements - More flexible hours including evenings, weekends; transportation that can be arranged without advance reservation; less expensive transportation and more funding or vouchers for free/subsidized transportation; on-demand transportation when they need it; transportation that goes across counties and cities; a better bus system with more buses, routes; better protection from weather when waiting for transportation; having one number to call for information about all transportation services; more disability training for drivers and transportation providers; more information about transportation options; uber/Lyft/rideshare services providing accessible vehicles; less paperwork to apply for paratransit or disability transportation.
- Transportation Advocacy - Only one-fourth of respondents indicated that they had advocated for transportation improvements. About half the respondents indicated that they were unsure of how to advocate for better transportation in their community. Another one-fourth mentioned they were aware of how to advocate but had not yet done so.

FAMILY, CAREGIVERS

- Nearly all respondents shared that they help their family members travel from place to place.
- A little less than half of respondents shared that they do both, provide and arrange for transportation for their loved ones. The other half indicated they help their loved one by providing transportation themselves.
- Nearly a third of respondents (30%) spent 3-4 hours a week providing or arranging transportation, followed by 1-2 hours a week (23%). Over 20% of respondents spent 5-10 hours a week providing or arranging transportation for their family members (21%).
- Common Transportation Sentiments True for Family Members About Their Children- their child has missed community events that they wanted to attend because of lack of transportation; feeling like a burden to others when asking for help with transportation for themselves and their child; their child being socially isolated and lonely due to a lack of transportation; child cannot participate in afterschool activities; or summer sports/recreation programs; or playdates, visiting friends because of lack of transportation; parents sometimes feel depressed because lack of transportation keeps them and their child at home too much; parents shared that their transportation options are limited because their child becomes upset/throws tantrums in the car.
- Family Members Experience of Providing Transportation - they would utilize an outside transportation service for their loved ones if it was available in their communities; driving their loved one around is expensive, stressful, that they have less time to take care of themselves because they provide transportation for their loved one, and they have to take time off from work to provide transportation; their loved one's disability or physical challenges make transporting him/her difficult; emotional or behavioral issues of the loved one make transporting him/her difficult (e.g. becoming agitated); getting loved one in and out of the vehicle is challenging for them; they enjoy providing transportation for their loved one, and that they find it rewarding.
- Challenges or Barriers Experienced in Providing or Arranging Transportation for Family Members with Disabilities - lack of safety when seeking transportation from sources other than family, having to adhere to their loved one with disabilities' schedule in order to provide their transportation, and limited availability of family & caregivers to provide transportation due to other obligations.
- The Impact of Lack of Transportation on Community Access for Children and Youth – places that youth with disabilities were unable to go to included, social or community events; afterschool care & summer camps, activities like movies, games, or art; supermarket, grocery or other stores; go shopping or to the mall; meet family or friends; or go on a vacation or weekend trip.

- Residence of Family Members with Disabilities - Loved one lived in the same home as them (82%). This is in line with the fact that four-fifths (80%) of the survey respondents were parents supporting individuals with disabilities.
- Paratransit Barriers per Family Members with Disabilities - Loved one can't go to multiple places on one trip; rides being canceled/not showing up; need to schedule too far ahead of the trip; long wait times for pick-up; safety issues during pickup and drop-off; drivers needing more training.
- Use of Public Transportation - More than two-thirds of respondents shared that their loved ones did not use public transportation. This is in line with the fact that four-fifths (80%) of the survey respondents were parents supporting their young or adult children with disabilities, and live in the same home as them.
- Barriers to Public Transportation Use - Service is restricted to riders' cities and counties; public transportation is too expensive; equipment (such as lifts, ramps, and wheelchair tie-downs) is unsafe; services not being reliable.
- Sources of Information about Transportation Services - Almost three-fourths of respondents found information about area transportation services via online internet searches; getting information from friends, family, or colleagues; getting information from someone living in their community; or transportation Provider Agencies.
- Key Transportation Service Barriers Faced by Family Members with Disabilities - Not enough services for people with disabilities; not being enough public transportation options; individuals with disabilities don't have friends or family to regularly drive; transportation services to be too expensive; they didn't know where to find the services; there not being enough accessible transportation options; and transportation services being difficult to access.
- Transportation Improvement Suggestions from Family Members - More funding or vouchers for free or subsidized transportation; less expensive transportation; more flexible transportation hours like evening and weekend services; and more on-demand transportation when they need them; more information on transportation options; having one number to receive information about transportation services; transportation that can be arranged without advance reservation; and transportation that goes across counties or cities; less paperwork to apply for paratransit or disability transportation; transportation that lets them go to multiple places.
- Family Members' Knowledge of Advocating for Better Community Transportation - Nearly three-quarters of respondents shared that they were not sure how to advocate for better transportation in their communities. Only one-eighth of respondents knew about advocacy and had advocated for transportation improvements in their community. The remaining 13% knew about advocacy but had not yet for transportation improvements.

KEY INFORMANTS

- Identity of Key Informants - Disability service providers for individuals with a disability and educators are equally represented in the sample, making up nearly 48% of the total number of respondents. Others included Disability advocates; Independent Living Center professionals; and other professionals working with individuals with a disability.
- Current Positions of Key Informants – Educators; Coordinators; Administrators/Directors; direct support professionals; school psychologists; employment specialist; supported employment managers; consultants.
- Barriers Related to Paratransit Services - scheduling as a major problem where passengers are required to schedule trips way in advance; long wait time for pickups; cancellation of rides; and not able to do to multiple places on one trip.
- Barriers Related to Fixed Route Services - Restricted service within counties/cities as the major barrier to fixed route transit services; fixed routes being not reliable; no protection from weather while waiting for their rides; and the equipment (ramps, lift) being unsafe, damaged or in poor repair.
- Information Sources about Transportation Options - friends, family; Direct support professionals; online internet search.
- Barriers Related to all Types of Transportation Options - lack of adequate services for people with disabilities; not enough public transportation options; not enough accessible transportation options; transportation services being difficult to access; not taking people with disabilities outside their county; people not having family or friends to regularly drive them.
- Recommendations for Improving Transportation Services - Need for more flexible transportation hours (evening service, weekends), followed by needing transportation that goes from county to county and city to city; having more on-demand rides when individuals need it; having more funding or vouchers for free or subsidized transportation; having transportation that can be arranged without advance reservation; needing more information about transportation options; having one number to call to get information about transportation services; transportation that would allow them to go multiple places in one trip; less expensive transportation; and Uber/Lyft/rideshare services providing wheelchair accessible vehicles.
- Adequacy of Transportation Services - More than four-fifths (82%) of key informants said that current transportation services and supports in Georgia are somewhat or very inadequate. Only 13% of respondents believed that the services and supports are somewhat or very adequate.

TOP CHOICE CATEGORIES

The tables below present the top choices for transportation topics selected by all three key stakeholders – individuals with disabilities, family/caregivers and key informants.

Barriers to Using Fixed Route Public Transportation

Individuals with Disabilities	Family/Caregivers	Key Informants
<ul style="list-style-type: none"> ▪ Fear of crime ▪ Inconvenient routes or they take too much time ▪ Getting on and off 	<ul style="list-style-type: none"> ▪ Restricted city/county service areas ▪ Too expensive ▪ Unsafe equipment 	<ul style="list-style-type: none"> ▪ Restricted city/county service areas ▪ Not reliable ▪ No protection from weather while waiting ▪ Unsafe equipment

Barriers to Using Paratransit Transportation

Individuals with Disabilities	Family/Caregivers	Key Informants
<ul style="list-style-type: none"> ▪ Long wait times ▪ Scheduling ▪ Cannot go multiple places in one trip 	<ul style="list-style-type: none"> ▪ Cannot go multiple places in one trip ▪ Ride cancellations ▪ Scheduling 	<ul style="list-style-type: none"> ▪ Scheduling ▪ Long wait times ▪ Ride cancellations

Information Source About Transportation Options

Individuals with Disabilities	Family/Caregivers	Key Informants
<ul style="list-style-type: none"> ▪ Online internet search ▪ Family, friends, community members ▪ Disability service providers 	<ul style="list-style-type: none"> ▪ Online internet searches ▪ Friends, family, colleagues ▪ Someone in community 	<ul style="list-style-type: none"> ▪ Friends, family, colleagues ▪ Direct support professionals ▪ Online internet searches

Key Barriers to Transportation Services

Individuals with Disabilities	Family/Caregivers	Key Informants
<ul style="list-style-type: none"> ▪ Not enough services ▪ Not enough accessible options ▪ Not enough public transportation options 	<ul style="list-style-type: none"> ▪ Not enough services ▪ Not enough public transportation options ▪ Not having family or friends available to regularly drive 	<ul style="list-style-type: none"> ▪ Not enough services ▪ Not enough public transportation options ▪ Not enough accessible options

Desired Improvements

Individuals with Disabilities	Family/Caregivers	Key Informants
<ul style="list-style-type: none"> ▪ More flexible hours ▪ More on-demand services ▪ Subsidized/free transportation options 	<ul style="list-style-type: none"> ▪ Subsidized/free transportation options ▪ More flexible hours ▪ More on-demand services 	<ul style="list-style-type: none"> ▪ More flexible hours ▪ Inter- city and county transportation options ▪ More on-demand services

INTERVIEWS/FOCUS GROUPS

- *Issues Related to Paratransit Services* - Booking demand response/micro transit services are extremely difficult, as the process requires an individual to schedule well in advance. Restrictions on paratransit not crossing county lines is a major barrier, especially in rural areas. Limited transportation hours are a big barrier; some paratransit services do not operate at night (after 9pm) or weekends. Because of the early scheduling requirement, participants having to often depend on friends and family members to drive them to some of their medical appointments. Paratransit services are often have late pick up/drop off concerns, as well as wrong drop off points. Shortage of drivers is a major barrier. In some areas, there is only one driver associated with paratransit, so, if the driver calls in sick, they cancel all the rides. Travel options with Uber/Lyft are restrictive because they are not wheelchair accessible or affordable for many people.
- *Issues Related to Fixed-Route Services* – Concerns about lack of adequate and efficient public transportation in areas outside of metro Atlanta, particularly true for more rural or remote areas. The geographical boundary (county) limits on transit and paratransit services such that they do not go across counties, as well as the cost of fares are important barriers. There are operational issues such as frequency of buses and trains, long wait times, inconvenient pick up and drop off points, limited operational hours and days that are not enough to accommodate typical work hours, lifts not working properly. There is a need for more stops and greater frequency of buses. Family members sometimes have to drive the person with a disability to the nearest bus stop because the bus stop is far from the house. Safety concerns related to using fixed routes at night, tie downs for wheelchairs not working, buses are in poor condition and unsafe for wheelchair users. Uber/Lyft are expensive and could have safety issues.
- *Transportation Costs* – Buses fares can add up and get expensive; Uber/Lyft services are expensive; and if they need help with daily living tasks, there are high costs associated with flying to buy airfare for themselves and their support person. Owning a vehicle or driving gets expensive due to high gas prices and car maintenance; financing accessibility features like ramps or hand controls can get expensive.
- *Infrastructure Issues* – Lack of proper infrastructure for walking or rolling for people with disabilities restricts their mobility. Entrances in public spaces are sometimes not accessible, accessible entrances are sometimes in hard to locate. Sometimes, entrance doors of buildings which are not wide enough to accommodate their bariatric wheelchairs (which are larger than normal wheelchairs). Other issues include bus stops sitting on ditches, no sidewalks leading up to the bus stops, a lack of benches, and bus stops being uncovered. Ramps are sometimes not compliant with ADA requirements. Narrow or broken sidewalks become a problem for people using wheelchairs of different sizes. Accessing curb cuts is

often a challenge for people with disabilities when they are not wide enough, not at the right angle, or painted in a distinct color, to aid people to see. Some Uber/Lyft drivers refuse to accept the ride if there is a service animal with you, as they are concerned about the animal making their cars dirty.

- *Rural transportation* - There is a general lack of transportation options in rural areas for people with disabilities in Georgia. Individuals in rural areas often don't have access to services like Uber and Lyft due to a lack of available drivers. People with disabilities who do not drive would have to depend on their family or friends to take them to places including medical appointments, grocery shopping, church or recreational activities. It can be time consuming and expensive for caregivers to consistently give rides to their loved ones with disabilities.
- *Medical Transportation* – Long wait times and the delayed pick up and drop off times, lead to missed medical appointments. Sometimes, the wait times would range from 2-4 hours. Families are sometimes unduly reported to DFACS by medical facilities, if parents cannot bring their kids to medical appointments due to transportation issues (lack of or delayed transportation), which creates huge challenges for families. Delays in medical transportation pickups or drop-offs could risk the employment of parents of children with disabilities. Dialysis patients are sometimes forced to wait for long hours for other dialysis patients to finish before the driver can drive them back home. Key informants shared that many healthcare services are located in metro Atlanta that makes travel from rural areas difficult for many people with disabilities. In many rural areas, telehealth services may not be available, or families may not be able to access them, due to limited access to the internet.
- *Transportation as a Barrier to Employment* – A major barrier to seeking employment is lack of adequate and reliable transportation. Lack of transportation availability, especially with regard to public transportation, often prevents people with disabilities from being able to travel to the jobs that are available to them and restricts their options, especially in rural areas. Being consistent and on time is a priority for most employers. Being able to go to their work place regularly, and on time is important for job retention.
- *Driving* - Some reasons that prevent people with disabilities from driving include anxiety, lack of confidence, physical limitations, nature of disability, and executive function limitations.
- *Family dependency* – Family dependency becomes a barrier to transportation for people with disabilities as they lose their freedom and independence to travel at their own will and time. They have to schedule appointments based on the availability of their caregiver or family member. Sometimes, the family member has to take a leave from their workplace so that they can take their loved ones for emergency appointments.

- *Challenges Associated with the Type of Disability* - Parents/caregivers cited emotional and behavioral issues as a barrier as it sometimes becomes challenging for them to reason out with their loved ones and what they need to do to make travel easy. Some individuals with disabilities may feel lost if they travel on an unfamiliar route which can lead to emotional outbursts. Sometimes the disability of their loved ones requires special assistance like a lift in the vans, but they are very expensive and unaffordable for many middle-class families in Georgia.
- *Lack of coordination between agencies* – Key informants shared that lack of coordination and collaboration between agencies in Georgia is a persistent barrier to utilizing the funds and providing services efficiently and effectively.
- *Attitude of Transportation Professionals* - Key informants talked about how sometimes people with disabilities are not treated with care, sensitivity, and respect by transportation providers. Bus drivers sometimes deliberately drive past people with disabilities and don't stop, so they don't have to accommodate them. Uber/Lyft drivers do not let you travel with them if you have a guide dog even though their refusal is against the law. Transportation providers sometimes look down on people with disabilities. There is a need for more education, awareness of transportation providers so as to increase their sensitivity and respect towards individuals with disabilities.
- *Lack of adequate funding for transportation* - Key informants shared that agency funding limitations result in low reimbursement rates for trips supplied by contracted transportation service providers. This leads to agencies having a difficult time finding transportation providers who are willing and able to supply trips for such low reimbursements. Provider for a customized employment client would be required to go to the client's house and community and be there at least 4-5 times a week but not getting reimbursed for mileage creates a financial burden for them. Key informants shared that cities are often against instating public transportation systems because they would then be required to provide paratransit services as well. Paratransit services aren't profitable. Key informants have expressed that funding for transportation services from the federal, state, local and non-profit sources need to be made a priority.

RECOMMENDATIONS

1. Convene a Transportation Workgroup that is comprised of key stakeholders in Georgia working on transportation issues for people with disabilities including state agencies, advocates, Georgians with intellectual and developmental disabilities, and their caregivers.

A key component in manifesting successful outcomes for individuals with disabilities is, collaborative efforts between state agencies, non-profits, county service providers, employers, and individuals with disabilities. Without collaboration, efforts may be duplicated, lost in translation, or ineffective in fulfilling the transportation goals and prospects for people with disabilities. Indeed, a common concern is the lack of conversation between the stakeholders leading to people working in silos and isolation. Key informants in our interviews shared that an important way for disenfranchised people to be heard is if a large number of them voice their opinions about something, and if they form a significant part of the voting population.

The workgroup should consist of the Georgia Council on Developmental Disabilities (GCDD), Centers for Independent Living, Uniting for Change, Georgia Advocacy Office, Area Agencies on Aging, the Department of Behavioral Health and Developmental Disabilities (DBHDD), Georgia Vocational Rehabilitation Agency (GVRA), and other self-advocate networks. Georgians with disabilities, including youth transitioning from school to employment and their caregivers, should be included in the workgroup.

The workgroup could focus on specific tasks as listed below:

- a. Connect with and form a coalition with other community groups or agencies that also work with individuals impacted by transportation issues, including seniors or the aging population, low-income families, the immigrant population, and individuals with chronic medical conditions, among others. As a key informant suggested, *“In every county, if every person who is impacted by the transportation issue got connected, the pooled power of all those individuals is bound to have an impact”*.
- b. Have sub-groups focusing on specific issues, e.g. transit, para-transit, MARTA, rural transportation, pedestrian accessibility and safety
- c. Examine untapped federal, state and county-level transportation funding sources that can be better directed to fund transportation for people with disabilities.
- d. Gather, energize and provide training and technical assistance to advocates and professionals on transportation advocacy.
- e. Understand how local transportation advocacy works. Understand the set times and processes through which transportation decisions are made at the local (county) level in Georgia. Identify times when they ask for comments and provide advocacy to the right people at the right time. Understand who are the key decision makers at the county level who need to be at the table to talk about transportation issues. Use the power of

stories to get them on board. Train disability advocates to have clarity on, and communicate clearly about, the specific things they are requesting.

- f. Some counties in Georgia have The Special Purpose Local Option Sales Tax (SPLOST), which is a small amount (e.g. 1-cent) sales tax approved by voters that funds a variety of capital projects. This is usually a large pot of money and if transportation advocacy is rightly strategized and timed, can easily fund infrastructure modifications like sidewalks, curb cut repairs, adding shades and benches to bus stops, among other things.
- g. Gather, organize, use data (including funding data) on transportation topics including transportation funding for Georgians with I/DD, transportation issues, services and providers across GA.

2. Fund a Technical Assistance (TA) Center dedicated to addressing transportation issues in Georgia.

The proposed center could focus on specific tasks as listed below:

- Convene the Statewide Transportation Workgroup described above
- Develop and host a web portal that serves as a one-stop hub for information and resources related to transportation for Georgians with I/DD.
- Provide training, technical assistance and share resources on transportation issues and transportation advocacy. Host online videos to provide virtual training on topics like:
 - How to urge/advocate with your representatives to preserve funding for transit
 - Build a winning coalition
 - Craft a winning message
 - Using the power of stories for transportation advocacy
 - Changing the narrative for transportation advocacy from welfare to economic contribution and empowerment
 - Moving beyond initial conversations to follow through
 - How to engage the local community members and leaders (how disability advocates in Georgia can work with other local self-advocates, involve and engage the local county commissioners, area agencies on aging, centers for independent living, other non-profits).
- Provide technical assistance and support to counties and non-profits to build their capacity to leverage infrastructure, ARPA, or other funding sources for enhancing transportation services to counties.
- Use the power of stories to inform and educate the public about the impact of transportation inadequacies on Georgians from disenfranchised groups, including individuals with disabilities, their caregivers, seniors or aging population, individuals from low income backgrounds, immigrant populations, among other groups.

- Gather, organize, use data on transportation topics, including transportation funding for Georgians with I/DD, transportation issues, services and providers across GA.
- Fund mini grants for innovative transportation ideas, models, best practices and partnerships.
 - Fund the formation of coalitions with local and state partners on transportation issues, similar to the project on voting rights in Georgia. Members could meet weekly or monthly calls to talk about local transportation issues, advocacy and impact. This needs assessment received an overwhelming response from individuals and family members wanting to share about the transportation issues and stories. There is a lot of energy in the disability community in Georgia around transportation issues because many of the current systems are ableist, that create barriers for a lot of people including those with disabilities.
 - Fund innovative partnerships between non-governmental agencies, faith-based initiatives and other local initiatives.
 - Entities that advocate for county transportation services to be able to travel in surrounding counties, or coordinated or regional transportation systems.
 - Entities that engage local community members, leadership and employers to find innovative and creative transportation solutions.
 - Engage local employers and businesses to provide transportation for workers or customers with disabilities.
 - Entities that propose to collaborate with transportation services like Uber and Lyft to serve rural areas of Georgia and advocate for them to provide accessible transportation services.
 - Collaborate with local universities (e.g. Archway partnership grant in Moultrie, Georgia), wherein students can study transportation needs in local communities, design and advocate for new bus routes or infrastructure changes like additional or covered bus stops in certain areas.
 - There is a need to identify new service models that would improve the flexibility and responsiveness of transit services. Entities that propose to create/advocate for service models that provide multiple transportation options and meet customer travel needs at different times of day/days of the week.
 - Entities to use data and insights from this needs assessment report on transportation and other sources, to prepare infographics, short reports, flyers, social media posts/ads and other dissemination materials and use them for transportation communication and advocacy.
 - Fund Peer Mentoring for Transportation Advocacy - fund a pilot initiative similar to the Transportation Advocacy Mentoring Initiative (TAMI) that paired young adults with

disabilities from Massachusetts with young advocates with disabilities in Michigan, who already had experience and success advocating for inclusive transportation options.

- Fund Transportation Advocacy Mentoring Initiative – fund a pilot program similar to this Easter Seals project that leverages peer mentoring to improve transportation advocacy skills for youth with disabilities; Partners for Youth with Disabilities.

[Transportation Advocacy Mentoring Initiative: Peer Mentoring Implementation Guide \(wid.org\)](#)

- Fund volunteer transportation programs in local communities, especially in rural areas, including faith-based collaborations. More than 800 volunteer drivers' programs operate across the country. Volunteer drivers can be reimbursed for providing transportation to their friends, neighbors and co-workers. More resources can be found here: [Volunteers in Transportation: Some Issues to Consider \(cdn-website.com\)](#)
- Fund organizations to develop pilot voucher transportation projects, in collaboration with others, especially in rural areas. They can use existing toolkits developed by other states like Michigan and Montana, to develop these voucher programs.
- Fund a one-stop hub that compiles and provides transportation information to passengers about transportation options.
- Fund grantees that provide travel training. There is a need to provide free instruction to help new riders learn to travel safely on public transit. Travel training may be provided by professionals or peers who are experienced users of public transit. The training shall include classroom (or individual) instruction plus a trip on transit.

3. Continue local and statewide advocacy efforts on transportation services and supports for Georgians with disabilities by forming coalitions with other disenfranchised groups.

- Continue advocating with Georgia legislators during the state legislative session to focus on transportation accessibility, availability and accommodations.
- Share and disseminate transportation advocacy resources with professionals and self-advocates.
 - Advocates could use guidebooks like the one mentioned here to help strengthen their advocacy efforts. The guidebook, *Fight For Your Ride: An Advocate's Guide for Improving & Expanding Transit*, offers local advocates and transit champions practical advice for making real improvements to public transit. Drawing examples from successful campaigns and reform efforts in small, medium, and large cities across the country, the guide illuminates effective ways to speed up transit, expand its reach, and improve service for riders. It offers tactical lessons on building a coalition, developing an effective message, and organizing a campaign for better transit in your community.

- Guidebooks like the one developed by Transportation Advocacy Mentoring Initiative (TAMI), which is a transportation peer mentoring initiative, can be used as a resource for transit and human service providers to assist in developing peer mentoring models that enhance youth transportation advocacy in new communities.
- Specific advocacy relating to the following is needed:
 - Transit Accessible infrastructure - There is a need to enhance pedestrian, bicycle, and multimodal transit accessibility and connectivity
 - Inclusive transportation Planning – Funders and policy makers should involve and engage people with disabilities in transportation planning
 - Restrictions on crossing county lines, especially in rural areas, seems to be a big concern. Advocacy for county/city transportation services to be able to travel in surrounding counties/cities, as well as advocating for coordinated or regional transportation systems is a high priority.
 - Advocate with transit (fixed-route and paratransit) services to increase availability, accessibility, expanded timings, and reduction of delays.
 - Advocate for more fixed-route connectivity, more demand-response transportation, transit in rural areas, micro-transit services.
 - Advocate for more funding and resource allocation to transportation for vulnerable populations, including individuals with disabilities at federal, state and county levels
 - Advocate for more vouchers and subsidies to reduce transportation costs.
 - Advocate for new service models that would improve the flexibility and responsiveness of transit services that meet customer travel needs at different times of day/days of the week.
 - Advocate with Uber/Lyft to provide wheelchair accessible and affordable options for people with disabilities.
 - Advocate for increased accessibility for underrepresented communities
 - Advocate for increased accountability for different entities involved in the landscape of transportation services and support in Georgia. Since a major barrier to transportation relates to long wait times and cancellation of rides, there is a need to hold transportation systems accountable.
 - Advocate for infrastructure for walk/roll including accessible sidewalks, curb cuts, traffic lights with audio cues, bus stops that are on level ground and accessible.
 - Advocate for a one-stop hub for transportation information.

4. Shift the Narrative for Transportation Advocacy

An alternative way to approach transportation advocacy would be to move away from the charity or rights models and make it an economic contribution and empowerment model. As we know, transportation is very closely tied to employment. It is important to highlight the important role that people with disabilities play in terms of contributing to the local economy, through employment, through increased purchasing power and spending, including spending on consumer goods and recreational activities.

We therefore recommend adopting [Advancing Employment's](#) approach to employment advocacy, wherein there is a shift in transportation advocacy from a Services Advocacy approach to an Economic Advocacy approach. We therefore suggest original application of a theoretical framework (economic advocacy) to a new context (transportation). Some terminology changes are suggested below.

Services Advocacy	Economic Advocacy
Focus is on waiver slots, preserving funding	Focus is on return-on-investment (ROI), purchasing power
Tasks include letter writing, email blasts, and calls to legislators	Tasks include conveying diversity, equity, and inclusion through access to transportation and employment.
Words used focus on pity, loss, "otherness", and disempowerment	Words used focus on citizenship, citizen's rights, economic empowerment
Outcomes are oftentimes long-term segregation in facility-based programs	Outcomes are community living, mobility, employment and financial contributions in local communities
Ongoing services are mostly professionalized	Ongoing supports also include natural and coworker-based approaches
Advocacy is largely episodic and urgency-based	Advocacy is consistent and rooted in economics that are community-specific

Universal Design Access

Another important approach to transportation advocacy needs to focus on universal design access. Recent literature in disability theory has moved away from the word 'accessibility' to 'access'. This change in word encompasses access to spaces not just for people with disabilities, but also includes everyone such as a pregnant woman, a child with short legs,

or an individual dragging a heavy cart. This way it is no longer a disability issue. It is important to keep the idea of universal design access in mind when advocating for transportation infrastructure as features that help everyone.

5. Using Coordination or a Regional Approach for Transportation Planning

Coordinated Transportation - Community transportation challenges are often too complex to be solved by a single agency. Pulling together people from a wide range of disciplines who have a shared interest in solving the problem is an effective strategy in reaching a solution. We recommend using existing best practice models and toolkits to build transportation coordinating committees in various parts of the state. These coalitions can not only solve a single problem or issue, they can also prompt the pooling of resources, eliminate duplication of effort, increase communication, break down stereotypes, and initiate positive social change in a community.

A recurrent theme shared by people with disabilities in this study, was that transit and paratransit are limited to within county travel. People are unable to travel to neighboring counties, even if their destination is only a mile away from where they live. An important recommendation shared by key informants for improving transportation services and supports for people with disabilities was to shift towards a regional approach to transportation planning. County-operated public transit services are restricted such that they can only offer services in the same county (except MARTA). To overcome this barrier, counties should be incentivized to coordinate transportation services with adjacent counties. Rather than operating independent transportation services, residents would be better served by counties' working together to operate services across a group of counties.

A regional approach to resolving transportation issues in Georgia will allow stakeholders to fill the gaps in services in underserved areas such as rural areas. Through a regional approach, communities get access to regional bus programs through the Regional Commissions. Each county pays their match to the regional commission, thus making them the grantee for the state. The transit dollars flow into the Regional Commissions, which are used to operate buses in the region, and are not restricted by county lines. This approach allows counties to pool their resources and make a bigger impact to provide transportation services. Regional or multi-county transit services may allow for resource sharing between service areas or local providers that create efficiencies in administrative and/or maintenance practices.

Having cross-county access to transportation will open up more avenues for work for people with disabilities in rural areas, where instead of 50 jobs, they have access to 300 jobs that they could apply to. By consolidating routes, reducing transfers, providing amenities throughout the region, and implementing a consistent fare structure, riders may enjoy an improved and efficient experience. A regional approach might attract new funding sources and

partners, which is particularly important for vanpool programs, where employer participation is necessary for success. One such example is the Three Rivers Regional Commission Rural Public Transportation Program, operated by a third-party operator, RMS Transit, Inc., using a “Demand Response” model. This model allows the transit bus to pick up consumers from their residence and drop them off at the requested destination.

6. Braided funding for transportation

Lack of funds has been a recurrent barrier to providing transportation services and support in Georgia. One of the key informants recommended bringing all the different state agencies together to combine and braid their funding to meet the transportation needs of an individual with a disability. When different state agencies collaborate to streamline funding that goes towards transportation, it can help put the funds to best use for meeting transportation needs of all individuals with disabilities.

7. Education and awareness

- Mobility needs are not just limited to transit, but also involve thinking about inclusive features in infrastructure like wider sidewalks, curb cuts, sensory additions and easy to locate signage among others. It is therefore important to encourage city and state planners to develop and re-develop inclusive communities during the planning stage of development.
- It is important to educate legislators about the importance of appropriate transportation services for people with disabilities, especially before a bill is introduced. This would help legislators have a general understanding and be more supportive of the bill.
- An important recommendation for improving transportation services and systems in Georgia pertains to education and awareness of passengers with disabilities and their family members about the available transportation and transit.
- Education and sensitization of transportation professionals on working with people with disabilities would be an important step in impacting attitudinal changes in providers.

METHODOLOGY

Surveys

Surveys were developed by the lead authors to collect input from the following target groups: 1) Individuals with disabilities, 2) Family and caregivers of Individuals with disabilities, and 3) Key Informants. The electronic survey was developed using an internet-based survey application known as Qualtrics. The surveys did not require the respondents to identify themselves when completing the survey. The surveys were made accessible and readable at 10th grade level or less, reliable and had face validity. The survey contained contact information to request access to alternate formats of the survey. Survey responses were aggregated and summarized by the REU team prior to reporting the results which further facilitated the obscuring of the individual identities. Surveys were pilot tested to test their validity, relevance, length and ease of understanding. Modifications were made based on the feedback gathered on the survey and the revised versions of the survey were then used for data collection.

A graphic designer also developed a web page dedicated to the transportation needs assessment. This web page contained information about the study and the website links to access the surveys. Information about the survey and the webpage were widely distributed across networks (individuals and organizations) that work with individuals with disabilities in Georgia. The links to the surveys were also shared using social networking websites like Facebook, Instagram and Twitter. Flyers containing information about the surveys were distributed widely through social media.

The REU team shared information about the needs assessment and links to the survey to close to a hundred disability service organizations, providers, agencies, advocacy agencies and other entities working with the disability community in the state of Georgia. Introductory emails were sent out to different entities, introducing the study along with information that could be copied and pasted when forwarding the information to others. These entities were requested to post information about the needs assessment on their social media platforms. The web links for the survey and the webpage were also publicized on social media platforms of key disability entities in the state of Georgia. The REU team visited several disability service providers to help conduct surveys in person. Recruitment efforts also included meetings with representatives of disability providers, agencies, and advocacy agencies via Zoom to organize information sharing, survey taking and focus group events.

One of the purposes of the needs assessment was to capture a diverse set of perspectives from a wide range of individuals, caregivers and key informants who work with individuals with disabilities. We made special efforts to recruit individuals with intersectional identities, individuals from unserved and underserved regions of Georgia and individuals belonging to culturally and linguistically diverse backgrounds.

A total of 382 valid surveys were completed by the targeted groups. The responses from the valid surveys included 168 individuals with disabilities, 106 family and caregivers and 108 key informants.

Interviews

Interviews were conducted with the following target groups: 1) individuals with disabilities, 2) family and caregivers of individuals with disabilities, and 3) key informants who are knowledgeable about the transportation needs of individuals with disabilities. The purpose of the interviews was to help identify the transportation needs of individuals with disabilities, their families and caregivers, the barriers they face in accessing transportation services and supports, what needs to be improved relating to transportation services and supports. Interviewees were asked to share the needs of individuals from underrepresented groups including culturally and ethnically underrepresented communities. The interviews were semi-structured in nature and lasted between 20- 60 minutes. A semi structured interview protocol allowed the REU to personalize the interviews based on the expertise and experiences of the interviewees. Each interview was conducted via Zoom and was audio recorded after getting verbal and written consent from each of the participants. Consent was taken through a Qualtrics survey. At the end of the interviews, the interviewer saved the audio recordings and the transcriptions for each interview. The verbatim transcriptions were used for data analysis for the study.

A total of 52 interviews were conducted out of which 23 were individuals with disabilities, 6 with family and caregivers and 23 key informants.

Efforts to ensure respondent confidentiality

The Zoom interviews were audio recorded with consent. Participants were informed that their participation was voluntary, they could stop the interview at any time, and could choose to answer the questions they wanted to. At the end of all the interviews, the responses were pooled together and reported in an aggregated form.

Focus Groups

Focus groups were conducted with the following target groups: 1) individuals with disabilities, 2) family and caregivers of individuals with disabilities, and 3) key informants who are knowledgeable about the transportation needs of individuals with disabilities. The purpose of the focus group was to help identify the transportation needs of individuals with disabilities, their families and caregivers, the barriers they face in accessing transportation services and supports, and what needs to be improved relating to transportation services and supports. Each of the focus groups lasted about an hour and were audio recorded. Two or three researchers from the REU team facilitated the focus groups where one researcher played the role of a

moderator and the other served as a technological support along with taking notes. The researchers followed a semi structured interview protocol to guide the discussion while also leaving space to personalize the interview based on the participants expertise and experiences. Verbal as well as written consent were taken before the start of the focus groups. Consent was taken through a short Qualtrics survey. Audio recordings and transcripts were saved at the end of the focus groups and used later for data analysis.

A total of 41 individuals attended about eight Zoom-based focus groups that were conducted.

Efforts to ensure respondent confidentiality

The Zoom based focus groups were audio recorded with consent. Participants were informed that their participation was voluntary, they could stop the session at any time, and could choose to answer the questions they wanted to. At the end of all the interviews, the responses were pooled together and reported in an aggregated form.

Data Analysis

The data for this study was analyzed using both Quantitative and Qualitative approaches. Quantitative data analysis consists of computing frequencies and descriptive statistics for survey items with fixed response options. Data were analyzed using quantitative statistical software IBM SPSS Statistics v.28, Qualtrics, and Excel 2021. Quantitative data analysis approaches like frequencies, percentages, means and other inferential statistics were used to analyze the responses from the survey. Open ended questions in the survey which yielded narratives were analyzed using content analysis for themes and concepts that were expressed by the respondents.

Narratives from the interviews and focus groups were analyzed using content analysis for themes and concepts that were consistently shared by the respondents. The results from the content analysis were organized according to the prompts in the interviews and focus groups. Themes that surfaced consistently were identified and reported as consensual themes in the report.

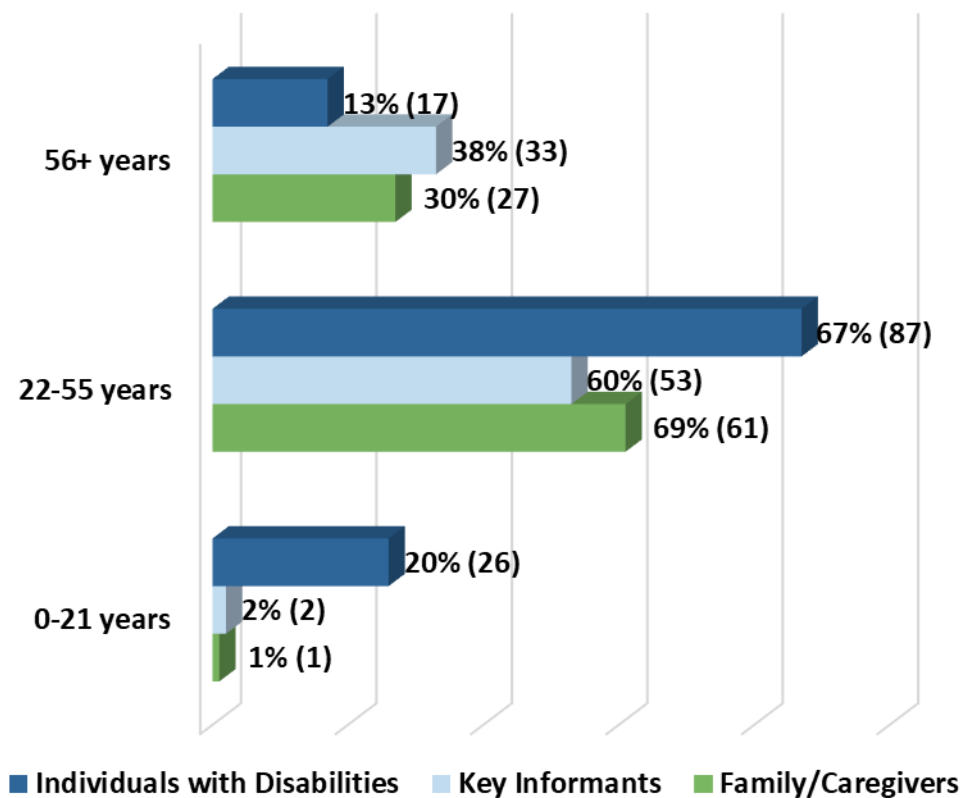
SURVEY RESULTS

COMBINED DEMOGRAPHICS (INDIVIDUALS WITH DISABILITIES, FAMILY/CAREGIVERS AND KEY INFORMANTS)

Age Group

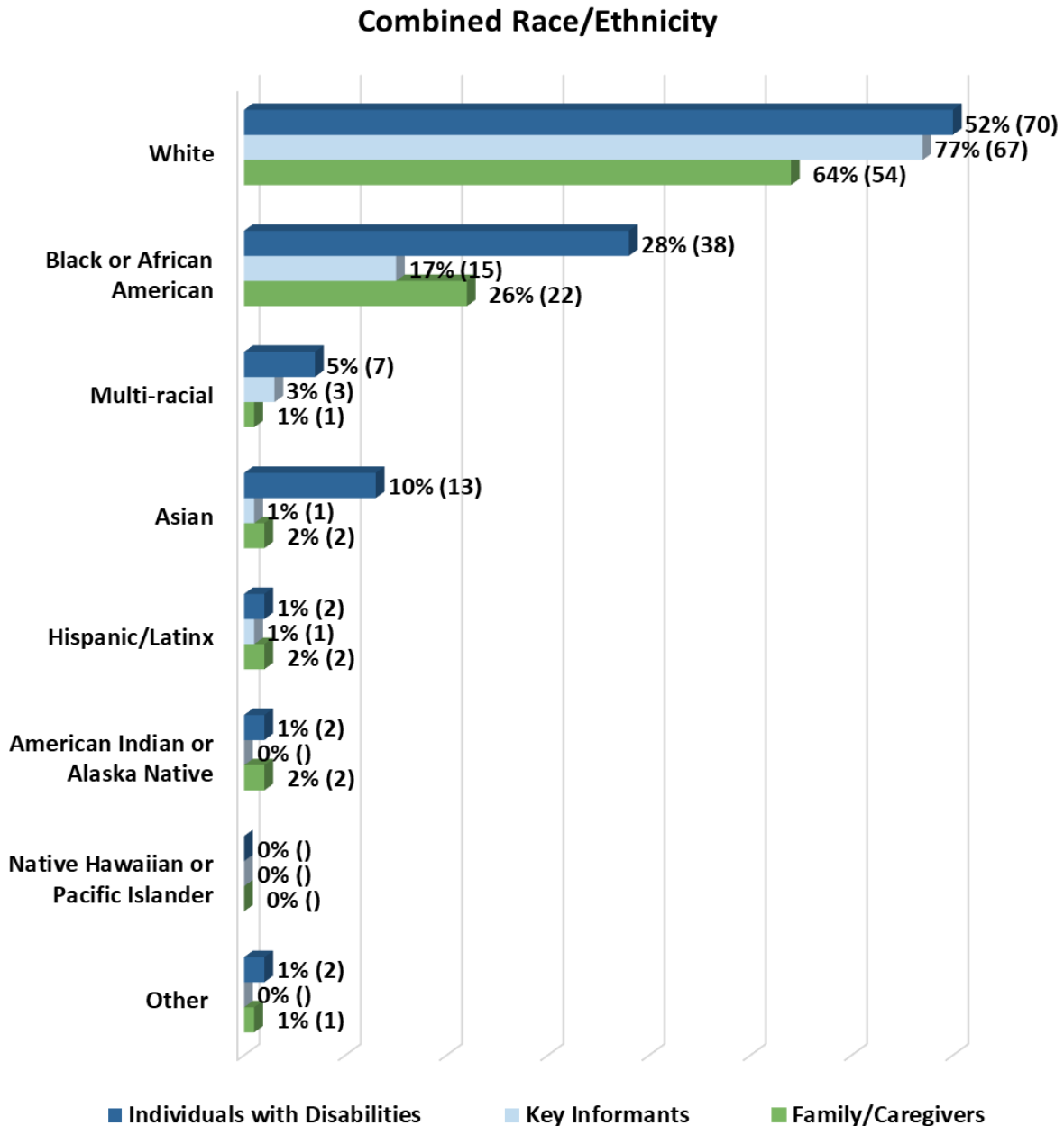
In regards to age of respondents, there were three primary age groups: 0 to 21 years old, 22 to 55 years old, and 56 years old and older. For individuals with disabilities, the majority of respondents were 22 to 55 years old (67%), followed by 0 to 21 years old (20%), and 56 years and older (13%). For key informants, most were in the 22 to 55 years age group (60%), followed by 56 years and older (38%), 0 to 21 years old (2%). For family and caregivers, the majority were in the 22-55 years age group (69%), followed by 56 years and older (30%), and 0 to 21 years old (1%).

Combined Age



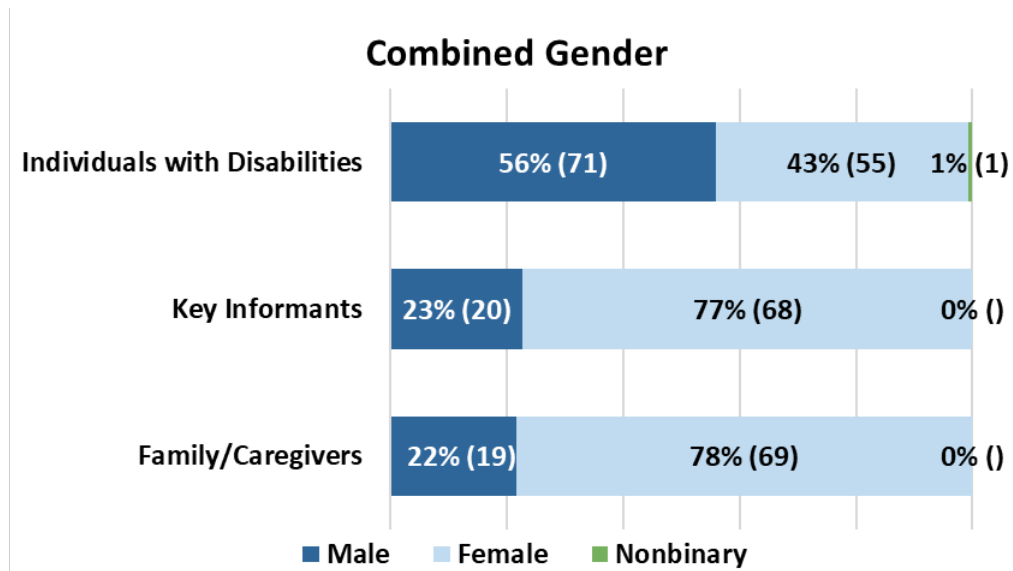
Race/Ethnicity

For all respondent groups (individuals with disabilities, key informants, and family/caregivers), the majority of respondents were White (IWD: 52%; Key informants: 77%; Family/caregivers: 64%), followed by Black or African American (IWD: 28%; Key informants: 17%; Family/caregivers: 26%). There were no survey respondents who identified as Native Hawaiian or Pacific Islander.



Gender

In terms of gender, the majority of Key informants (77%) and Family/caregivers (78%) identified as female. In contrast, the majority of individuals with disabilities identified as male (56%). Only one survey respondent across all three surveys identified as non-binary (individual with disability, 1%).



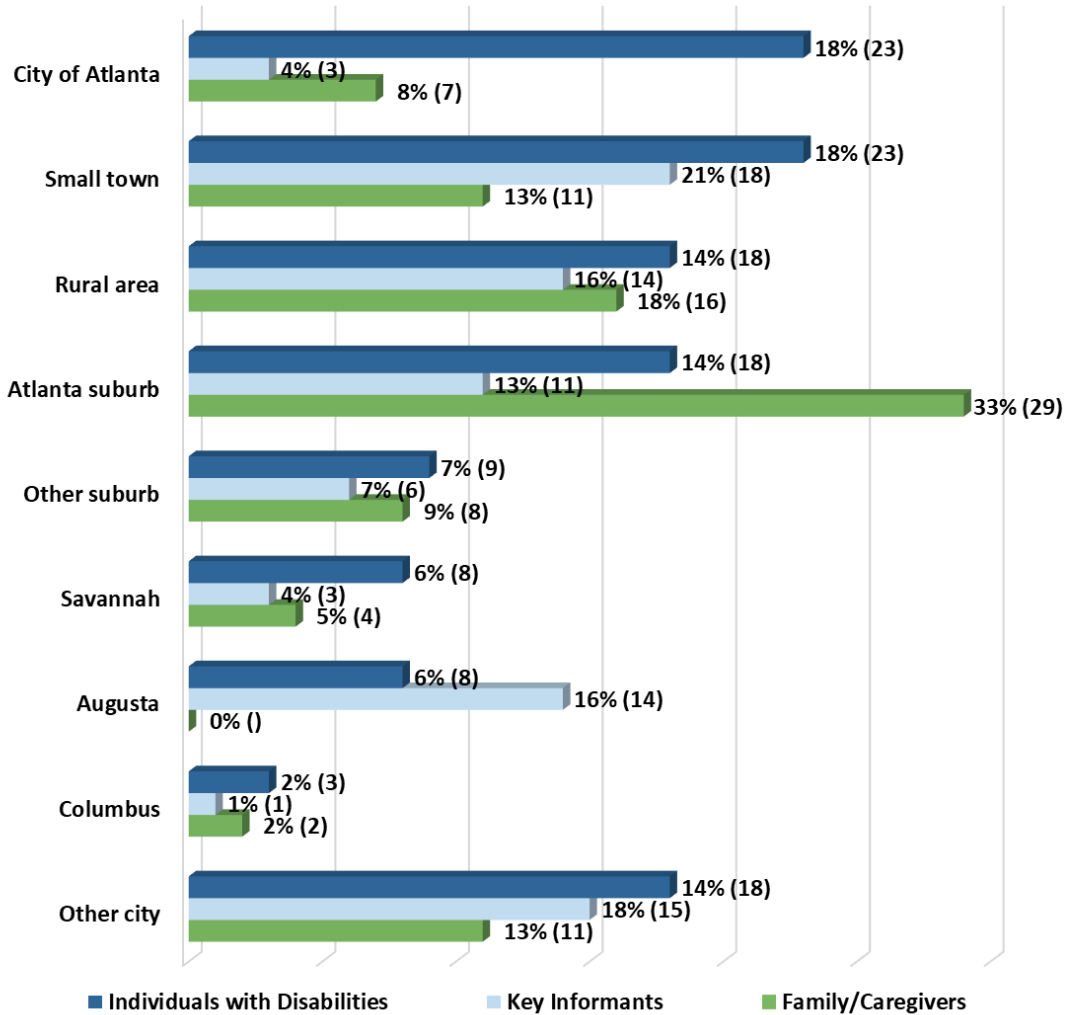
Living/Work Area

There was considerable variability across the three surveys in terms of where respondents worked and lived. For individuals with disabilities, the majority lived in the city of Atlanta or a small town (18% each), followed by a rural area, Atlanta suburb, or other city (14% each), other suburbs (7%), Savannah or Augusta (6% each), and Columbus (2%). An example of a location in the “other city” category is Athens, Georgia.

For key informants, the most common work location was in a small town (21%) or in an Other city (18%), followed by Augusta or rural area (16% each), Atlanta suburb (13%), other suburb (7%), City of Atlanta or Savannah (4% each), and Columbus (1%).

For family and caregivers, the most common living location was Atlanta suburb (33%), followed by rural area (18%), small town or other city (13% each), Other suburb (9%), city of Atlanta (8%), Savannah (5%), and Columbus (2%).

Combined Living/Work Area

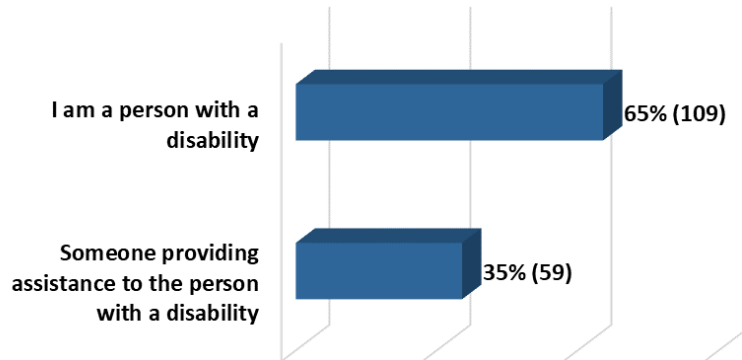


INDIVIDUALS WITH DISABILITIES (IWDS)

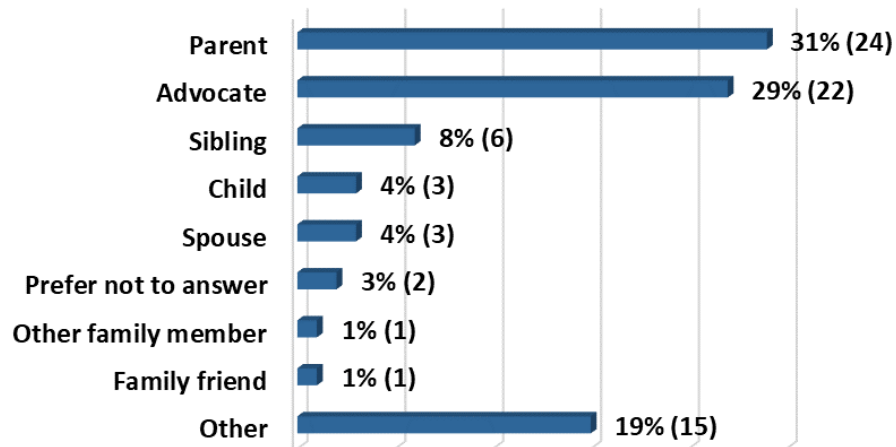
Identity of Survey Takers

Majority of respondents were persons with a disability, with the remaining 35% being someone who helped the person with a disability and responded on their behalf. Of those responding on behalf of the individual with a disability (IWD), 31% were their parent(s), followed by advocate (29%), and Other (19%).

Identity of Survey Taker (n=168)



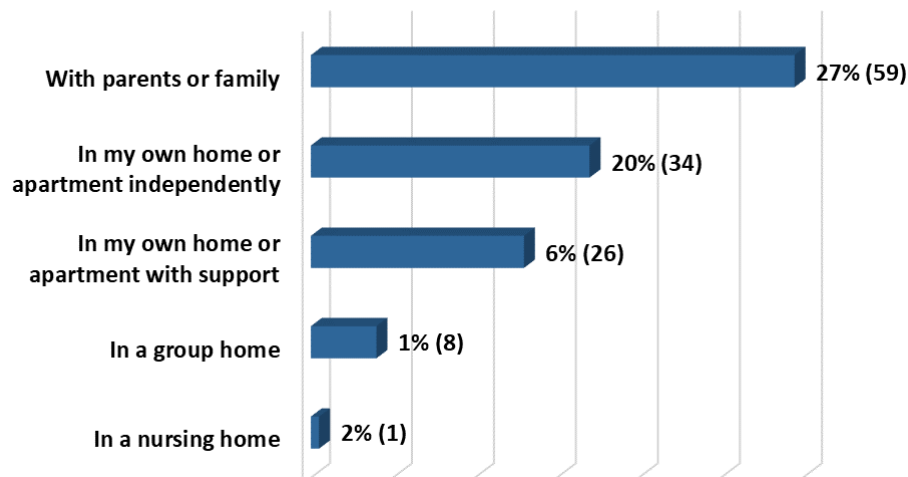
Person Assisting IWD (n=77)



Residence

In terms of living situation, 45% of respondents lived with parents of family, followed by independently in their own apartment or home (26%), or in their own apartment or home with support/assistance (20%).

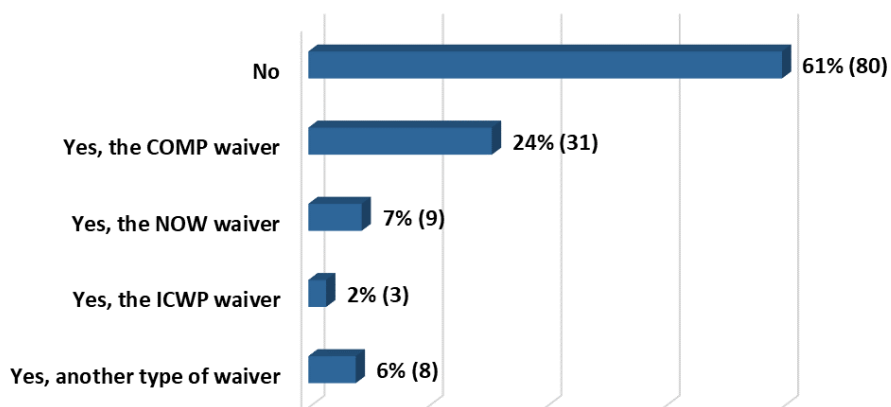
Type of Residence (n = 131)



Waiver Status

The majority of respondents were not recipients of any Medicaid Waivers (61%). Of those who do receive waivers, the most common one was the COMP waiver (24%), followed by the NOW waiver (7%) and the ICWP waiver (6%). An example of those receiving another type of waiver is the CCCP waiver.

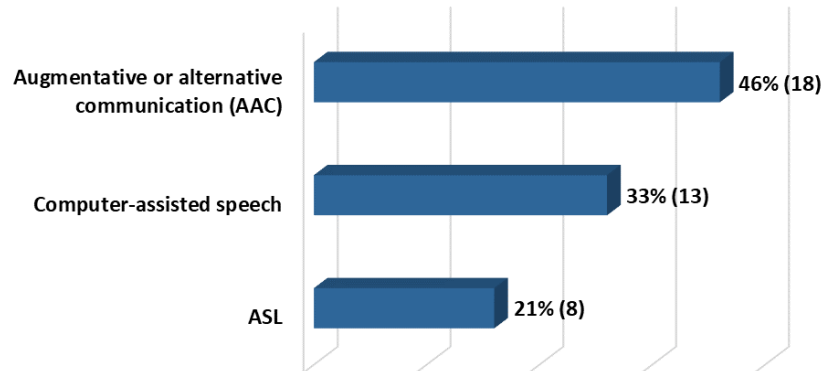
Medicaid Waiver Recipient (n = 131)



Alternative Means of Communication

A total of 39 respondents used alternative or additional means of communication beyond talking. The most common was augmentative or alternative communication (AAC; 46%), followed by computer-assisted speech (33%), and American Sign Language (ASL; 21%).

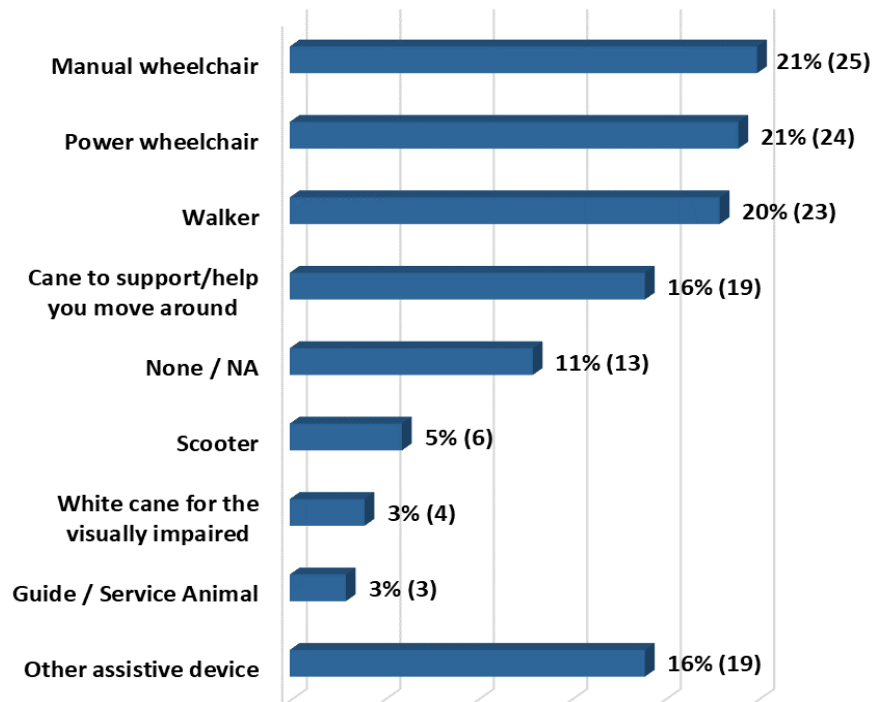
Alternative Communication Means (n = 39)



Use of Assistive Mobility Devices

The most common assistive mobility device used by survey respondents to move from place to place was a manual wheelchair (18%). Other top responses included a power wheelchair (18%), and a walker (17%). The least common assistive mobility devices were a guide animal (2%), white cane for visually impaired folks (3%), and a scooter (4%). An example of other mobility devices used that were not listed include needing additional support from another person occasionally and a tram stander.

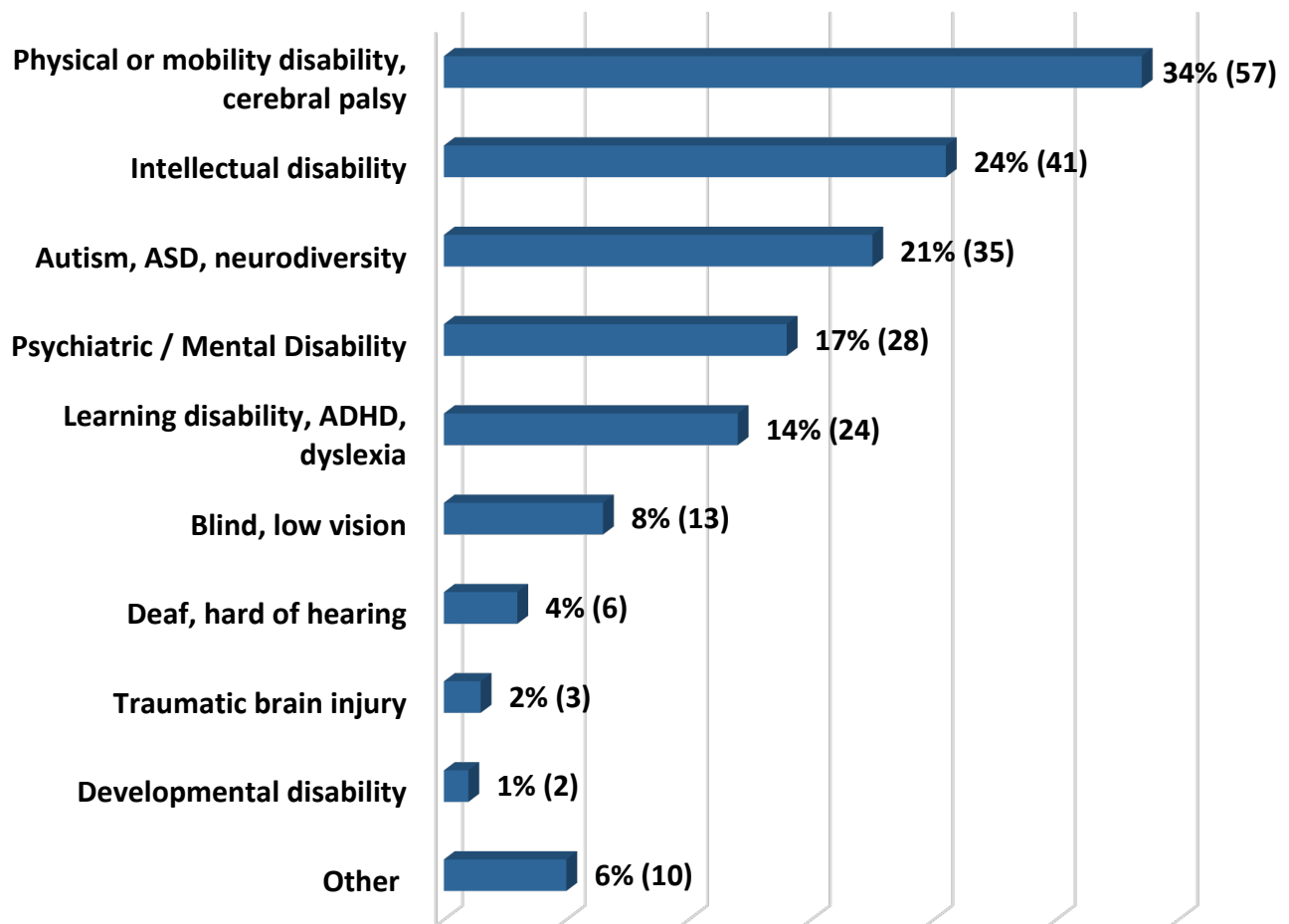
Use of Assistive Mobility Devices (n = 136)



Disability Type

Survey respondents indicated what type of disability or disabilities they have. The most common disability category was physical or mobility disability or cerebral palsy (34%), followed by intellectual disability (24%), Autism, Autism Spectrum Disorder(s), and neurodiversity (21%), and psychiatric or mental health disability (17%).

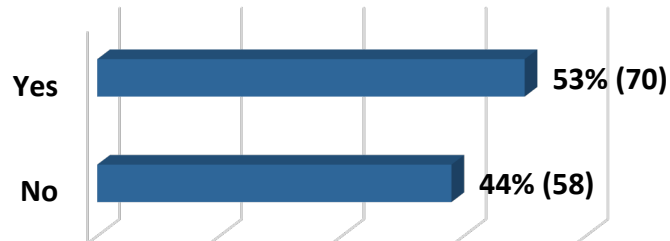
Type of Disability (n = 168)



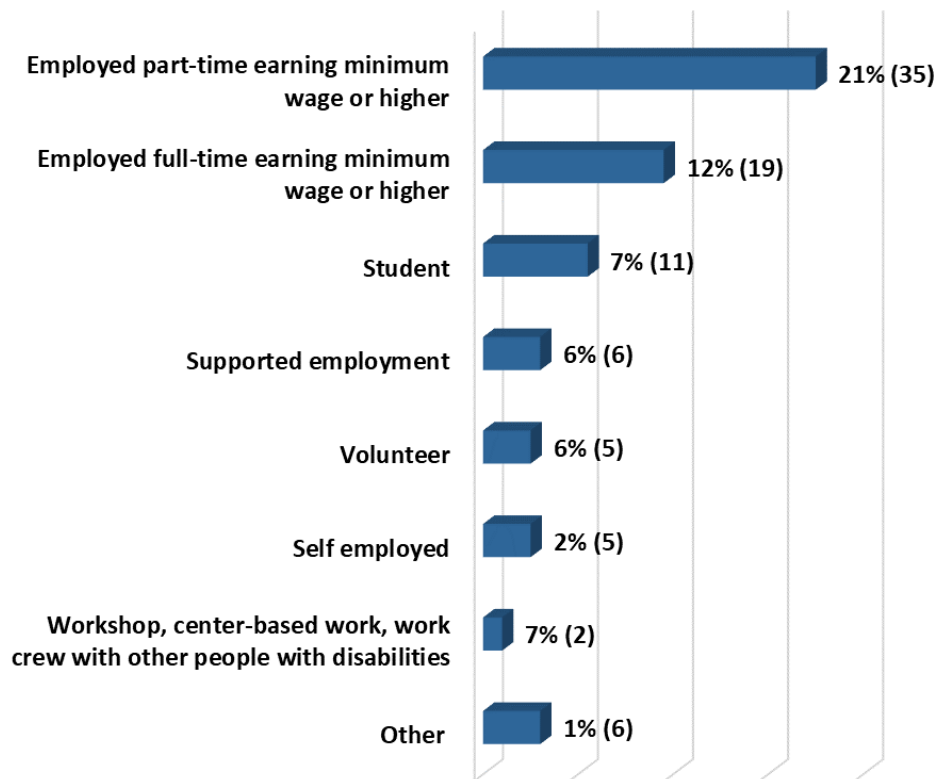
Employment Status

A little over half (53%) were working at the time they responded to the survey. Of those working, 39% were employed part time earning minimum wage or higher. The next most common employment statuses were: employed full-time earning minimum wage or higher (21%), and student (12%). The least common employment statuses were volunteer work (6%), self-employed (6%), and workshop, center-based work, or work crew with other people with disabilities (2%).

Currently Working (n = 131)



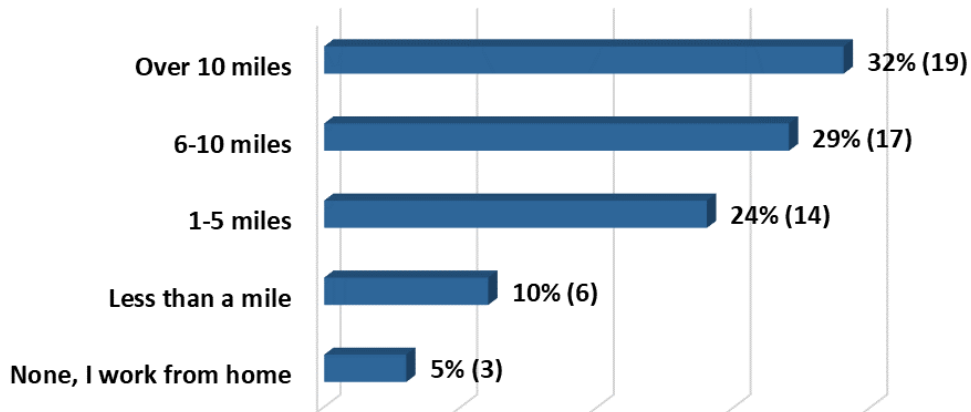
Employment Status (n = 90)



Travel Distance to Work

Thirty-two percent traveled over 10 miles to get to their place of work, and 29% traveled between six to 10 miles. Only 5% of respondents worked from home.

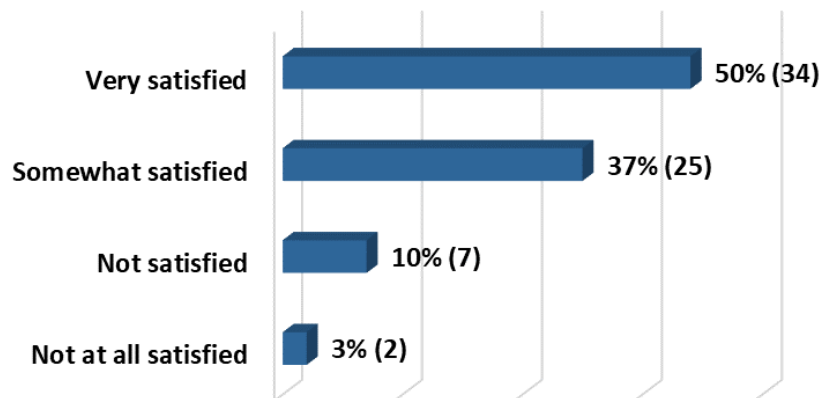
Travel Distance to Work (n = 59)



Satisfaction with Work Transportation

Half of the sample was very satisfied with their transportation to and from work. An additional 37% were somewhat satisfied, leaving only 13% either not satisfied (10%) or not at all satisfied (3%).

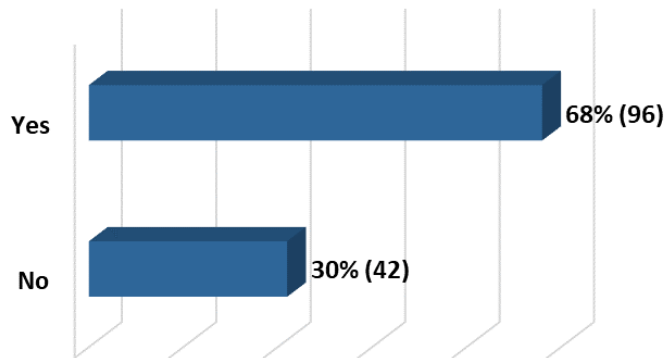
**Satisfaction with Work Transportation
(n = 68)**



Transportation Supports

More than two-thirds (68%) had someone (paid support staff, or unpaid natural supports like family, friends) who helps them with transportation needs or help them get from one place to another.

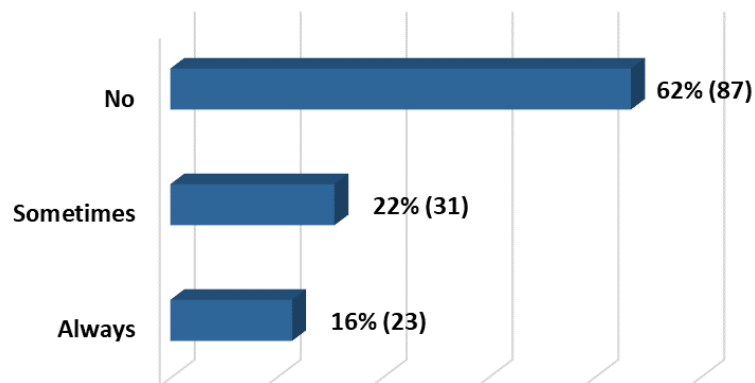
Have Transportation Support (n = 141)



Direct Support Professional or Personal Assistance

Five-eighths (62%) do not travel with a personal assistant or direct support staff member. 22% sometimes traveled with one, and 16% always traveled with one.

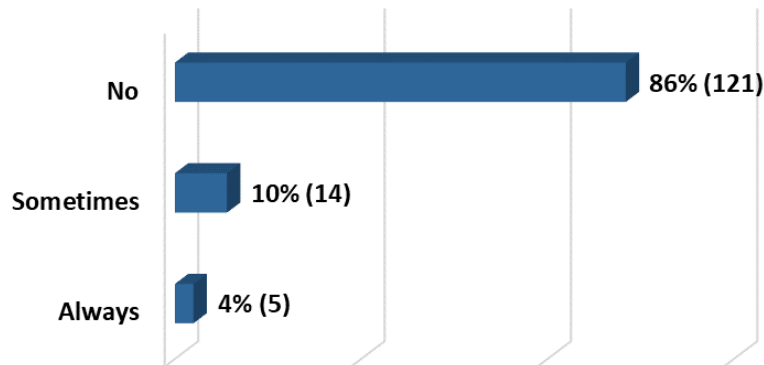
Have Direct Support Professional or Personal Assistance (n = 141)



Service Animal

More than four-fifths (86%) do not travel with a service animal. 10% sometimes traveled with one, and 4% always traveled with one.

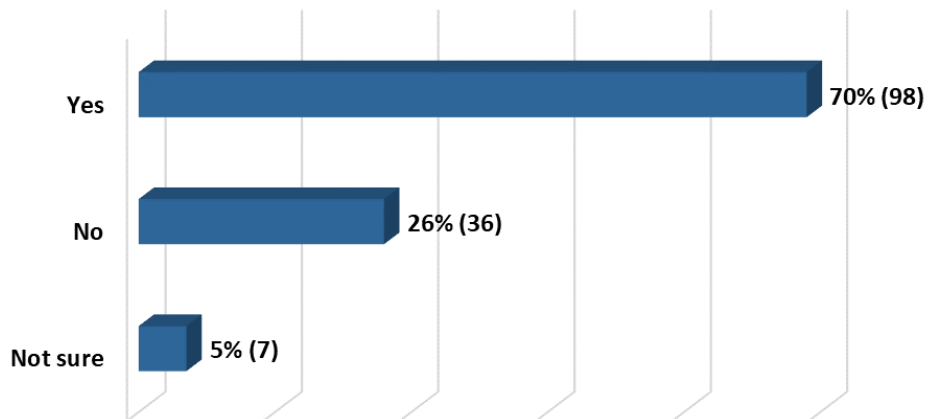
Travel with Service Animal (n = 140)



Public Transportation Availability

Close to three-fourths (70%) indicated that public transportation was available in their community. 26% indicated that it was not available, leaving 5% who were unsure.

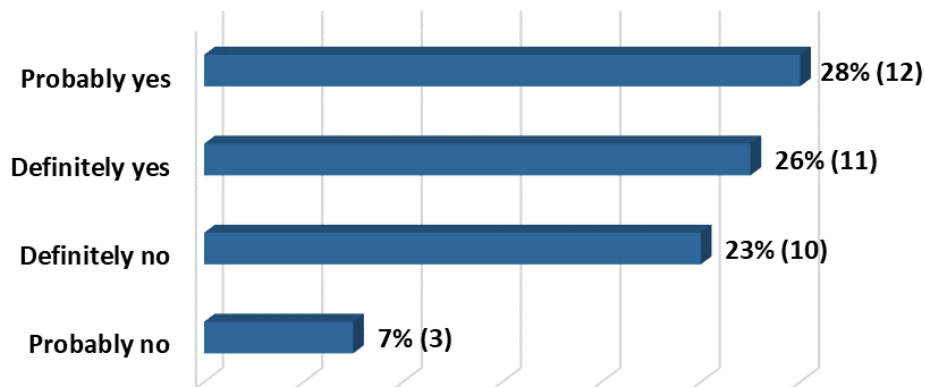
Available Public Transportation in Community (n = 141)



Public Transportation Use, If Available

Of 43 individuals who either do not or are unsure if they have public transportation available in their community, 28% said they would definitely use public transportation if available, and 26% said they probably would. Twenty-three percent said they would definitely not use public transportation if it was available to them, and 7% said they probably would not.

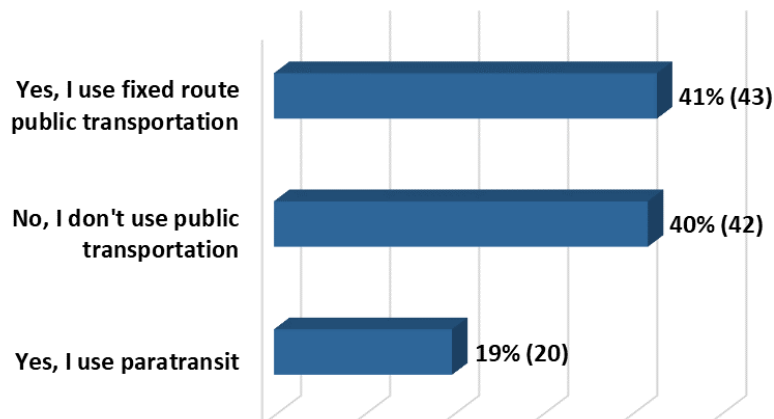
**Would Use Public Transport if Available
(n = 43)**



Public Transportation Use

Out of individuals with public transportation available in their community, 41% indicated they used fixed-route public transportation; however, 40% said they do not use public transportation. The remaining 19% used paratransit.

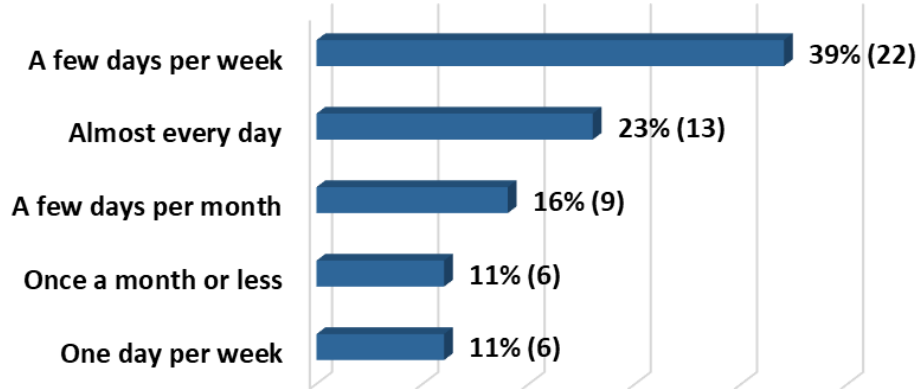
Use of Public Transportation (n = 105)



Frequency of Public Transportation Usage

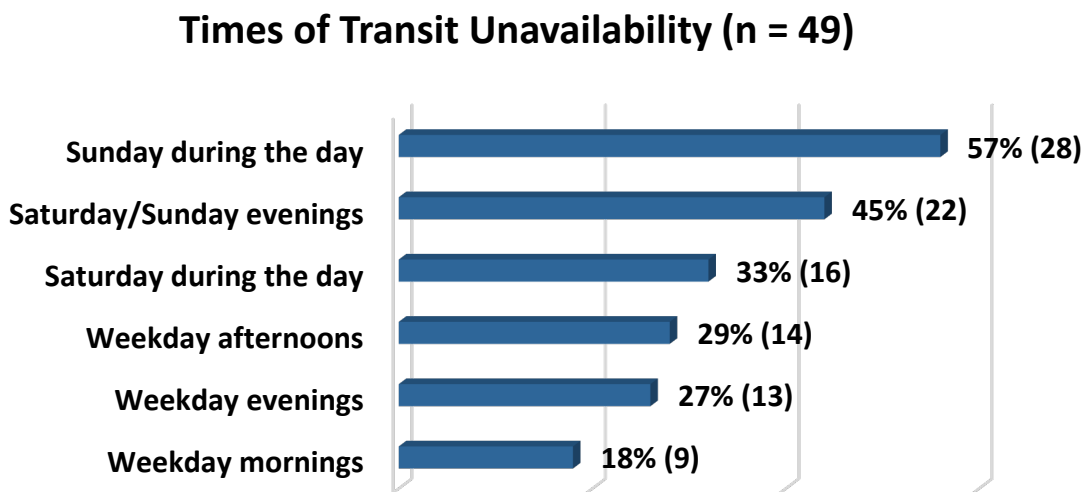
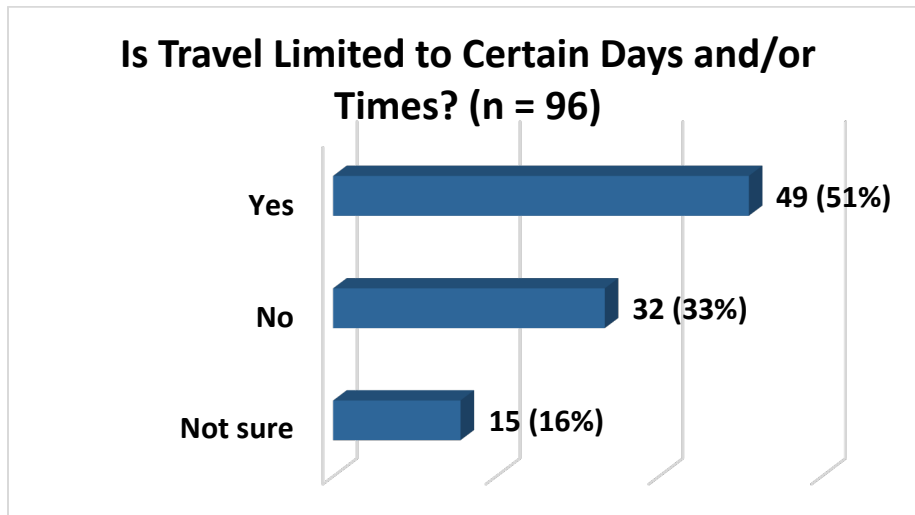
Of the individuals who use public transportation services, most either use it a few days per week (39%) or almost every day (23%). About 11% each either use it one day per week or once a month or less, and 16% use it a few days per month.

Frequency of Public Transportation Services Use (n = 56)



Transit Unavailability

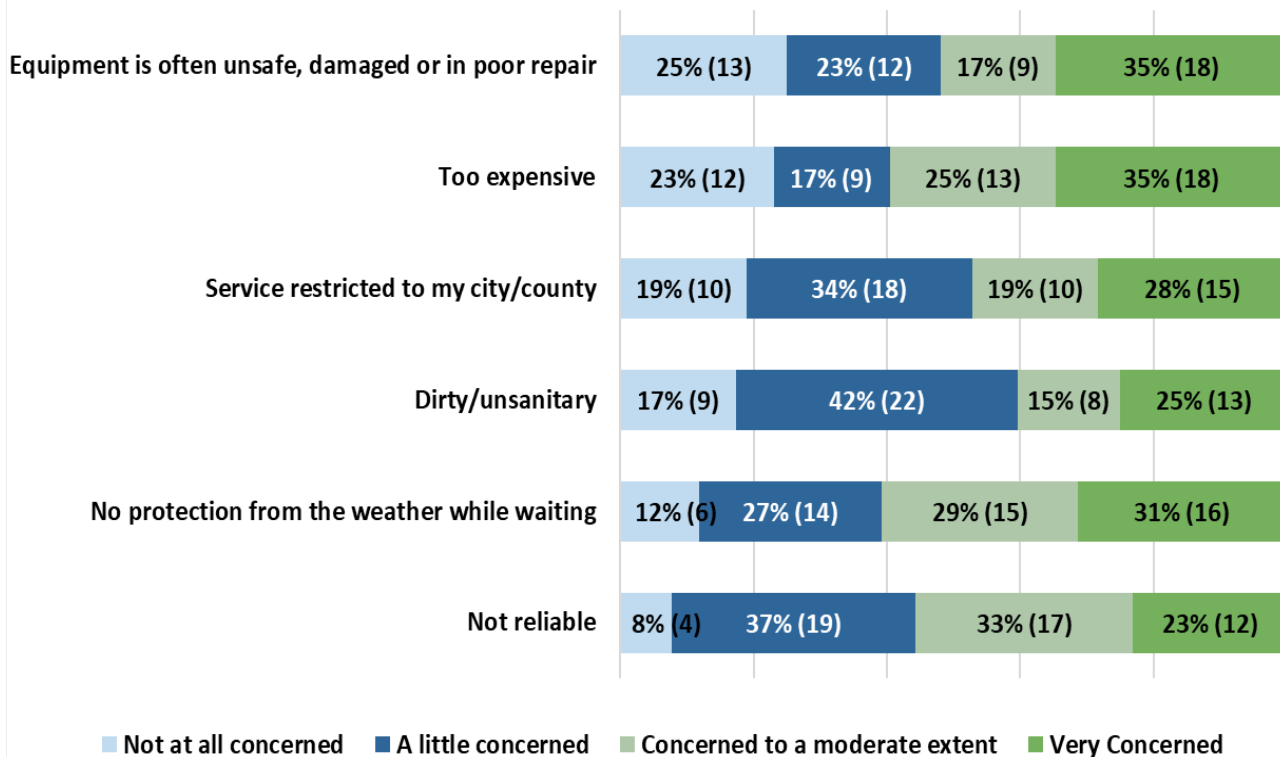
About half (51%) indicated that there are specific days or times of days they wish to travel, but transit is not available. The most common times that transit is unavailable are Sunday during the day (57%), Saturday and Sunday evenings (45%), and Saturday during the day (33%). Weekday afternoons (29%) and weekday evenings (27%) were also mentioned by respondents.



Concerns about Public Transportation

The chart below provides insight to individuals' top concerns while using public transportation. Top issues that people were 'very concerned' or 'concerned' about included public transportation being too expensive (60%) and no weather protection (60%), followed by unreliability of public transportation (53%), equipment being unsafe, damaged, or in poor repair (52%). Other concerns that people were very concerned or concerned about include service being restricted to their city or county (47%) and it being dirty or unsanitary (40%).

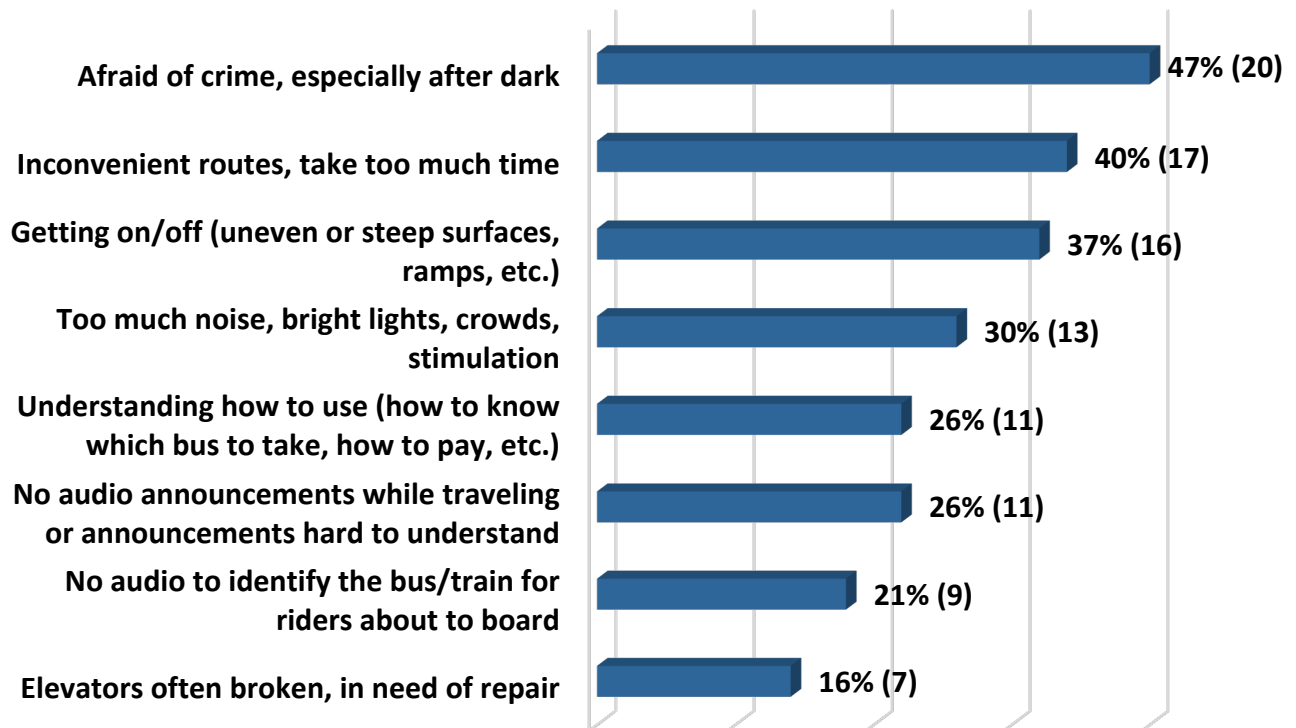
Concerns While Using Public Transportation (n = 52)



Barriers to Using Fixed Route Public Transportation

The top three barriers' individuals with disabilities faced when using fixed route public transportation were: Fear of crime (47%), inconvenient routes or they take too much time (40%), and getting on and off (37%). Other barriers identified include too much noise, bright lights, crowd stimulation (30%), understanding how to use a bus (26%) and no audio announcements while traveling or announcements hard to understand (26%).

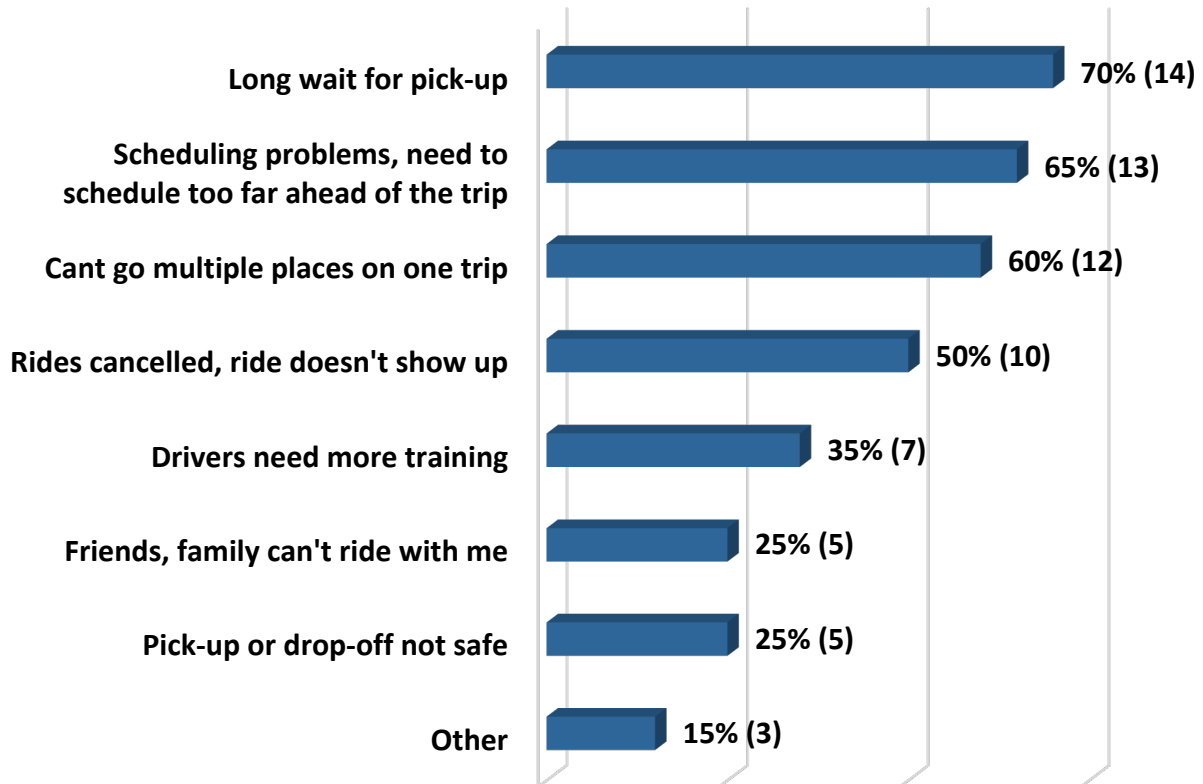
Barriers While Using Fixed Route Public Transit (n = 104)



Barriers to Using Paratransit Transportation

The top three barriers individuals with disabilities face when using paratransit are: Long wait for pick-up (70%), Scheduling issues (65%), and cannot go multiple places on one trip (60%). Other barriers include rides cancelled or do not show up (50%) and drivers need more training (35%).

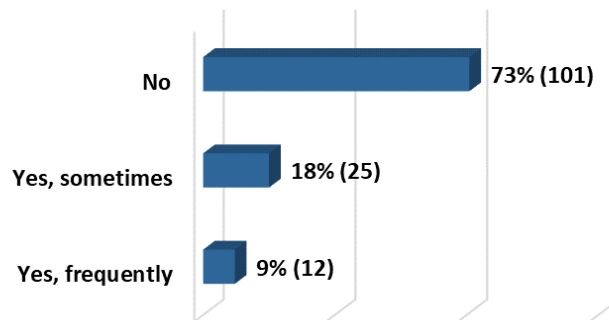
Barriers When Using Paratransit (n = 20)



Use of Medicaid Non-Emergency Medical Transport

Only 27% respondents used Medicaid Non-Emergency Medical Transport (NEMT) to go to the doctor and medical appointments. Of those who did use it, 18% used it sometimes, and 9% used it frequently.

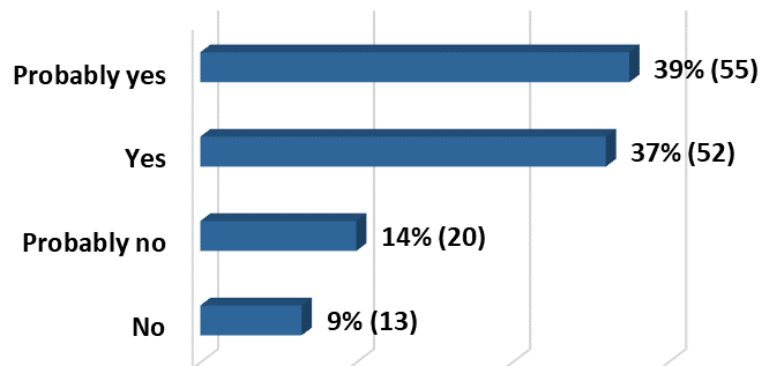
Use of Medicaid NEMT for Medical Appointments (n = 138)



Availability of Transportation in Emergency

A little less than one-fourth (23%) of respondents indicated they would probably or definitely not have transportation available if there were an emergency and they had to leave their home to be safe. Conversely, three-fourths (76%) of respondents indicated that they would probably or definitely have transportation available, if there were an emergency and they had to leave their home to be safe.

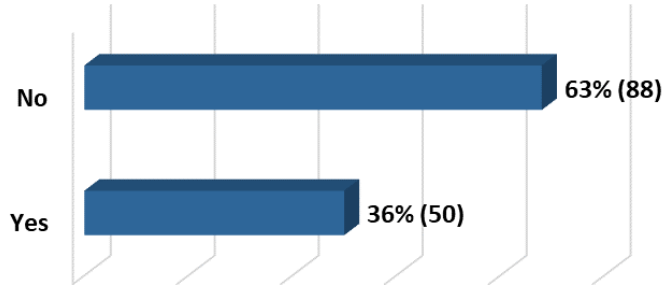
Availability of Transportation in Event of Emergency (n = 140)



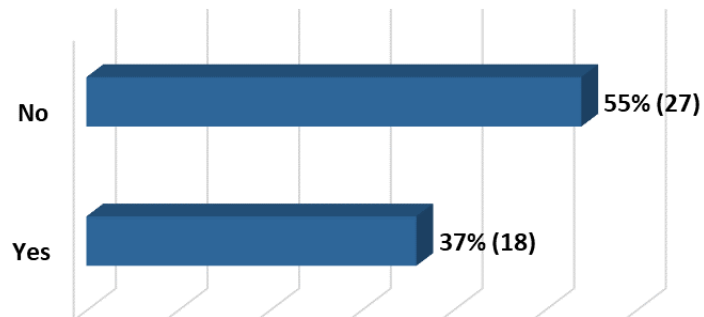
Drive a Vehicle

A little over one-third (36%) of respondents with disabilities drive a vehicle to go from one place to another. Of those individuals who drive, only 37% worried about losing their license because of a visual, physical, or medical challenge.

Drives Vehicle (n = 140)



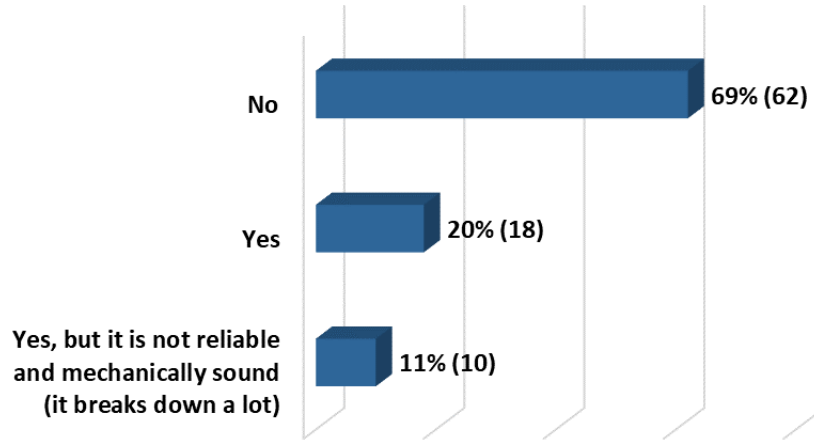
Concerned About Losing License Because of Disability (n = 49)



Own or Share Personal Vehicle

A little less than three quarters (69%) of individuals with disabilities stated that they do not have a personal vehicle or share a vehicle with someone in their household. Only about one-fifth (20%) of individuals affirmed they do have a personal vehicle or share one, and another 11% said they had a vehicle but that it is not reliable or mechanically sound.

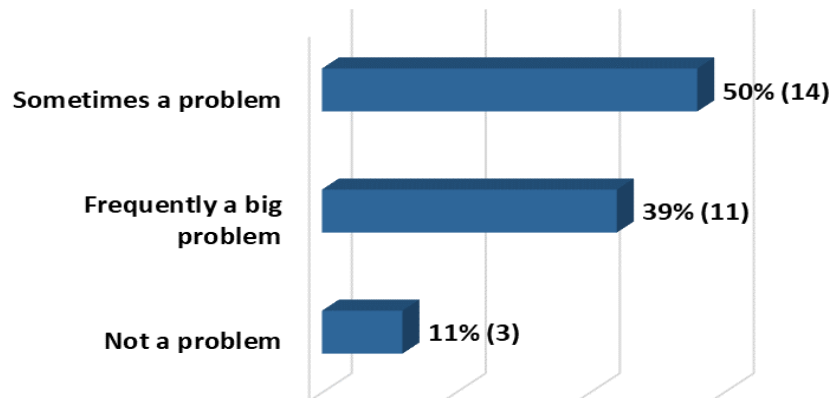
Have or Share Personal Vehicle (n = 90)



Need for Accessible Parking

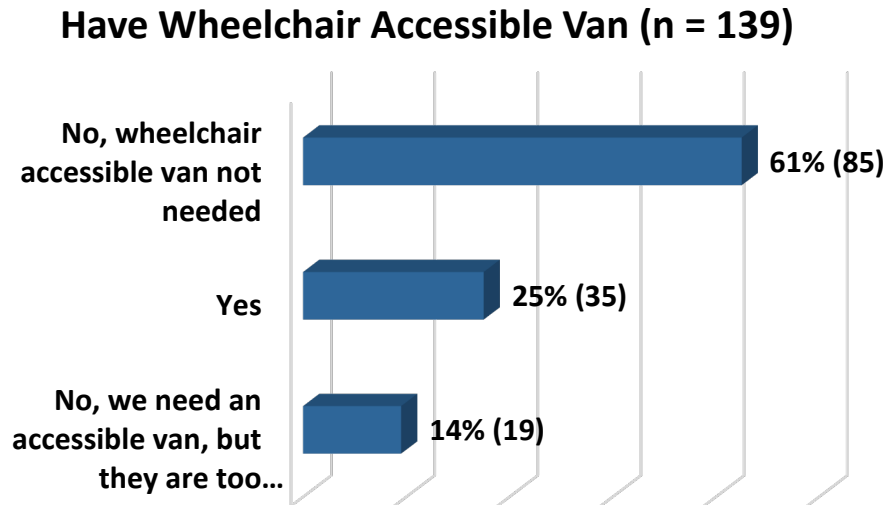
Of the individuals who drive, close to three-fifths (58%) require accessible parking when they drive. Of those who required accessible parking, more than four-fifths (89%) shared that finding accessible parking is sometimes or frequently a problem.

Extent of Problem With Finding Accessible Parking (n = 28)



Have Wheelchair Accessible Van

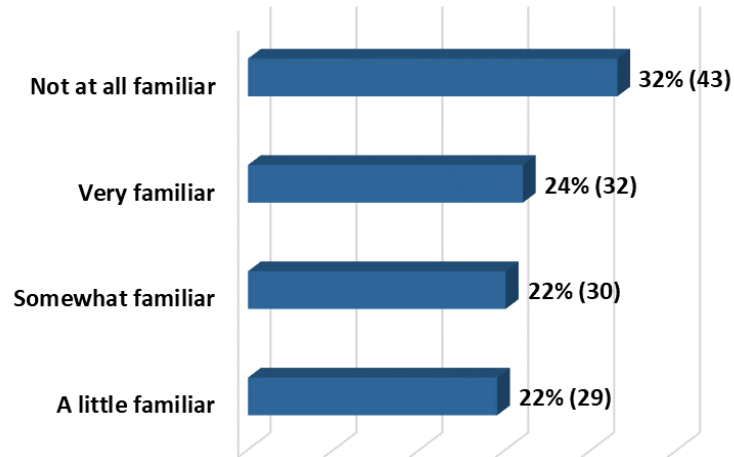
About one-fourth (25%) of survey participants indicated they needed a wheelchair accessible van and had one. Another 14% said they needed a wheelchair accessible van but they were too expensive for them to purchase. The rest did not need an accessible van.



Transportation Information Sources

When asked about their familiarity with transportation options in the area that do not involve driving a personal vehicle, a little less than one-third (32%) indicated that they are not at all familiar. About 44% mentioned being a little or somewhat familiar with the options and only 24% of respondents claimed to be very familiar with the options.

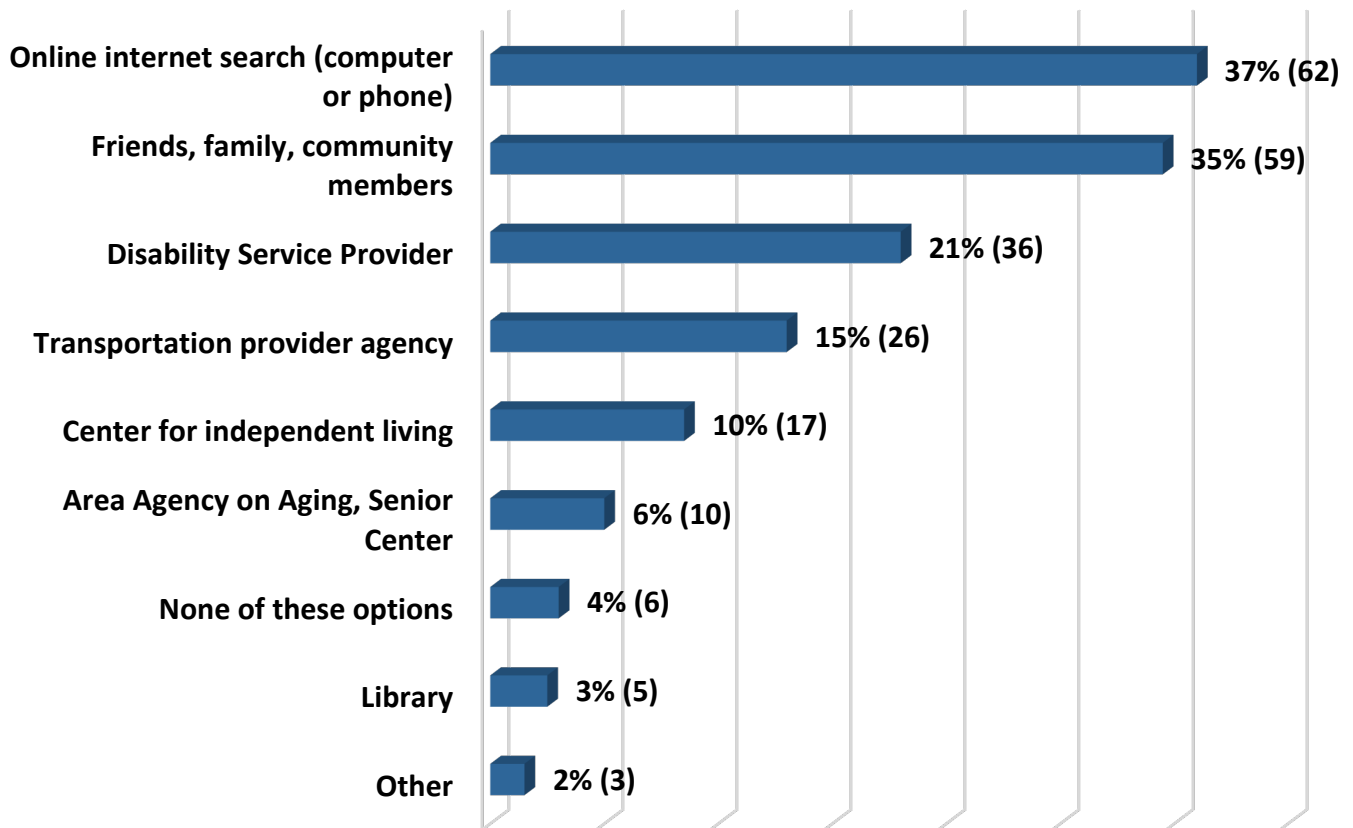
Familiarity with Transportation Options in Area (Excluding Personal Vehicle; n = 134)



Use of Transportation Information Sources

The top three ways that individuals with disabilities indicated obtaining information about transportation services were from online internet search (37%); friends, family, and community members (35%); and disability service provider(s) (21%).

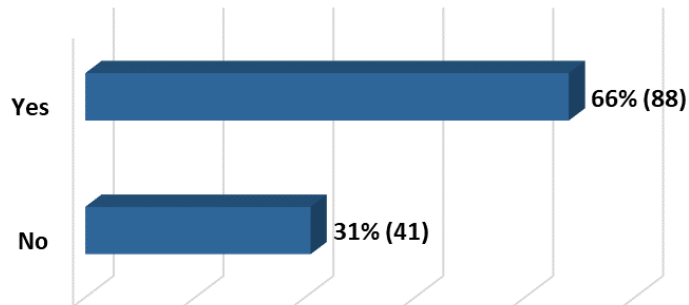
Use of Transportation Information Sources (n = 168)



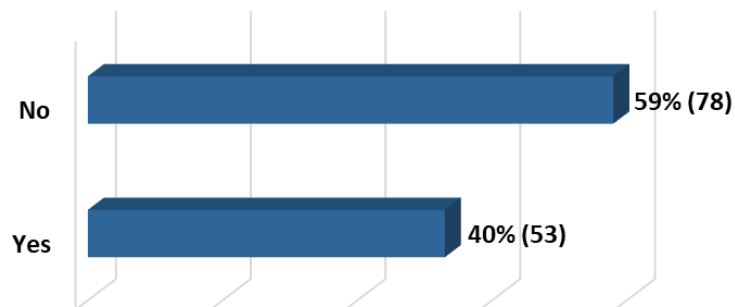
Use of Smart Device

Two-thirds of respondents (66%) mentioned using a smart device to get transportation information or arrange for rides. About two-fifths (40%) indicated that they use social media to access transportation information or connect with the community.

Use of Smart Device to Get Transportation Information or Services (n = 133)



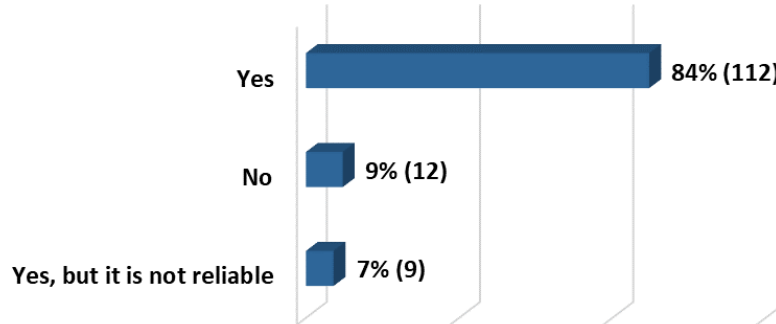
Use of Social Media to Get Transportation Information or Services (n = 133)



Internet Service at Home

A little over four-fifths (84%) of survey participants indicated they have internet services at home. Another 7% mentioned they have internet services, but noted that they are not reliable.

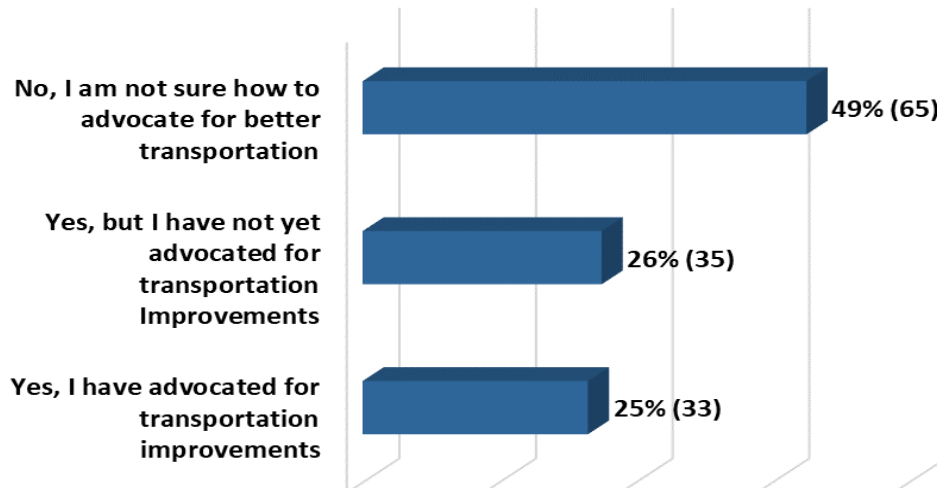
Internet Service at Home (n = 133)



Transportation Advocacy

Only one-fourth (25%) of respondents indicated that they had advocated for transportation improvements. About half the respondents (49%) indicated that they were unsure of how to advocate for better transportation in their community. Another one-fourth (26%) mentioned they were aware of how to advocate but had not yet done so.

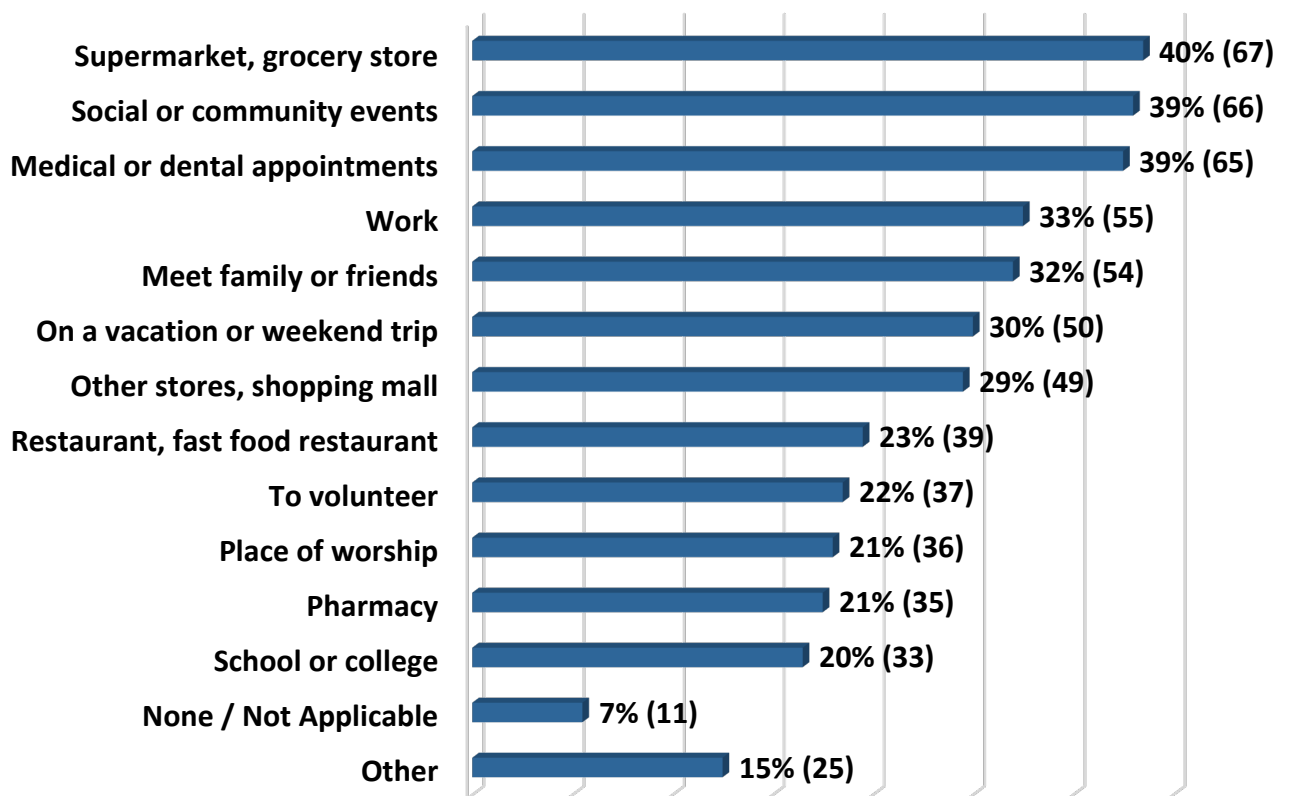
Engaged in Advocacy for Better Transportation in Community (n = 133)



Unable to Engage in Activities Due to Transportation Issues

The chart below indicates how a lack of transportation options has prevented individuals with disabilities from doing various activities. The top activities include going to the supermarket or grocery stores (40%), social or community events (39%), and medical or dental appointments (39%). Some other activities include not being able to work (33%), meet friends or family (32%) or go for vacation or weekend trips (30%).

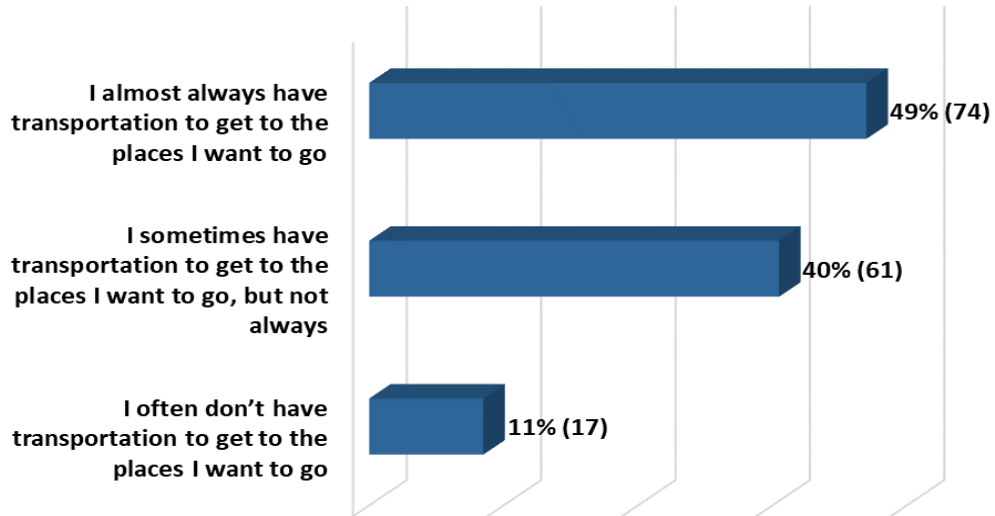
Unavailable Activities Due to Transportation Issues (n = 168)



Availability of Transportation

When asked about the availability of transportation, about half the participants (51%) mentioned they did not have transportation or only sometimes have transportation to get to places they want to go. The other half (49%) indicated that they almost always have transportation to get to the places they want to go.

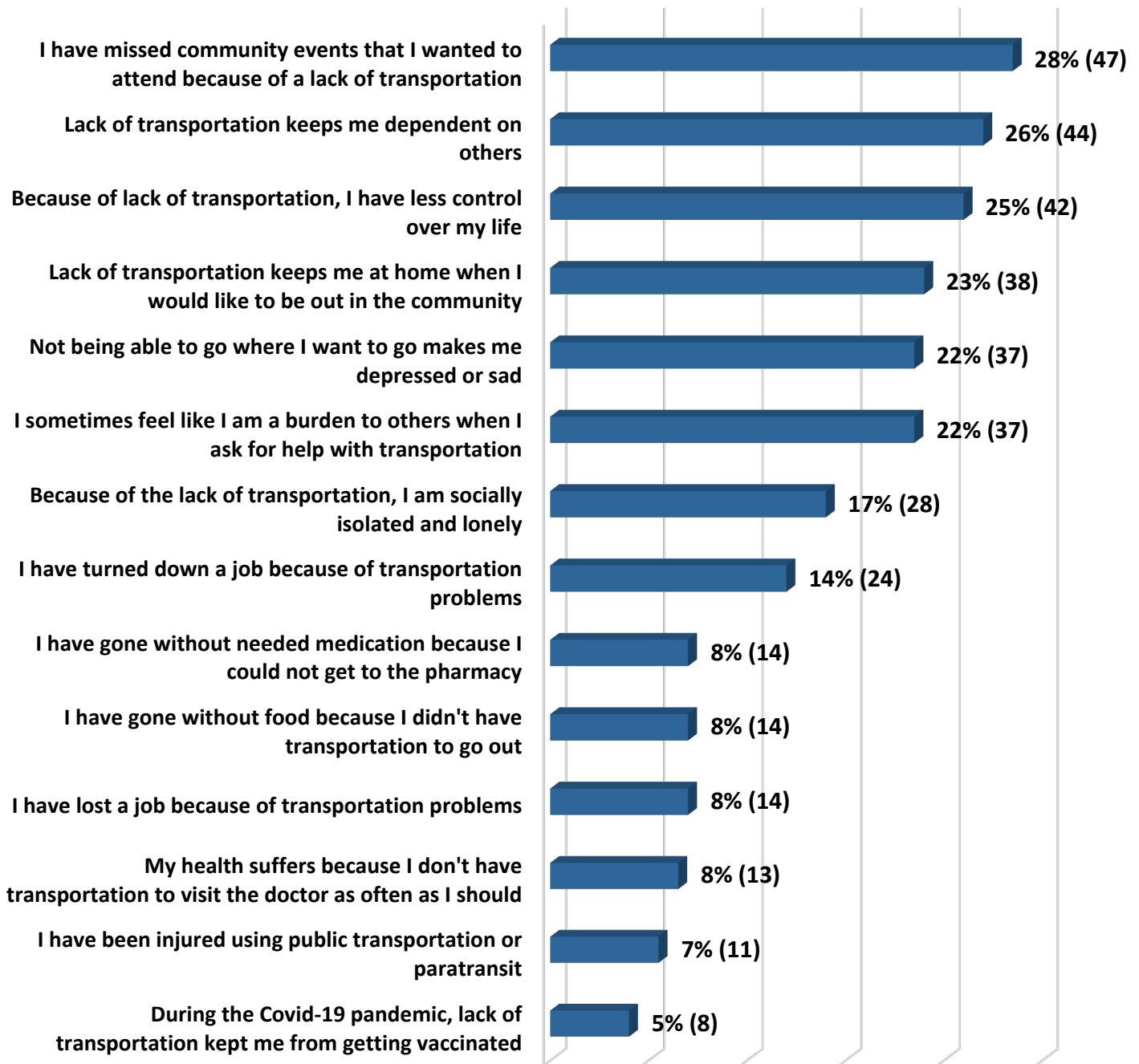
Availability of Transportation (n = 152)



Transportation-Related Experiences

The chart below lists responses to questions about individuals with disabilities' transportation-related experiences. The top issues that respondents identified include missing community events they wanted to attend because of a lack of transportation (28%); Lack of transportation keeping them dependent on others (26%); and that a lack of transportation has led to them having less control over their life (25%). Some other issues identified by respondents include being restricted at home when they would like to be in the community (23%); not being able to go where they want to go makes them depressed or sad (22%). Respondents shared that they sometimes feel like they are a burden to others when they ask for help with transportation (22%), and that they feel like they are socially isolated and lonely due to lack of transportation (17%). Some respondents also shared that they had lost a job because of transportation problems (14%).

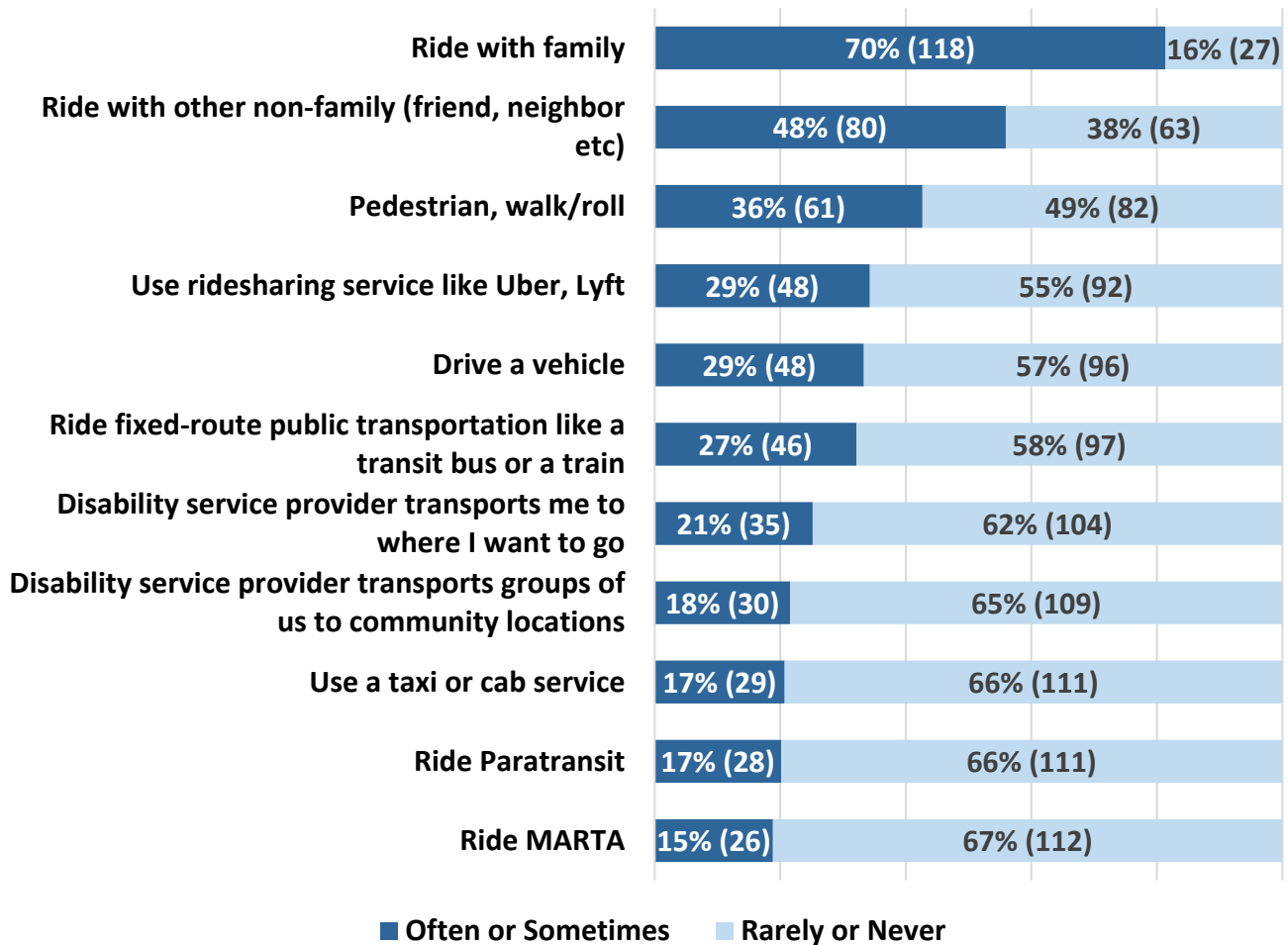
Transportation-Related Experiences (n = 168)



Transportation Options - Frequency of Use

The chart below indicates how frequently individuals with disabilities use various transportation options to get around. The most frequently used methods were: Riding with family (70%); riding with other non-family (48%); and as a pedestrian via walking or rolling (36%). About 29% mentioned driving a vehicle, another 27% mentioned riding fixed-route public transportation like a transit bus or train, and another 29% indicated using ridesharing like uber or Lyft. A fifth (21%) mentioned that a disability service provider transports them to where they want to go and another 18% get transported by disability services providers in groups. Only about 15% of respondents mentioned riding MARTA and another 17% riding paratransit.

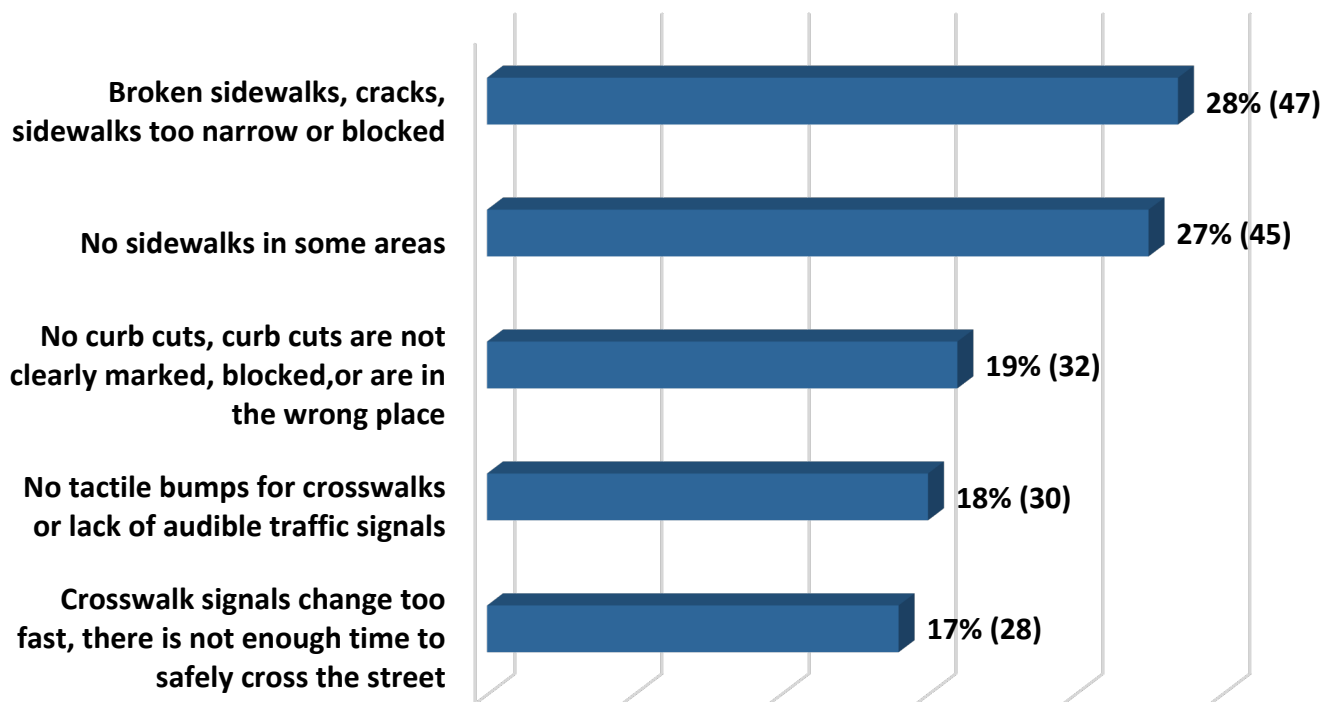
Transportation Options: Frequency of Use (n=168)



Potential Barriers for Pedestrians

Potential barriers experienced by pedestrians have been listed below. The top barriers identified by respondents include broken sidewalks, cracks, and sidewalks being too narrow or blocked (28%); and no sidewalks in some areas (27%). Respondents endorsed issues related to curb cuts including no curb cuts, curb cuts not being clearly marked, blocked or being in the wrong place (19%). Not having tactile bumps for crosswalks or lack of audible traffic signals were identified as a barrier by 18% of participants. Seventeen percent of participants shared that the crosswalk signals change too fast, so there is not enough time to cross the street.

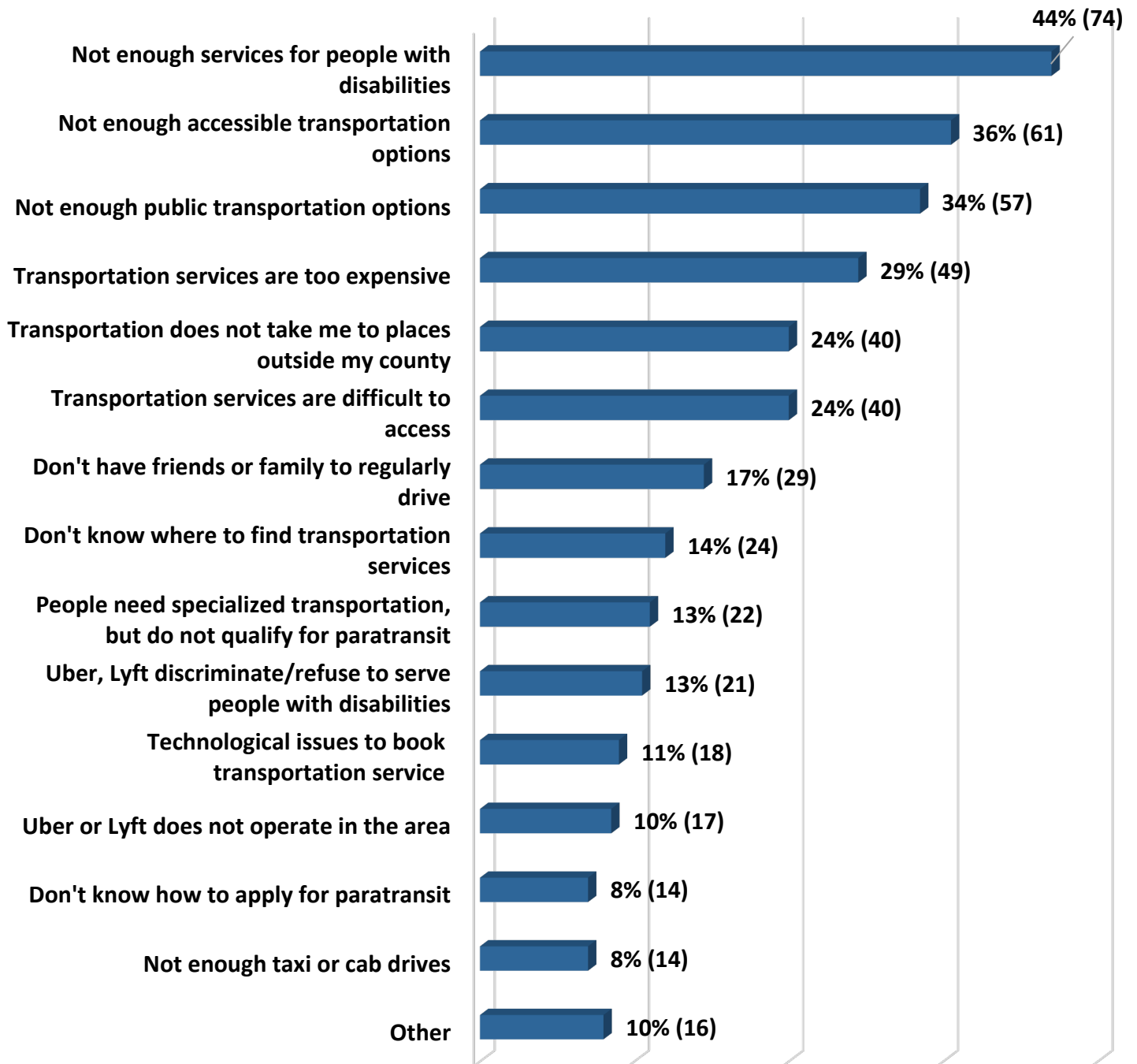
Potential Barriers for Pedestrians (n = 168)



Key Barriers to Transportation Services

Individuals with disabilities were asked about the key barriers related to transportation services that they experience. The top barriers identified by them include not enough services for people with disabilities (44%), not enough accessible transportation options (36%), and not enough public transportation options (34%). Other barriers identified include transportation being too expensive (29%), transportation not taking them to places outside their county (24%) and transportation being difficult to access (24%), not knowing where to find transportation services (14%), not qualifying for paratransit, in spite of needing it (13%) or knowing how to apply for paratransit (13%), Uber/Lyft not operating in the area (10%) or discriminate/refuse to serve people with disabilities (13%).

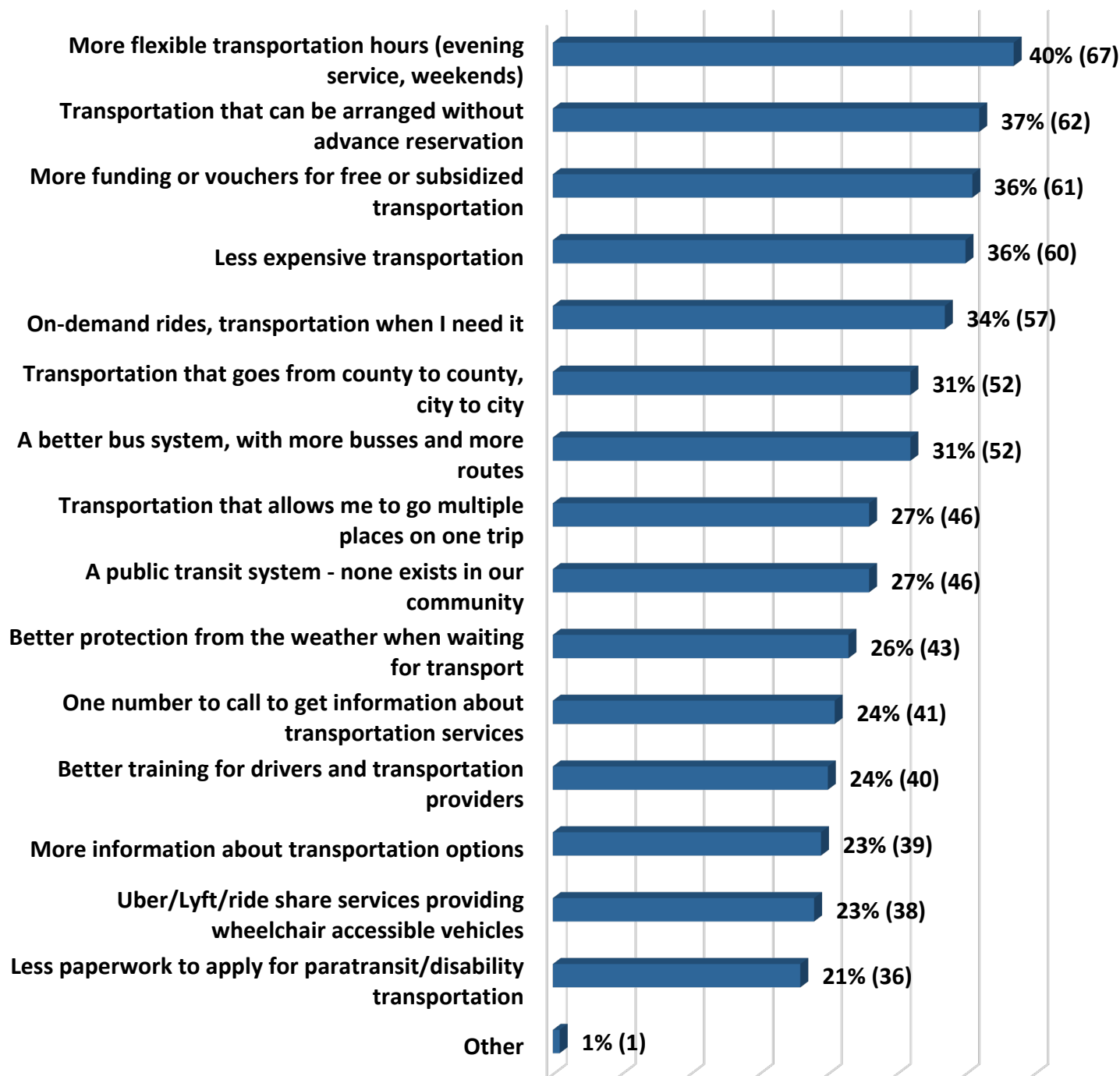
Key Barriers Related to Transportation Services (n = 168)



Desired Improvements

Individuals with disabilities were asked about desired improvements to transportation options that they would like to see in their community. Top things identified by respondents include more flexible hours including evenings, weekends (40%); transportation that can be arranged without advance reservation (37%); less expensive transportation and more funding or vouchers for free/subsidized transportation (36%). Other things endorsed by participants include on-demand transportation when they need it (34%); transportation that goes across counties and cities (31%); a better bus system with more buses, routes (31%); better protection from weather when waiting for transportation (26%). Respondents also expressed the desire for having one number to call for information about all transportation services (24%), more disability training for drivers and transportation providers (24%), more information about transportation options (23%), uber/Lyft/rideshare services providing accessible vehicles (23%), and less paperwork to apply for paratransit or disability transportation (21%).

Desired Improvements (n = 168)



What is Working Well

In terms of what is working well with regards to transportation services and supports for people with disabilities, several themes came up. First, select individuals with disabilities indicated that the bus routes and bus transportation options in their area were working well, including being reliable, on time, and safe to ride. Positive sentiments were generally limited to more metropolitan or urban areas, rather than rural areas.

"Buses are generally cleaned well, and drivers are trained well."

"Better (but still not great) services available in Atlanta, but not outside of the city"

In a similar vein, some individuals with disabilities indicated that they were satisfied with the way their paratransit services were operated. Individuals with disabilities indicated there was still room for improvement.

"I feel MARTA & other bus systems as well as their paratransit components are working well for me."

"Paratransit system is working fairly well, but not perfectly."

It is worth noting that a significant number of respondents indicated that they felt nothing was working well, or that they were unable to answer the question.

"Not all that much... Crossing the road is very dangerous and getting accessible transportation in rural areas is very difficult."

What Needs to Be Improved

For individuals with disabilities, a large majority indicated that overall access and availability of transportation options need to be expanded. This included suggestions like expanded hours, specific services for transportation to appointments, more understanding and educated/trained drivers, and reliable schedules.

"I think there is not a good understanding of how much many individuals rely on public transit to go to needed appointments. The transportation is often not consistent and often adds several hours to my day each day."

"More routes, more transportation to places outside of campus during the weekdays, later/earlier times for buses to be available, more reliable transportation app."

"Improved access to reliable transportation options, especially for those living away from town. Theoretically we have transportation, but it must be planned well in advance and cannot be counted on to get me there in time."

Similar in focus to expanding transportation options and availability, many individuals with disabilities indicated an interest in more inter-city and county transportation options.

"They need more City-to-City transport and County-to-County transportation so we can broaden our needs."

"Integrated County to county transit. In PA I was able to connect all the way to Atlantic city using busses and trains."

Another major theme individuals with disabilities mentioned was financial assistance and funding issues related to transportation. Many highlighted the desire for cheaper, reduced priced, or subsidized transportation services and options.

“I believe there needs to be a better system with how each bus route is paid for. The exact change is a little ridiculous... I would hope that this would run more like a subway system or prepaid system with a card.”

“Reduced rates for public transportation. We already make less money than most and the cost of transportation takes away from our income. We have to turn down some jobs because of transportation issues.”

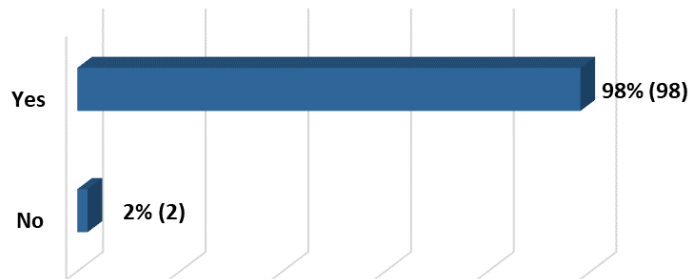
“Vouchers for shuttles into Atlanta from far-off communities (over 1 hour). Especially for medical appointments.”

FAMILY, CAREGIVERS

Percentage of Family Members Helping Individuals Get from Place to Place

The percentage of family members who help their family members travel from place to place is shown below. Nearly all respondents shared that they help their family members travel from place to place (98%).

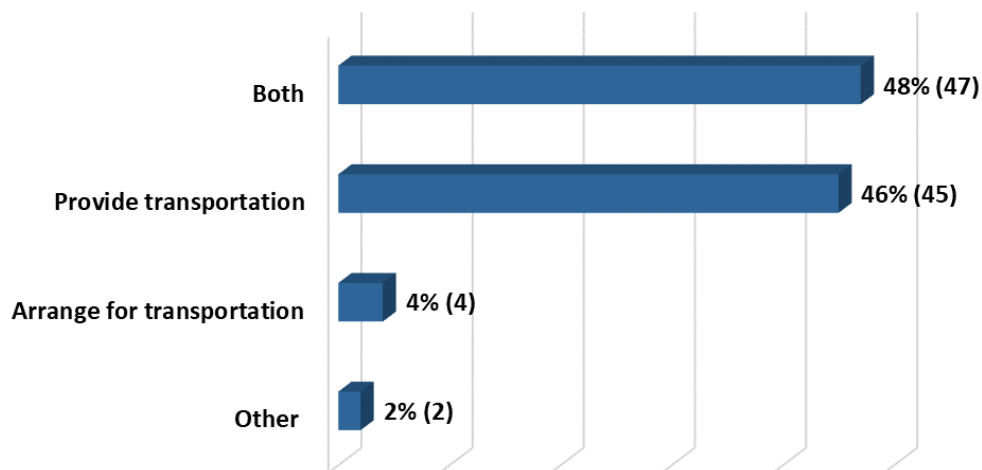
Percentage of Family Members Helping Individuals Get from Place to Place (n=100)



Transportation Assistance Provided to Family Members with Disabilities

Presented below are the ways that family members and caregivers provide transportation assistance to individuals with disabilities. A little less than half (48%) of respondents shared that they do both, provide and arrange for transportation for their loved ones. Most of the others (46%) indicated they help their loved one by providing transportation themselves.

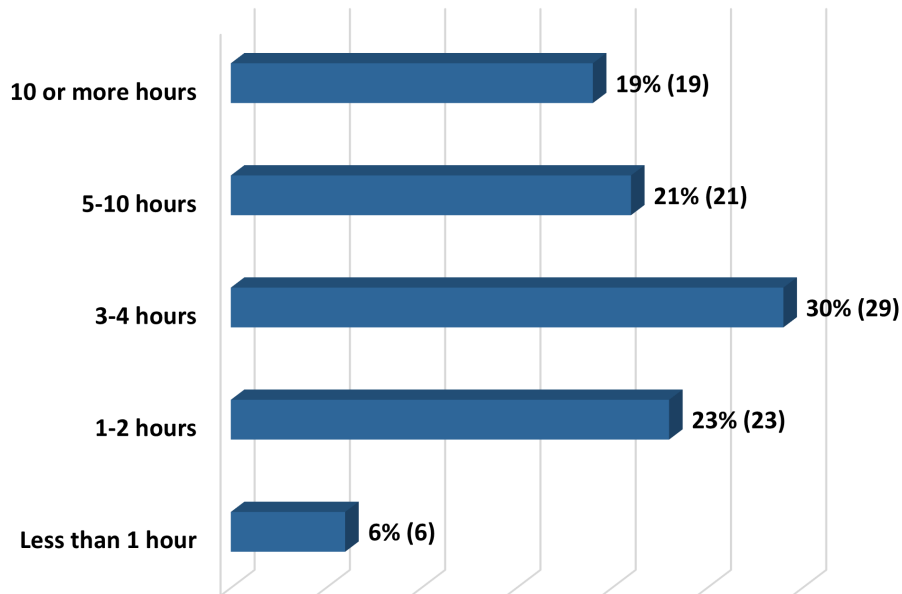
Types of Transportation Assistance Provided to Family Members with Disabilities (n=98)



Average Hours per Week Providing or Arranging Transportation for Family Member

The average number of hours per week that family members and caregivers spent providing or arranging transportation for their loved one with disabilities is presented below. Nearly a third of respondents (30%) spent 3-4 hours a week providing or arranging transportation, followed by 1-2 hours a week (23%). Over 20% of respondents spent 5-10 hours a week providing or arranging transportation for their family members (21%).

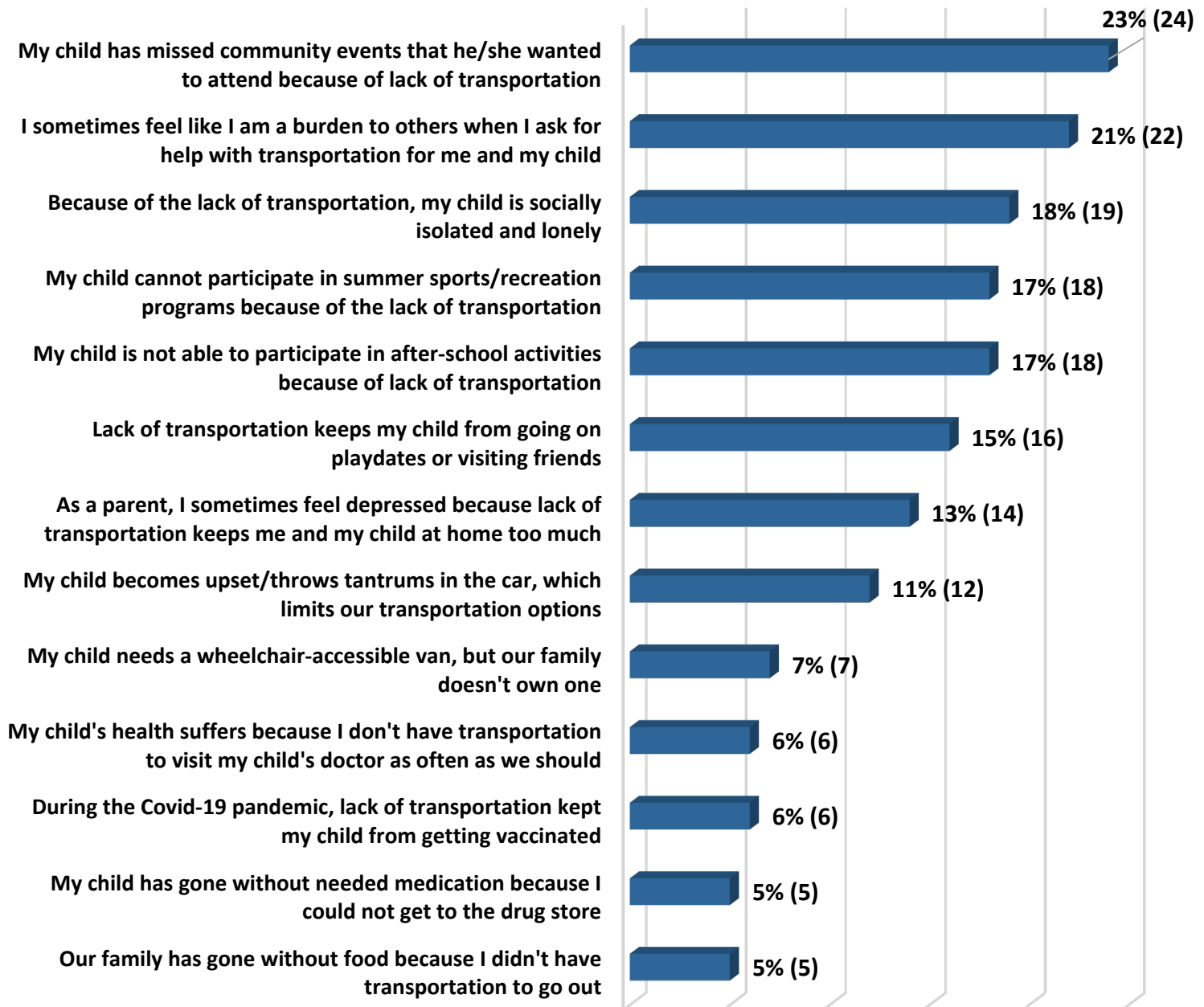
Average Hours per Week Providing or Arranging Transportation for Family Member (n=98)



Common Transportation Sentiments True for Family Members About Their Children

Common transportation sentiments described as being true (about their children) for family members and caregivers of individuals with disabilities are presented below. The most common transportation sentiment shared by family members & caregivers is that their child has missed community events that they wanted to attend because of lack of transportation (23%). Additional common sentiments included feeling like a burden to others when asking for help with transportation for themselves and their child (21%); and their child being socially isolated and lonely due to a lack of transportation (18%). Some other statements that parents agreed with include their child cannot participate in afterschool activities (17%); or summer sports/recreation programs (17%); or playdates, visiting friends (15%) because of lack of transportation. Thirteen percent of parents said they sometimes feel depressed because lack of transportation keeps them and their child at home too much. Some parents shared that their transportation options are limited because their child becomes upset/throws tantrums in the car (11%).

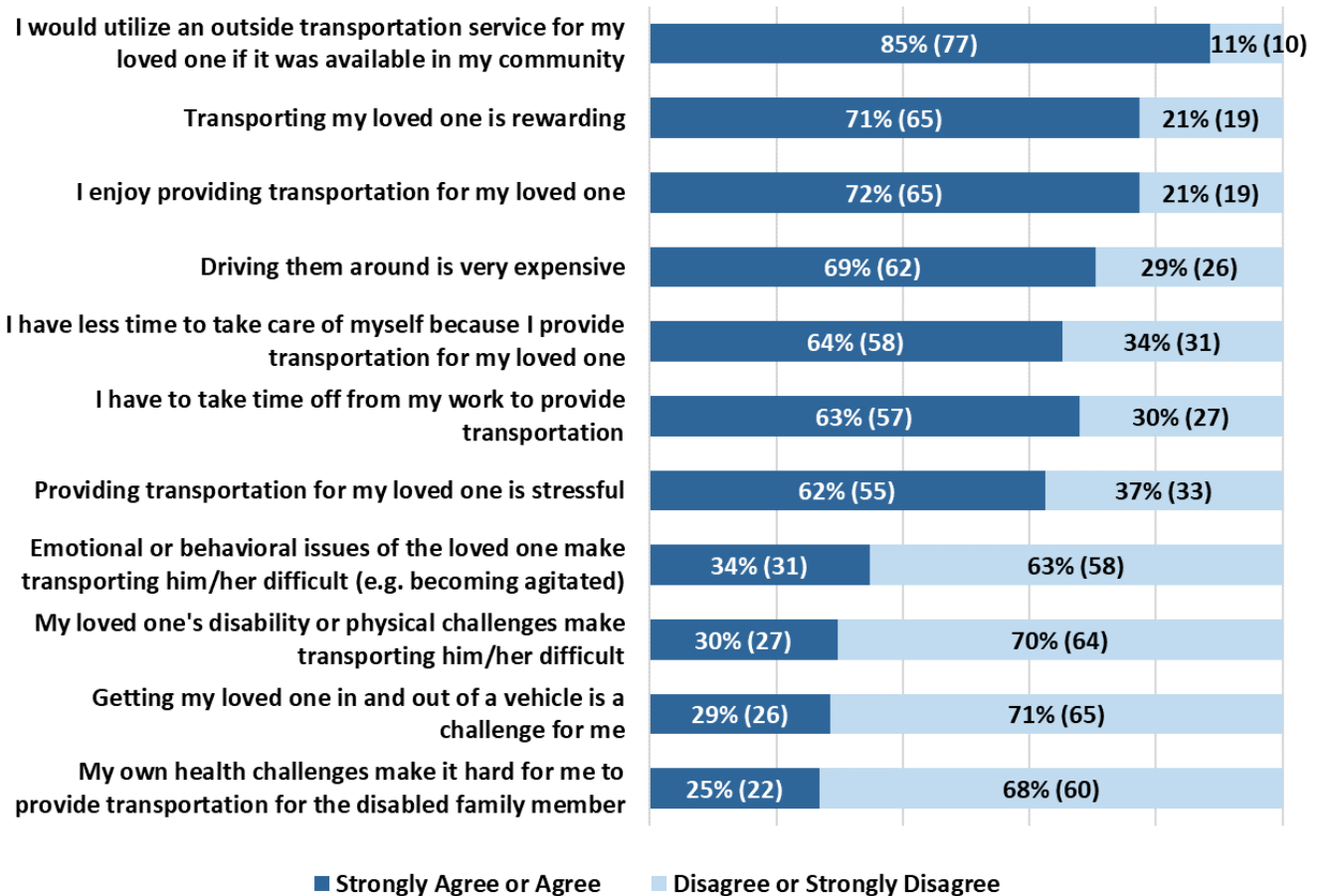
Common Transportation Sentiments True for Family Members About Their Children (n=106)



Family Members Experience of Providing Transportation

Family members & caregivers were given a list of statements about transportation and asked whether they agreed or disagreed, the results of which are shown below. Most respondents strongly agreed and agreed that they would utilize an outside transportation service for their loved ones if it was available in their communities (85%). Respondents strongly agreed or agreed that they enjoy providing transportation for their loved one (72%), and that they find it rewarding (71%). Other things that respondents agreed or strongly agreed with are that driving their loved one around is expensive (69%), stressful (62%), that they have less time to take care of themselves because they provide transportation for their loved one (64%), and they have to take time off from work to provide transportation (63%). Some parents strongly agreed/agreed that their loved one's disability or physical challenges make transporting him/her difficult (30%), emotional or behavioral issues of the loved one make transporting him/her difficult (e.g. becoming agitated) (34%), and getting loved one in and out of the vehicle is challenging for them (29%).

Agreement With Transportation Statements by Family Members (n=106)

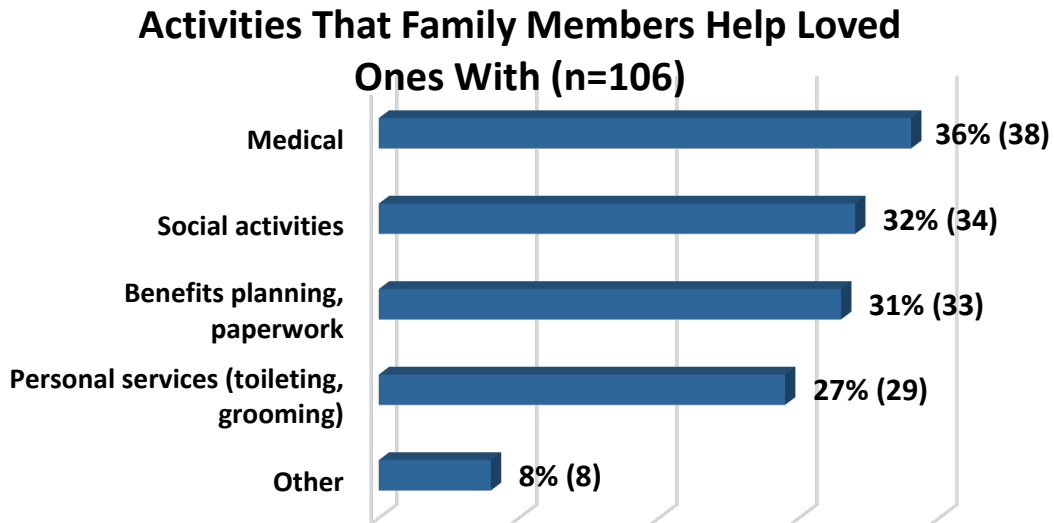


Challenges or Barriers Experienced in Providing or Arranging Transportation for Family Members with Disabilities

Family members and caregivers were asked about challenges or barriers that they experience when providing or arranging transportation for their family members with disabilities. Common themes included lack of safety when seeking transportation from sources other than family, having to adhere to their loved one with disabilities' schedule in order to provide their transportation, and limited availability of family & caregivers to provide transportation due to other obligations.

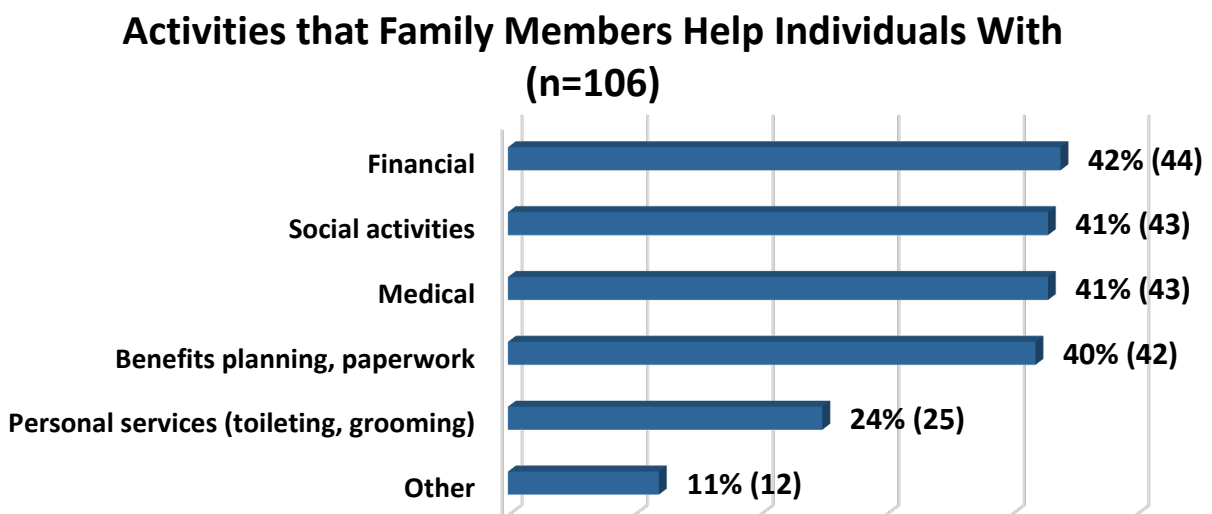
Help that Family Members Give to Loved Ones Who Are Children or Youth

Activities that family members and caregivers help their loved ones with disabilities, who range in age from birth to 22 years, to complete are shown below. Respondents mentioned helping their loved one with medical activities (36%), social activities (32%), benefits planning & paperwork (31%) as well as personal services (toileting, grooming) (27%).



Help that Family Members Give to Loved Ones Who Are Adults

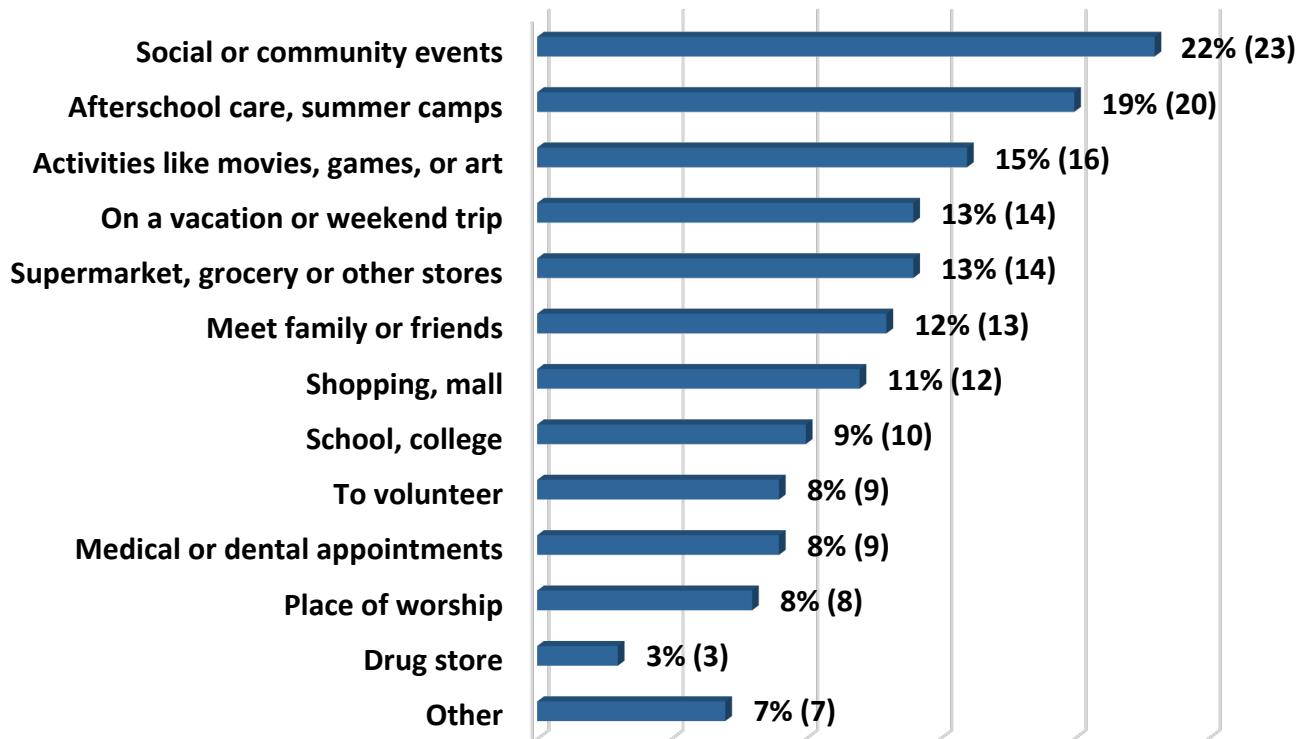
Activities that family members and caregivers help their loved ones with disabilities, who are 22 years or older in age, to complete include financial activities (42%), social activities (41%), medical activities (41%), benefits planning, paperwork (40%).



The Impact of Lack of Transportation on Community Access for Children and Youth

The chart below shows family member's perception of how a lack of transportation has prevented their loved one with a disability (ranging in age from birth to 22 years) from going to a number of places. The most common place that individuals with disabilities were unable to go to included, social or community events (22%), afterschool care & summer camps (19%), activities like movies, games, or art (15%). Family members also indicated that their loved one with disabilities has not been able to go to the supermarket, grocery or other stores (13%), go shopping or to the mall (11%), meet family or friends (12%) or go on a vacation or weekend trip (13%) due to lack of transportation.

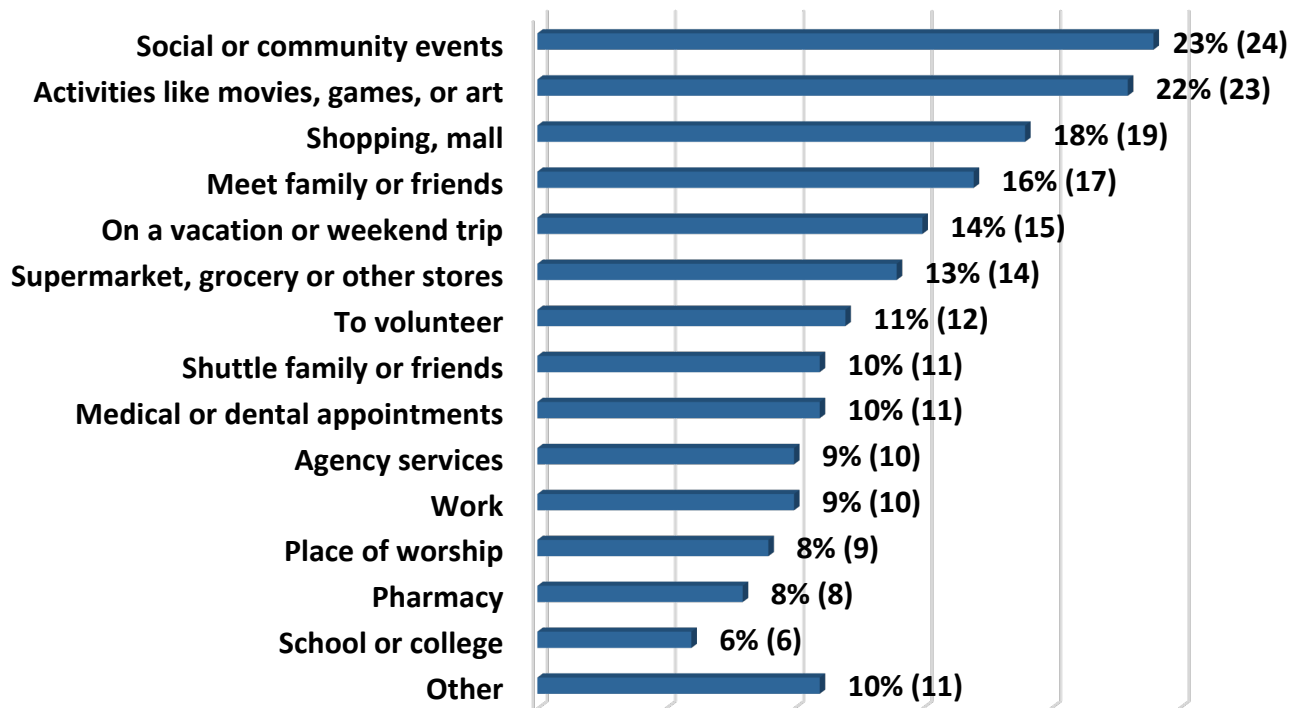
Places Lack of Transportation Has Prevented Their Family Member With a Disability (Birth-22 years) From Going (n=106)



The Impact of Lack of Transportation on Community Access for Adult Family Members

The chart below shows family member’s perception of how a lack of transportation has prevented their loved one with a disability (22 years or older in age), from going to a number of places. The most common place that family members with disabilities were prevented from going to include social or community events (23%), activities like movies, games, or art (22%), shopping & going to the mall (18%), meeting family and friends (16%). Other activities mentioned by family members include going to the supermarket, grocery or other stores (13%) or going on a vacation or weekend trip (14%).

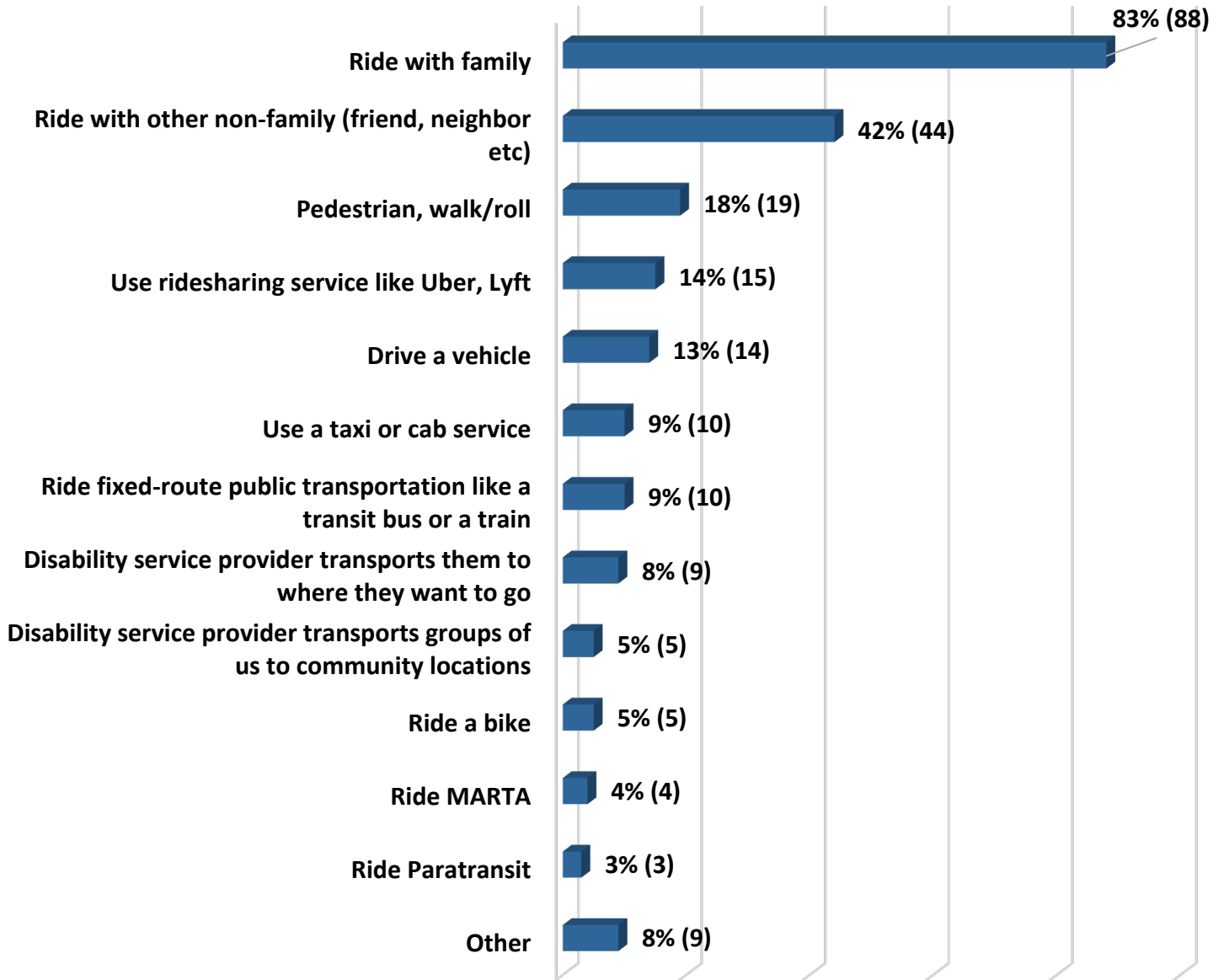
Places Lack of Transportation Has Prevented Person With a Disability (22 Years or Older) From Going (n=106)



Ways their Family Member with a Disability Gets from Place to Place

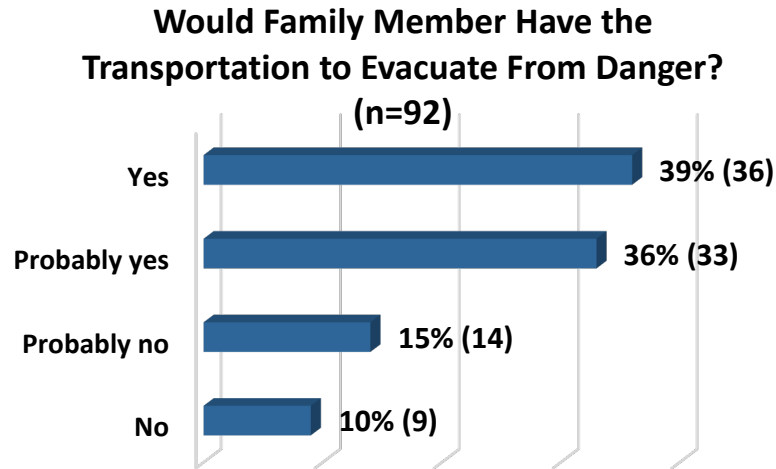
According to family members and caregivers, the top ways their loved ones with disabilities travel from place to place include by riding with family (83%), followed by riding with other non-family such as friends and neighbors (42%) and traveling as a pedestrian (18%). Only a small percentage indicated driving (13%) or using ride sharing like Uber/Lyft (14%). As is evident below, the vast majority of individuals with a disability in this survey either ride with family or ride with other non-family (83%). This could reflect a bias in the sample such that majority of family members or parents completing the survey, in fact provide support for transportation for their loved one with disability, either by giving rides or arranging for their transportation.

Ways Family Members With Disabilities Get From Place to Place (n=106)



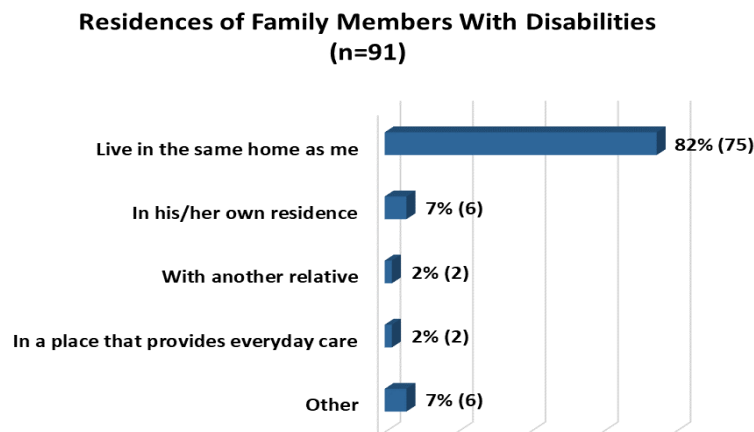
Would Family Member Have the Transportation to Evacuate from Danger?

Family members and caregivers were asked if their loved one with a disability would have the transportation they needed to evacuate to safety in the event of an emergency or disaster. A quarter of the sample (25%) said they would probably or definitely not have the transportation they needed to evacuate to safety in the event of an emergency or disaster. The remaining three quarters of the sample (75%) said they would definitely or probably have the transportation.



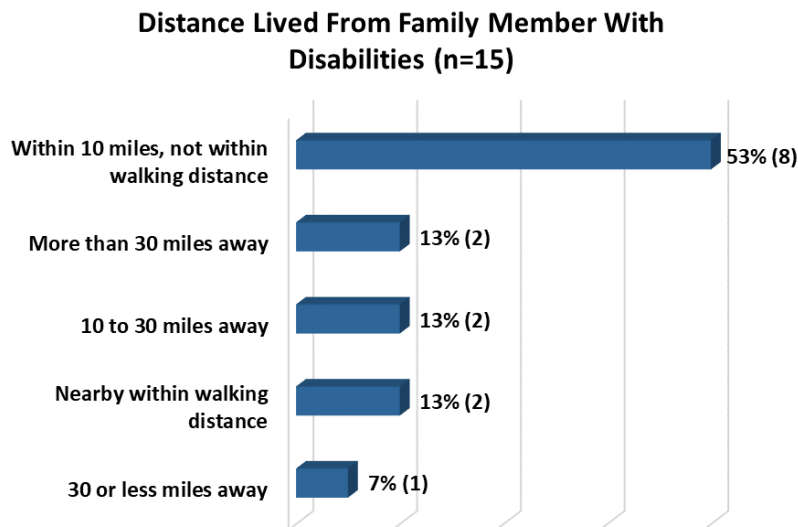
Residences of Family Members with Disabilities

Majority of respondents shared that their loved ones lived in the same home as them (82%). This is in line with the fact that four-fifths (80%) of the survey respondents were parents supporting individuals with disabilities. Additionally, 7% of respondents' family members with disabilities lived in their own residences, and 7% of family members with disabilities lived in "other" residences such as in a residential college dorm.



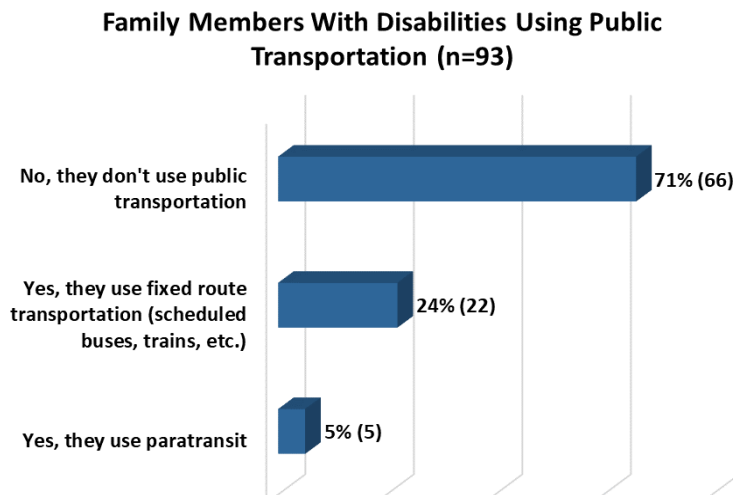
Distance of Residence of Family Member with Disabilities

Family members were asked how far apart they lived from their loved ones with disabilities, the results of which are shown below. Over half of the respondents stated that their family members with disabilities lived within 10 miles - not within walking distance (53%), followed by family members who lived more than 30 miles away (13%), 10 to 30 miles away (13%), and nearby within walking distance (13%).



Family Members with Disabilities Using Public Transportation

Family members and caregivers were asked if their loved ones used public transportation, and if so, which kind. More than two-thirds (71%) of respondents shared that their loved ones did not use public transportation. This is in line with the fact that four-fifths (80%) of the survey respondents were parents supporting their young or adult children with disabilities, and live in the same home as them (82%). Of those who did use public transportation, 24% used fixed-route transportation and 5% used paratransit services.

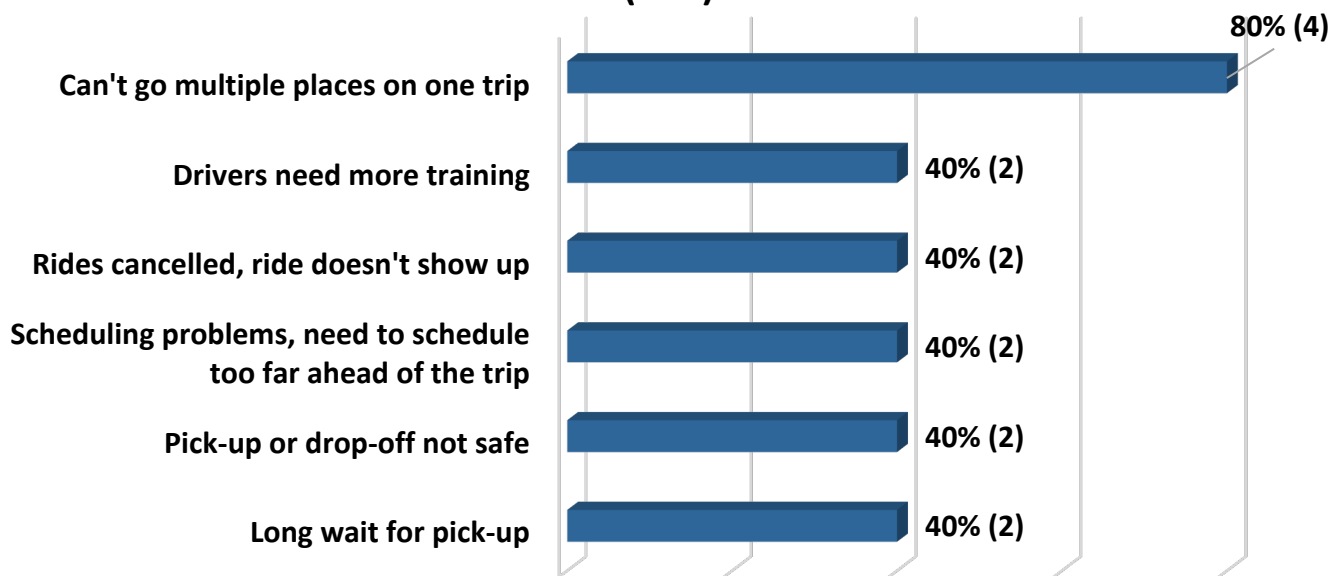


Paratransit Barriers for Family Members with Disabilities

Paratransit service barriers faced by respondents' loved ones with disabilities are shown below. Nearly 80% of respondents indicated that their loved one can't go to multiple places on one trip. Other prominent barriers identified include rides being canceled/not showing up (40%), need to schedule too far ahead of the trip (40%), long wait times for pick-up (40%), safety issues during pickup and drop-off (40%), and drivers needing more training (40%)

Paratransit Barriers for Family Members with Disabilities

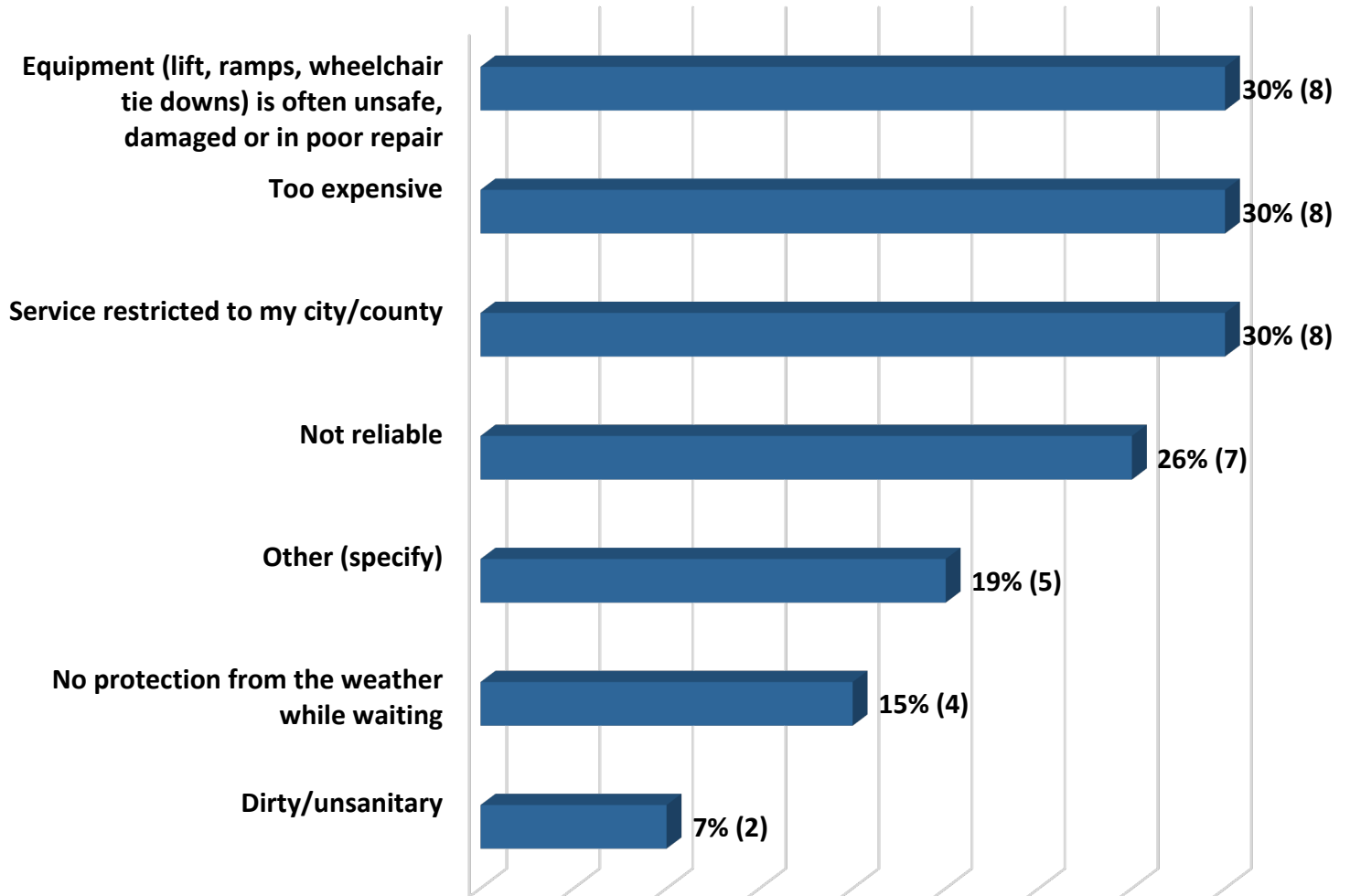
(n=5)



Barriers to Public Transportation Use for Family Members with Disabilities

Barriers to public transportation use for family members with disabilities are shown below. The top three named barriers endorsed by respondents are that the service is restricted to riders' cities and counties (30%), public transportation is too expensive (30%), and equipment (such as lifts, ramps, and wheelchair tie-downs) is unsafe (30%). Services not being reliable was also mentioned by 26% of respondents.

Barriers to Public Transportation Use for Family Members With Disabilities (n=27)



Family Members with Disabilities Using NEMT Services

Family members and caregivers were asked if their loved ones with disabilities used non-emergency medical transport (NEMT) to go to medical appointments, the results of which are shown below. About one-sixth (15%) shared that their loved ones used NEMT services sometimes or frequently. Most respondents (85%) responded no to their loved one using NEMT services.

Family Members Whose Loved Ones Drive a Vehicle

Family members & caregivers were asked whether or not their loved one with disabilities drives a car to go from one place to another; the results are shown below. Only 8% of respondents endorsed their loved one with disabilities driving a vehicle.

Level of Concern with Family Member's Driving

Levels of concern about the driving of respondents' family members with disabilities are shown below. Three-fifths (58%) of respondents were somewhat or very concerned about their loved one's driving.

Family Members Voicing Concerns About Loved One's Safety While Driving

Family members were asked if they have ever told their loved ones with disabilities that they are concerned about their safety while driving. The results are shown below. Over 70% of respondents have voiced their concerns to their loved one's about their safety while driving,

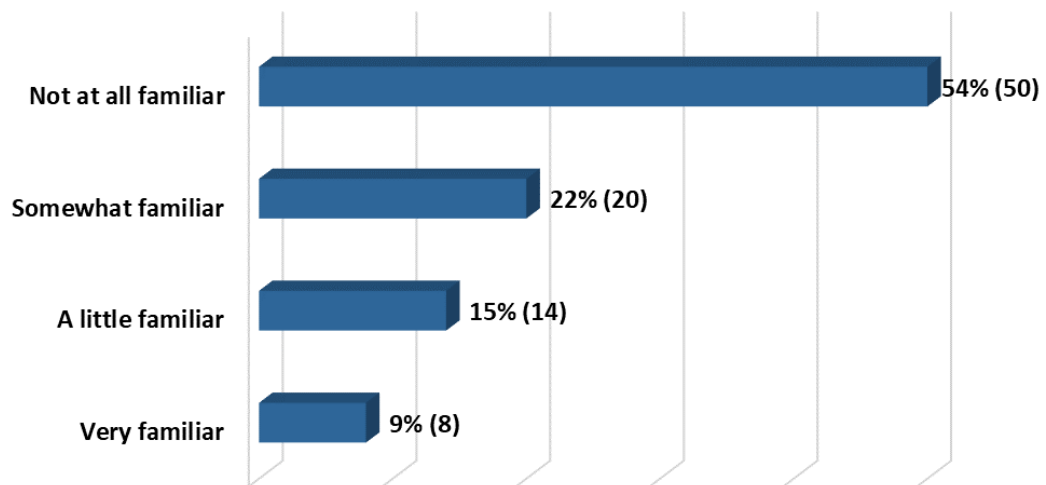
Families Who Own a Wheelchair Accessible Van

Family ownership of a wheelchair-accessible van is shown below. The majority of respondents shared that their families have no need for a wheelchair-accessible van (80%). Over 10% of respondents endorsed family ownership of a wheelchair-accessible van (11%). Nearly 10% of respondents shared that they need an accessible van but do not own one because it is too expensive (9%).

Family Member Familiarity with Transportation Options in their Area

Family members & caregivers were asked how familiar they or their family members with disabilities are with transportation options in their areas aside from driving a vehicle. Over half of respondents (54%) shared that they were not at all familiar with transportation options in their areas. A little under two-fifths (38%) shared they were a little or somewhat familiar with the options. Only 9% of respondents indicated being very familiar with the transportation options in their area aside from driving a vehicle.

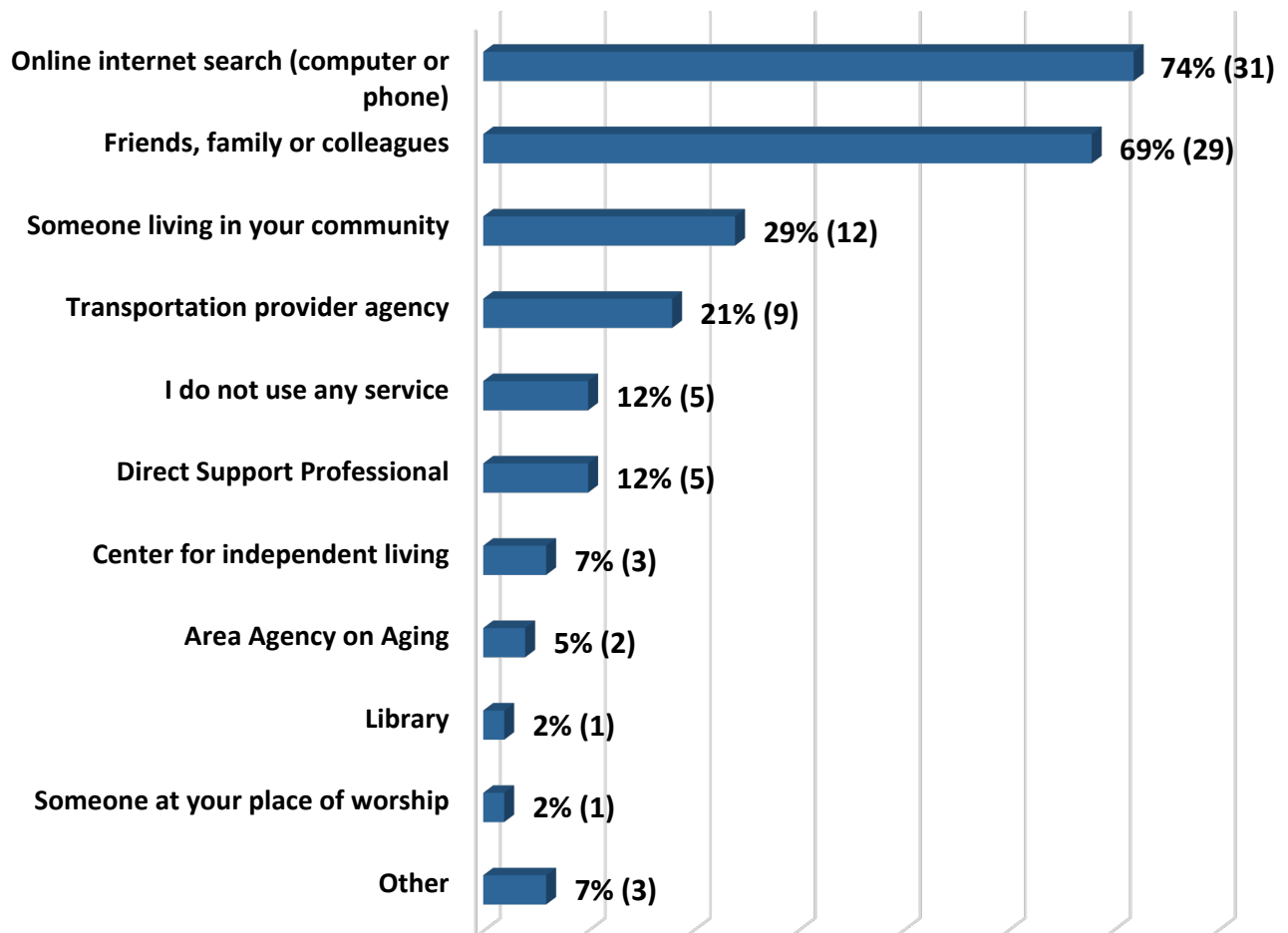
Family Member Familiarity With Transportation Options in the Area (n=92)



Sources of Information about Transportation Services

Family members who were somewhat familiar, little familiar or very familiar with information about transportation services in their areas, were asked about sources of information. Almost three-fourths (74%) of respondents found information about area transportation services via online internet searches, followed by getting information from friends, family, or colleagues (69%). Respondents also mentioned getting information from someone living in their community (29%) or transportation Provider Agencies (21%).

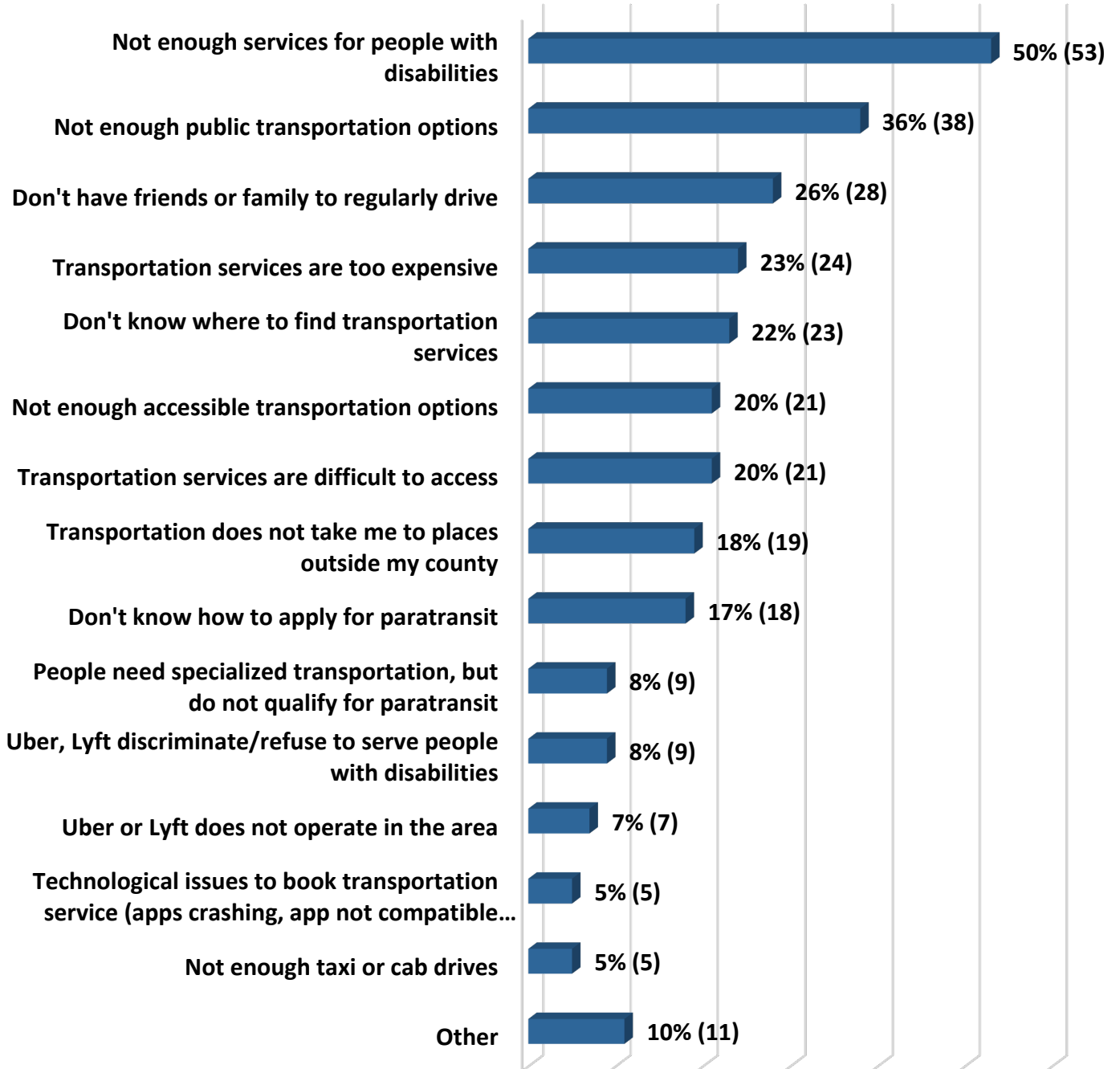
Places Family Members Get Information About Area Transportation Services (n=42)



Key Transportation Service Barriers Faced by Family Members with Disabilities

The chart below shows a number of key transportation service barriers faced by individuals with disabilities as endorsed by their family members and caregivers. Nearly half (50%) of respondents expressed that there are not enough services for people with disabilities, followed by there not being enough public transportation options (36%) and that individuals with disabilities don't have friends or family to regularly drive (26%). Respondents also shared that they found the transportation services to be too expensive (23%), they didn't know where to find the services (22%), there not being enough accessible transportation options (20%) and transportation services being difficult to access (20%).

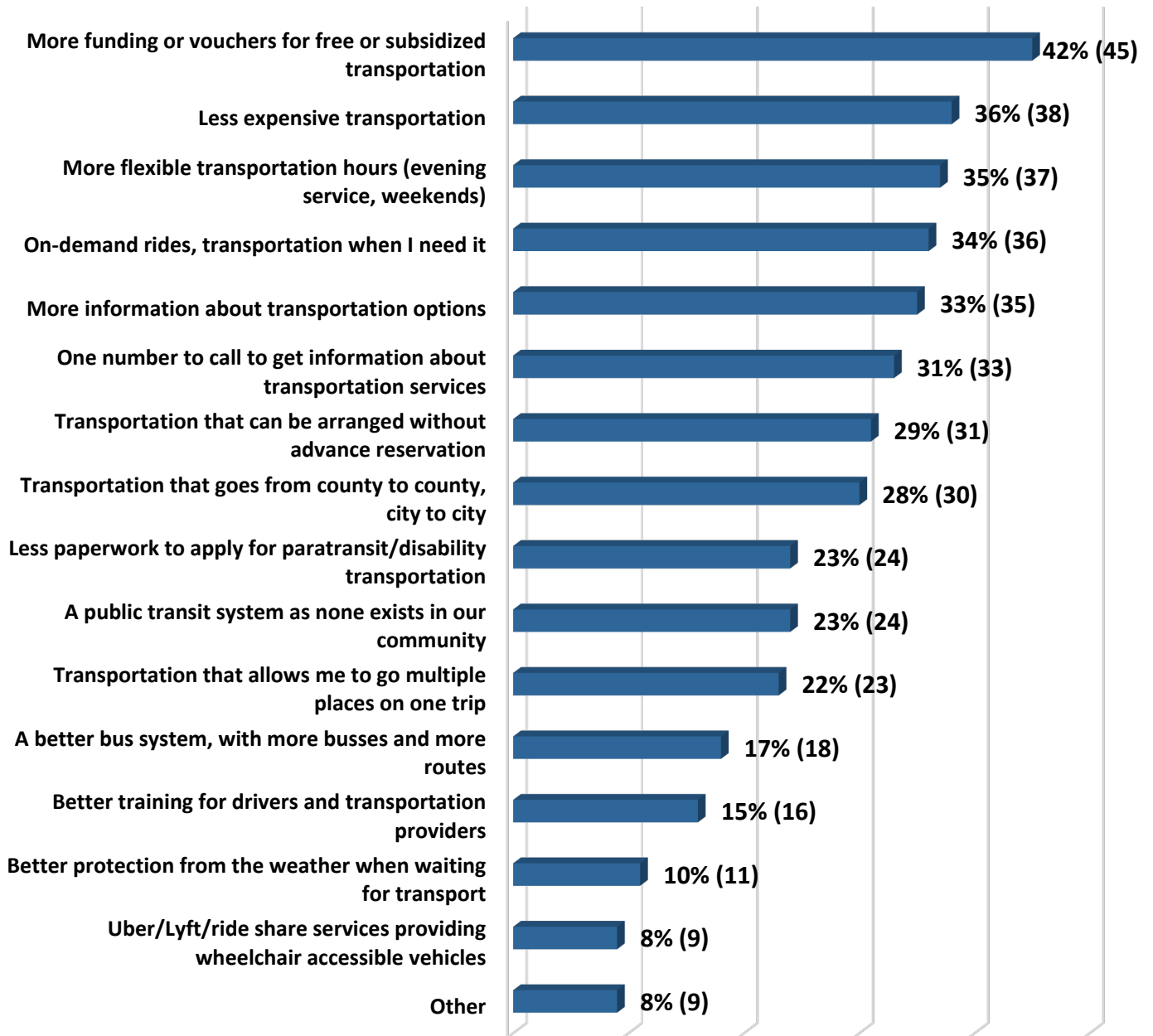
Key Transportation Service Barriers Faced by Family Members With Disabilities (n=106)



Transportation Improvement Suggestions from Family Members

Suggestions for community transportation improvements by family members and caregivers of individuals with disabilities are shown below. Close to half (42%) of family members and caregivers would like to see more funding or vouchers for free or subsidized transportation, followed by less expensive transportation (36%), more flexible transportation hours like evening and weekend services (35%) and more on-demand transportation when they need them (34%). Respondents also expressed a need for more information on transportation options (33%) and having one number to receive information about transportation services (31%). The need for transportation that can be arranged without advance reservation (29%) and transportation that goes across counties or cities (28%) was also expressed. Less paperwork to apply for paratransit or disability transportation (23%) and transportation that lets them go to multiple places (22%) were also mentioned as suggestions.

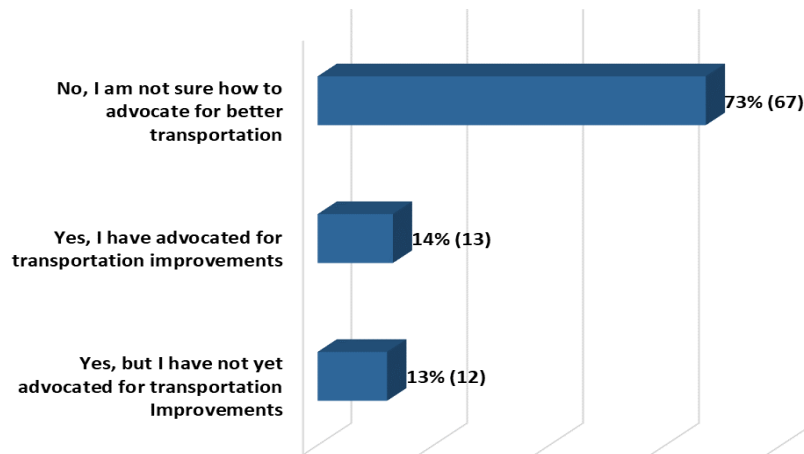
Community Transportation Improvement Suggestions From Family Members (n=106)



Family Members' Knowledge of Advocating for Better Community Transportation

Family members and caregivers were asked about their knowledge on how to advocate for better transportation in their communities. Nearly three-quarters (73%) of respondents shared that they were not sure how to advocate for better transportation in their communities. Only one-eighth (14%) of respondents knew about advocacy and had advocated for transportation improvements in their community. The remaining 13% knew about advocacy but had not yet for transportation improvements.

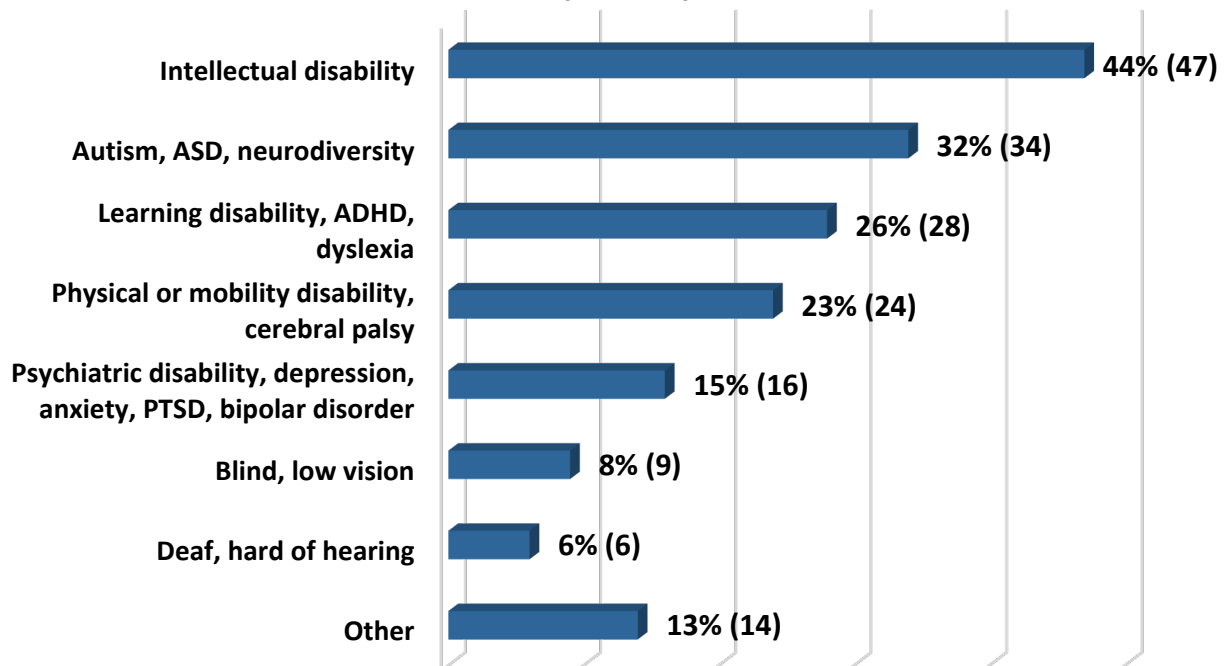
Family Members' Knowledge on Advocating for Better Community Transportation (n=92)



Family Members' Report on the Disability of their Loved One

The disability types of individuals with disabilities as described by their family members or caregivers are shown below. Less than half of respondents shared that their family member lives with an intellectual disability (44%), while nearly 32% of respondents' family members live with Autism, ASD, & neurodiversity. This is followed by respondents who have indicated that their family member lives with a learning disability, ADHD, and/or dyslexia (26%), or physical or mobility disability, cerebral palsy (23%).

Family Members' Report on Disability of Their Loved One (n=106)



What is Working Well

When asked what is working well with regards to transportation services and supports, many respondents expressed that transportation services and supports for individuals with disabilities in Georgia are *not* working well. Respondents shared that they have no knowledge of what is working well because they were not aware of resources that may be available.

- *“It is not working well in my opinion. Individuals with disabilities are expected to move around like everyone else. That is very difficult and ignorant to think that people with disabilities see the world from the same view as an average able-bodied person.”*
- *“I have nothing positive to say here. We do not have the help we need from transportation services.”*
- *“I honestly have no idea what works well because we don't utilize transportation services. It always falls to me, the Mom, to handle any and all transportation needs.”*
- *“I have not used transportation services before. I didn't know it was available until now.”*

What Needs to Be Done to Improve Transportation

When asked what needs to be done to improve statewide transportation services and supports for people with disabilities and their families, families and caregivers gave a variety of responses. The most common themes mentioned by family members & caregivers relate to affordability; public transportation services, private rideshare providers, and that the wheelchair-accessible vehicles should be made more affordable through improved funding and availability of voucher programs. Improving accessibility in transit services was cited as a priority by family members and caregivers, as well as expanding transportation service areas to the suburbs and rural areas, and expanding intercity/intercounty transport.

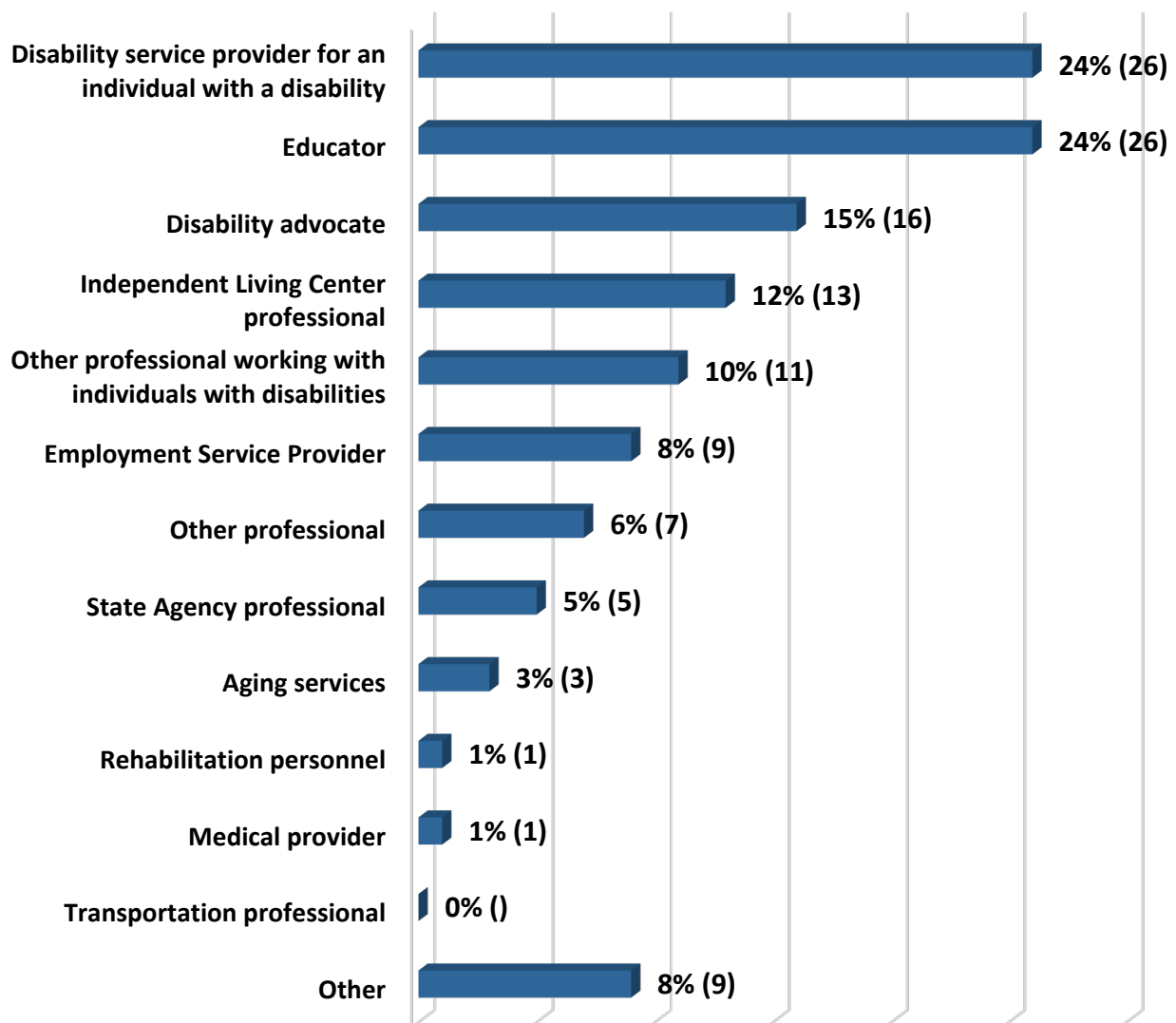
- *“Making public transit more accessible to people with disabilities, such as adding more accessible vehicles and ensuring all transit stations and stops are accessible, can help people with disabilities have more independent and efficient transportation options.”*
- *“It seems that any and all services, whether transportation or any other issue is always a hassle for someone with disabilities or the parent/caregiver because services are few and far between or because funds aren't readily available or difficult to obtain.”*
- *“The DOT needs to expand public transit across the state. There are way too many counties here for transportation not to interconnect across counties for trains and busses.”*

KEY INFORMANTS

Identity of Key Informants Completing Transportation Survey

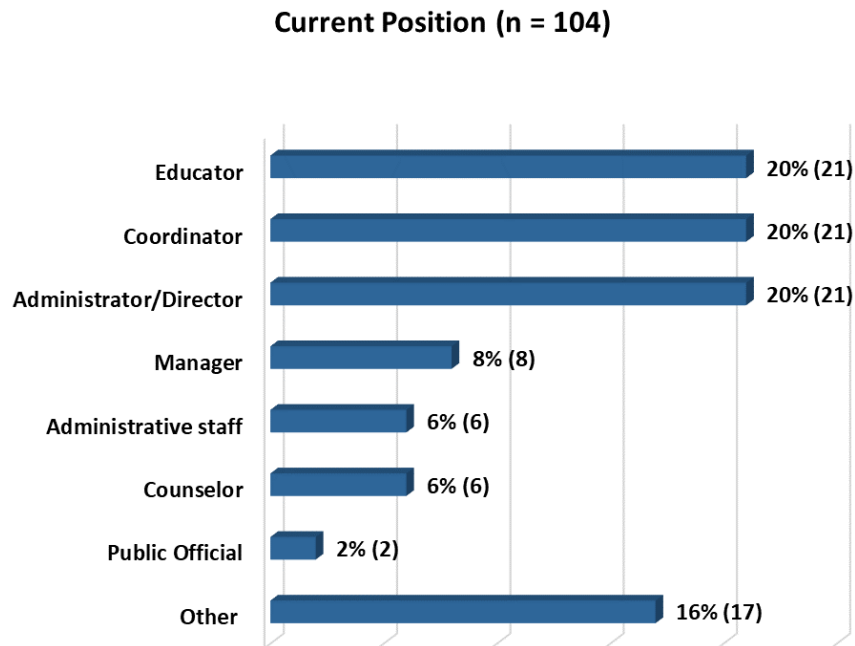
The identities of key informants completing the transportation survey are shown below. Disability service providers for individuals with a disability and educators are equally represented in the sample, making up nearly 48% of the total number of respondents (24% each). Disability advocates (15%), Independent Living Center professionals (12%) and other professionals working with individuals with a disability (10%) made up the rest of the sample.

Identities of Key Informants Taking Survey (n = 108)



Current Positions of Key Informants

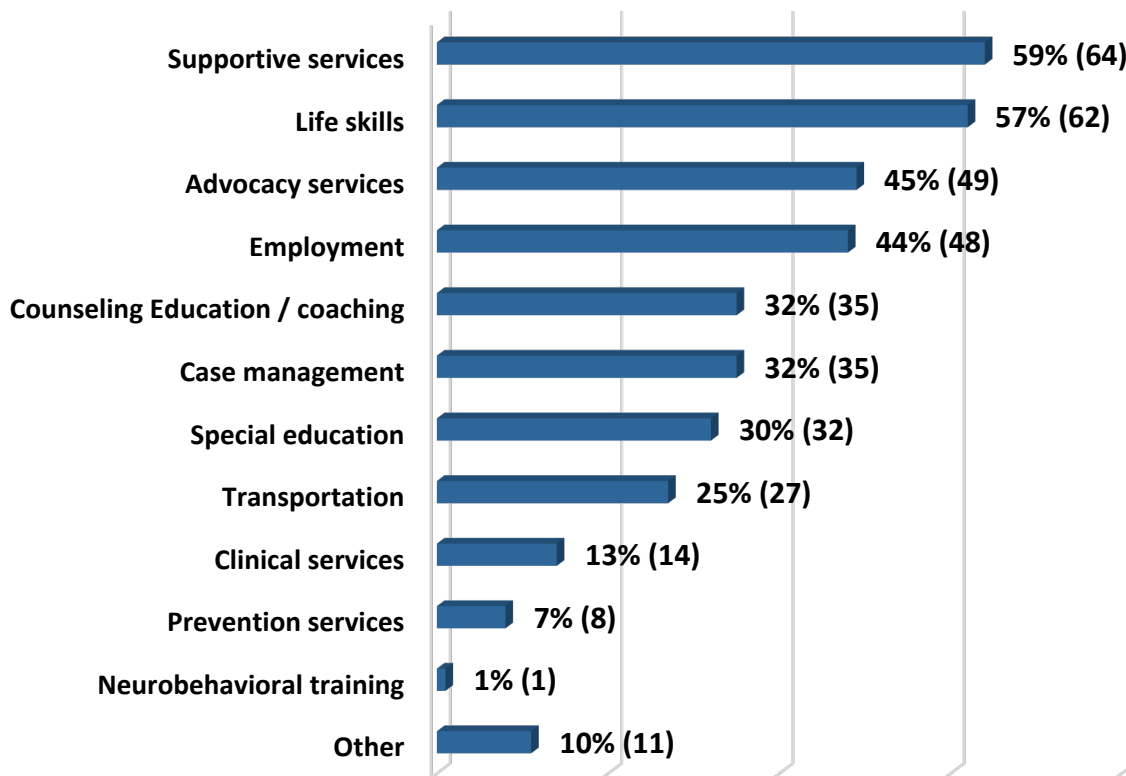
The current employment positions of key informants taking the Transportation Survey are shown below. Educators, Coordinators and Administrators/Directors were equally represented in the sample, making up nearly 60% of respondents (20% each). Other positions (16%) included direct support professionals, school psychologists, employment specialist, supported employment managers, consultants, etc.



Types of Services Offered by Key Informant Agencies

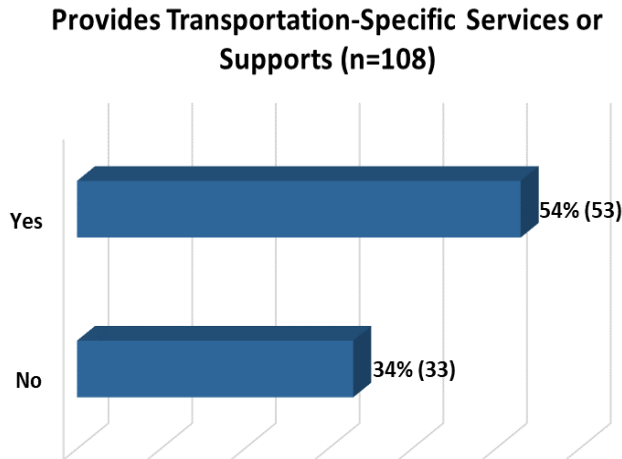
The type of services offered by key informant or their agencies to individuals with disabilities are shown below. Most of the respondents indicated that they provide supportive services to individuals with disabilities (59%), while another significant portion of the respondents shared that they offered life skills services to individuals with disabilities (57%). Other major services offered by the respondents include advocacy services (45%) and employment services (44%).

**Types of Services Offered (by Individual or Organization;
n = 108)**



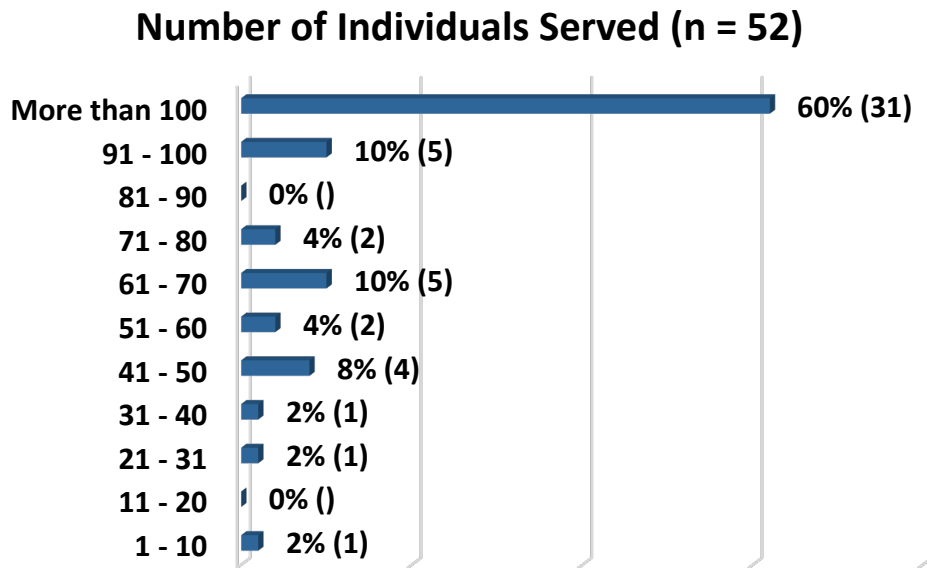
Agencies Providing Transportation Services

The percentage of agencies providing transportation services to individuals with disabilities is shown below. More than half of the key informant respondents (54%) noted that they provide transportation services to individuals with disabilities.



Number of Individuals Served by the Agency

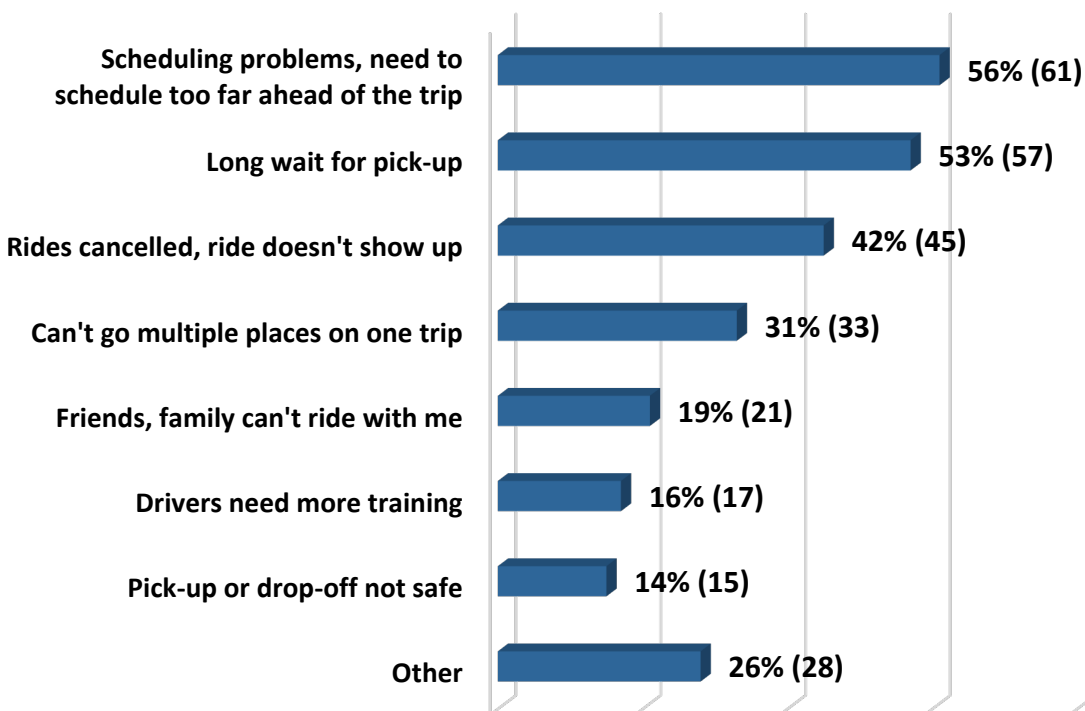
The number of individuals served by key informant or their agencies in the last five years (2017-2022) are shown below. Nearly 60% of the respondents indicated serving more than 100 individuals in the last five years (60%). Other majority respondents noted serving around 91-100 individuals (10%) or around 61-70 individuals in the past five years (10%).



Barriers Related to Paratransit Services

Key informants were asked about some of the barriers to transportation relating to paratransit services. More than half (56%) of the respondents indicated scheduling as a major problem where passengers are required to schedule trips way in advance. Other barriers indicated by key informants include long wait time for pickups (53%), cancellation of rides (42%) and not able to do to multiple places on one trip (31%).

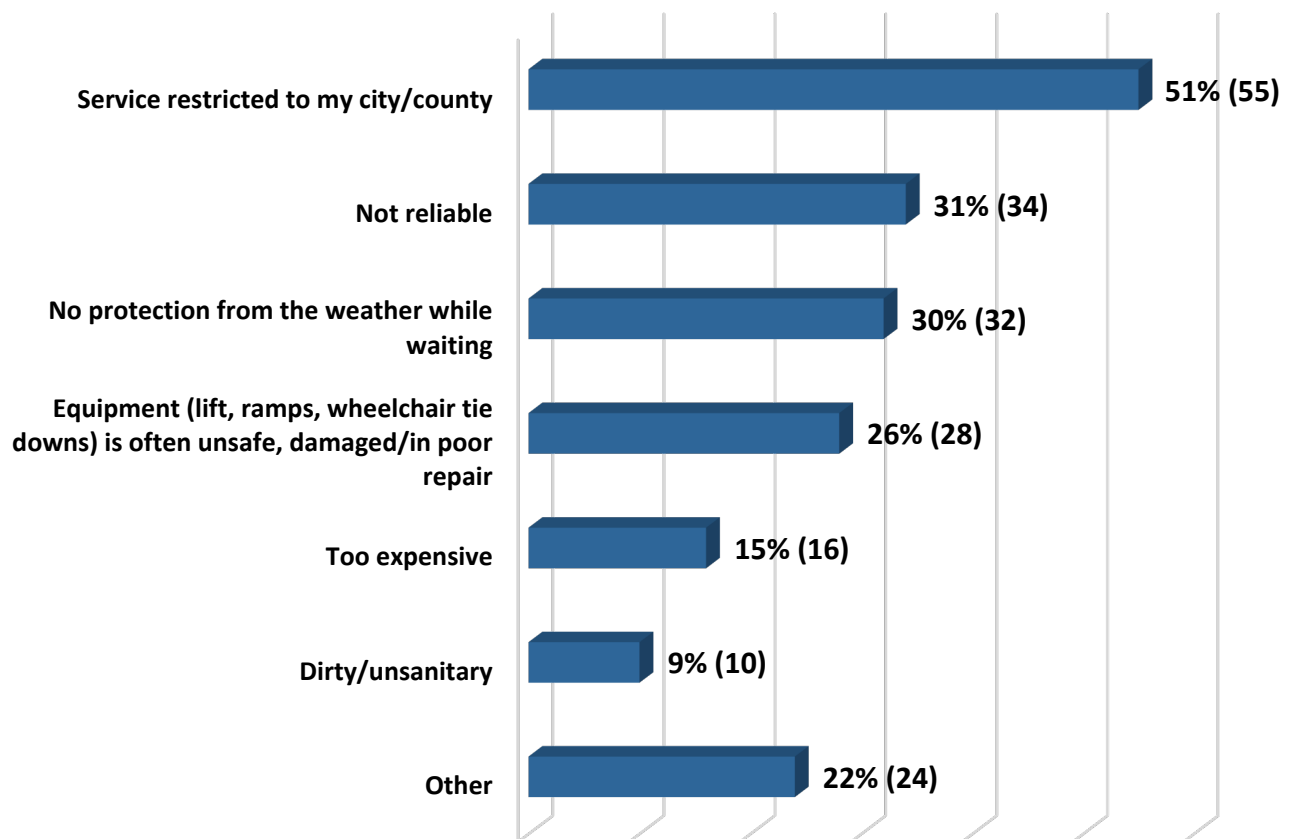
Barriers Related to Paratransit Services (n = 108)



Barriers Related to Fixed Route Services

Key informants were asked about some of the barriers to transportation relating to fixed route services. Almost half (51%) respondents indicated restricted service within counties/cities as the major barrier to fixed route transit services. Other major barriers included fixed routes being not reliable (31%), no protection from weather while waiting for their rides (30%) and the equipment (ramps, lift) being unsafe, damaged or in poor repair (26%).

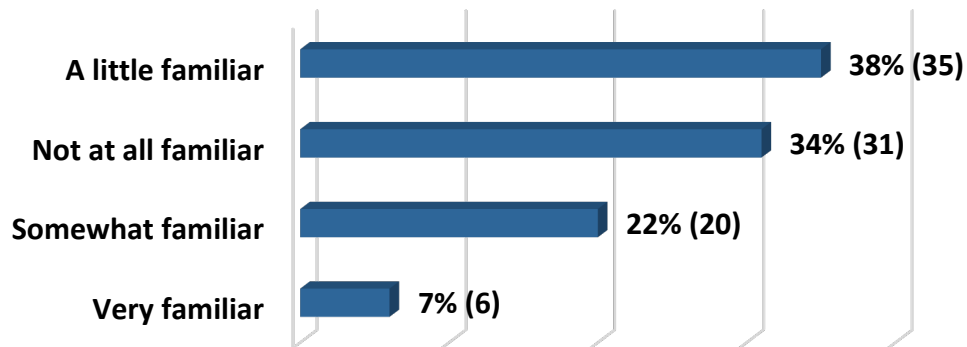
Barriers related to Fixed Route Services (n=108)



Familiarity with Transportation Options

Key informants were asked if they knew how familiar individuals with disabilities are with the transportation options available to them that do not involve personally driving a vehicle. Over one-third (34%) of the key informants indicated that individuals with disabilities are not at familiar with the transportation options. About three-fifths (60%) of respondents indicated that individuals with disabilities may be somewhat or a little familiar about the transportation options available to them.

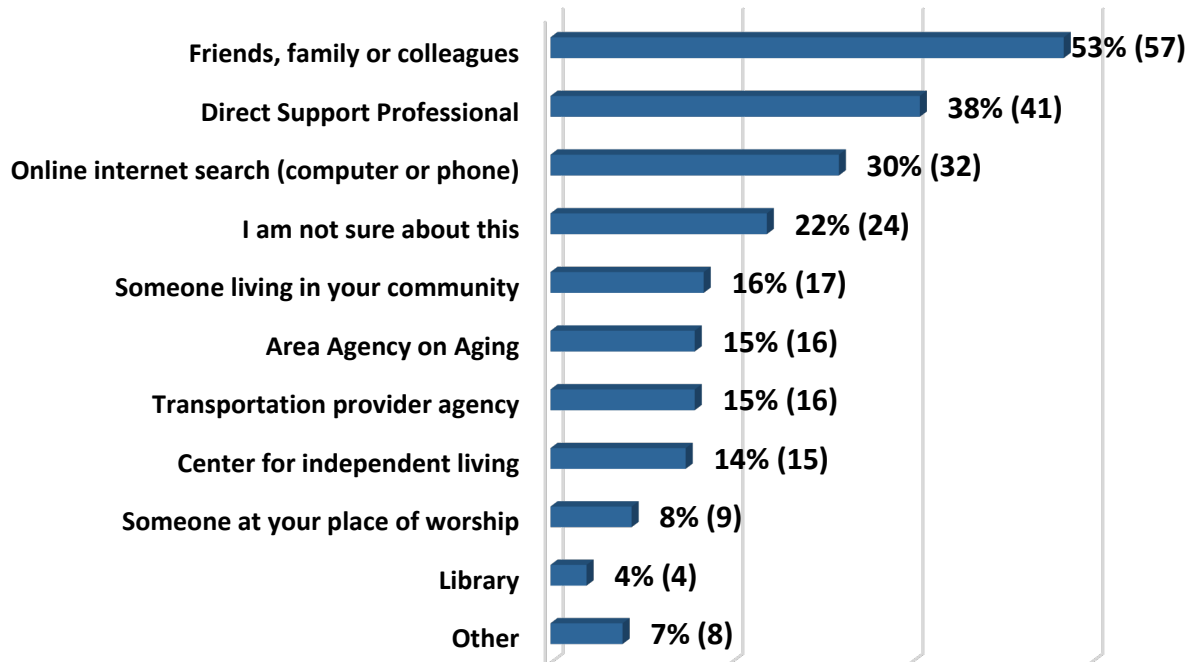
Familiarity With Transportation Options (n = 92)



Information Sources about Transportation Options

Key Informants were asked about their perception of the most frequently used source of information about transportation services used by individuals with disabilities. Over half (53%) of the respondents indicated friends, family and colleagues as the most frequently used source of information about transportation services in their area. Other important sources of information include Direct support professionals (38%) and online internet search (30%).

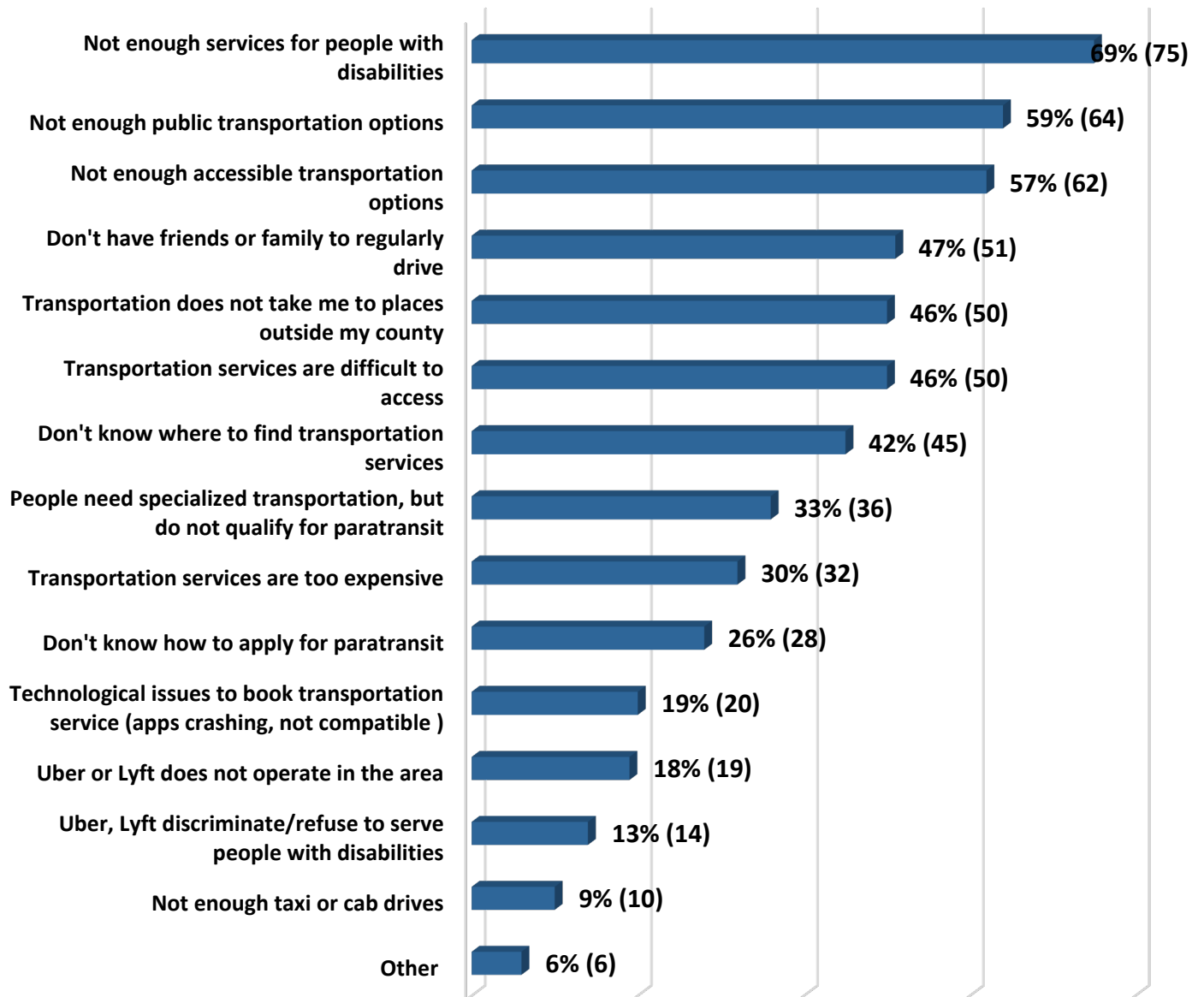
Sources of Information About Transportation Options (n = 108)



Barriers Related to all Types of Transportation Options

Key informants were asked about some of the key barriers that individuals with disabilities face related to all types of transportation services available in Georgia. The top barrier identified was the lack of adequate services for people with disabilities (69%). Respondents also indicated that there are not enough public transportation options (59%) and not enough accessible transportation options (57%). Transportation services being difficult to access (46%), not taking people with disabilities outside their county was also identified as a barrier (46%) and people not having family or friends to regularly drive them were also identified as barriers (47%).

Barriers Related to All Types of Transportation Options (n = 108)



Recommendations for Improving Transportation Services

Key informants were asked about what changes they would like to see in the community that would help individuals with disabilities in Georgia to get around better. Three-fifths (59%) of the key informants indicated the need for more flexible transportation hours (evening service, weekends), followed by needing transportation that goes from county to county and city to city (51%). Other recommendations included having more on-demand rides (47%) when individuals need it, having more funding or vouchers for free or subsidized transportation (47%) and having transportation that can be arranged without advance reservation (44%). Needing more information about transportation options (41%) and having one number to call to get information about transportation services (39%) were identified by respondents. Key informants believed that individuals with disabilities need transportation that would allow them to go multiple places in one trip (35%), less expensive transportation (33%), and Uber/Lyft/rideshare services providing wheelchair accessible vehicles (31%).

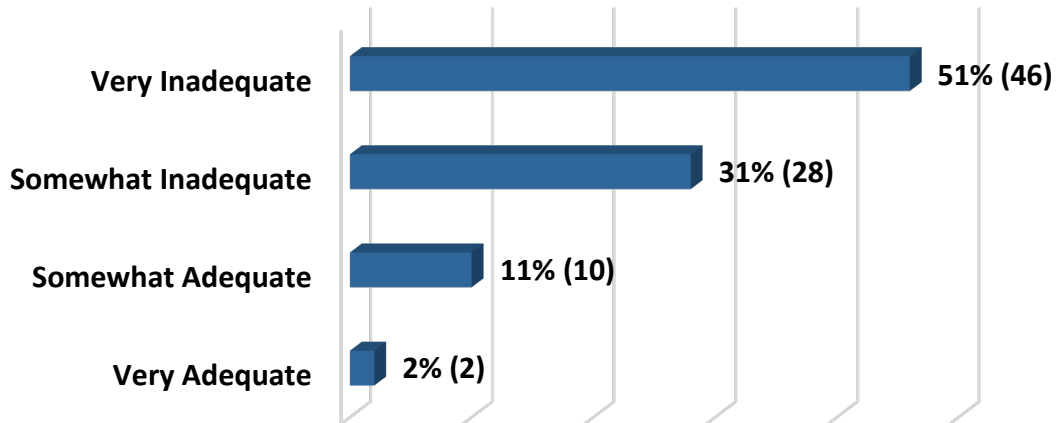
Recommendations for Improving Transportation Services (n=108)



Adequacy of Transportation Services

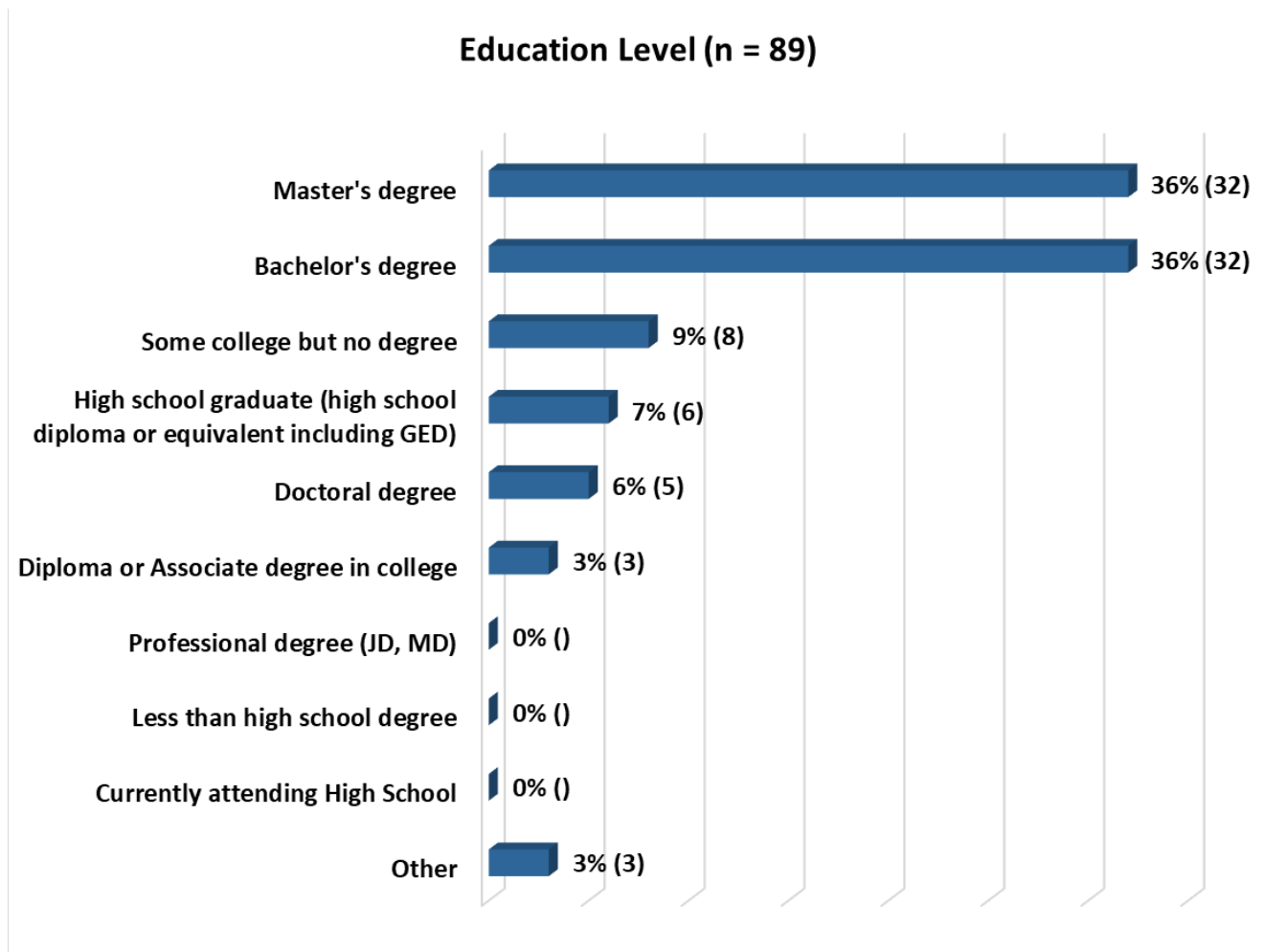
Key informants were asked by the adequacy of transportation services and supports that currently exists in Georgia. More than four-fifths (82%) of key informants said that current transportation services and supports in Georgia are somewhat or very inadequate. Only 13% of respondents believed that the services and supports are somewhat or very adequate.

Adequacy of Transportation Services (n=90)



Education of Key Informants

The highest level of education of key informants taking the survey are shown below. There was an equal representation of key informants who either had a bachelor's or a master's degree as their highest level of education (36% for each group). Other respondents shared going to college but having no degree (9%) or indicated being a high school graduate as their highest level of education (7%).



What is working well with regards to transportation services and supports for people with disabilities and their families in Georgia?

Many respondents cited having different transportation options available in their areas as one of the major factors working well in Georgia relating to transportation services and supports for people with disabilities and their families. However, the services have reduced since the COVID 19 pandemic. They shared names of transit options like public transportation, Uber/Lyft, taxi, CAT Mobility, micro transit options, Cobb Linc, rideshare programs among others. One of the respondents indicated metro Atlanta as a model for transportation for the rest of Georgia. There is also reimbursement for rideshare programs, companion programs on regular bus routes and voucher systems with Cobb Link.

“Metro Atlanta serves as a good model for the rest of the state when providing transportation for individuals with disabilities.”

“Service providers are aware of transportation options, and a lot of private transportation exists (Uber, Lyft, taxi).”

“More options are available in metro areas with buses, cabs, Uber, Lyft, and shuttles. Was better prior to COVID. It has not returned back to normal with the Covid changes before or now.”

What are some challenges or barriers related to all types of public transportation that individuals with disabilities and their families face?

The biggest challenge cited by key informant respondents related to all types of public transportation for individuals with disabilities and their families is the limited routes available to riders and the need for reserving rides in advance since there are few or no on-demand transportation options, especially in rural areas of Georgia. Respondents also noted the long wait times and unreliable transportations as a barrier where they wait for long hours for their services, thus tiring them out before the trips. In some cases, their rides will not show up, this causing them to miss their medical appointments.

“Rural areas do not have access to these types of transportation and that is where most of my clients reside. It is also difficult to those that can assess this type of transportation to wait for long periods of time along with them tiring out before their trip.”

“Lack of freedom to decide to go somewhere whenever they want.”

“Specifically, in the more rural areas of the state, there is no public transportation. That is a huge barrier! In cities where transit is available, it would be expensive, stimulus overload, and safety concerns.”

What do you think needs to be done to improve statewide transportation services and supports for people with disabilities and their families?

A majority of the respondents voiced their concerns related to the availability of different options for transportations for people with disabilities in the state of Georgia. With the current services available in the state, respondents voiced concerns about the need for more state-wide, county wide, on-demand, accessible transit options in rural areas, para transit services, and a seamless connection throughout the state. Some respondents noted the lack of funding in transportation and shared the need for voucher or reimbursement options for individuals. Other concerns that were shared includes about the safety concerns from parents about travelling in public transport system, need for trained drivers, access to transit services in evenings and weekends and more advocacy.

"It needs to be state-wide, county-wide. A more streamline approach would help rural areas. A specialized Uber type of transportation where the family and individual can build a relationship with the driver would be best. It's all about trusting your loved one with someone else."

".families do not feel comfortable with entrusting their family member with a disability on just ANY public transportation. WE need a smaller company THAT the STATE provides to deliver transportation for people with disabilities to get to work and health appointments who are vetted and have received special training. "

"Rural counties need to be more of a focus. The bigger cities in GA seem to have at least some transportation, but for the elderly and disabled in rural counties, they are basically on their own. All Georgians should be served. Now, the types of transportation may look different across our state, but just because a client resides in a rural county should not be punished compared to those that reside in a bigger city."

"Get the information out to the people who need it about any transportation providers in their area. Make the process less complicated. Clear communication between caregivers of the individuals so that they can feel confident in utilizing these services."

"There needs to be a services designed for individuals and families with disability within the transit system. The unit caters to this population only. In the city areas. For the rural areas their needs to be more state or local incentives for potential providers who are interested in being providers for the disabilities population. Legal paperwork should be required but streamlined as not to discourage good providers seeing a need and meeting it."

"They [transportation services] need to exist. many communities have absolutely no options. others have very limited options. City transit often has limited hours and limited areas, they don't serve the industrial parks or third shifts, or even run after 7pm. TRIPS is not reliable

and they require such advance reservations that they can't help individuals who may be called in to work at the last minute.”

“There needs to be state funded providers in each county that can get students to both employment and social events. Drivers should be trained, it should be designed FOR people with disabilities so that there is never an issue with a bus being full or over crowded or with people who may not understand people with disabilities. It needs to be handled with an app that is easy to use.”

“I think that MARTA could do a better job of contracting with other cab services to provide more seamless service. MARTA would benefit greatly from advisement of transportation systems in Boston, Massachusetts and Portland, Maine. In my professional experience, these systems I have seen work well to provide accessible, seamless services to people with disabilities that offer multiple options. They do this by contracting out for different types of rides--on demand rides, scheduled rides, weekly scheduled rides, medical appointment/appointment rides, and evening/weekend options as well. People forget that persons labeled with disabilities also have social lives that operate outside of a 9-5 model. “

FOCUS GROUPS AND INTERVIEW FINDINGS

INDIVIDUALS WITH DISABILITIES

Theme 1: Issues Related to Paratransit Services

A common theme that emerged from focus groups and interviews was the limited transportation options available to people with disabilities. For many individuals with disabilities, paratransit options were very limited and there were no other transit options available to them. Metro Atlanta areas have more options available but as you go outside the city into suburban and rural areas, very few transportation options are available for people with disabilities. Participants described booking their demand response/micro transit services as extremely difficult, as the process requires an individual to schedule well in advance. Another major frustration was due to restrictions on crossing county lines, especially in rural areas. Travel options with Uber/Lyft are restrictive because they are not wheelchair accessible or affordable for many people. Some respondents who use wheelchairs and/or walkers and use Marta mobility shared having issues with accessibility. One participant

“So right now, there's not really a demand response/micro transit model ...everything has to be scheduled so far in advance...and also crossing county lines can be extremely difficult when you get outside the metro areas, the rural areas in particular are extremely difficult.”

“What I don't like about paratransit... they don't go far enough outside of the fixed route. The three-quarters of a mile outside fixed-route is very limited as to where I would like to go. My parents live maybe 15 min from me, and I can't get to their house; they're literally just outside of that radius. So, having to meet family elsewhere, that's a little challenging.”

voiced their concern saying, “ ...if you don't schedule it on time, you don't get a ride... You gotta schedule the appointment a day before or you don't have transportation for that next following day. The weekend is dead. So, if you got an appointment on Monday, you're dead, cause you can't schedule. It's hard.” Because of the early scheduling requirement, participants shared having to sometimes depend on friends and family members to drive them to some of their medical appointments. As someone shared, “if I don't have a transportation option, then I have to allow someone to take me there, and you know sometimes it might not fit into their schedule...But I would say sometimes that has been kind of a barrier for me.”

Participants shared that the advance booking requirement discourages them from going out for recreation. One participant shared, “...it takes the enjoyment out of a lot of things when you have to schedule transportation, and you just can't go and call somebody and say, "Pick me pick me up Just come and pick me up," and you have to schedule everything out. It's almost more work than fun, takes the fun out of a lot.”

Limited transportation hours were a barrier identified by many participants. Some paratransit services do not operate at night (after 9pm) or weekends. Paratransit services are also associated with late pick up/drop off concerns as well as wrong drop off points from participants during the interviews. In the words of one participant, *“It would be better if I didn't have to wake up so early to catch the Chatham Area Transit (CAT) Mobility. The timings are different so it is hard that it's not the same every day. Couple of times I 've had to call my parents to pick me up.”* Participants discussed how often paratransit services would be running 2-3 hours late which in turn leads to spending additional time on the bus which can be frustrating and physically exhausting. As one respondent shared, *“If they're picking up somebody in Lawrenceville and then getting you to Decatur. And your appointments at noon, and you get picked up at 9:30 in the morning. And you're in that bus all that time...It feels like you're wasting your day because you're dependent on that type of service which is unfortunate and it's not like we really have a large amount of taxi services out here, either.”* Filing complaints about paratransit services has also been a challenge for many of the interviewees because the contact information for where to file is not readily available.

“I just wish they were running on the weekend and go outside the county. Usually the paratransit is only running in the city limits, but they can go like 3/4 quarters mile outside the city limits, but after that it can't go any further. Years, years, years ago they did ...the county couldn't, wasn't helping pay for the thing.”

Shortage of drivers has become another barrier with paratransit services. In some areas, there is only one driver associated with paratransit after COVID. So, if the driver calls in sick, they cancel all the rides. A participant narrated how, *“...just because you put it in [schedule a ride], it doesn't guarantee you a ride...once you're put on the undersigned list you gotta basically either cancel out or either sit there and wait until they come tell you, Okay, we got a time we can come pick you up.”* There were also other concerns related to not having enough drivers for paratransit. Many times, these drivers are pulled away from paratransit routes and sent to fixed routes leaving people with disabilities stranded. Another participant shared her concern about finding a driver to drive the van when there are no transportation options available.

Theme 2: Issues Related to Fixed-Route Services

A majority of the participants in the focus groups voiced concerns pertaining to the lack of public transportation in areas outside of metro Atlanta. Participants complained about having *no regular fixed route bus available nearby*.

“... getting out of the house, number one transportation. Where I live, there's not even a bus route. It doesn't-- I don't understand.”

The lack of transportation is particularly true for more rural or remote areas. As one participant shared, “...my hometown really doesn't have public transport, because it's an island, but where I lived previously in New York City with my dad's job, I would take the subway, and bus system to school. And so, I just heavily used public transport.” In areas where there is an availability of transportation, it is sometimes expensive. For instance, one participant from Macon, Georgia described her situation with the bus system. She says, “They [bus system] are going to increase the rates. So that's been causing a stir cause at times I have used the bus, so the fact that they're increasing the rate that impacts me because I am permanently disabled. So, I get a limited monthly fund. So, increasing the fare does impact my livelihood.”

Other major concerns related to fixed route transportation in Georgia relate to operational issues such as frequency of buses and trains, long wait times, and inconvenient pick up and drop off points. One participant shared their frustration with the limited times that some buses run and that it's not enough to accommodate typical work hours. Participants spoke in detail about their experiences with long wait times. As one of the interviewees shared, “I've tried to use MARTA because I used to live in the Atlanta area, but that was always unsuccessful for me, because they were always running late”. Another respondent shared, “If you miss the bus, you have to wait for an hour to catch the next one. Long wait times for buses. They don't always show up. Sometimes it is a 2 hour wait time.” When using public transportation, passengers are forced to plan their travel taking into consideration the uncertain hours and durations of the buses/trains on certain days and times during the week. Respondents shared about a challenge when scheduling transit trips that pertains to the changing policies of agencies, “Sometimes it is hard to schedule your transit. They have funny rules. You can only schedule so many days ahead of time. One month,

“...that they typically run from like 7 am to 3 pm. So those hours again are very limiting ...because that's not even like a typical work day... and there is a fare with it.”

I'll let you schedule for the whole month. The next month they won't. They keep changing their policies. So, we just have to call all the time.”

With fixed route transportation, participants expressed the need for more stops and greater frequency of buses. One of the participants spoke about bus stops being far from her home requiring a 10-minute drive. She also mentioned that some of the bus stops were not convenient for her, which made fixed route

transportation not very useful to her. There were other participants who brought up stories about not having a bus route in areas where they are. This participant shared that the nearest bus stop near her home is 23.4 miles away.

Focus group participants shared that the unreliability of public transportation forces them to rely on other options of travel like Uber/Lyft, getting help from friends and family, carpooling, or relying on walking. Participants who used Uber/Lyft shared their concern related to the costs associated with using these options but also pointed out concerns about some safety issues related to using this mode of transportation. For instance, one participant shared about their fears of being in a moving vehicle with a complete stranger, *“Well, one of my biggest fears is...they do not actually have to take you to your destination...and you don't know where they're going... The idea of you requesting a ride from a stranger and then getting in the car is ridiculous.”* There were a few other safety concerns that were pointed out related to fixed route transportation. These safety concerns related to using fixed routes at night. One participant shared getting attacked while waiting at the bus stop. Other safety issues pertain to the tie downs for wheelchairs. Participants shared that some buses are raggedy and unsafe for wheelchair users.

“I don't go on the regular bus because it makes me nervous, especially at night. I got attacked one time trying to wait on the regular bus trying to get home. So, after that I never went on the regular bus no more.”

Other issues participants brought up include buses not announcing bus stops. Some buses end up dropping people off at the wrong stops. One of the interviewees who is visually impaired, shared how bus operators do not stop at bus stops if they see a person needing accommodations. He shared, *“I'm really thinking that the bus operators assume because we can't see the buses that we don't know what they sound like when we do...you know, most of us do...I know with the engine, I know what the motors on those buses sound like. So, you know, when one approaches, you know, I pretty much know that that's one of the buses.”* Sometimes, clear communication has also been a struggle for people with disabilities when using a form of public transportation. Participants complained about miscommunication with bus drivers and ending up at wrong drop off points or the struggle with communicating with Uber/Lyft drivers, especially as someone with an intellectual disability.

Making complaints has also been a barrier for many interviewees related to fixed route transportation. Participants mentioned the ease with which they can get in touch with smaller county-level transportation systems. However, they share that reaching out to MARTA has been extremely difficult for them.

Theme 3: Costs

In parts of Georgia where transportation is inaccessible, riders are forced to take multiple modes of transportation, such as dial-a-ride and a bus, to reach their destination. Inaccessibility of direct travel routes thus raises financial costs for riders as demonstrated in the quote in the box to the right. Financial costs become a major barrier for the mobility of people with disabilities, especially when they are dependent on their disability allowance. Participants discussed the current inflation and rising costs of everything in the current times, and that paying more for transportation increases their financial burden. Many of the concerns around high transportation costs related to using Uber/Lyft. Uber/Lyft services are expensive and sometimes people with disabilities are forced to use these services due to lack of public transportation systems in their area.

In another situation, one participant shared about the financial burden when it comes to air travel. She mentioned

"I graduated to scooter so I need to put a little ramp for that on the back of my van, which I need to add a hitch on. So that's been a problem for me. Finding somebody to come. I live off a disability, the ramp costs \$200, you know. I've tried calling...if they have one available. They don't. That's one big problem I've been having, especially now moving to this new house. I need to put a ramp."

the high cost associated with flying as she is 100% physically dependent on

someone to help her with her daily living skills. This means that if she travels by flight, she would need to pay for another person to go with her, which can be a big financial expense. As in her words, *"this comes into play really, when I'm flying. Because in order for me to travel, to be able to do what I what I do and what our program requires me to do. I don't only have to pay for myself. But I have to pay for someone to go with me because I am 100% physically dependent on someone to help me do all my daily living skills."*

Participants talked about the high costs of medical transportation. One interviewee uses an electric wheelchair and doesn't own a personal van. They mentioned paying \$180 for an ADA accessible van if you just want to go out of town for a trip. Another participant shared a similar story with accessible vans, *"I just went to...a State Conference.. and they had to spend a lot of money getting a van for me to be able to...use my electric chair because I can't use the manual chair."* In some cases, riders have a set number of

"...the little small town of ABC, if you're within the city minutes limits, they have something called a dial-a-bus that they'll pick you up, and you know it's still expensive. And even dial-a-ride in XYZ County, if you're within the city limits, but it's still \$2 a mile. But it's like even if it was accessible by bringing it to outer areas, you still can't afford \$2 a mile from going one twenty-something miles just to take me to the first bus stop! Then I have the bus fare depending on where I'm going, and if I wanna come home that's still gonna be 20-something miles back home after taking the bus back to the last stop."

free rides through their insurance company, they are unable to utilize it as the transit services are unreliable.

Some participants voiced their concerns about owning personal vehicles due to high gas prices and car maintenance, and therefore depended on public transportation. Participants in the focus group raised concerns related to financing accessible transportation equipment for themselves. One of the participants shared their concern about the need for a ramp in their van.

Theme 4: Americans with Disabilities Act (ADA) and Accessibility

People with disabilities often feel restricted in their commute due to accessibility limitations around them. Accessibility/ADA issues can relate to using different modes of transport like fixed route, paratransit, airplanes or basic infrastructure around them like having ramps, proper sidewalks, curb cuts and traffic lights. When it comes to accessibility/ADA issues with buses, participants reported that most times, the automated announcements on the outside of the bus do not work. Another participant shared her discomfort with riding in the back of the bus in a chair. She shares, *“It's like ... being on the last car of a roller coaster. You're kind of whipped around and bounced around pretty hard, and it could be very exhausting at the end of the day.”* The respondent said they were forced to travel in buses due to lack of other travel options. Bus stops do not have any shelter from cold or winds or rain. Sometimes buses do not have working lifts or drop passengers at places where it is not safe to use lifts.

“..what I don't like about fixed-route, not all of your bus stops are accessible... you don't have curb access. No shelters... a lot of the stops don't have any type of shelter for cold and windy days. Or wet days, I should say.”

“A lot of the businesses, the doors are not wide enough. I have a power bariatric wheelchair, it's one of the larger wheelchairs, but a lot of businesses do not have doors wide enough, or they have a double door system, and it's really very hard to get in one door and get around to cornering it out into the second door that they got.”

Many interviewees shared about the infrastructure around them that restricts their mobility. Participants mentioned entrances in public spaces not being accessible. Accessible entrances are sometimes in odd locations which are hard to locate if you are not aware already. In situations where participants used bariatric wheelchairs, which are larger than normal wheelchairs, they often face issues with entrance doors of buildings which are not wide enough to accommodate their wheelchairs. Ramps are sometimes not compliant with ADA requirements.

Sidewalks proved to be a barrier for several respondents. Narrow sidewalks become a problem for people using wheelchairs of different sizes. One participant shared, *“Sidewalks are very difficult, because they put, what are called treescapes, in the middle of the sidewalks, and...when the*

sidewalk is only like a footnote wide, and you're trying to move around the treescape that's in the middle of the sidewalk, it basically cuts your area to be able to move in half." One participant shared about their niece using a scooter (due to her brain injury) and the struggle to navigate sidewalks with her scooter due to cracks and tree rooms. This type of struggle has sometimes forced her to leave her scooter on the sidewalk so that she can rush to attend her class. A similar concern was shared by another participant who's been using a wheelchair for the past six years. She says, *"... sidewalks are not cut out for people with disabilities. I live in the middle of ABC downtown and this is zero handicap accessibility town."* She further elaborated on the lack of ramps on the edges of sidewalks and the poor conditions of roads (potholes) that have forced her to get an extended warranty on her new van.

Accessing curb cuts is often a challenge for people with disabilities when they are not wide enough, not at the right angle, or painted in a distinct color, to aid people to see. As shared by someone, *"Curb cuts sometimes aren't wide enough, and they are not painted a distinct color, so that you can see where the curb starts...making sure that that is known, that the curb cuts need to be a certain width...they need to have distinct markings so that the person using the curb cut is aware of where they need to walk or roll...if someone has a visual impairment, making sure that there are sounds around them to alert them"*.

One of the participants spoke about her concerns relating to the signal crosswalk lights and how that has become a barrier for her as a walker. She shared, *"...the signal lights don't always work properly, and you know what will be helpful...They have them for the blind...The talking signals would be very helpful...Of course they have them in bigger cities, but not here in my location. So sometimes the lights don't work, and sometimes the traffic is not very heavy... but sometimes when the little walk light is on, they (drivers) ignore that, and they want to speed through. Especially the ones turning to make a right. So that for me as a walker is a major issue."* When it comes to accessibility, another issue that was raised was about having service animals. One respondent spoke at length about the insensitivity of certain Uber/Lyft drivers who refuse to accept the ride if there is a service animal with you, as they are more concerned about the animal making their cars dirty.

A participant with color blindness shared an important barrier they face related to positioning of traffic signals, especially when some small rural counties do not follow the U.S. Department of Transportation rules relating to traffic signals. The traffic lights sometimes are mounted horizontally,

"Somebody said, take pictures of all the areas that you have in the sidewalks that are non-passable. Could take at least 500 pictures, 'cause 90% of the sidewalks, either you have to get off from one area onto the road, cause you can't get over it. Or you start on one end of the sidewalk up the little ramp, you get to the other end of the sidewalk, and there's no ramp there's a big curve, so you gotta get turned around to go all the way so it's impassability, no enter or exit access sometimes."

sometimes in counter clockwise direction, not aimed properly, or the wind trips them changing the angle and thus obscures the color visibility. As someone shared, *“The red light is supposed to be at the top...it probably looks closer to an orange...sometimes if they're not aimed properly, or the wind tips them a little bit, they'll get at an angle and the way the light is, they don't look like the right color...instead of mounting them vertically, they'll sometimes mount them horizontally...Did they tip it clockwise, as the U. S. Department of Transportation standard, or do they tip it counterclockwise? There's a lot of small towns that do that a lot of times, where they've got the real irregular, non-standard, non-height, almost over like on a crosswalk over to the side.”*

When it comes to air travel, participants shared that airline companies have a much better grasp over how to address mobility issues related to wheelchairs. They provide narrow wheelchairs that can be brought down to the ramp of the plane and also go down the aisle *“...but*

“I'm a power wheelchair user, and it is ... particularly difficult, just because they have to load the wheelchair on the flight. And then you have to use the aisle here to transfer to the original seat which support staff are not always aware of how to assist with transferring. That happens a lot and then a lot of times damage can be done to the wheelchair in the process of loading it on to the plane.”

then, for any other type of mobility issues, there's nothing that can be done...(they) have no clue what to do with anything else”. Airlines do not do much to accommodate other types of disabilities. Participants shared that in their experience, Delta airlines was the most accommodative airline with a dedicated disability support number. They often meet accommodations and upgrade seats based on your needs. On the other hand, there were negative reactions about Southwest, American Airlines and Spirit. The only accommodation they give is permission to board first. Participants shared their concern about damage that is often done to wheelchairs during the loading process onto the plane. There was also trouble with transferring from a wheelchair to the seat on the plane as the support staff on board were unaware of how to assist the individual. Most participants communicated about the need to take out extra time to contact Transportation Security

Administration (TSA) and make other arrangements at the airports.

Theme 5: Attitude of Transportation Professionals – Need for Education and Training

Many interviewees shared experiences of being disrespected by service providers whether in fixed route, paratransit, or Uber/Lyft service providers. Participants shared that sometimes Uber/Lyft drivers will not let you travel with them if you have a guide dog even though their refusal is against the law. They will drive away. Respondents shared how they think there are bus drivers who deliberately drive past people with disabilities, so that they don't have to 'deal with them'. One interviewee has loss of vision, and is enrolled in sighted guide door-to-door service. They shared about how drivers sometimes lack the training and have reservations when working with people with disabilities, "A door to door service means that the drivers (are) supposed to get off the van and come to my door and assist me to the van". But there have been situations where operators don't let him touch them and instead ask the rider to follow their voice, which is sometimes not enough. The person expressed their frustration about the attitude of drivers "Well, you know, if your attitude is such, or if you have set reservations about the people that you're dealing with, I mean you're dealing with people with disabilities, with physical challenges, and if you actually don't want to deal with people like us, why are you actually working in this job?"

"Regarding Uber & Lyft... If they know you have a guide dog sometimes they'll pick you up. Sometimes they won't. It's against the law not to pick up a person with a guide dog."

"They don't have respect for people that have disabilities or are physically challenged. They act as if they're higher on the food chain...but they act as if we are a problem or that they're doing us a favor, you know. Well, how are you doing me a favor? I'm paying these people for service."

Participants talked about transportation providers not having respect for people with disabilities. According to respondents, providers sometimes show a sense of superiority and look down on people with disabilities as creating problems. People with disabilities emphasized the need to educate providers about transportation needs of individuals with different types of disabilities and create disability awareness. People with similar disabilities may have different needs. Also, people may often have invisible disabilities or multiple co-occurring disabilities. It is therefore important to take an individualized approach by being open

and willing to listen and learn about the needs of individuals. Respondents talked about the need for education on addressing co-occurring disabilities or multiple disabilities. "providers typically go into one category of either...this is how we can accommodate individuals that are wheelchair users, and this is how we can accommodate someone with a visual disability. But that's not always the case. It's not always a one-disability scenario. It's often cross-disability. So, I think when we're considering a passenger that is blind, or has a mobility need, we should also consider that that person also may be hard of hearing or mute. You know, just cross disabilities so that it can be a

more fully integrative experience for all.” Most respondents emphasized the need for more education, awareness of transportation providers so as to increase their sensitivity and respect towards the disability community.

Theme 6: Driving

Respondents in the focus groups and interviews were asked whether they drive to travel from one place to another, or would like to drive/get back to driving as a way to meet their transportation needs. Many respondents expressed that they wish they could drive so they did not have to rely on other people for rides. Some respondents shared that they have a driving license or had plans to get a driving license or would like to drive themselves but are restricted due to certain constraints. For instance, one respondent shared, *“I wish I had the independence to drive by myself. But I don't have any experiences or resources.”*

“the cons of not having a car is the lack of freedom... I depend on other people for getting to and from places and the bus system school uses. It takes time...”

Some individuals who want to go back to driving but would need modified vehicles with hand controls due to their disability. They mentioned not having the resources to buy a vehicle and have hand controls installed. Individuals who currently drive shared about how their specific disabilities present with unique challenges when it comes to driving. One respondent shared about the struggle to focus on driving due to her ADHD. Another respondent shared about how they feel over stimulated and overwhelmed while driving. Others shared that it was difficult to

follow the multi-tasking required with driving. As in the words of this participant, *“...focusing and paying attention while driving...the gas pedals... following the speed limit and keeping the eye on the road...learning how to, you know drive with other cars beside.”*

“Sometimes the noise, the light, the sounds, the people who are near, the smells can just start to overpower the experience and just make it overall negative trip ...I struggle with focusing with my ADHD, so it makes it even harder when I'm driving...”

One respondent shared about getting nervous about driving at 60-70 mph in Atlanta, while navigating through google maps. Many participants had their specialists located in Atlanta, which required them to drive there for their medical appointments. Atlanta, being a major metropolitan city, has busy roads and heavy traffic. One individual shared about her *“anxiety due to the heavy traffic”*. She explained about her anxiety and how sometimes, *“...when it's very severe, I have to pull over and wait out with my episode out until I'm able to get*

back to where I need to be.” Participants shared about how it is sometimes hard to find a place to pull over safely and to recollect their bearings.

One participant shared that they have neuropathy in the feet, where they are unable to feel their foot well enough. The individual talked about having their foot on top of both the accelerator and brakes, or on the brake so they're not moving as fast as they should be or more dangerously, not able to put a brake as quickly as they should be. Limitations related to visibility and memory were identified as barriers to getting back to driving. Respondents living in metro Atlanta unanimously complained about the heavy traffic there, which requires them to plan their travel several hours before the actual time.

"...I have to be up at 5'o'clock, be on the road by 5:30 am for an 8 'o'clock meeting at work, just to get ahead..."

Finding accessible parking spots was a concern raised during the focus groups. One participant explained how people who don't have a disabled plaque on their cars park in the spots reserved for disabled people, which limits the available parking spots. Many participants shared that driving is still too scary for them. Overall, participants shared that not being able to drive due to their disabilities is a barrier since it forces them to rely on public transportation, rides from others, or other transportation options for their commutes.

Theme 7: Medical Transportation

Many participants in the focus groups and interviews use Non-Emergency Medical Transportation (NEMT) to get to their appointments. The most common issues related to medical transportation mentioned by respondents were the long wait times and the delayed pick up and drop off times. One of the participants shared how using this means of transportation for one medical appointment takes up the entire day. They shared, *"...say I had an appointment at like 11 am...then I didn't return home until 7 or 8 pm. Just because...they pick up other individuals during your appointment. So that just really adds time."* Other respondents shared about situations where the transit services are not reliable with their pick-up time, thus leading to missing medical appointments.

One participant described their experience and current challenge related to NEMT. They said "I've been using the medical transportation for appointments, and they stopped sending the vans to come pick me up and just started doing Lyft health care for me because of the anxiety levels ... I was in an accident...where I got whiplash from a medical van driver, so I have trauma PTSD because of it. So, I'm stuck now with Lyft health care transportation or my husband. Other participants talked about how they have made complaints about their issues with NEMT but have not heard anything back from the authorities.

Theme 8: Transportation as a Barrier to Employment

A big barrier that people with disabilities experience when it comes to being employed is the lack of adequate and reliable transportation options, to be able to go to their work place regularly, and on time. Many individuals with disabilities communicated that they have the desire to work but feel discouraged because they don't have reliable means of transportation. One participant said, *"...transit is the building block to kind of access to everything within the community. And right now, the lack of accessibility is just very, very much a barrier."* Individuals shared about how they have lost their jobs and opportunities to work due to lack of transportation. In some situations, individuals were working with vocational rehabilitation, and job counselors or work counselors, to look for job opportunities where there is accessible and reliable transportation. One individual with disability, who does advocacy work and volunteers at an agency, shared the following, *"...if I go and set up an appointment with a social coordinator at this scheme, nursing facility, I want to be there on time...cause I treat that just like a job, you know. I don't want these people to think that I'm not reliable."*

Another participant shared that they had flexible timings and remote options with their job, but said that, "if I was working on the regular punching a clock, I probably would have been fired a long time ago, just because of not being able to get there on time. But also because of not being able to come in at all (due to lack of reliable transportation)."

FAMILY, CAREGIVERS

Theme 1: Driving Limitations

Family members who assumed the role of caregivers for their loved ones with a disability shared some of the issues relating to their loved ones' disability that led to them not driving themselves

"...this is the executive functioning skills. I remember the Drivers Ed teacher told me that he was having a hard time remembering where to go and to work with him on that."

to different places across the state. Some reasons that were restricting their loved ones' driving abilities were anxiety, lack of confidence, and poor executive functions. One family member shared that driving had become dangerous for her mother, who was disabled, as she would park in the middle of the street and get lost while driving. Since their loved ones could not drive anymore, it had become a barrier for them to go from one place to another on their own.

Theme 2: Unavailability of Public Transportation

A common barrier to transportation that was cited by family members was the lack of public transportation system in the areas where they live. One parent shared that her county has not

"There's nothing around here other than a taxi, and then the city bus is not a great system. So there's nothing around here [...] if your immediate family or your family members don't get you there, you don't get there in my town."

had a public transportation system in place for the last 20-25 years. Another family member had heard about upcoming fixed routes in her area, but they have been too slow with the rollouts and are still farther from their homes. She shared that she would need to drive to the nearest bus stop to drop her loved one off because it is not close to her house. There are more stops in the main town, but the number decreases as you move towards the city limits. In other situations, family members shared being dependent on cars and driving their loved ones because there are no fixed routes in the areas they live in.

Theme 3: Family Dependency

“When we moved here, my husband actually retired from his job to take more care of my son so that I could focus on my career, on our sons, and so he does the driving primarily.”

A lack of fixed routes and other transit options has led to people with disabilities depending on their family members and caregivers for their travel needs. Since there is no transit available near their areas of residence, people with disabilities often plan their appointments based on the availability of their caregiver or family member. Sometimes, the family member has to take a leave from their workplace so that they can take their

loved ones for emergency appointments. In one situation, one of the parents decided to take early retirement so that they can better cater to the travel needs of their child. Family dependency becomes a barrier to transportation for people with disabilities as they lose their freedom and independence to travel at their own will and time.

Theme 4: Challenges Associated with the Type of Disability

“When [my son] gets onto a new [bus] route that's unfamiliar, and he gets lost, he gets very upset, and I fear that that makes him a target of those who may take advantage of him.”

Some of the barriers to transportation that people with disabilities face relate to the nature of disability and the effects it has on the person. Parents/caregivers cited emotional and behavioral issues as a barrier as it sometimes becomes challenging for them to reason out with their loved ones and what they need to do to make travel easy. The cognitive functioning of their loved one sometimes does not allow them to navigate the route

properly. Sometimes the disability of their loved ones requires special assistance like a lift in the vans, but they are very expensive and unaffordable for many middle-class families in Georgia. Some loved ones feel lost if they travel on an unfamiliar route which can lead to emotional outbursts. These are some of the ways in which the disability of the person acts as a barrier to transportation.

Theme 5: Unaffordable Fares

“...to go and come would be \$20. And suppose you have 3 trips during the week? That's \$60, and a lot of senior citizens can't afford that \$60 a week.”

Traveling around Georgia can get expensive, especially for people with disabilities who cannot afford a \$20 round trip. If the person needs to travel thrice a week, the cost of the fares goes up to \$60 for a week. The cost further increases if the person lives in a rural area and needs to travel to a metropolitan city since most of the disability services are situated in these areas. With no

fixed routes available, these individuals are forced to use services like Uber and Lyft to make the commute which are very expensive. Travel in such a situation becomes expensive and thus becomes a barrier for people with disabilities. Another parent shared how her son often uses Uber for his travel needs but ends up emptying his savings account since he has no concept of saving money. This makes his travel using Uber services an expensive affair.

Theme 6: Irregular and Poor Transportation Services

“He missed, I think, 5 appointments because transportation would not come pick him up. [...] at one point, they said they can no longer go in the room to get him and bring him out.”

One of the family members/caregivers talked about having to miss medical appointments because the medical transportation did not show up according to the pickup schedule. There are communication gaps between the providers and the people who book these trips. On days when they would show up, they would often help the person with a disability onto a

stretcher and bring him out. However, after some time, they refused to offer these services. Irregular services and poor assistance are big challenges for individuals who are dependent on medical transportation for crucial medical appointments.

Theme 7: Long Wait Times and Drop-Off Times

“We had to wait until everybody got through to take that person home, and [dialysis clients] have had to sit there, and when you get off the dialysis, you don't want to sit. Most people get that, and they want to go home.”

Parents and caregivers who use demand response transit services or medical transportation services have often complained about the long wait time for their loved ones. These wait times would range from 2-4 hours. One family member shared waiting for 4 hours with her daughter. Similarly, one of the caregivers worked as a driver for Logistics and shared driving many dialysis patients for their medical appointments. She explained that dialysis patients wanted to go back home

after their sessions but were forced to wait for long hours for other dialysis patients to finish before the driver could drive them back home. These long wait hours are a challenge and make travel uncomfortable.

Theme 8: Limited Transit Options and Limited Accessibility

“We didn't go anywhere because we didn't have the transportation to get there. [...] if we did Lyft, they don't have the right people. Most of those people just have a regular car so he couldn't get in or out. [...] even if you wanted to use it, he couldn't because of accessibility issues.”

There are a lot of limitations for people with disabilities when it comes to accessing transit options. Either there are no transportation services available, or they do not have ADA requirements. The apps used for navigating transportation systems and routes are often complicated to comprehend, especially for people with any kind of intellectual disability. Sometimes, a lack of sidewalks also causes limitations in going from one place to another for individuals who want to go to grocery shops on foot. In areas where

there are no transit options available, Lyft and Uber become expensive fallback options for many families. All of these become a challenge to access transportation services for the disability community in Georgia.

KEY INFORMANTS

Theme 1: Transportation Services and Operations – Fixed Route and Paratransit

Lack of adequate and efficient transportation services (both paratransit and fixed route system) was a major barrier identified by key informants. They shared an issue with fixed route transportation within the metro area, where *“a lot of the fixed route lines are being canceled because there are no drivers that are available. Our [fixed route transportation] services are not such that it's feasible financially to be in certain areas”*. Other issue with fixed route transportation services relate to long wait times, conditions of buses, the lifts not working properly, and the drivers not being adequately trained to secure the wheelchairs properly. Sometimes drivers don't want to pick up people with disabilities.

Key informants shared some challenges that people with brain injuries experience, when trying to navigate fixed route transportation. They may sometimes get off at the wrong stop and may have difficulty navigating their way back home. People with

“if you live north of Atlanta, you take Marta up to Sandy Springs, and you get off at the exit or the Sandy Springs MARTA Station. [Then] where [do] you go from there? How do you get to where you're going...It still may be 2 or 3 miles, or maybe more away...there may not even be a good sidewalk system connecting it, where you could walk? So, I think that's the biggest challenge in the metro area.”

intellectual disabilities have trouble

filling out the paperwork for services like MARTA Mobility which are long, tedious and often require follow-ups. Key informants shared that the last mile connectivity is definitely a concern that transit services need to take into consideration. One key informant talked about a very important aspect of last mile connectivity where, even after using a fixed route service, passengers may still be required to use a rideshare program like Uber, which involves coordination and additional costs.

According to key informants, some common barriers that many individuals with disabilities experience relate to operational functioning like scheduling, limited operational hours and days, and limited transit areas. Another big issue with transportation is the long wait times and delays.

As in the words of a key informant, *“...particularly if you're like, say, like 10-11 o'clock from that hour on up. It just gets worse.... They're just becoming later and later... Most of the problems I personally have with my ...public transportation being late is usually in the evenings when I'm ready to come home from work.”* Despite making FPA complaints about the current situation, MARTA's services are getting worse, according to the key informant.

“the buses are too crowded and they are not asking individuals to move, so if you're on a fixed route that may only run every 40-45 min, that can become an issue especially [when] inclement weather is involved.”

Another key informant shared about their own personal difficulties with paratransit operation, that leads to wasting time. They shared, *"I know from myself I've been using paratransit lately for the last year and a half now...some drivers not showing up for work, which can cause a 2 or 3 hours delay in service, and so your day is pretty much messed up at that particular point riding around for 3 hours...You may not get picked up and then again, whether you picked up in a timely manner, and when you get picked up will you be dropped up with a reasonable amount of time, and I know that we have to remember that it is a rideshare program but there also has to be...some limits as to how individuals are kind of coerced into riding around."*

"...I have experienced myself being left sitting for an hour and a half. I had a gentleman tell me yesterday he was left sitting for four hours Sunday before being picked up from church...these are not uncommon stories. I've had a lady from South Georgia come to me all upset because she had tried like 10 times to go to the doctor, and every time the non-emergency service didn't show up."

Other concerns relate to hours of operation of transit services which are often limited to regular hours from Monday to Friday from 8am to 5pm. A key informant shared, *"If a county is offering demand response service in a rural area in order to cut costs...it's only offered from 8 to 5...But by doing that it sorts of cuts out anybody who might be using it to work outside regular working hours."*

Some key informants spoke about the geographical boundary (county) limits on transit and paratransit services as well as the cost of fares as being barriers. Without transportation that crosses counties, individuals with disabilities are unable to work or go shopping or for recreation, in other neighboring counties (even if it is just five minutes from where they live). As one person

"Families have good, great, amazing intentions in the beginning, but like with anything, people want to live their own lives, and trying to live two schedules can be a daunting task on any family member to try to get you to work and take care of their own needs, and get to their own job. It can become a bit taxing."

shared, *"...you are also limited to the places you can work (narrower geography), especially when you're on the border lines of counties. You are also limited financially as one may not be reimbursed."*

Atlanta has been designed primarily for travel by car, which serves as a barrier to accessible transportation for those who rely on other transportation options. As a respondent said, "The challenges are...when you look at Atlanta compared to (another state) and compared to Europe, you know a lot of its land use choices that impact that. And you know, Atlanta was developed around the car, which is, you know, great if you're able-bodied, but not great for individuals, disabilities, or transit, or any of those

things." For many people with disabilities, rides from family and friends are their only access to transportation. However, as one key informant has pointed out, juggling the travel needs of multiple people can lead to scheduling conflicts and fatigue.

“One of the concerns for me is the number of DFACS reports that get made against a parent because they did not make it to a medical appointment. So, then the doctor...calls DFACS and makes the medical neglect claim. But the reality of it is transportation, perhaps did not pick them up, as they were supposed to, or they got there so late that by time the parent gets to the appointment...so no one is looking or talking to the parent to ask why you weren't able to attend this appointment. It's just an assumption that it's negligence ...And then a DFACS report is made against that parent that is problematic for a variety of reasons...because for a parent that's an extremely traumatic process to go through, and arguably the parent has no control over it...They're at the mercy of the system...”

Individuals have also shown concerns about the unpredictable pick-up and drop off times, and how they are very arbitrary but can have huge repercussions on people's lives. One disability advocate shared an important concern about how the Division of Family and Children's Services (DFACS) reports get created against parents, who are unable to make it to their child's medical appointments, even if it is due to unreliable transportation and delayed pick-up and drop-off times. The medical facilities call DFACS to make medical neglect claims, without fully understanding the true reasons for the delay or absence. If the parents arrive to their appointment late due to transportation delays, the doctors still do not listen to them or see them. All this is often extremely traumatic for the parent to experience. These are instances where the system clearly fails families of children with disabilities, and this needs to be addressed. A key informant further added, *“the other piece of that is, you may get to the appointment on time and have your medical appointment, and then you sit and wait for hours for transportation to show back up to transport you back*

home.” Increasing access to transportation can lead to improved independence for people with disabilities in Georgia.

Theme 2: Rural Transportation

Barriers to service access for people with disabilities in rural areas exist across the board in Georgia, and transportation services are no exception. According to key informants, there is a general lack of transportation options in rural areas for people with disabilities in Georgia. One key informant mentioned that if their mother had a stroke and was unable to drive anymore, she would not have much options for commuting in the rural area where she lived.

“..if I was my mother, and I had a stroke, and I can no longer drive. Where do I even start to try to figure out who is going to help me with transportation? My mother lives in XYZ which is a rural community, and if she lost her ability to drive, her only option would be to move because there really are not other options for her.”

Key informants talked about how transportation options are typically limited to within the county boundary. Not being able to cross over the county or city boundaries is a big issue for many individuals with disabilities. As someone shared, *“it also typically is limited to within that community. So, if you have to cross over geographical county or city boundaries it is challenging in rural parts of the State.”* The few options which are available in rural areas often have

“70 of Georgia's 159 counties do not have access to a psychiatrist. So how are those families getting access to necessary medication...Yes, telehealth has become more utilized, given COVID, which is a great thing, and hopefully, that will continue. But the reality of it is for a lot of folks with disabilities, their comfort level with doing telehealth...does not work for them depending on the type of disability they have...So, for example, if you have a child or you're an adult that is on the autism spectrum, utilizing telehealth, is not necessarily in your best interest because it may not be the best way for you to receive information...”

operational issues such as long wait times, scheduling, and availability only on certain days and times. As shared by one of the key informants, *“it [transportation] is very limited and its operational hours are fairly structured from maybe 8 to 4 Monday through Friday, which makes it challenging for people trying to get work because many times they have to get there before that, and they leave after that to come home.”*

Key informants spoke about many healthcare services being located in metro Atlanta that makes travel from rural areas difficult for many people with disabilities. In many rural areas, telehealth services may not be available, or families may not be able to access them, due to limited access to the internet. Individuals with traumatic brain injuries (TBI) who live outside of metro Atlanta and need to access services like the Side-by-Side clubhouse, are unable access them due to transportation issues.

Even when it is acknowledged that access to public transportation would be beneficial in rural areas,

rural counties often lack funding to run services such as fixed-route buses and paratransit. As a key informant shared, *“Accessibility is an issue especially within a rural area...counties can't afford public transportation in general. Rural areas don't have the combination of bus services like paratransit and fixed route services. This provides zero opportunities for people to get out and be part of their community.”*

Rideshare services such as Uber have thrived in populated areas and increased access to transportation for a number of people with disabilities in Georgia. However, individuals in rural areas often don't have access to services like Uber and Lyft due to a lack of available drivers. Because rideshare services aren't

“I know that doesn't work well in those rural communities is when we did have rides to the polls set up, many of those people are not used to Lyft or to Uber, or those type of when you get in the car with someone you don't know. So, they weren't utilized because of the culture of those communities. It's not something that is used or understood, and so there would have to be some education on it.”

widely available in rural areas, potential users can be unfamiliar and uncomfortable with these services. So even when these services do become available, people do not feel comfortable accessing them due to cultural issues. It may be beneficial to introduce marketing, education, and awareness campaigns on how to use rideshare services when they become available in rural communities. As one key informant shared, *“If you were to scale up some kind of Uber type in rural communities, there'd have to be a whole marketing campaign around it. So, going back to using people at church, or something that is known to in those rural communities, has been effective in small areas.”* People in rural areas often have to depend on friends and families to give them rides to places, which can be very limiting. It can be time consuming and expensive for caregivers to consistently give rides to their loved ones with disabilities.

Theme 3: Infrastructure Barriers – Walking, Rolling

Key Informants highlighted concerns related to infrastructure for walking or rolling for people with disabilities including lack of accessible curb cuts, broken sidewalks, and bus stops sitting on ditches. This concern also relates to using paratransit services where the individual needs to be within 3/4th of a mile of a bus stop. With no proper sidewalks and curb cuts available, people who use paratransit services face difficulty in navigating this 3/4th mile journey to their homes.

Other infrastructure issues with bus stops identified include no sidewalks leading up to the bus stops, a lack of benches, and bus stops being uncovered. As one key informant pointed out, *“It's the challenge of navigating the system. So, figuring out...if you're visually impaired, how do you know what the best routes are? How do you figure out getting to a bus stop? And again, I'm going to the community that I'm the most familiar with-- where I live, a lot of our bus*

stops don't even have benches. They don't have covers. It's just a pole. Many of them don't have sidewalks that lead to the bus stop. So just trying to get to the bus stop (is a challenge).”

Key informants talked about the need to have accessible buses that have level boarding from a platform for people who use wheelchairs. They highlighted the need to change old buses for safety reasons. They shared *“...types of vehicles, the types of equipment that individuals with disabilities need are different from folks who are able bodied that's why it's so important that even the buses be manufactured and available in such a way that somebody can have level boarding from a platform. I think that's one of the most critical things. And not all vehicles are able to do that, because some vehicles you still have to have a ramp, somebody's in a wheelchair, for instance, they may have to go up a ramp to get into the vehicle.”*

“I once in a while ride the (bus)...and over half of that route does not have accessible sidewalks curb cuts. A lot of the bus stops are sitting in the ditch, and the people are standing on the side of the road and in the ditch to catch the bus. It's a real problem. There's a lot of crumbling infrastructure, broken sidewalks, and stuff that make it difficult to get the fix for people who use wheelchairs.”

Prospective improvements to transportation infrastructure and resources don't always consider the needs of all people with disabilities because there is often a limited definition of what 'disability' means: "...one of the issues that comes up with this is that we don't always have an expansive definition of what disability means. Who was affected and impacted by the multiple decisions we make? For example, people who have tremors, and you know that has created a series of barriers for them to be able to be mobile and get around and do the things that they need to do and I don't know that we always consider things like that as we are thinking about what does it mean to have a disability."

"I think in the South in particular, we just need to do a better job of recognizing that when we invest in resources and infrastructures for those who may have been the most marginalized, that we actually open up the doors of access for everyone. I think about more expansive definitions of what a person with disabilities looks like, what their experience is."

Theme 4: Funding

A major issue that key informants brought up during the interviews was the lack of sufficient funding for transit services. As one of the key informants shared, "overall transit in Georgia has been sorely underfunded for many years...I think that affects individuals with disabilities, simply because [a] more robust transit service would be able to help more individuals with disabilities than are currently being helped." Agencies need the funds to provide readily available transportation options.

Key informants shared that agency funding limitations result in low reimbursement rates for trips supplied by contracted transportation service providers. This leads to agencies having a difficult time finding transportation providers who are willing and able to supply trips for such low reimbursements.

Disability service providers, such as day programs, shared that they often bear the costs of providing transportation services to and from employment. Key informants shared that for the cost of sending one person back and forth to community-based competitive employment for one day, they can send four people to work in a day program. Paying for transportation so that people with disabilities can get to a competitive, integrated employment is cost prohibitive. As in their words, "and when somebody goes to work, let's say they work until 9:30 pm on a Friday. Now that trip costs 60 bucks to take

I think funding to provide transportation is a huge gap...There's not enough providers of transportation...even if they wanted to expand their services and the amount of rides, it's gonna be really hard for them to find contracted providers, because of the low reimbursement rates for those trips. You can't provide the service for what Medicaid is paying transportation providers, and same with the State DHS Coordinated Transportation System.

them home, it's \$60 each way. So we're spending \$120 to send somebody to work. And it's cost prohibitive. ... I've had them say we can send four people to a day program for a week for what it costs to send that person to work one day. And so then they said they can't be on transportation, and then we have to try to get family or some other arrangement."

".. transportation is the key for them to be able to get to work, live independently, go to a doctor, access the community, (if not) then they're just living in their own apartment. They're not really independent. ...they're no more free to move about the community, than if they were living back in a state hospital...their disability doesn't become a tragedy until they can't get somewhere and do what they wanna do. Transportation is important, and it just benefits the whole community."

Another issue related to providers shared by a key informant was related to reimbursement for customized employment services. They shared that a provider for a customized employment client would be required to go to the client's house and community and be there at least 4-5 times a week. A

barrier for providers with regards to transportation is not getting reimbursed for the mileage they travel to and from the client's place which makes it a financial burden, despite good intentions.

Key informants shared that cities are often against instating public transportation systems because they would then be required to provide paratransit services as well. Paratransit services aren't profitable. As a key informant pointed out, *"...my issue is always that services need to be readily available and adequately funded, and those two things have to go together because one of those two things are missing, then your system is not gonna work..."* Currently, 30 out of 129 counties in Georgia lack some kind of a transit service. If you are a person with a disability with no car in any of these counties, you would have to rely on friends or family for rides, or take Uber, which can get expensive if you have a fixed income.

Key informants have expressed that funding, regardless of its source, for transportation services needs to be made a priority. As in their words, *"...I think you know every provider is always gonna say more funding, more funding 100% needed more priority, more conversation about how transportation really, transportation is access."*

Theme 5: Barrier for Employment

Having a reliable form of transportation provides independence to individuals and one of the biggest forms of independence relates to employment. A major barrier to seeking employment is lack of adequate and reliable transportation. Highlighting the importance of transportation for everything from employment to independent living, one key informant pointed out that if they do not have transportation, they are restricted to their own apartment and are not able to do what they want to do. Then this makes them no more free than they were

when they were restricted in a state hospital. Transportation is a very critical piece when it comes to true inclusion in community life.

"I know a guy ... (who) cancelled his Marta ride because they were going to be more than an hour late and they were gonna make him late for work. And this is not just a once in a while thing. This is a weekly occurrence for him and so... when you're trying to maintain a job, they want you there on time."

Being consistent and on time is a priority for most employers and is crucial to being able to hold a consistent job. One key informant shared about the delays in transportation services, *"I regularly give myself an extra 30 minutes to get to work, so if I need to be at work at 9, I'm going to have them drop me at 8:30 right? But they'll still be [late]"*. Another key informant shared about someone who had to cancel their Marta rides because they were going to be late, not just one time, but it was a consistent weekly thing. Many stories about delays with Marta were shared, *"...I heard two stories over the weekend a gentleman was left for 4 hours at church, and another person told me they were left over an hour over the weekend.. I don't know what's going on with Marta but they've got a problem going on."*

People with disabilities' employment opportunities are limited to those that they can reach from their local public transit routes. As someone pointed out, *"The bigger the circumference area where you can apply increases your employment opportunity. But if it's a small controlled area where the buses run, then they're all in maybe to 100 different places where you might be able to get employment as opposed to 250 to 500 places in the area if that is increased."* As a key informant shared, *"you are also limited to the places you can work (narrower geography), especially when you're on the border lines of counties. You are also limited financially as one may not be reimbursed."*

Lack of transportation availability, especially with regard to public transportation, often prevents people with disabilities from being able to travel to the jobs that are available to them. This is especially relevant in rural areas of the state. One key informant shared that lack of transportation is a barrier for all individuals in the community, especially in rural areas, and not just individuals with disabilities. They further shared that when they interviewed a large number of employers in rural areas, most of them said that reliable transportation was a big barrier for them to find workers. Employers were considering providing bus services to workers so they could come to work consistently.

"And they (employers) said, people with reliable transportation, every single one of them said that's their barrier. So, this is a barrier to all employment for everybody in the state, not just people with disabilities to the point that the warehouses in Jefferson were discussing forming a partnership where they have bus services that went from like Athens or surrounding towns out to where they are..."

The State often does not consider that transportation costs for people with disabilities may be lowered in the long term if they receive adequately-funded transportation services to travel to and from work. Once people with disabilities are able to travel to and from work, they are able to contribute to state funds by paying taxes, *“One issue is that people spend more time thinking about cost. But all set is whatever cost you spend in transportation. If those people get to work, then there'll there are fewer people who have to rely on the State for financial assistance, and then they're working. So now they're also paying taxes back to the State as well. I think it's a much longer financial windfall for the State if it starts viewing transportation in that regard”*.

Theme 6: Coordination between Agencies

An important barrier identified by key informants was the lack of coordination between various agencies in Georgia. This lack of coordinated efforts with regards to transportation is a persistent barrier to utilizing the funds and providing services efficiently and effectively. Key informants discussed how different states *“don't have a coordinated effort to provide services.”*

Theme 7: Medical Transportation

Key informants discussed the reliance of family members and adults with disabilities on non-emergency transportation services to get to and from medical appointments. However, many professionals shared concerns about the lack of consistency within that program. They shared that there have been consistent concerns about medical transportation not being on time and often not picking up passengers for their appointments. One key informant shared that a family would be required to make a reservation for Medicaid transportation at least three days in advance for their child to go a doctor's appointment. However, they added that, sometimes there are emergencies, and so there needs to be a more urgent ways to access transportation in such cases.

“I'm hearing stories all over the place ... you know these are not uncommon stories. I've had a lady from South Georgia come to me all upset because she had tried like 10 times to go to the doctor, and every time the non-emergency service didn't show up.”

Professionals and advocates working with individuals having disabilities shared that they consistently heard about issues that adults with disabilities face when they have to go regularly for their dialysis appointments using medical transportation. With these dialysis appointments *“...it's critical that your appointments and your transportation are timely...unfortunately, that's not always the case. Sometimes [there] may be challenges with the transportation provider...with a good degree of regularity, I get concerns where people reach out because they're trying to manage their transportation appointments for dialysis.”* Another issue shared by professionals was that currently, there is no medical transportation provided for people who need to go for their behavior health appointments.

A disability advocate shared how parents as caregivers are dependent on Medicaid transportation but often risk their employment due to unreliable medical transportation in Georgia. They shared, *"...if a kid is receiving SSI, and therefore is getting Medicaid because of SSI... That then tells you that the family's resources are below a certain amount... most likely the parents are either working in a work setting that... is not producing the level of income that the family needs... Because if you have a mom and or dad who are trying to utilize the Medicaid transportation system to get their child to and from medical appointments or therapy appointments and..they miss that they're never picked up or there's a delay in picking them up, that then impacts mom and dad's employment, and how many times is your employer gonna allow you to be late to work before you're going to end up losing your job. So that is another critical piece to how this impacts families... impacts their family as a unit because of how it impacts Mom and Dad's employment."*

Theme 8: Attitude of Transportation Professionals – Need for Education and Training

Key informants talked about how sometimes people with disabilities are not treated with care, sensitivity, and respect by transportation providers. Sometimes, providers do not have adequate training in working with and addressing the needs of individuals with disabilities that they serve. One of the key informants shared about some instances *"... a couple of incidences where individuals who utilize wheelchairs for their mobility, their wheelchairs were not properly locked in as they should be, which when that were on the transportation, resulted in injuries... or (in another instance) once they arrived at their location, where they were being transported to their wheelchair wasn't locked properly at that time [of the] incident...the individual fell out of their wheelchair and was injured..."* These incidents illustrate how people with disabilities are in constant danger of injury if service providers are not professionally trained.

One key informant expressed that there is a widespread stereotype that people with disabilities don't travel and resultantly have no need for accessible transportation services. Key informants shared about the need for more accountability on the part of transportation service providers.

"I think there's such a stereotype that if somebody has a disability, they're not going anywhere. They don't want to go to the movies. They don't want to go on a date. They're not going to a concert. They're not going to a meeting, the Town Hall meeting, or anything of that nature, so we don't need to accommodate them. Just typical riders, those are the only ones we need to worry about."

SUGGESTIONS FROM RESPONDENTS

Participants shared the need for expanded transportation services and options including more fixed-route connectivity, more demand-response transportation, transit in rural areas, micro-transit services. Participants voiced a need for transit (fixed-route and paratransit) services to increase availability, accessibility, expanded timings, and reduction of delays. Respondents find transportation to be expensive and suggested more vouchers or subsidies for people with disabilities to reduce transportation costs. Respondents shared the need for public transportation options, particularly demand-response services, to be available for expanded hours including evenings and weekends. Participants shared that the restrictions on crossing county lines, especially in rural areas, are very limiting. They shared the need for county/city transportation services to be able to travel in surrounding counties/cities. Participants shared that Uber/Lyft have become a popular mode of transportation for many in the state. However, wheelchair accessible ride sharing in Uber/Lyft is still not widely available across the country.

ENVIRONMENTAL SCAN

INTRODUCTION

Transportation is central to employment and economic development. People with disabilities need accessible, affordable transportation options that bring employment, health care, education, housing, and community life within reach. It is at the core of well-being, health, quality of life, and increased inclusion in community life. Unfortunately, people with disabilities often face major disadvantages in accessing transportation options, which reduces their ability to find and hold jobs and participate in community life. Equity in transportation is an important civil rights issue. Unfortunately, adults with disabilities are twice as likely as those without disabilities to have inadequate transportation (31 percent vs. 13 percent).¹ The ADA prohibits discrimination based on disability and requires accessibility in public transportation. Although some progress has been made in the past decades since passage of the ADA, transportation options for people with disabilities remain unacceptably limited.

PREVALENCE OF DISABILITIES

According to data from the 2020 American Community Survey (ACS), it is estimated that 12.50% of Georgia's estimated total population (n=10,321,846) lives with a disability (all ages).² This is consistent with the U.S. average of 12.70%. However, in 19 counties, the estimated population of individuals with disabilities is 20% or higher. These include [Heard (26%), Fannin (25%), Quitman (23%), Charlton (23%), Clay (23%), Taylor (22%), Meriwether (22%), Crawford (21%), Rabun (21%), Seminole (21%), Stewart (21%), Elbert (21%), Hart (21%), McIntosh (21%), Gilmer (20%), Johnson (20%), Pulaski (20%), Grady (20%), Putnam (20%)]. It should be noted that the estimated population of individuals aged 65 and older in Georgia is 13.88%; however, for the counties listed above the estimated percentages range from 14.63% to 31.00%. More information on the prevalence of disability by types in Georgia, is included in the appendix.

IMPORTANCE OF MOBILITY FOR PEOPLE WITH DISABILITIES

Mobility for an individual impacts a range of activities and priorities in life. It is crucial for individuals with disabilities to have accessible, consistent, and reliable transportation options. With access to transportation, individuals are able to find and maintain employment, make and attend medical appointments, make grocery shopping trips and attend community recreational activities. Inadequate public transportation increases social isolation, particularly

¹ Rosenbloom, S. (2007). Transportation patterns and problems of People with disabilities. In M.J. Field & A.M. Jette (Eds.), *The future of disability in America* (pp. 519-560). The National Academies Press. <https://doi.org/10.17226/11898>

² <https://data.census.gov/>

for older populations and people with disabilities or others who do not drive.³ This can increase the risk for early mortality, depression, and dementia.⁴ In contrast, access to reliable public transportation can improve access to healthier food, vital services, employment, and recreational opportunities, all of which are important for health and well-being.^{5,6,7,8} Particularly, individuals with disabilities in rural areas encounter mobility challenges. These areas have limited or even non-existent public transit options, limiting operating hours and unreliable scheduling. Mobility needs are not just limited to transit but also involve thinking about inclusive features in infrastructure like wider sidewalks, curb cuts, sensory additions and easy to locate signage among others. It is important to encourage city and state planners to develop and re-develop inclusive communities during the planning stage of development. This will ensure a more all-inclusive mobile society for everyone in the community.

RATIONALE FOR TRANSPORTATION SERVICES FOR PEOPLE WITH DISABILITIES

Section 504

Section 504 of The Rehabilitation Act of 1973 was the first disability law to be enacted in the United States. The law exists to prohibit discrimination against persons with disabilities in programs that receive federal funding.⁹ According to Section 504, a person is classified as disabled and is thus protected by the law if they “[have] a physical or mental impairment that substantially limits one or more major life activities, [have] a record of such an impairment or [are] regarded as having such an impairment,” such as “walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks.”¹⁰

³ Lamanna, M., Klinger, C., Liu, A., & Mirza, R. (2020). The association between public transportation and social isolation in older adults: A scoping review of the literature. *Canadian Journal on Aging / La Revue Canadienne Du Vieillessement*, 39(3), 393-405. <https://doi.org/10.1017/S0714980819000345>

⁴ <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>

⁵ <https://www.cdc.gov/healthyplaces/healthtopics/healthyfood/transportation.htm>

⁶ Litman, T. (2017). *Public transit's impact on rural and small towns: A vital mobility link*. American Public Transportation Association (APTA) <https://www.apta.com/wp-content/uploads/Resources/resources/reportsandpublications/Documents/APTA-Rural-Transit-2017.pdf>

⁷ <https://www.communitycommons.org/collections/Reliable-Transportation>

⁸ Centers for Disease Control and Prevention – Division of Community Health. (2013). *A practitioner's guide for advancing health equity: Community strategies for preventing chronic disease*. U.S. Department of Health and Human Services. <https://www.cdc.gov/nccdphp/dch/pdf/ActiveLiving.pdf>

⁹ Disability Rights Education & Defense Fund (DREDF). (2021). *Section 504 of the Rehabilitation Act of 1973*. <https://dredf.org/legal-advocacy/laws/section-504-of-the-rehabilitation-act-of-1973/#:~:text=Section%20504%20of%20the%201973,the%20Americans%20with%20Disabilities%20Act.>

¹⁰ Disability Rights Education & Defense Fund (DREDF). (2021). *A comparison of ADA, IDEA, and Section 504*. <https://dredf.org/legal-advocacy/laws/a-comparison-of-ada-idea-and-section-504/>

Section 504's main impact on transportation for individuals with disabilities comes from its requirements within the education system. In order to meet Section 504 requirements, local education agencies must provide students with disabilities with the appropriate services to meet their individual needs to the same extent that students without disabilities have their needs met. Written 504 plans include access to a number of resources, including transportation if needed. According to the Georgia Department of Education (DOE), students referred to resources outside of what is provided by local education agencies must be provided with adequate transportation to and from said resources. Additionally, if a student is placed in a learning environment outside of their district assigned school, transportation must be provided to and from school.¹¹

ADA

The ADA, ratified into US law in 1990, is a set of civil rights protections dedicated to prohibiting discrimination against persons with disabilities in all aspects of public life.¹² According to the ADA, a disability is defined as “a physical or mental impairment that substantially limits one or more major life activities; a record (or past history) of such an impairment; or being regarded as having a disability.”¹³ An amendment to the ADA, the ADA Amendments Act of 2008 (ADAAA), widened the definition of “disability.” While the definition of “disability” remained the same in its wording, its interpretation was amended in favor of a more inclusive approach to categorizing disability. This amendment granted ADA protections to a wider variety of persons with disabilities, allowing a wider portion of the disability population equitable access to public space.² A significant portion of the ADA is dedicated to increasing access to equitable transportation for persons with disabilities.

Sections of the ADA are categorized into five Titles, each relevant and enforceable to an aspect of public life. Title II of the ADA applies to state and local government services and programs, whereas Title III applies to public accommodations and commercial facilities owned by private entities.¹⁴

Title II regulations are applicable to program access, meaning that state and local governments are responsible for meeting minimum standards ensuring that persons with disabilities can access and participate in government-offered programs, services, and activities

¹¹ <https://www.gadoe.org/Curriculum-Instruction-and-Assessment/Student-Support-Teams/Documents/GaDOESection504Guidance.pdf>

¹² ADA National Network. (2022). *What is the Americans with Disabilities Act (ADA)?* <https://adata.org/learn-about-ada>

¹³ U.S. Equal Employment Opportunity Commission. (2011). Fact sheet on the EEOC's final regulations implementing the ADAAA. <https://www.eeoc.gov/laws/guidance/fact-sheet-eeocs-final-regulations-implementing-adaaa>

¹⁴ Harley, D. A., Ysasi, N. A., Bishop, M. L., & Fleming, A. R. (2018). *Disability and vocational rehabilitation in rural settings: Challenges to service delivery*. Springer International Publishing. <https://doi.org/10.1007/978-3-319-64786-9>

in the locations in which they take place.¹⁵ Said regulations require that all vehicles used for fixed-route public transportation be accessible to all persons with disabilities, including those who use assistive technology (such as wheelchairs). If public transit vehicles are not available, Title II requires that alternate and accessible forms of accessible public transportation be available instead. Lastly, current regulations require that public transit rails (including trains & subway stations) have at least one accessible car.¹⁴

Title III regulations are applicable to privately-owned establishments that are accessible to the public. This section of the ADA establishes 12 subsets of publicly accessible services that are required to follow Title III regulations, covering most aspects of public life not addressed in Title II (including grocery stores, hotels, amusement parks, gyms, etc.). In addition to establishing locations in which Title III is enforceable, the Title also requires that construction of new public buildings, as well as alterations of existing facilities, follow standards of “readily achievable” removal of physical structural barriers.¹⁴

Titles II & III of the ADA also provide guidance as to appropriate standards regarding accessible parking for persons with disabilities. Regulations for accessible parking in public spaces were established with the original ADA and updated in 2010 to comply with the 2010 ADA Standards for Accessible Design. Standards include the number of accessible (to include “van-accessible”) parking spots required at general and medical facilities (dependent on the total number of spaces in the parking lot), mandated parking sign identifiers, and maintenance requirements.¹⁵

¹⁵ ADA National Network. (2018). *Accessible parking*. <https://adata.org/factsheet/parking>

History of Transportation Service for the Disabled Community1

The passage of the ADA resulted from a long struggle by Americans with disabilities to gain equal protection under law in our society. Earlier movements like the Civil Rights Act of 1964, the Architecture Barriers Act of 1968, and the Rehabilitation Act of 1973 helped lay the foundation for the Americans with Disabilities Act (ADA). In 1979, the U.S. Department of Transportation Section 504 ruling required that federally funded transportation facilities and programs should be accessible to all “regardless of handicap.” A comprehensive law requiring equal opportunity for people with disabilities was supported in the late 1980s. On July 26, 1990, The Americans with Disabilities Act was signed into law by President George H.W. Bush. At the time when ADA was enacted, there were 43 million Americans with disabilities.

Reverend Wade Blank contributed immensely to the disability rights and independent living movements. A former nursing home worker, Wade helped people with disabilities move out of nursing homes. In 1972, he founded the Atlantis Community, which was consumer-based and community controlled. Blank helped found Americans Disabled for Accessible Public Transit (ADAPT) four years later which became the nation’s first activist organization for people with disabilities. In the beginning, ADAPT focused on getting lifts on buses and being part of protests to fight for accommodations on buses. After the passage of ADA, ADAPT began to focus on disability issues other than transportation access, such as the ability to choose to receive health care at home in the community rather than in nursing homes.

There are many public transit modes available like buses and trolley buses, heavy and light rail services, commuter rail, ferry boats, vanpools, and carpools. Each of these transit modes poses unique access and mobility problems for people with disabilities. There are ADA requirements for each of the options, but there is also the potential for many modes to provide more mobility to people with disabilities than that mandated by the law. However, it is important to take note that these accommodations have significant cost implications which cannot be ignored. As the National Council on Disability (NCD) notes (NCD, 2005), public transit is substantially underfunded in this country, and ADA mandates do not come with any additional funding so there is even less money for additional or non-mandated services. Yet the potential remains high for public transit to make a bigger and better contribution to the mobility of people with disabilities.

ADA Complementary Paratransit¹⁶

The Americans with Disabilities Act (ADA) requires public transit agencies that provide fixed-route service to provide “complementary paratransit” service to people with disabilities who cannot use the fixed-route bus or rail service because of a disability. ADA has specifically defined eligible customers who are entitled to this service as a birthright. There are some minimum service characteristics that must be met to be considered equivalent to the fixed-route service it will complement. These services must be provided within 3/4th mile of a bus stop or rail station at same hours and days. While transit agencies are required to provide paratransit trips with origins and destinations within 3/4th mile of a stop/route, eligible paratransit passengers can still avail the services if they can get themselves into the service area. ADA regulations require that paratransit services be provided to eligible passengers at any time, if requested the previous day. ADA also allows providers to negotiate trip times with passengers, no more than an hour before or after the requested time.

Communities often offer other kinds of transportation services in addition to or instead of the fixed route and ADA paratransit services. These services are offered either on a general public basis (for example, open to all people with disabilities, senior adults, and/or the general public) or limited to people participating in specific social service programs. However, these services may vary from community to community. In some cases, services may be provided in coordination with ADA complementary paratransit. An individual may use the complementary paratransit along with other demand response services based on their needs.

OLMSTEAD DECISION

Olmstead v. LC (1999) has been named one of the most important United States Supreme Court civil rights decisions for people with disabilities in the country’s history. With this decision, the Supreme Court found that under the Americans with Disabilities Act (ADA) it is against the law for the state to discriminate against people based on their disability status. It also found that people with disabilities have the right to receive community-based treatments and services if desired, rather than being segregated into mental health institutions.¹⁷ With regard to transportation, this means that because of Olmstead, people with disabilities have more chances for independent and supported participation in community settings. Olmstead supports the rights of people with disabilities to travel to places such as grocery stores, medical appointments, malls, movie theaters, and visiting family and friends.

¹⁶ ADA National Network. (2018). The ADA & accessible ground transportation. <https://transitplanning4all.org/wp-content/uploads/2022/11/Accessible-Ground-Transportation.pdf>

¹⁷ <https://www.olmsteadrights.org/about-olmstead/>

SOCIAL MODEL OF DISABILITY AND UNIVERSAL DESIGN

Per the Social Model of disability, disability is not an attribute of an individual, but rather a complex collection of conditions, many of which are created by the social environment.¹⁸ People are disabled by barriers in society, not by their impairment or difference. Barriers can be physical, like buildings not having accessible toilets. Or they can be caused by people's attitudes to difference, like assuming disabled people can't do certain things. Management of the issue is, therefore, the collective responsibility of the society at large to make the environmental modifications necessary for the full participation of people with disabilities in all areas of community life. Society disables people, through designing everything to meet the needs of the majority of people who are not disabled. What is needed is for everyone to use universal design to plan and develop things.

Universal Design (UD) (also referred to as *Inclusive Design*, or *Accessibility*) refers to transport facilities and services that are designed so that they accommodate the widest range of potential users, including people with mobility and visual impairments (disabilities) and other needs.¹⁹ Although Universal Design principles address the needs of people with disabilities, it is a comprehensive concept that can benefit all users. For example, curb ramps are important for people using handcarts, scooters, baby strollers and bicycles, as well as wheelchair users. Automatic door openers are an example of UD feature that can benefit many types of users. Increased walkway widths, low-floor buses and smooth walking surfaces improve convenience for all travelers, not just those with mobility impairments.¹⁹

TRANSPORTATION DATA FROM PAST REPORTS

NATIONAL HOUSEHOLD TRAVEL SURVEY²⁰

Per the National Household Travel Survey (NHTS) conducted by the Federal Highway Administration, an estimated 25.5 million Americans who are 5 years of age and older have self-reported a disability that limits their travel. Out of this population, 13.4 million are in the age group of 18-64 and about 11.2 million are 65 years of age and older.²⁰ Irrespective of the age, people with disabilities make fewer trips per day on average compared to people without disabilities. An estimated 2.5 million rural residents age 18 to 64 have travel-limiting disabilities, accounting for 7.2 percent of rural residents in that age group. About 3.6 million Americans

¹⁸ Disabled World. (2022, March 30). *Models of disability: Types and definitions*. <https://www.disabled-world.com/definitions/disability-models.php>

¹⁹ Victoria Transport Policy Institute. (2019). *Universal design: Transportation systems that accommodate all users, including people with disabilities and other special needs*. <https://www.vtpi.org/tm/tm69.htm>

²⁰ Brumbaugh, S. (2018) *Travel patterns of American adults with disabilities*. U.S. Department of Transportation. <https://www.bts.gov/sites/bts.dot.gov/files/2022-01/travel-patterns-american-adults-disabilities-updated-01-03-22.pdf>

with travel-limiting disabilities do not leave their homes because they are disabled. People with disabilities who are employed and within the age group of 18-64 years make fewer trips compared to people without disabilities who are employed. Workers in the age group of 18-64 years, with disabilities, do 1.2% of their trips using paratransit, 4.3% using local transit, 13% by walking, and about 78% using a personal vehicle (as a driver or passenger).²⁰

Only about one-fifth (20%) of the population of people in the age group of 18-64 years with a travel limiting disability work either full or part time, compared to almost 77% of people without disabilities. Regardless of the age group, it has been noted that people with disabilities travel by personal vehicles (either as drivers or passengers) for a smaller share of trips compared to people without disabilities. People with disabilities in the age group of 18-64 years use local transit options (buses, subways, commute rails) for a higher share compared to people without disabilities (4.3% versus 2.7% for workers and 5.9 versus 3.3 percent for non-workers).²⁰ People age 18 to 64 years with disabilities use a variety of strategies to compensate for transportation limitations. Strategies include reducing day-to-day travel (71%); asking others for rides (56%); limiting travel to daytime (23%); using special transportation services such as Dial-a-Ride or reduced-fare taxis (12%).²⁰

American adults with disabilities, like those without, use private vehicles for most of their daily travel, but to a lesser extent. They have lower levels of vehicle ownership and vehicle access, and live in low-income households, which presents challenges for their mobility. They often travel as passengers and therefore rely on others for mobility. These challenges translate to lesser trips and shorter trip distances.

NATIONAL AGING AND DISABILITY TRANSPORTATION CENTER (NADTC) NEEDS ASSESSMENT ON TRANSPORTATION²¹

In 2018, the National Aging and Disability Transportation Center (NADTC) conducted a National Needs Assessment survey of people with disabilities and caregivers related to transportation. A total of 513 adults with disabilities (age 18 to 59) were surveyed on their experiences with transportation as younger adults with disabilities. About 627 caregivers (age 18 to 84) were surveyed, with 237 being caregivers for younger adults and 390 being caregivers for older adults with disabilities. 84% of all caregivers said that they provided transportation for their individual with a disability, and over half (59%) lived in the same home as the care recipient.²¹

About three-quarters of younger adults with disabilities ride with family and/or friends, followed by driving their own vehicle (66%), walking (45%), public transportation (32%), and

²¹ National Aging and Disability Transportation Center (NADTC). (2018, December). *Transportation needs and assessment: Survey of older adults, people with disabilities, and caregivers*. https://www.nadtc.org/wp-content/uploads/KRC-nadtc-Survey-Report-120718-FINAL_for-web508.pdf

special transportation services (30%).²¹ Most younger adults with disabilities drive their own vehicle or ride with family and/or friends, with some supplementing with public/other forms of transportation. The top requirements for transportation include: medical appointments, going to the store, pharmacy, and seeing family and friends. Caregivers are pivotal in helping transportation needs be met, with 39% spending about 5 or more hours a week either providing or arranging transportation for their care recipient. 86% of caregivers are either very or somewhat concerned about their care recipients' driving, and most have expressed this concern to them.²¹

Many individuals with disabilities have concerns about driving and have adjusted or made cuts, with many anticipating a time will come when they can no longer drive (for younger adults, average estimate of 58). Changes made included cutting back on driving, only driving if absolutely necessary, and only driving short distances. 38% of younger adults with disabilities worried about losing their license. Those who give up driving are negatively impacted by it, including physical isolation, frustration, feeling dependent, and feeling trapped. Younger adult satisfaction with transportation alternatives is 66% higher for those in large cities or urban areas. 8 in 10 younger adults with disabilities are unable to do the activities they need or like to do.²¹

Some of the biggest barriers for adults with disabilities who do not drive include access and availability of affordable transportation options. To obtain transportation information, most individuals with disabilities turn to family and friends for information on their options; however, there is no single "go-to" resource. Younger adults with disabilities are optimistic about future availability and improvements of transportation options.²¹

NATIONAL CORE INDICATORS (NCI)– GEORGIA DATA

The National Core Indicators (NCI) are used in multiple states as a standard measure to assess service outcomes for individuals with intellectual & developmental disabilities (IDD) and their families.²² There are multiple NCIs conducted yearly, each targeting a subset of the US disability population. NCIs include the Adult Family Survey, the Family/Guardian survey, and the IDD In-Person survey.

The NCI-IDD In-Person Survey is completed with adults with IDD age 18 and older receiving at least one paid service (in addition to case management) from the state DD service system.²³ About 17% of Georgians with Intellectual and Developmental Disabilities (mean age

²² NASDDDS & HSRI. (2021). *National core indicators: Adult family survey (AFS) state report 2020-21 Georgia report*.

<https://ncireports.verityanalytics.org/PublicIntegration/ViewIntegration/NCIReports/AFS/2020-21/GA>

²³ NASDDDS & HSRI. (2021). *National core indicators: In-Person (IPS) state report 2020-21 Georgia report*. <https://idd.nationalcoreindicators.org/wp-content/uploads/2022/08/GA-IPS-20-21-State-Report-508.pdf>

43 years) expressed that they are sometimes or often unable to see their friends due to a lack of transportation, as compared with the NCI average of 18%. When asked if they had a way to get places they needed to go, 92% of Georgia respondents endorsed having a way to get places they needed to go as compared with the NCI average of 93%. Similarly, 85% of Georgia respondents endorsed having a way to get places when wanting to do something outside of home as compared with the NCI average of 84%.²³

The NCI Family/Guardian Survey is distributed to families who have an adult family member (aged 18 or older) with an IDD who *does not live with* the respondent and receives at least one service in addition to case management from the state DD agency. According to the 2020-2021 NCI, 90% of adult Georgians (mean age 47 years) living apart from the respondent family member received transportation-based services and support from ID/DD agencies, matching the NCI average of 90%. When asked what makes it hard for their family member with a disability to take part in community activities, 12% of respondents named lack of transportation as a factor, as compared with the NCI average of 13%.²⁴

The NCI Adult Family Survey is distributed to families who have an adult family member (aged 18 or older) with an IDD who *lives with* the respondent and receives at least one service in addition to case management from the state service system. According to the 2020-2021 NCI, 59% of adult Georgians (mean age 47 years) who lived with family during this time received transportation-based services and support from ID/DD agencies, as compared to the NCI average of 50%. When asked what makes it hard for their family member with a disability to take part in community activities, 9% of respondents named lack of transportation as a factor, as compared with the NCI average of 15%.²²

²⁴ NASDDDS & HSRI. (2021). *National core indicators: Family/guardian survey (FGS) state report 2020-21 Georgia report*. <https://ncireports.verityanalytics.org/PublicIntegration/ViewIntegration/NCIReports/FGS/2020-21/GA>

NADTC TRANSPORTATION PROVIDERS PERSPECTIVE²⁵

In 2020, NADTC commissioned research among organizations that provide transportation services to people with disabilities to learn about their experiences in providing services. Respondents were asked to identify the top challenges they face in providing transportation to older adults, younger adults with disabilities and caregivers. Themes revolved around the following 1) transportation operations including scheduling rides in advance, lack of evening or weekend service hours, and long wait times and long rides; 2) Funding - the need for transportation funding was frequently identified as a challenge; 3) Lack of Transportation - lack of transportation included responses regarding both lack of services overall and lack of the specific type of services needed, such as accessible rides under the Americans with Disabilities Act (ADA); 4) Rural - when rural transportation challenges were identified, the lack of transit was often specifically named; 5) Staffing - more than half of those who identified staffing challenges referred specifically to difficulties in recruiting, hiring, training and retaining drivers; 6) Volunteers - closely related to staffing, the need for volunteer drivers was identified as a separate challenge; 7) Cost - almost half of those who listed transportation costs as a challenge identified concerns about the cost of a ride, including specific challenges related to the cost of vehicles, maintenance and fuel; 8) Accessibility/ADA - accessibility challenges identified by respondents included, but were not limited to, ADA accessible transportation; 9) Vehicles - specific concerns included the lack of availability of accessible vehicles and the need for funding to support purchase of accessible vehicles.

²⁵ National Aging and Disability Transportation Center (NADTC). (2020, February). *Survey of organizations that provide transportation services to older adults and people with disabilities*. <https://www.nadtc.org/wp-content/uploads/KRC-NADTC-Survey-Report-24June2020.pdf>

TRANSPORTATION AND EMPLOYMENT²⁶

Unemployment rate for people with disabilities was more than twice that of individuals without disabilities.²⁷ Per a recent national survey, only about one-fifth (20%) of the people (18-64 years) with a travel limiting disability work either full or part time, compared to almost 77% of people without disabilities.²⁰ A smaller percentage of workers with disabilities have jobs that allow them to work from home than do people without disabilities (7.5 v. 14.3 percent).²⁰ Although a lot of progress has been made through civil rights legislation such as the Americans with Disabilities Act, widespread ableism and stereotypes persist, and many employers continue to discriminate against people with disabilities at every stage of employment. Due to a host of varied and complex barriers, one in four Americans with disabilities face unique challenges in securing gainful employment and establishing financial security.²⁸

For people with disabilities, employment and transportation are very closely tied to one another. One of the key factors that can help in reducing the high unemployment rate among people with disabilities is providing access to transportation. Employers who experience labor shortages often share a recurring theme that the core of it is not a workforce issue, but it is more a transportation issue. Transportation plays a key role in consistent access to employment, social activities, daily errands, and healthcare. It is one of the greatest supports for the disability community as it allows for more day-to-day mobility. In addition to providing means of getting to work, transportation allows individuals to live independently, reach healthcare appointments and access other support services.

Although the employment rate for people with disabilities is low, it has been known that the motivation to work, among this population, is generally high. Additionally, research show has shown that people with disabilities score higher in a number of efficiency-related metrics and assessments, and not hiring disabled employees can mean companies are missing out on opportunities to increase economic productivity.²⁶ This awareness should motivate employers to hire more individuals with disabilities.

²⁶ Aichner, T. (2021). The economic argument for hiring people with disabilities. *Humanities and Social Sciences Communication*, 8(2), 1–4

²⁷ Bureau of Labor Statistics. (2022). *Persons with a disability: Labor force characteristics — 2021*. U.S. Department of Labor. <https://www.bls.gov/news.release/pdf/disabl.pdf>

²⁸ Okoro, C.A., Hollis, N.D., Cyrus, A.C., & Griffin-Blake, S. (2018). Prevalence of disabilities and health care access by disability status and type among adults - United States, 2016. *MMWR. Morbidity and Mortality Weekly Report*, 67(32), 882–887. <https://doi.org/10.15585/mmwr.mm6732a3>

TRANSPORTATION AND MENTAL HEALTH

Lack of transportation is a risk factor for social exclusion. Access to reliable, convenient, safe transportation is intertwined with mental health and it goes both ways. Mental health issues can affect a person’s ability to access reliable transportation, and a lack of reliable transportation can isolate people, thus increasing the risk of mental health issues. Studies have found that access to reliable and efficient transportation can be more impactful on how people spend their time than having a disability.

When an individual doesn’t have access to reliable transportation, it limits their time and their freedom. Such a situation may cause unhealthy dependence on friends and family. It can also mean that less important errands and appointments get delayed or eliminated altogether. If someone has a mental health issue, such as depression, everyday activities can seem daunting. If transportation becomes another barrier for such an individual, it becomes that much more difficult for that person to seek help—or even get to the grocery store, for example.

GENERAL TRANSPORTATION OPTIONS²⁹

FIXED-ROUTE/GUIDEWAY TRANSIT AND ADA PARATRANSIT

Fixed-route/guideway transit is a public transportation that operates with routes that are fixed, run on regular schedules and have stops/stations in fixed locations. This kind of transit refers to trains, buses that have dedicated infrastructure like train tracks or bus lanes. ADA paratransit is required by the federal government within civil rights legislation that requires that all transit agencies in the United States with fixed route transit service provide a complementary demand-response service that will take people curb-to-curb. A 3/4th mile buffer to either side of each transit route is regarded as the service area. The eligibility for this type of service requires only the disability status. This enables anyone with a disability to access the service till the time they are within the service area (also known as “trip eligibility”). Paratransit is a door-to-door service. A personal care attendant can travel with the passenger at no cost. Each transit agency has their own methods for determining ADA paratransit eligibility within the parameters allowed by the federal government.

Fixed-route and paratransit services are more prevalent in urban and suburban areas of the state. There are 15 fixed-route urban public transit services in Georgia, all of which provide

²⁹ Atlanta Regional Commission (ARC). (2016). *Human services transportation plan: Managing mobility in the Atlanta region*. <https://cdn.atlantaregional.org/wp-content/uploads/hst-plan-2016-combined.pdf>

complementary paratransit service. An example of a Georgia transit system with fixed-route and paratransit service is Chatham Area Transit (CAT) in Savannah, Georgia.³⁰

DEMAND-RESPONSE

Sometimes called Dial-a-Ride, demand-response transports multiple passengers who are picked up from different entry points and dropped off at separate destinations. This service often requires reservations to be made at least 24–48 hours in advance. Paratransit services often fall under the demand-response umbrella of services.

Demand response transit services are more prevalent in rural areas of the state. There are currently 80 transit systems providing demand-response transit services to Georgians in rural areas using either cutaway buses or vans. An example of a Georgia transit system providing demand-response service is the Cherokee County Transportation System.³⁰

MICROTRANSIT

The term “Microtransit” is fairly novel but describes what can be thought of more generally as “flexible transit.” Conceptually, Microtransit fits somewhere between private individual transportation (cars or taxicabs or TNCs) and public mass transit (bus).³¹ Microtransit allows agencies to offer riders an on-demand option that is more flexible than designated fixed routes and appointment-like paratransit.

Microtransit is one of Georgia’s newer transportation options, with pilot programs and startups being located most frequently in urban and suburban areas of the state. Microtransit pilot programs have taken place in Snellville and Atlanta (via MARTA), while full-scale microtransit services have been established in Valdosta, Gainesville/Hall County, Gwinnett County, and Buckhead.^{32,33} An example of a Georgia transit system providing microtransit service is Ride Gwinnett in Gwinnett County.³⁴

³⁰ Georgia Department of Transportation (GDOT). (2020, May). *Georgia statewide transit plan - Improving access and mobility in 2050: Existing conditions and future trends analysis part I – state profile report*.

<https://www.dot.ga.gov/InvestSmart/Transit/Documents/TransitPlan/2020%20SWTRP%20Plan/3%20SWTRP%20Tech%20Report%20-%20Existing%20Conditions%20Part%20I%20-%20State%20Profile.pdf>

³¹ <https://en.wikipedia.org/wiki/Microtransit>

³² Yeomans, C. (2023, May 9). *Local bus, microtransit service set to begin in Snellville this summer*.

https://www.gwinnettdailyreport.com/local/local-bus-microtransit-service-set-to-begin-in-snellville-this-summer/article_30097aac-ee80-11ed-84c6-ff8ba01a4410.html

³³ Ruch, J. (2022, April 18). *On-demand transit expands across Georgia, putting pitches and criticisms to the test*. <https://saportareport.com/on-demand-transit-expands-across-georgia-putting-pitches-and-criticisms-to-the-test/columnists/johnruch/>

³⁴ Gwinnett County Government. (2023). *Ride Gwinnett microtransit*.

<https://www.gwinnettcounty.com/web/gwinnett/departments/transportation/gwinnettcountytransit/microtransit>

CARPOOL/VANPOOL AND TAXIS/TRANSPORTATION NETWORK COMPANIES (E.G. LYFT/UBER)

The options for Demand-Response transportation may be available for the general public and accessible to some people with disabilities. Commuting through rideshare (for work/employment purposes) is an option for some who can find suitable carpool companions either through Georgia Commute Options or otherwise. Some people also arrange carpool trips with friends, family and colleagues. Additionally, there is the option to travel by private taxi or Transportation Network Companies (TNC) such as Uber and Lyft. These ride-hailing options can be available to someone with a disability if they are able to access and afford the private service and can adjust to the associated company's scheduling system. Carpool / vanpoolers make their own financial arrangements, and taxi/TNCs have fare structures based on time and destinations.

Carpools, vanpools, taxis, and Transportation Network Companies are often more available in urban and suburban areas of the state, with most options located in the Atlanta area. For example, the Atlanta-region Transit Link Authority Vanpool Program is operated by COMMUTE with Enterprise and is available to commuters who live and work within the 13 metro-Atlanta counties.³⁵

SPECIALIZED SERVICES

Specialized services mean the Demand-response transit options available specifically for the Human Services Transportation population. A part of the specialized services includes ADA paratransit. Human Service Agencies, such as the Department of Human Services (DHS), the Veterans Administration (VA) Medical Centers, Senior Services (in various counties), and Department of Community Health (DCH, oversees Medicaid and Medicare), may also provide demand-response transportation. These services provide specialized services which are tied to medical or services for seniors which are errands related. Each agency providing these services will have eligibility requirements in order to access these services. In some cases where counties do not have a fixed route transit service, the county may provide demand-response transportation.

Specialized services through Human Services Transportation programs are available throughout the state in both urban and rural areas.³⁶ For example, the Georgia Department of Human Services (DHS) provides coordinated transportation services to consumers through their TRIPS program, which is available for clients receiving services under the DHS and Human Services umbrellas.³⁷

³⁵ <https://atltransit.ga.gov/vanpool/>

³⁶ <https://dhs.georgia.gov/organization/about/division-offices/operations/office-facilities-support-services/transportation>

³⁷ <https://etrips.dhs.ga.gov/>

HYBRID DEMAND-RESPONSE/FIXED TRANSIT

The Hybrid version combines elements of both fixed route (like bus and train) and demand response. This type of transit service is also known as deviated fixed route and involves some components of fixed route and points in the service while at the same time also providing the option to schedule pick up/drop off at certain locations (home or various destinations). The “Flex” in Cobb county in Georgia is the only example in the Atlanta region.

TAXI SERVICES

Taxis are licensed vehicles that offer on-demand services to passengers. Trips usually can be scheduled in advance or on the spot, and fares are charged per mile or per minute. Many communities require taxi companies to have accessible vehicles in their fleets. Some community agencies offer taxi vouchers to older adults and people with disabilities who meet certain eligibility criteria. Taxi services are more widely available in urban and suburban areas of the state.

CYCLING AND USING SIDEWALKS

These are options for an individual depending on number of factors like type of disability, availability and condition of sidewalk/cycling infrastructure such as lighting, availability of safe crosswalks, the extent of separation from high speed traffic lanes, bike facilities at transit connections, the street grid connectivity, land use patterns and urban density required for origins and destinations to be within appropriate distances for these active modes.

TELEWORK/TELECONNECT

The concept of Telework involves working from one’s home. Though it is not a transportation option, it has become one of the commuting options with growing interest and implementation. Teleconnect allows individuals to use virtual means to attend to non-work-related trips instead of in-person. Some examples of teleconnect involve virtual medical appointments or online shopping. According to the 2014 commuter survey, more commuters are choosing to telework, even if occasionally, the rate at which respondents are teleworking has also increased. More than one-quarter of respondents (26%) teleworked full time.³⁸

³⁸ Atlanta Regional Commission (ARC). (2015). *2014 Regional commuter survey*. <http://documents.atlantaregional.com/eso/MidtownOversample.pdf>

VOLUNTEER TRANSPORTATION

Volunteer transportation programs are either formal or informal (such as faith-based or community organizations). Drivers provide rides in their own cars or agency owned vehicles for passengers to reach medical appointments or other important destinations. Rides are generally prearranged. Volunteer driver programs offer transportation in places where there are no other or limited transportation options. They tend to be more flexible and can operate any time of the day, in any geography depending on the driver's availability and preferences. They have long been opportunities for community members to give back to their neighbors, families and friends by offering rides. Some programs require riders to pay a small fee while others offer free rides. Volunteer drivers can be reimbursed for providing transportation to their friends, neighbors and co-workers. They are an affordable and efficient way of fulfilling transportation needs.

Volunteer transportation programs in metro-Atlanta are well-catalogued, with options including Lifespan, I CARE (serving DeKalb County), and the American Cancer Society Road to Recovery (for cancer-specific transportation needs).³⁹ In other areas of the state, volunteer driving programs are commonly shared locally or through word-of-mouth.

TRANSPORTATION VOUCHER PROGRAMS

Voucher programs provide fare assistance or free rides to low-income older adults and people with disabilities who meet the program's eligibility criteria. Eligible riders usually receive vouchers for specific types of transportation. Voucher programs may offer rides only to certain destinations, such as medical appointments.

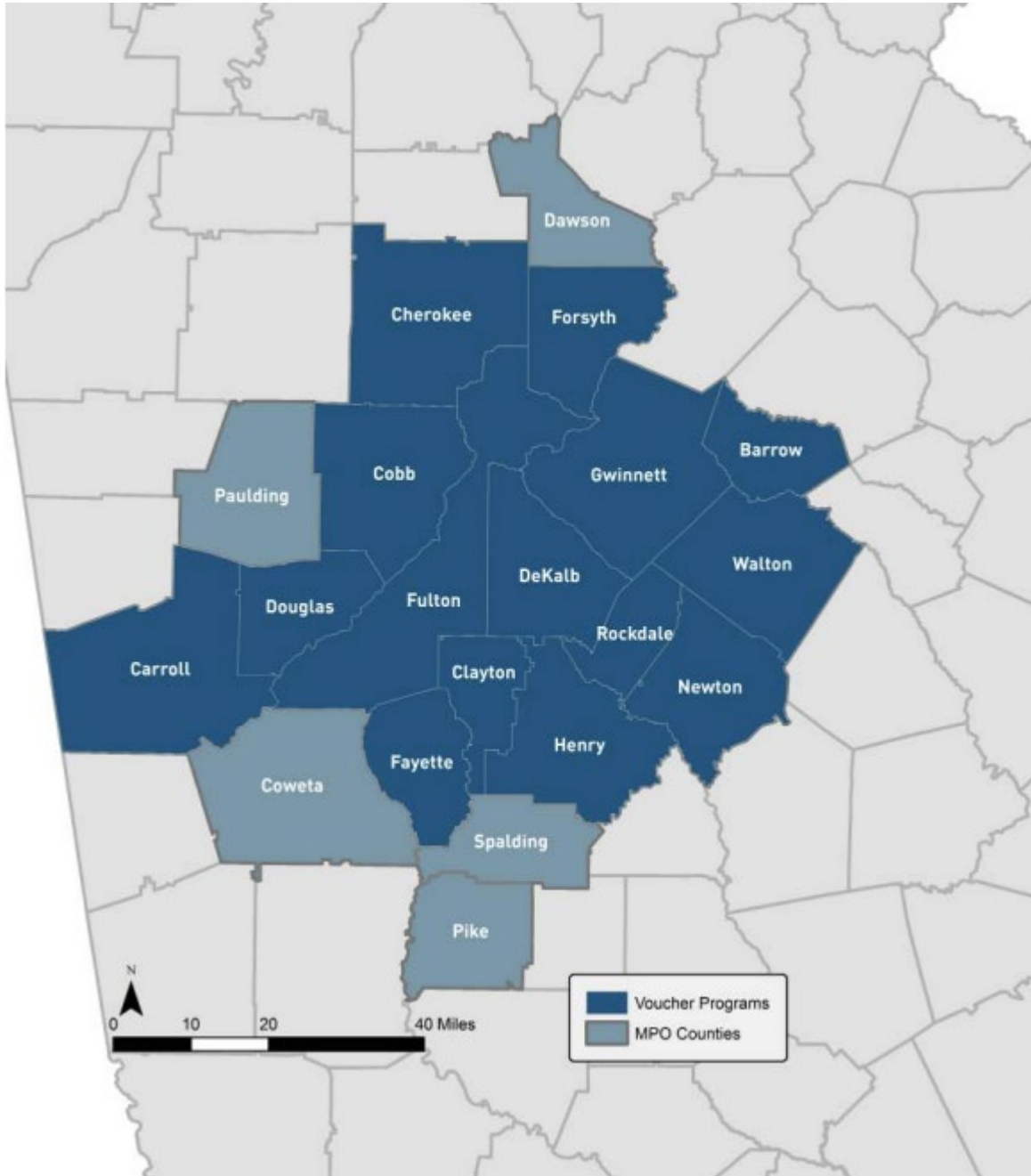
The Connect Douglas Transportation Voucher Program in Douglas County is an example of a voucher program available in Georgia. This program assists older adults (aged 65 or older) and people with disabilities in meeting their transportation needs by providing vouchers to pay for trips from partnering Transportation providers, operating much like a taxi service. Participants are eligible to receive up to \$400 in vouchers each month at a cost of \$20 per month; vouchers can be used to travel both inside and outside of Douglas County to locations around metro-Atlanta. Funding for this program came from a grant received from the Atlanta Regional Commission, as well as through funds provided by the federal government through the Georgia Department of Human Services (DHS).⁴⁰

Transportation voucher programs are more common in the Atlanta region. Programs available in this region are shown in the map below.

³⁹ <https://www.empowerline.org/resource/transportation-options/>

⁴⁰ <https://www.celebratedouglascounty.com/684/Transportation-Voucher-Program>

Figure: Map of Counties With Transportation Voucher Programs in the Atlanta Region
Bookmark not defined.



TRAVEL TRAINING

Public transit agencies and local aging and disability organizations provide free instruction to help new riders learn to travel safely on public transit. Travel training may be provided by professionals or peers who are experienced users of public transit. The training generally includes classroom instruction plus a group trip on transit. For example, MARTA Mobility offers a travel training program for individuals with disabilities who want to learn to ride public transportation safely and independently. Learned skills include reading maps and schedules, boarding, riding, and exiting buses, planning for emergencies, and more.⁴¹ Travel training programs are often more available in urban areas with fixed-route and paratransit availability, including the metro-Atlanta, Cobb County, and Savannah areas.^{41,42,43}

PUBLIC TRANSIT SERVICES IN GEORGIA

Public transit systems in Georgia are typically divided into two subtypes: urban systems that mainly provide fixed-route bus services, and rural systems that mainly provide demand-response (curb-to-curb) transit services. As of 2020, there are 17 urban transit systems and 80 rural transit systems in the state (including 5 multi-county systems serving 38 rural counties). Urban fixed-route systems provided 142 million trips in 2017, while rural systems provided over 1.7 million trips in 2017.⁴⁴ Of these trips, 1,797,212 were provided by Rural systems, 4,339,532 were in areas classified as Small Urban, and 138,607,252 were in Large Urban areas.⁴⁴

According to the Georgia Department of Transportation (GDOT), 92% of public transit trips are provided by services in the Atlanta metropolitan area. Public transit services in this area include fixed-route buses, commuter buses, and heavy rail transit. Georgia's largest public transit provider is The Metropolitan Atlanta Rapid Transit Authority (MARTA), which supplied more than 57 million rides in 2022.⁴⁵ Chatham Area Transit is the state's second-largest provider, documenting nearly 1.8 million trips in the Savannah area in 2021.⁴⁶

⁴¹ <https://www.itsmarta.com/travel-training.aspx>

⁴² <https://www.cobbcounty.org/transportation/transit/travel-training>

⁴³ <https://www.catchacat.org/cat-board-approves-travel-training-program/>

⁴⁴ Georgia Department of Transportation (GDOT). (2020, May). *Georgia statewide transit plan - Improving access and mobility in 2050: Existing conditions and future trends analysis part I – state profile report*.

<https://www.dot.ga.gov/InvestSmart/Transit/Documents/TransitPlan/2020%20SWTRP%20Plan/3%20SWTRP%20Tech%20Report%20-%20Existing%20Conditions%20Part%20I%20-%20State%20Profile.pdf>

⁴⁵ Kahana, D. (2023, March 1). *Public transportation ridership report: Fourth quarter 2022*. American Public Transportation Association. <https://www.apta.com/wp-content/uploads/2022-Q4-Ridership-APTA.pdf>

⁴⁶ DiMassimo, F. (n.d.). *Chatham area transit authority: 2021 Annual agency profile*. Chatham Area Transit. https://www.transit.dot.gov/sites/fta.dot.gov/files/transit_agency_profile_doc/2021/40025.pdf

In 2020, Georgia Department of Transportation (GDOT) published results from a statewide transit survey conducted as part of the newest Statewide Transit Plan. When asked Georgia residents what barriers kept them from using transit, 17% (n=2900) indicated that transit was not provided in their communities. However, it was later found that 87% of respondents that named this as a barrier lived in communities with public transit services, showing a lack of knowledge about Georgia’s public transit options.⁴⁷ As of January 2023, 129 of Georgia’s 159 counties have some form of public transit service (81%).⁴⁸ According to the 2020 Georgia Statewide Transit plan, improving access and mobility through, approximately 88% of Georgians live within the service area of at least one public transit system. While there has been improvement in the state of Georgia, there are still a total of 29 counties in Georgia that lack local public transit services.⁴⁸

The disabled population in counties with public transit matches the state average of 12%, compared to counties without local public transit, with 15% of their population having a disability. Counties with Rural public transit service, have the highest share of their population with disabilities at 15%. Since a large number of people with disabilities live in rural areas, there is an urgent need to increase accessibility and transit options for this community in rural areas. In counties with both Rural and Urban transit service, 13% of the population has a disability. In counties with only Urban transit service, 10% of the population has a disability.⁴⁷ According to 2020 ACS data, there are 19 Georgia counties where the estimated population of individuals with disabilities is 20% or higher.⁴⁹ Of these counties, all have forms of public transit available except for Johnson County. Counties include Heard (26%), Fannin (25%), Quitman (23%), Charlton (23%), Clay (23%), Taylor (22%), Meriwether (22%), Crawford (21%), Rabun (21%), Seminole (21%), Stewart (21%), Elbert (21%), Hart (21%), McIntosh (21%), Gilmer (20%), Johnson (20%), Pulaski (20%), Grady (20%), and Putnam (20%).

⁴⁷Georgia Department of Transportation (GDOT). (2020, May). *Georgia statewide transit plan - Improving access and mobility in 2050: Existing conditions and future trends analysis part II – best practices report*.

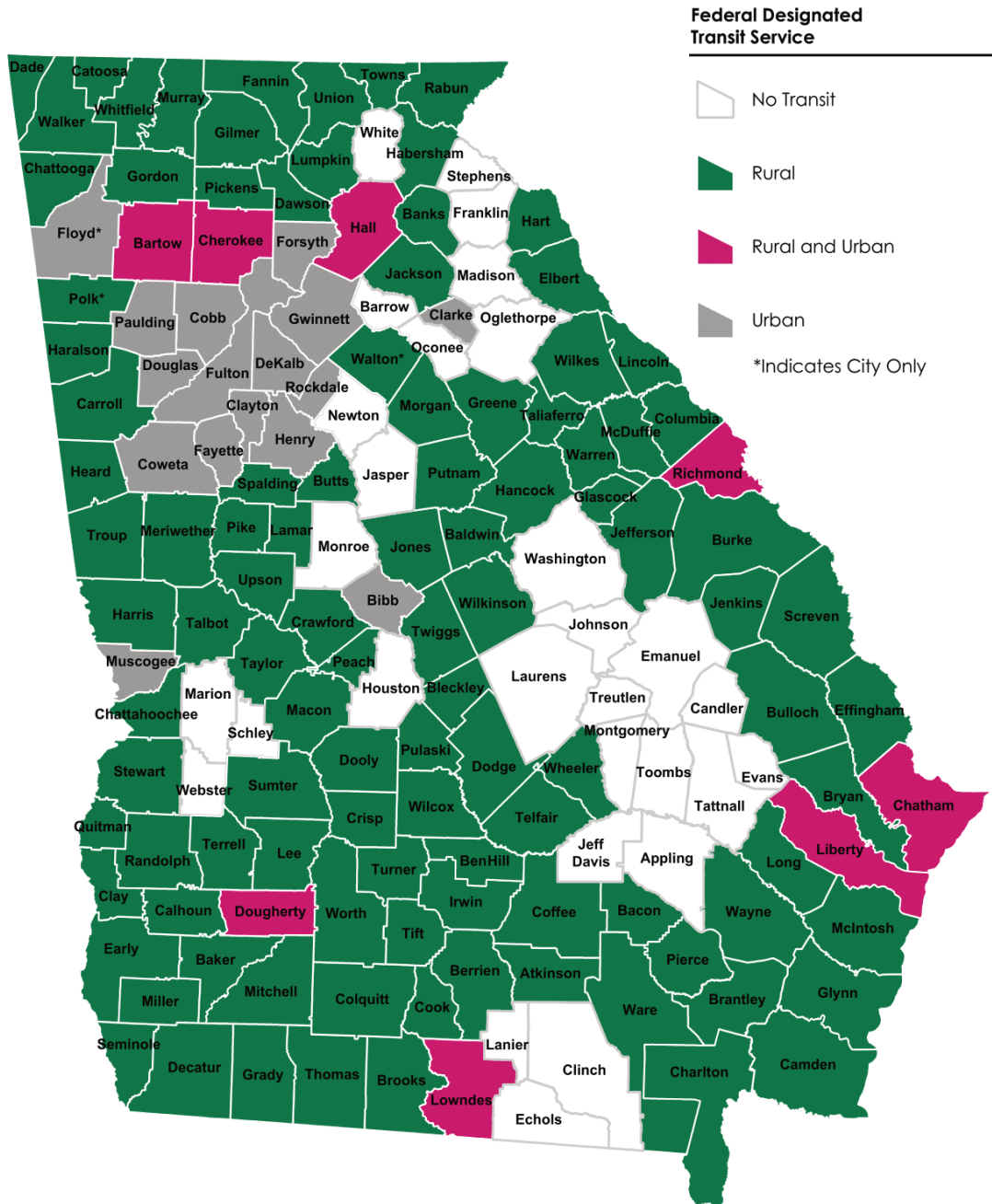
<https://www.dot.ga.gov/InvestSmart/Transit/Documents/TransitPlan/2020%20SWTRP%20Plan/4%20SWTRP%20Tech%20Report%20-%20Existing%20Conditions%20Part%20II%20-%20Best%20Practices.pdf>

⁴⁸ Georgia Department of Transportation (GDOT). (2023, January). *Georgia statewide transit plan - Improving access and mobility in 2050: 2022 Implementation report*.

<https://www.dot.ga.gov/InvestSmart/Transit/Documents/TransitPlan/SWTRP%202022%20Implementation%20Report.pdf>

⁴⁹ <https://data.census.gov/cedsci/table?q=disability&g=0400000US13&tid=ACST5Y2020.S1810&moe=false>

Figure: Map of Georgia Counties With & Without Transit Services (2022)⁵⁰ According to the Georgia Department of Transportation (GDOT), there are 159 Counties in Georgia. 133 counties have transit services and 29 counties do not have transit services as of 2022.⁵⁰



⁵⁰ Georgia Department of Transportation (GDOT). (2022, September). *2050 Georgia rural and human services transportation plan*. https://www.dot.ga.gov/InvestSmart/Transit/Documents/RHST/RHST_FactSheet.pdf

Department of Human Services Coordination Systems

The DHS Coordinated Transportation System, made up of twelve regions, provides transportation services to all consumers of DHS services, including:

Division of Aging Services & Division of Family & Children Services

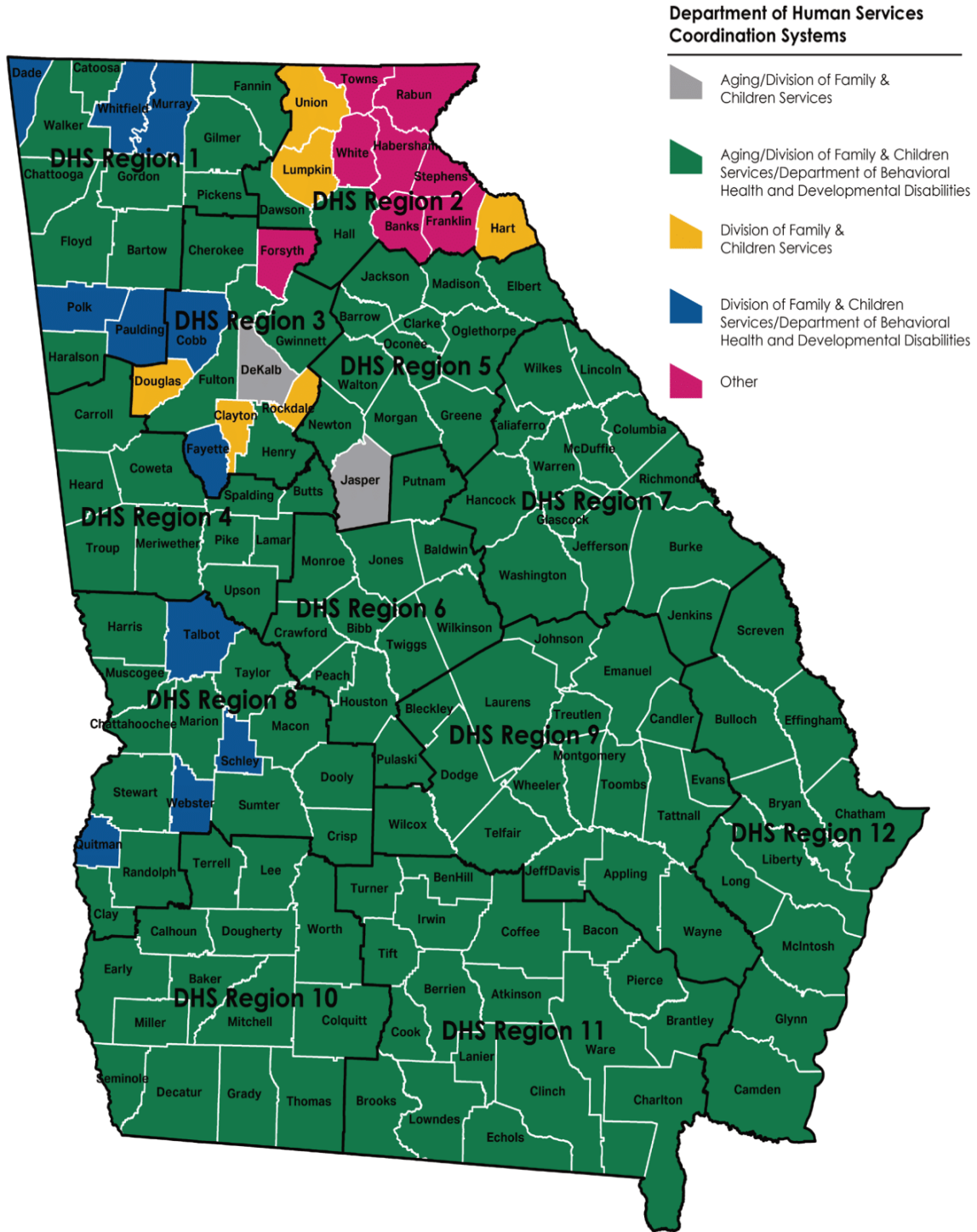
Department of Behavioral Health and Developmental Disabilities (DBHDD)

Georgia Vocational Rehabilitation Agency (GVRA) services.⁵¹

⁵¹ <https://dhs.georgia.gov/organization/about/division-offices/operations/office-facilities-support-services/transportation>

Figure: Map of Georgia's 12 DHS Regions⁵⁰

Figure below is a map of Georgia's 12 Department of Human Services (DHS) regions.⁵⁰ The DHS system provides services via agency areas displayed in the map.



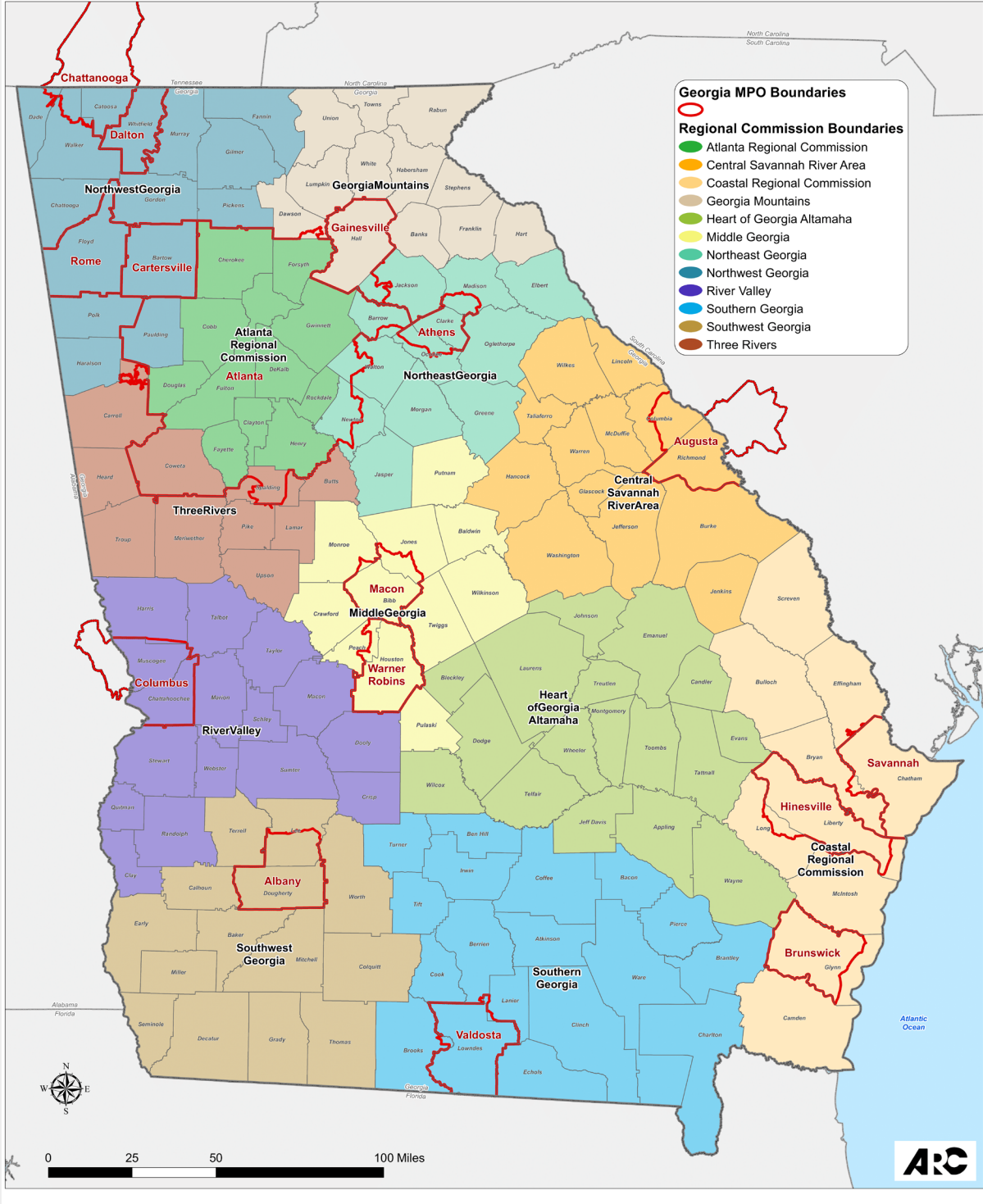
Georgia Association of Metropolitan Planning Organizations (GAMPO)⁵²

The Georgia Association of MPOs (GAMPO) is a convention for metropolitan planning organizations (MPOs) in Georgia. GAMPO provides a space to exchange information and experiences of different entities, enhance the practice of metropolitan planning, provide educational opportunities, and discuss issues relative to local, state and federal policies and require transportation planning. This association of MPO's provides a space for state and federal transportation agencies to provide information and guidance collectively on transportation planning to the MPOs. The GAMPO came into existence officially in July 2008 through adoption of bylaws. There are 15 MPOs in Georgia that make up the 15-member board of directors.

There are 15 MPO's – Albany, Athens-Clark County, Atlanta Regional Commission, Augusta, Brunswick, Cartersville Bartow, Coastal Region MPO, Columbus- Phenix City, Dalton, Gainesville-Hall, Hinesville, Macon-Bibb County Planning and Zoning Commission, Rome/Floyd CPC, Valdosta-Lowndes MPO, and Warner Robbins MPO.

⁵² Georgia Association of Metropolitan Organizations (GAMPO). (2022, December 9). *Georgia regional commissions and metropolitan planning organization (MPO) boundaries*. https://gampo.org/wp-content/uploads/2023/01/MPOs_statewide_updated_120922.pdf

Georgia Regional Commissions and Metropolitan Planning Organization (MPO) Boundaries



TRANSPORTATION FUNDING IN GEORGIA

Transportation Grant Programs

The Federal Transit Administration (FTA) finances the construction, operation, and maintenance of public transportation systems in the United States. Public transportation systems are funded primarily through grant programs (both federal and non-federal).⁵³ Grants are typically awarded annually.⁵⁴

FTA generally grants funding for:⁵⁵

- Capital activities (building new facilities and improving existing facilities) - typically 80% federal funding & 20% local funding⁵⁶
- Operating expenses - 50% federal funding & 50% local funding
- State Administration - 100% federal funding at a capped amount

However, there are exceptions allowed for higher federal funding proportions in federal share and local match requirements such as:⁵⁷

- FTA programs and activities. For example, funding provided by the COVID-19 *CARES Act* and FTA's Emergency Relief Program - 100% federal funding
- Sliding Scale Federal Share Rates for Federal Lands states, available in FTA 5310 and 5311 grants

Additionally, federal funding proportions are adjusted to comply with the *Americans with Disabilities Act* of 1990 & the *Clean Air Act*:⁵⁸

- Vehicles - 85% federal funding & 15% local funding
- Vehicle-related equipment or facilities - 90% federal funding & 10% local funding

The Georgia Department of Transportation (GDOT) is the designated recipient of FTA funds for all areas with a population under 200,000, which includes all areas of the state except those included in the following metropolitan organizations: Atlanta, Augusta, Chattanooga (in

⁵³ <https://www.transit.dot.gov/funding>

⁵⁴ <https://www.transit.dot.gov/funding/grants/grant-programs>

⁵⁵ <https://www.transit.dot.gov/funding/federal-share-local-match>

⁵⁶ <https://ofm.wa.gov/sites/default/files/public/legacy/budget/instructions/capinst/15-25capinstr/chapter2.pdf>

⁵⁷ <https://www.transit.dot.gov/funding/federal-share-local-match>

⁵⁸ <https://www.transit.dot.gov/funding/federal-share-local-match>

Tennessee, but organized into a Georgia urbanized area), Columbus, and Savannah.⁵⁹ In addition to the federal transit funds apportioned to the state and urbanized areas in Georgia, GDOT also receives State funds as appropriated from the State's General Fund budget to match up to one-half of the local share of transit capital projects located in the 27 urbanized areas of Albany, Athens, Brunswick, Cartersville, Gainesville, Hinesville, Macon and Rome.⁶⁰

Federal transportation grant programs are broken up into sections. Notable programs are described in more detail below.

⁵⁹ <https://www.transit.dot.gov/sites/fta.dot.gov/files/2021-01/Table-8-fy-2021-full-year-section-5310-enhanced-mobility-seniors-and-pwd-01-15-2021.xlsx>

⁶⁰ https://www.dot.ga.gov/InvestSmart/STIP/FY21-24/DRAFTSTIP-FY21-24_v2.pdf

FTA Program	Funding For	Recipients	Funding Amount
Sections 5303 & 5304: Metropolitan & Statewide Planning ⁶¹	Funding for multimodal transportation planning in metropolitan areas and states. Funds are allocated to states using a specific formula that considers each state's urbanized area population in proportion to the country's total urbanized area population.	State Departments of Transportation (DOTs) and Metropolitan Planning Organizations (MPOs).	In FY2022, Georgia received \$4,327,247 in Section 5303 funds & \$868,174 in Section 5304 funds. ⁶²
Section 5307: Urbanized Area Formula Grants Program ⁶³	Federal funding to urbanized areas (population of 50,000 or higher). Funds used for transit capital and operating assistance and for transportation related planning in urbanized areas. All preventive maintenance and some Americans with Disabilities Act complementary paratransit service costs are considered capital costs.	Governor, or an entity designated by the Governor, is the designated recipient for urbanized areas (populations between 50,000 and 200,000). For populations 200,000+, funds to local designated recipients. ⁶⁴ Urban areas include Atlanta, Augusta, Chattanooga (in Tennessee, but organized into a Georgia urbanized area), Columbus, and Savannah. ⁶⁵	In FY2022, Georgia received \$134,064,691 in Section 5307 funds. ⁶⁶

⁶¹ <https://www.transit.dot.gov/funding/grants/metropolitan-statewide-planning-and-nonmetropolitan-transportation-planning-5303-5304>

⁶² <https://www.transit.dot.gov/funding/grants/fta-allocations-formula-and-discretionary-programs-state-fy-1998-2022-full-year>

⁶³ https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/funding/grants/37961/fast-act-section-5307-fact-sheet_0.pdf

⁶⁴ <https://www.transit.dot.gov/funding/grants/urbanized-area-formula-grants-5307>

⁶⁵ <https://www.transit.dot.gov/sites/fta.dot.gov/files/2021-01/Table-8-fy-2021-full-year-section-5310-enhanced-mobility-seniors-and-pwd-01-15-2021.xlsx>

⁶⁶ <https://www.transit.dot.gov/funding/grants/fta-allocations-formula-and-discretionary-programs-state-fy-1998-2022-full-year>

FTA Program	Funding For	Recipients	Funding Amount
Section 5310: Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities Program⁶⁷	<p>Program aims to improve mobility for seniors and individuals with disabilities by removing barriers to transportation service and expanding transportation mobility options. Program supports transportation services planned, designed, and carried out to meet the special transportation needs of seniors and individuals with disabilities in both urban and rural areas.</p> <p>Projects eligible for 5310 funding include: buses and vans; wheelchair lifts, ramps, and securement devices; transit-related information technology systems, including scheduling/routing/one-call systems; mobility management programs; acquisition of transportation services under a contract, lease, or other arrangement; travel training; volunteer driver programs; building an accessible path to a bus stop, including curb-cuts, sidewalks, accessible pedestrian signals or other accessible features; improving signage, or way-finding technology; incremental cost of providing same day service or door-to-door service; purchasing vehicles to support new accessible taxi, rides sharing and/or vanpooling programs.</p>	<p>Georgia’s designated recipient of Section 5310 funds is the state Department of Human Services (DHS). States allocated 5310 funds using a formula based on the number of seniors and people with disabilities in each state according to the latest available U.S. Census data.</p>	<p>In FY2022, Georgia received \$11,849,213 in Section 5310 funds.⁶⁸ Funds distributed to all twelve DHS regions. DHS publishes an annual Georgia State Management Plan and Application Package for the Transportation of Elderly Persons and Persons with Disabilities. Plan describes DHS’s role as the Designated Recipient and establishes the policies and procedures for administering the program.⁶⁹</p>
FAST 3006 (b): Innovative Coordinated Access and Mobility Program (ICAM)⁷⁰	<p>Developed as a <i>competitive</i> (merit-based) pilot program under the Fixing America’s Surface Transportation (FAST) Act. Grants under this program provide funds supporting innovative projects for the “transportation disadvantaged” to improve the coordination of transportation services and NEMTs.</p>	<p>Designated recipients, states and local government authorities, private nonprofit organizations, and public transportation operators.</p>	<p>In FY2022, Georgia received \$500,000 in FAST 3006 (b) funding.⁷¹ All funds went to G1VE Atlanta to develop an on-demand micro transit service for “homeless & disadvantaged populations.”⁷²</p>

⁶⁷ <https://www.transit.dot.gov/funding/grants/enhanced-mobility-seniors-individuals-disabilities-section-5310>

⁶⁸ <https://www.transit.dot.gov/funding/grants/fta-allocations-formula-and-discretionary-programs-state-fy-1998-2022-full-year>

⁶⁹ <https://dhs.georgia.gov/document/publication/federal-transit-administration-fta-section-5310-state-management-plan/download>

⁷⁰ <https://www.transit.dot.gov/funding/grants/grant-programs/access-and-mobility-partnership-grants>

⁷¹ <https://www.transit.dot.gov/funding/grants/fta-allocations-formula-and-discretionary-programs-state-fy-1998-2022-full-year>

⁷² <https://www.transit.dot.gov/funding/grants/fy21-innovative-coordinated-access-mobility-project-selections>

FTA Program	Funding For	Recipients	Funding Amount
Section 5311: Non-urbanized (<50k) Area Formula ⁷³	Many residents of rural areas rely on public transportation for travel. This program funds assistance to states to support public transportation in rural areas with populations of less than 50,000 people. Each state must use 15% or more of its annual funding to develop & support intercity bus transportation unless the state can certify that its intercity bus needs are being met. Section 5311 funds, once allocated, are allowed to pay for 80 percent of each individual Americans with Disabilities Act (ADA) non-fixed route paratransit service project. The remaining 20% of funding for each project must come from another source. The funds used for ADA paratransit can be up to 20% of the recipient's full apportionment. ⁷⁴	Funds assistance to states to support public transportation in rural areas with populations of less than 50,000 people.	In FY2022, Georgia received \$30,680,043 in general Section 5311 funds, and \$777,257 in Appalachian Program funds. ⁷⁵ States in the Appalachian Region of the United States (including Georgia) can receive additional funding under the Appalachian Development Public Transportation Assistance Formula Program, a subsection of Section 5311. ⁷⁶
5311: (RTAP & Appalachian Dev. Assist.)	The Rural Transportation Assistance Program (RTAP) is a subprogram within Section 5311. It provides funding to states, local governments, and providers of rural transit services to meet the needs of transit operators in nonurbanized areas via training & technical assistance programs. ⁷⁷ Activities typically supported by RTAP funding include: ⁷⁸ transportation research, technical assistance, training, and related support services	Provides funding to states, local governments, and providers of rural transit services to meet the needs of transit operators in nonurbanized areas via training & technical assistance programs. ⁸⁰	In FY2022, Georgia received \$501,206 in RTAP funds ⁸¹

⁷³ <https://www.transit.dot.gov/rural-formula-grants-5311>

⁷⁴ <https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/funding/grants/40621/5311-rural-program-fact-sheet-fast.pdf>

⁷⁵ <https://www.transit.dot.gov/funding/grants/fta-allocations-formula-and-discretionary-programs-state-fy-1998-2022-full-year>

⁷⁶ <https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/funding/grants/40621/5311-rural-program-fact-sheet-fast.pdf>

⁷⁷ <https://www.transit.dot.gov/funding/grants/rural-transportation-assistance-program-5311b3>

⁷⁸ <https://www.transit.dot.gov/funding/grants/rural-transportation-assistance-program-5311b3>

⁸⁰ <https://www.transit.dot.gov/funding/grants/rural-transportation-assistance-program-5311b3>

⁸¹ <https://www.transit.dot.gov/funding/grants/fta-allocations-formula-and-discretionary-programs-state-fy-1998-2022-full-year>

	FTA-funded technical assistance centers include: ⁷⁹ National Aging and Disability Transportation Center (NADTC); National Center for Applied Transit Technology (N-CATT); National Center for Mobility Management (NCMM); National Rural Transit Assistance Program (National RTAP); Shared-Use Mobility Center (SUMC)		
Section 5339: Grants for Bus and Bus Facilities Program⁸²	Funds available for the improvement of buses and bus-related facilities in US transportation systems.	Designated recipients that operate fixed route bus service or that allocate funding to fixed route bus operators; and State or local governmental entities that operate fixed route bus service that are eligible to receive direct grants under Sections 5307 and 5311.	In FY2022, Georgia received \$12,688,516 in Section 5339 funds. ⁸³

TRANSPORTATION FUNDING LEGISLATION

Fixing America’s Surface Transportation (FAST) Act

The “Fixing America’s Surface Transportation (FAST) Act” was signed into federal law on December 4, 2015. The act authorized \$305 billion in funds between fiscal years 2016 and 2020 for transportation projects across the country. Emphasis was placed on concerns related to improvements in transit safety, public transportation, rail, and research, technology and statistics.⁸⁴

Table below lists Georgia’s transit apportionments under the FAST Act between fiscal years 2016-2020. Significant funding amounts were received for the Enhanced Mobility for Older Adults and People with Disabilities program during this time period.

⁷⁹ <https://www.transit.dot.gov/funding/grants/enhanced-mobility-seniors-individuals-disabilities-section-5310>

⁸² <https://www.transit.dot.gov/sites/fta.dot.gov/files/5339%20Bus%20and%20Bus%20Facilities%20Fact%20Sheet.pdf>

⁸³ <https://www.transit.dot.gov/funding/grants/fta-allocations-formula-and-discretionary-programs-state-fy-1998-2022-full-year>

⁸⁴ <https://ops.fhwa.dot.gov/fastact/index.htm>

Table: Georgia’s Transit Apportionment under FAST Act FY 2016-2020⁸⁵

FTA Program	FY 2016	FY2017	FY2018	FY2019	FY2020
5303: Metro Planning	\$3,061,957	\$3,124,421	\$3,190,034	\$3,257,663	\$3,326,725
5304: Statewide Planning	\$610,019	\$622,463	\$635,535	\$649,008	\$662,767
5307: Urbanized Area (>50k) Formula	\$90,762,055	\$92,592,048	\$94,565,077	\$96,827,902	\$98,889,973
5310: Enhanced Mobility for Older Adults and People with Disabilities	\$6,932,064	\$7,070,705	\$7,219,190	\$7,372,237	\$7,528,528
FAST 3006 (b): Innovative Coordinated Access and Mobility	\$337,628 ⁸⁶	N/A	\$243,778		\$120,000 ⁸⁷
5311: Non-urbanized (<50k) Area Formula	\$21,435,463	\$21,915,279	\$22,426,101	\$22,952,227	\$23,489,773
5311: (RTAP & Appalachian Dev. Assist.)	\$927,168	\$933,871	\$941,051	\$948,450	\$956,007
5339: Bus & Bus Facilities Formula	\$8,805,097	\$8,983,021	\$9,173,385	\$9,369,267	\$9,569,141

⁸⁵ https://cms2.revize.com/revize/bartowga/CBMPO/FederalTransportationUpdate_12_9_15.pdf

⁸⁶ <https://www.federalregister.gov/documents/2016/11/10/2016-27157/announcement-of-fiscal-year-2016-rides-to-wellness-demonstration-and-innovative-coordinated-access>

⁸⁷ <https://www.transit.dot.gov/sites/fta.dot.gov/files/2020-06/M4A-Project-Selection-and-Implementation-Guidance.pdf>

Infrastructure Investment & Jobs Act

The “Infrastructure Investment and Jobs Act (IIJA),” also known as the “Bipartisan Infrastructure Law,” was signed into federal law on November 15, 2021.^{88,89} The act includes reauthorization for Federal Transit Administration (FTA) surface transportation programs (e.g., improving roads & highways), the creation of new grant programs for transportation projects and initiatives, and funding increases for new and existing transportation grant programs.^{90,91} IIJA authorized just over \$91 billion for public transportation improvements from fiscal years 2022 through 2026, including expanding public transportation choices across the United States, replacing “deficient” transit vehicles, and increasing accessibility for elders and people with disabilities.^{92,93}

The law specifically aims to make transit more accessible for people with disabilities – in FY2022, \$350 million was made available in competitive grants to upgrade the accessibility of legacy rail fixed guideway systems for people with disabilities, including those who use wheelchairs, and \$421 million was made available in FY22 to help meet the transportation needs of older adults and people with disabilities. Structural upgrades may include raised platforms, new elevators, and more.⁹⁴ Two accessibility support programs received significant funding: The All Stations Accessibility Program (\$1.75 billion), and the Enhanced Mobility of Seniors and Individuals with Disabilities Formula Program (an additional \$2.2 billion).⁹⁵ Georgia is projected to receive over \$1.3 billion in IIJA funding between fiscal years 2022-2026.⁹⁶

⁸⁸ <https://www.ncsl.org/state-federal/infrastructure-investment-and-jobs-act-implementation-and-key-resources>

⁸⁹ <https://www.fhwa.dot.gov/bipartisan-infrastructure-law/>

⁹⁰ <https://www.cardin.senate.gov/wp-content/uploads/2022/09/Infrastructure-Investment-and-Jobs-Act-Section-by-Section-Summary.pdf>

⁹¹ <https://www.ncsl.org/state-federal/infrastructure-investment-and-jobs-act>

⁹² <https://www.whitehouse.gov/wp-content/uploads/2022/05/BUILDING-A-BETTER-AMERICA-V2.pdf>

⁹³ <https://www.fhwa.dot.gov/bipartisan-infrastructure-law/>

⁹⁴ <https://www.transportation.gov/bipartisan-infrastructure-law/fact-sheet-equity-bipartisan-infrastructure-law>

⁹⁵ <https://www.whitehouse.gov/wp-content/uploads/2022/05/BUILDING-A-BETTER-AMERICA-V2.pdf>

⁹⁶ [FTA Projection Formula Run-FY22 to FY26-69 9B by State 8-9-2021.pdf \(magnetmail.net\)](https://www.fta.gov/wp-content/uploads/2021/08/FTA-Projection-Formula-Run-FY22-to-FY26-69-9B-by-State-8-9-2021.pdf)

Table below shows projected IJJA transit funding amounts in Georgia between Fiscal Years 2022-2026. Funding amounts for FY2021 are included as a comparison.

Table : Georgia’s Projected IJJA Transit Funding Amounts FY 2022-2026⁹⁷

FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
\$204,432,728	\$260,513,563	\$266,083,056	\$273,209,272	\$278,976,389	\$286,239,339

Transportation Funding Plans

Statewide Transportation Improvement Program FY 2021-2024⁹⁸

Georgia’s transportation programs are not exclusively funded by federal funds. State and local governments are required to match funds allocated by federal grant programs in varying amounts. Yearly state and local funding match requirements are addressed in Georgia’s Statewide Transportation Improvement Program (STIP).

STIP is Georgia’s four-year transportation and capital improvements program, the most recent of which covers fiscal years 2021-2024. Improvement projects described in the STIP include highway, bridge, public transit, bike, pedestrian, railroad, and others. The Georgia State Legislature provides up to one-half of the required twenty percent match for federal transit funding through its General Fund. Approximately \$7 million in General Funds are programmed in the STIP for transit purposes. Funds are then competitively awarded to Georgia’s transit systems. It is estimated that \$123 million in local funds will be required to match federal funds during the FY 2021-2024 STIP. These funds are acquired through fare collections, advertising revenue, local sales taxes, special taxing districts, property taxes, and the general tax digest.

Future Funding Interventions

The Justice40 Initiative: Equity in Bipartisan Infrastructure Law⁹⁹

The Justice40 (J40) Initiative was created by the Biden-Harris administration to confront and address decades of underinvestment in disadvantaged communities. In collaboration with the J40 Initiative, the U.S. Department of Transportation (USDOT) aims to address gaps in transportation infrastructure and public services. The USDOT initiative is to eventually ensure

⁹⁷ [FTA Projection Formula Run-FY22 to FY26-69 9B by State 8-9-2021.pdf \(magnetmail.net\)](#)

⁹⁸ https://www.dot.ga.gov/InvestSmart/STIP/FY21-24/DRAFTSTIP-FY21-24_v2.pdf

⁹⁹ <https://www.transportation.gov/equity-Justice40>

that 40% or more of the benefits from many federal grants, programs, and initiatives flows to disadvantaged communities. It is a highlighted goal to increase affordable transportation options in every state and territory in the country by allowing USDOT to identify and prioritize projects that benefit rural, suburban, tribal, and urban communities facing barriers to affordable, equitable, reliable, and safe transportation.

As part of the USDOT's support of the J40 initiative, the department has developed the Equitable Transportation Community Explorer, an interactive web application that explores community disadvantages by state. One of the disadvantages available for exploration is in the area of Transportation Insecurity. This tool will be useful for future funding decisions, as it can be used in ways including (but not limited to):

- applicants to USDOT's discretionary programs developing funding applications
- State DOT's and Metropolitan Planning Organizations developing their Statewide Transportation Improvement Programs (STIPs)/Transportation Improvement Programs (TIPs)
- USDOT using the tool as a consideration in making funding decisions and setting policy.

RURAL AND HUMAN SERVICES TRANSPORTATION (RHST)¹⁰⁰

According to the Georgia 2050 Rural and Human Services Transportation (RHST) Plan, RHST is defined as "mobility services provided for the benefit of disadvantaged populations, including persons with disabilities, older adults, and persons without a vehicle."¹⁰⁰ RHST includes a wide variety of service options designed to meet the varying needs of people who encounter disadvantages in transportation. Service options are available based on the abilities, environment, and the transportation options available within people's communities.

The three agencies involved in the delivery of RHST services in Georgia are: The Georgia Department of Transportation (GDOT), the Georgia Department of Human Services (DHS), and Georgia Department of Community Health (DCH). Each of these agencies are responsible for the administration of major federal RHST funding sources and oversight of transportation service delivery for RHST related programs statewide.

According to the 2019 GDOT Division of Intermodal Transit Program, there are 81 rural transit systems (City/county jurisdictions, Regional commissions and private non-profits); 7

¹⁰⁰ Georgia Department of Transportation (GDOT). (2021, December). *Georgia 2050 rural and human services transportation plan: Vision and goals technical memorandum*. <https://www.dot.ga.gov/InvestSmart/Transit/Documents/RHST/Report%20Documents/GDOT%20RHST%20Vision%20and%20Goals%20Technical%20Memorandum.pdf>

small urban systems (Athens, Albany, Hinesville, Gainesville, Cartersville, Rome, and Macon), and 4 large urban systems (Over 200K MPOs- Atlanta, Savannah, Columbus, and Augusta).

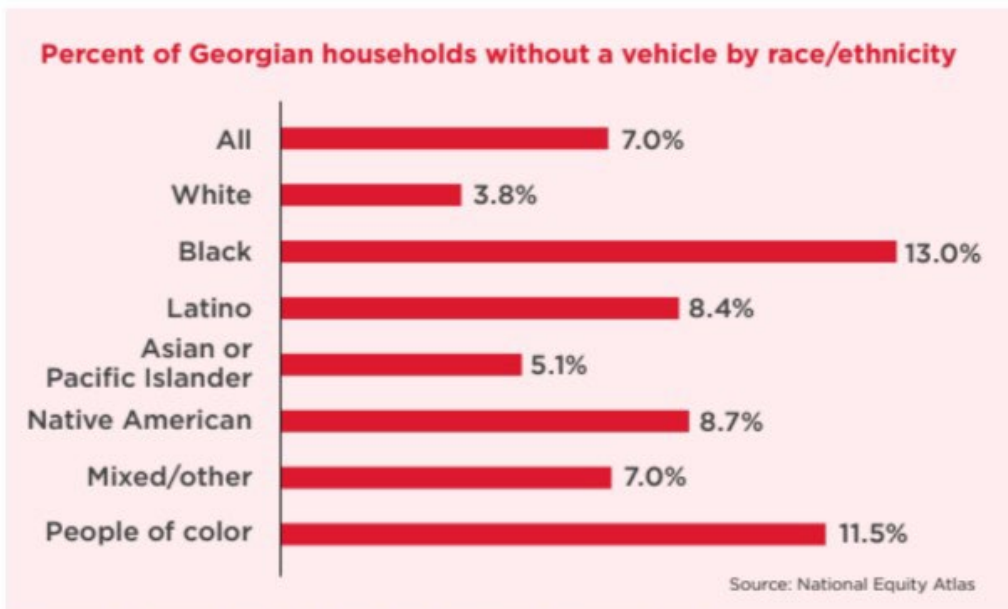
HEALTHCARE-RELATED TRANSPORTATION IN GEORGIA

It has been found that each year 3.6 million Americans miss or delay health care because they do not have the means to reach there.¹⁰¹ Every individual has the right to a safe and reliable means to get to their health care appointments. However, due to lack of transportation, people often miss their appointments and continue living without medicines. They are sometimes forced to find unsafe and costly means of transportation to go for their medical visits. All these factors act as barriers to access to basic health care in the country.

A further complexity to this healthcare barrier is the inequity in access to people of color. According to the National Equity Atlas, people of color in Georgia are three times less likely to own a car than white people¹⁰². The graph below indicates the percentage of Georgian households without a vehicle by race/ethnicity. As noted from the graph, black households have the highest percentage (13%) that mention they do not own a vehicle, followed by people of color at 12% and Native Americans at 9%. Individuals from White households are least likely to not own a vehicle.

¹⁰¹ National Conference of State Legislators (2015). Non-Emergency Transportation: A Vital Lifeline for a Healthy Community. Available at <http://www.ncsl.org/research/transportation/non-emergency-medical-transportation-a-vital-lifeline-for-a-healthy-community.aspx>

¹⁰² National Equity Atlas. Percent of households without a vehicle by race/ethnicity: United States vs. GA, 2015. Accessed on September 16, 2019. Available at https://nationalequityatlas.org/indicators/Car_access/By_race~ethnicity%3A49791/United_States/Georgia

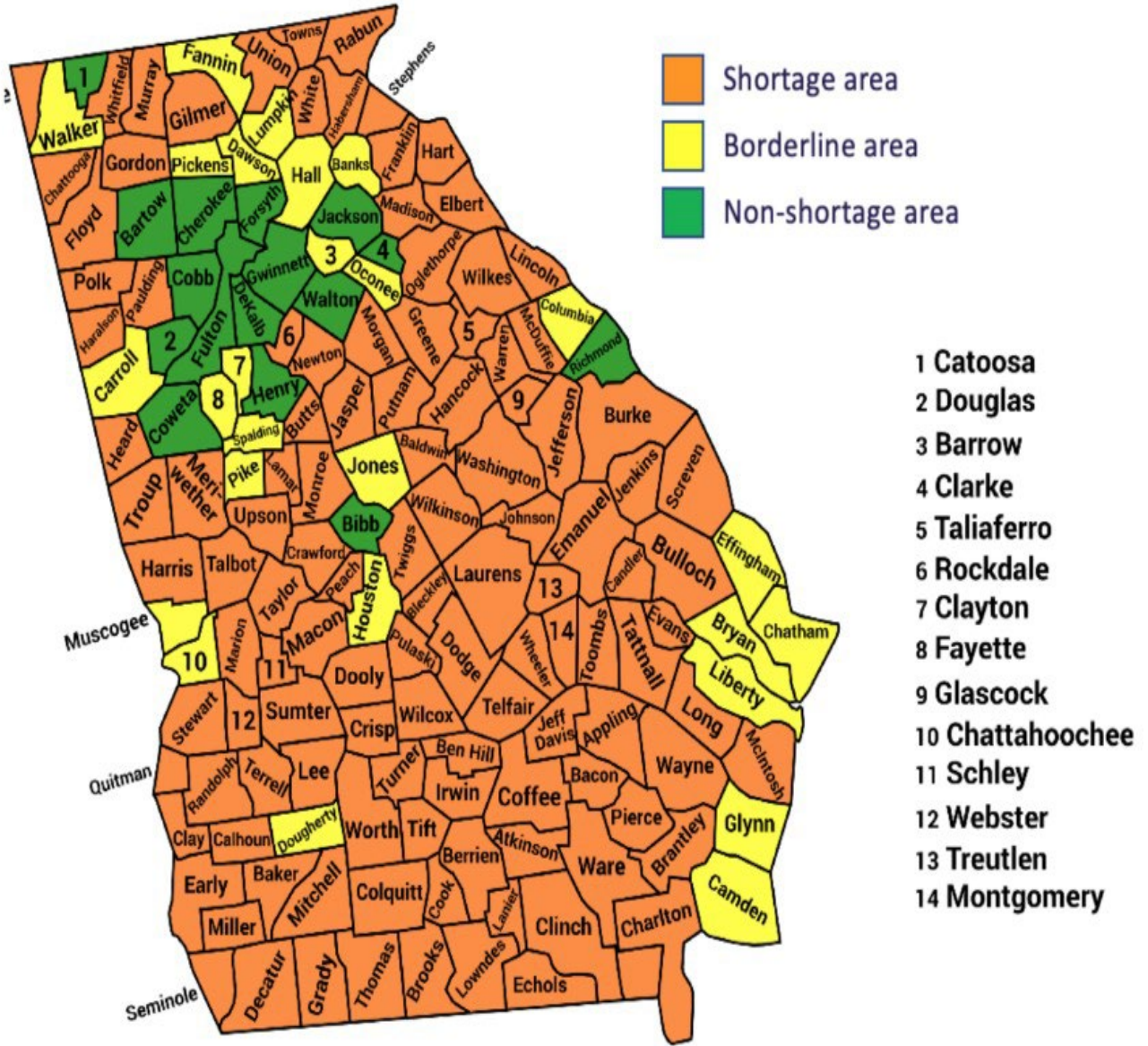


Percent of Georgia households without a vehicle by race/ethnicity

In 2021, the Georgians for a Healthy Future (GHF) and the Arc Georgia conducted a county by county study of Health Transportation Shortage Areas (HTSA) in Georgia. Using a validated tool called the Health Transportation Shortage Index, the team evaluated each county’s population, household poverty rate, public transportation availability, health provider shortages and the location of federally qualified health centers. Counties that have high HTSI scores indicate that they have greater barriers to healthcare transportation.

The results from the analysis found that out of Georgia’s 159 counties, 117 (74%) received HTSI scores that qualified them as HTSAs. Per these findings, 27% of the state’s population lives in these shortage areas. There are twenty-six counties (16%), representing 22 percent of Georgia’s population who are borderline shortage areas. There are only 16 counties (10%) who are at the threshold for non-shortage areas. A little over half (51%) of Georgia’s population lives in these 16 counties. Metro Atlanta region includes non-shortage area counties. There are exceptions like Macon in Bibb County and Augusta in Richmond County. Counties which can be categorized as a borderline shortage area category are mostly suburban or ex-urban counties that are comparatively more developed and have access to public transit and health care providers.¹⁰³

¹⁰³ Sutton, C. (2021). Health Transportation Shortages: A barrier to health care for Georgians. *Georgians for a healthy future and the Arc Georgia*



Map of Georgia health transportation shortage areas

HEALTHCARE TRANSIT IN GEORGIA: MEDICAID NEMT

As required by federal law (the Social Security Act), all state Medicaid programs provide transportation to and from medical care in a program known as non-emergency medical transportation (NEMT). NEMT covers a number of transportation services, including rides in buses, vans, ambulances, taxis, public transportation, and personal vehicles belonging to Medicaid holders and their loved ones. Each state varies in the scope of its provided NEMT services and in how the benefit is administered.¹⁰⁴ Georgia uses the “broker model” for its NEMT services. A broker model functions by states contracting with third-party transportation providers to manage multiple aspects of NEMT. This allows the state to reduce NEMT’s administrative burden on financial and staff resources.¹⁰⁵ Transportation brokers are paid a monthly rate (with a set fee per person) based on the number of eligible Medicaid members living in their contracted regions.¹⁰⁶

In Georgia, NEMT is provided at no cost to both children and adults. To be eligible for NEMT services, Medicaid beneficiaries must have “no other means of transportation.”^{107,108} Each beneficiary is provided with the most “appropriate and cost-effective” method of transportation based on the information provided at the time of each booking; options include the minibus, wheelchair vans, automobiles, stretcher vans, and public or paratransit.¹⁰⁹ Georgia requires its brokers to determine if beneficiaries have other means of transportation before providing services. For example, brokers may deny ride requests if it is determined that a beneficiary has a vehicle and is capable of driving, but it cannot deny requests solely based on the beneficiary owning a vehicle or there being a vehicle in the beneficiary’s household.¹¹⁰

Georgia’s Department of Community Health (DCH) is responsible for providing Medicaid funding to eligible recipients, and thus is responsible for transporting Medicaid beneficiaries to and from health care services (including medical appointments, medical evaluations, picking up prescriptions, and obtaining medical equipment).^{111,112} DCH currently contracts with two transportation brokers, Modivcare Solutions, LLC (formerly Logisticare, LLC) and Verida, Inc. (formerly Southeastrans Inc.), to provide NEMT services to five regions across the state. These

¹⁰⁴ <https://www.macpac.gov/wp-content/uploads/2021/06/Chapter-5-Mandated-Report-on-Non-Emergency-Medical-Transportation.pdf>

¹⁰⁵ https://www.healthmanagement.com/wp-content/uploads/HMA_NEMT_Report_MACPAC_Aug-21.pdf

¹⁰⁶ <https://medicaid.georgia.gov/programs/all-programs/non-emergency-medical-transportation>

¹⁰⁷ <https://medicaid.georgia.gov/programs/all-programs/non-emergency-medical-transportation>

¹⁰⁸ <https://georgiavoices.org/wp-content/uploads/HealthcareAccessReport-ForWeb.pdf>

¹⁰⁹ <https://medicaid.georgia.gov/programs/all-programs/non-emergency-medical-transportation/non-emergency-medical-transportation>

¹¹⁰ <https://www.macpac.gov/wp-content/uploads/2021/06/Chapter-5-Mandated-Report-on-Non-Emergency-Medical-Transportation.pdf>

¹¹¹ <https://medicaid.georgia.gov/organization/about-georgia-medicaid>

¹¹² <https://www.macpac.gov/wp-content/uploads/2021/06/Chapter-5-Mandated-Report-on-Non-Emergency-Medical-Transportation.pdf>

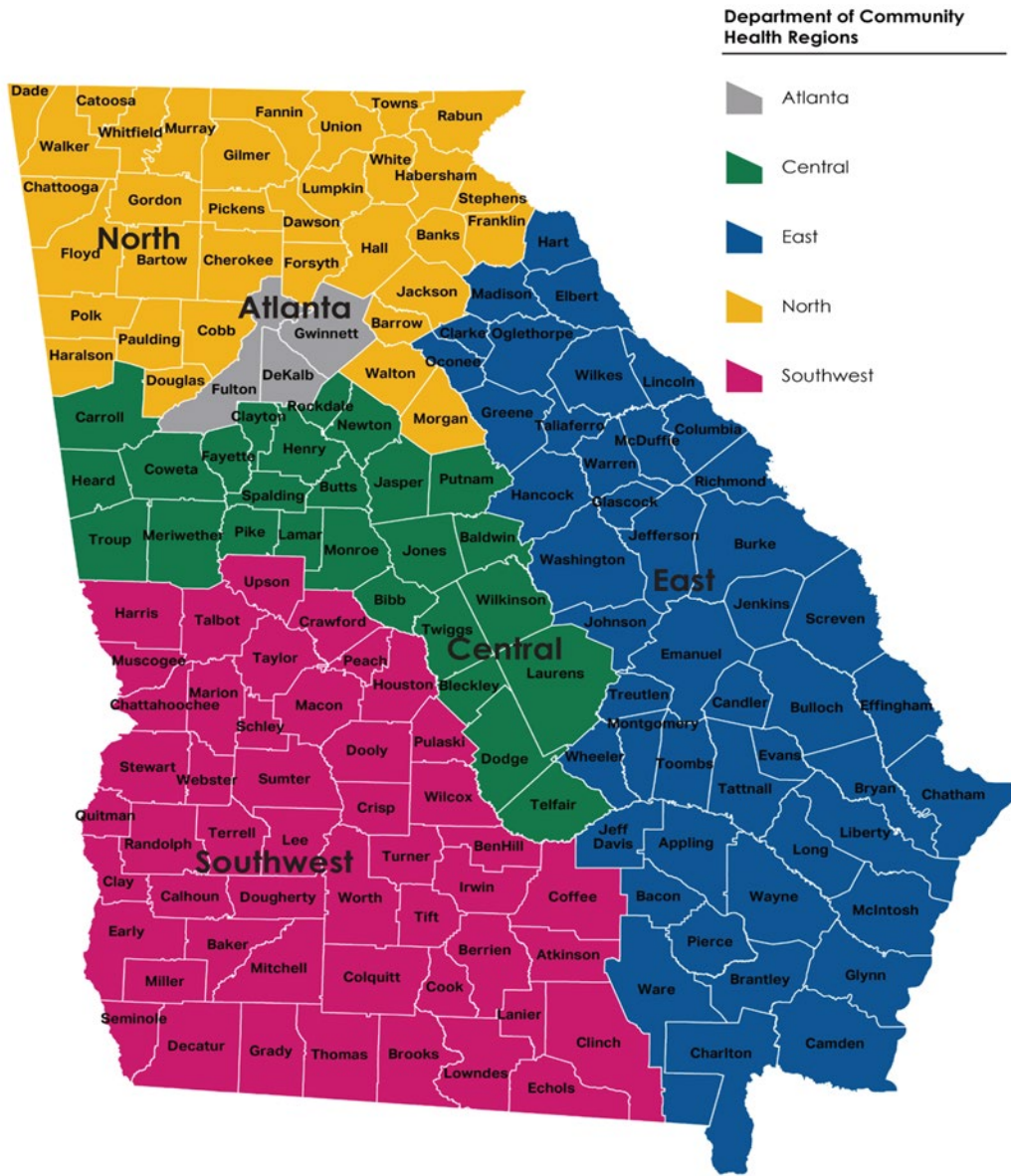
brokers are paid a monthly rate based on the number of Medicaid recipients eligible for NEMT services in their regions.¹¹³ Each broker purchases trips from local third-party transportation providers to provide day-to-day ride services.¹¹⁴ As of fiscal year 2021, Modivcare & Verida subcontract with over 200 transportation providers & independent drivers. Through Modivcare & Verida, DCH provided 2.1 million Medicaid transports in FY2021.¹¹⁵

¹¹³ <https://medicaid.georgia.gov/programs/all-programs/non-emergency-medical-transportation/non-emergency-medical-transportation>

¹¹⁴ <https://www.macpac.gov/wp-content/uploads/2021/06/Chapter-5-Mandated-Report-on-Non-Emergency-Medical-Transportation.pdf>

¹¹⁵ <https://dch.georgia.gov/document/document/fy2021annualreport/download>

Figure _ : Map of Georgia's 5 DCH Regions¹¹⁶



¹¹⁶ https://www.dot.ga.gov/InvestSmart/Transit/Documents/RHST/RHST_FactSheet.pdf

NEMT Utilization

Tables below show NEMT utilization for years 2018-2020. Table 1 lists the total number of Medicaid beneficiaries who are eligible for NEMT services in each year, the percentage of eligible beneficiaries who use NEMT services, and the average number of ride days per month for eligible riders. Table 2 lists the number of Medicaid beneficiaries who are eligible for NEMT services on the basis of disability for each year, the percentage of eligible beneficiaries who use NEMT services, and the average number of ride days per month for eligible riders with disabilities. The percentages of Medicaid beneficiaries with disabilities who used NEMT services were over three times higher than the general per Medicaid beneficiaries who used NEMT services. Medicaid beneficiaries with disabilities also had slightly higher average ride rates per month than beneficiaries eligible for other reasons.

Table 1: Rate & Frequency of NEMT utilization in Georgia: Medicaid Beneficiaries - 2018-2020¹¹⁷

2018			2019			2020		
Number of beneficiaries	% beneficiaries used NEMT (NEMT users)	NEMT users: # ride days per month enrolled	Number of beneficiaries	% beneficiaries who used NEMT (NEMT users)	NEMT users: # ride days per month enrolled	Number of beneficiaries	% beneficiaries who used NEMT (NEMT users)	NEMT users: # ride days per month enrolled
2,134,062	5.0	1.4	2,083,484	5.0	1.3	2,070,970	4.3	1.1

Table 2 : Rate & Frequency of NEMT utilization in Georgia, by major eligibility category: Beneficiaries Eligible on the Basis of a Disability - 2018-2020¹¹⁸

2018			2019			2020		
Number of beneficiaries	% beneficiaries used NEMT (NEMT users)	NEMT users: # ride days per month enrolled	Number of beneficiaries	% beneficiaries who used NEMT (NEMT users)	NEMT users: # ride days per month enrolled	Number of beneficiaries	% beneficiaries who used NEMT (NEMT users)	NEMT users: # ride days per month enrolled
310,894	15.1	1.8	298,168	15.2	1.8	284,066	14.0	1.4

¹¹⁷ <https://www.medicaid.gov/medicaid/benefits/downloads/nemt-rtc.pdf>

¹¹⁸ <https://www.medicaid.gov/medicaid/benefits/downloads/nemt-rtc.pdf>

Issues with NEMT in Georgia

According to the official Medicaid NEMT website, quality of NEMT services is regularly monitored via reports (monthly, quarterly, and annual), on-site compliance reviews (including riding in NEMT vehicles), and broker/provider meetings.¹¹⁹ However, issues of availability, timeliness, and reliability have become common complaints regarding NEMT services in Georgia. Though NEMT service requests must be made three business days in advance of a scheduled healthcare appointment, beneficiaries remain at the mercy of NEMT providers when it comes to when their rides arrive (if they arrive at all).

A 2019 study conducted by Voices of Georgia’s Children that focused on barriers to healthcare for children, included many stories of rides arriving hours earlier than scheduled, waiting hours for rides to take individuals home from appointments, and no-shows causing individuals to cancel medical appointments are common.¹²⁰ The companies that provide NEMT have faced complaints, lawsuits, & government fines in multiple states, including Georgia over the past few years.

NEMT Safety Concerns

Safety is also a named concern with NEMT services. Federal Medicaid guidelines require that transportation contractors are regularly overseen and audited to ensure that beneficiaries receive timely service and ride in appropriate vehicles with drivers who are “licensed, qualified, competent, and courteous.” State-mandated driver training is to include wheelchair safety, first aid, defensive driving, and sensitivity training. DCH leaves this responsibility to its brokers (who self-report their contract compliance measures). However, according to a 2017 investigation by the Atlanta Journal-Constitution (AJC), transportation brokers rely on contracted transportation providers to complete trainings and provide paperwork to prove that trainings have taken place.¹²¹ When they records from 2014-2017 were investigated, they found over 180 injury accounts, ranging in severity, that had been caused by driver mistakes, mechanical problems, or other “avoidable” issues. Complaints included injuries due to wheelchairs not being tied down, patients not being strapped in properly, lack of or improper assistance entering and exiting vehicles, poor driving, and more.¹²²

¹¹⁹ <https://medicaid.georgia.gov/programs/all-programs/non-emergency-medical-transportation/non-emergency-medical-transportation>

¹²⁰ <https://georgiavoices.org/wp-content/uploads/HealthcareAccessReport-ForWeb.pdf>

¹²¹ <https://www.ajc.com/news/state--regional/lax-oversight-leaves-patients-risk-medicaid-rides-program/NjZqK1nCT5rJVgCsFVVbEN/>

¹²² <https://www.ajc.com/news/state--regional/lax-oversight-leaves-patients-risk-medicaid-rides-program/NjZqK1nCT5rJVgCsFVVbEN/>

NEMT & Medicaid Expansion

Not all who receive Medicaid services are eligible for NEMT provision, even if they have no alternate means of transportation. For example, the Georgia Pathways to Coverage demonstration was approved in October 2020 under the provision of Section 1115 of the Social Security Act.^{123,124} This demonstration expanded Medicaid coverage to individuals with income up to 95 percent of the federal poverty level who are not otherwise eligible for Medicaid. However, the state also received authority to exclude these individuals from receiving NEMT unless eligible for EPSDT services under Section 1115.¹²⁵

According to the U.S. Centers for Medicare & Medicaid Services, though decision-makers acknowledged that “not providing NEMT could make it harder for beneficiaries in rural areas who are disabled or lack transportation to obtain medical care,” the financial benefits outweighed the cons. Their reasoning was that this decision allows Medicaid insurance to more closely resemble “commercial insurance,” which does not offer NEMT. Additionally, not offering NEMT to this group would allow for more funds to become available for “additional services” described in Georgia Pathways to Coverage.¹²⁶

NEMT Legislation: Access to Critical Non-Emergency Medical Transportation Services Act¹²⁷

The push for more widespread access to NEMT service is ongoing. The bipartisan Access to Critical Non-Emergency Medical Transportation Services Act was introduced to Congress in September 2022 by Georgia Representatives. The bill seeks to expand access to NEMT services for individuals who are considered to be eligible for both Medicare and Medicaid services (dual-eligible). This is relevant as certain individuals with disabilities are eligible for both federal health insurance programs.^{128,129}

The Act will require the federal Department of Health and Human Services to coordinate with states to ensure that low-income Medicare patients dually enrolled in Medicaid and Medicare are able to access Medicaid NEMT with appropriate modes of transportation. It would also make sure Medicare beneficiaries that qualify as partial dual-eligible beneficiaries

¹²³ <https://www.macpac.gov/wp-content/uploads/2021/06/Chapter-5-Mandated-Report-on-Non-Emergency-Medical-Transportation.pdf>

¹²⁴ <https://www.medicaid.gov/medicaid/section-1115-demonstrations/index.html>

¹²⁵ <https://www.macpac.gov/wp-content/uploads/2021/06/Chapter-5-Mandated-Report-on-Non-Emergency-Medical-Transportation.pdf>

¹²⁶ <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ga-pathways-to-coverage-cms-ltr-state-demo-02122021.pdf>

¹²⁷ <https://buddycarter.house.gov/news/documentsingle.aspx?DocumentID=10585>

¹²⁸ <https://www.medicaid.gov/medicaid/index.html>

¹²⁹ <https://www.medicare.gov/what-medicare-covers/your-medicare-coverage-choices/whats-medicare>

are given assistance to enroll in Medicaid and have access to Medicaid transportation benefits. This would mainly be applicable for those who are denied ambulance NEMT services. For example, current Medicare beneficiaries must obtain prior authorization before accessing ambulance rides to dialysis or diabetes wound care services, threatening patients' access to regularly scheduled health care services critical to their health.

ADDITIONAL HEALTHCARE TRANSPORTATION SERVICES FROM FEDERAL PROGRAMS

Medicaid differs from other payers in its broad coverage of transportation, although there are other health transportation services offered by government programs.

Medicare Advantage¹³⁰

Individuals with disabilities who receive social security benefits are eligible for Medicare, a federal health insurance program ^{131,132} Medicare Advantage (MA) is the Medicare program's private option which covers more than 22 million people as of 2020. According to the Medical Transportation Access Coalition, organized transportation to medical appointments and pharmacies has become one of the most rapidly growing supplemental benefits within the Medicare Advantage program. In 2020, the number of MA health plans offering transportation benefits increased from 1449 to 1941, a 25% increase from 2019. MA transportation services are offered at low-to-no cost per trip depending on the plan. MA plans often use transportation brokers to provide beneficiaries with medically-appropriate and cost-effective rides in modes such as vans, taxis, rideshares, and public transit services. However, some MA plans limit access to transportation based on medical necessity or demonstrated need for transportation.

Veterans Transportation Program (VTP)¹³³

The U.S. Department of Veterans Affairs offers similar NEMT services to US Military Veterans as a health benefit. Their Veterans Transportation Program (VTP) offers transportation services to and from VA health care facilities at little to no cost. The VTP program offers three services:

- Beneficiary Travel (BT)
- Veterans Transportation Service (VTS)
- Highly Rural Transportation Grants (HRTG)

The Beneficiary Travel (BT) program provides Veterans with reimbursement for costs generated traveling to and from VA health care facilities. Reimbursement may also be provided

¹³⁰ <https://mtaccoalition.org/wp-content/uploads/2020/01/MTAC-MA-Transpo-Benefit-v.2.pdf>

¹³¹ <https://www.medicare.gov/what-medicare-covers/your-medicare-coverage-choices/whats-medicare>

¹³² <https://medicareadvocacy.org/medicare-info/medicare-coverage-for-people-with-disabilities/>

¹³³ <https://www.va.gov/healthbenefits/vtp/>

for VA-approved care at non-VA community health facilities.¹³⁴ The BT program may also provide pre-approved transportation solutions and arrange special mode transportation (SMT) at the VA's request. Under certain conditions, veterans may be eligible for transportation services including buses, taxis, airlines or trains.

The Veterans Transportation Service (VTS) provides transportation to Veterans who require assistance traveling to and from VA health care facilities and authorized non-VA health care appointments. VTS also partners with local community service providers to serve the transportation needs of Veterans. VTS partners include: Veteran Service Organizations (VSOs); Local and national non-profit groups; Federal, state and local transportation services

The Highly Rural Transportation Grants (HRTG) program provides grants to Veteran Service Organizations (VSOs) and State Veteran Service Agencies. Eligibility for this program is county-based; grants are available in counties with populations of less than seven people per square mile. Organizations that receive these grants provide transportation services to Veterans seeking VA and Non-VA approved care in highly rural areas.

ADDITIONAL HUMAN SERVICE TRANSPORTATION (HST) PROGRAMS¹³⁵

Temporary Assistance for Needy Families (TANF)

The Temporary Assistance for Needy Families program (TANF) replaced the welfare programs known as Aid to Families with Dependent Children (AFDC), the Job Opportunities and Basic Skills Training (JOBS) program, and the Emergency Assistance (EA) program. The law ended federal entitlement to assistance and instead created TANF as a block grant that provides states, territories and tribes federal funds each year. These funds are targeted to needy families and cover benefits, administrative expenses, and services. TANF became effective on July 1, 1997, and was reauthorized in February 2006 under the Deficit Reduction Act of 2005. The TANF program grants funds to states and territories which are used to provide financial assistance and other support services for needy families. State-administered programs may include child care assistance, job preparation, and work assistance. There is much more flexibility in how the funds from TANF can be utilized including income assistance, child care, transportation, wage supplements, education and job training. To qualify to receive TANF

¹³⁴ <https://www.va.gov/health-care/get-reimbursed-for-travel-pay/>

¹³⁵ A Coordinated Plan for the Atlanta Region.. Atlanta Regional Commission Report 2012/2013 Limited Update. http://documents.atlantaregional.com/tcc/HST/2012-2013_HST_Plan_Limited_Update_FINAL.pdf

funds, states must make a commitment to spend some of their state funds on programs targeting needy families. These funds can also be utilized on transportation funds and/or operate vehicles along with reimbursement of transportation costs by the state.

Vocational Rehabilitation Grants

The Rehabilitation Services Administration (RSA) oversees formula and discretionary grant programs. Both these grants help individuals with physical or mental disabilities to obtain employment and live more independently through support services like counseling, medical and psychological services, job training and other individualized services. State Vocational Rehabilitation agencies (VR) get funds from RSA's title 1 formula grant which are used to provide employment-related services for individuals with disabilities, giving priority to individuals who are significantly disabled. These VR Grants allow transportation related expenses that allow an individual to be part of VR services and programs. Other expenses which are allowed include cost of purchased services from public or private vendors, school transportation, travel training, service coordination and purchase of private vehicles.

Veterans Benefit Program

In addition to the Veterans Transportation Program, Veterans of military service are eligible for a wide range of medical services and other vocational rehabilitation and employment services. The Veterans Health Administration is the primary provider of medical care, specialized care, and other medical and social support services to veterans. VA Medical Centers may have direct contracts with transportation providers or work with volunteer networks to provide transportation services for veterans. The Vocational Rehabilitation and Employment (VR&E) Program specifically helps veterans with service-connected disabilities to prepare for, find, and keep suitable jobs. If the service-connected disabilities for veterans are severe enough that they cannot immediately consider work, VR&E provides services to improve their ability to live as independently as possible. Transportation is an allowable expense under the VR&E program. Funds can be used to connect veterans with jobs and job-related activities such as training. There are over 700,000 veterans residing in Georgia. The VA especially recognizes the problems veterans who are visually impaired, elderly, or immobilized due to disease or disability living in remote and rural areas, face in traveling to access VA health care. To provide convenient and timely accessible transportation for this population, the VA's vision is to explore the establishment of a network of community transportation service providers that could include Veteran Service Organizations (VSO's); community and commercial transportation providers; federal, state and local government transportation services as well as non-profits operating within each VISN or even local facility.

DRIVING FOR PEOPLE WITH DISABILITIES

About 600,000 older adults stop driving each year, according to USAgging, the national association for Area Agencies on Aging.¹³⁶ That puts a restriction for aging, disabled or sick individuals to make doctor's appointments, shop for groceries, visit family or attend social events. This in turn negatively affects their mental health and wellbeing and increases their isolation. Transportation therefore becomes a major responsibility for caregivers. More than 40 percent of older and disabled adults rely on family, friends and neighbors for rides, and around three-quarters of caregivers list providing or arranging transport as one of their primary duties, according to a 2021 survey by the National Aging and Disability Transportation Center (NADTC), a program administered by USAgging and Easter seals that promotes accessible transit.¹³⁷

AIRLINE TRAVEL FOR PEOPLE WITH DISABILITIES

Air travel for people with disabilities is often a challenging experience. In a series of recent studies undertaken by the US Government Accountability Office (GAO), they found a range of barriers to accessible air travel.¹³⁸ GAO found that passengers with disabilities may encounter barriers that airlines are responsible for addressing, including difficulties obtaining wheelchair, customer assistance and accessing onboard lavatories. Transportation Security Administration's (TSA) screening practices may more frequently subject passengers with disabilities to additional screening. They found that large, complex airports can affect accessibility due to long distances to travel.¹³⁸ Airlines do not always properly handle passengers' special accommodation requests or stow wheelchairs without damage. Per the US air travel consumer report, over 7,000 wheelchairs and scooters were mishandled by U.S. airlines in 2021.¹³⁹

People with disabilities also face barriers when it comes to accessing lavatories. While larger 2 aisle aircraft will have at least one accessible lavatory, there is no rule in place for single aisle aircrafts. Airlines often do not elect to equip their single aisle aircrafts with accessible lavatories despite being offered as a design consideration from airplane manufacturers. Sometimes due to variation in ticketing processes and codes lead to inconsistencies in the services provided to people with disabilities. Some airlines and travel agents may use non-

¹³⁶ <https://www.usaging.org/transportation>

¹³⁷ National Aging and Disability Transportation Center (NADTC). (2021). Transportation Needs and Assessment of Diverse Older Adults, Younger Adults with Disabilities and Caregivers. <https://www.nadtc.org/wp-content/uploads/NADTC-Transportation-Presentation-long.pdf>

¹³⁸ U.S. Government Accountability Office (GAO). (2022, November 17). *Passengers with disabilities: Barriers to accessible air travel remain.* <https://www.gao.gov/products/gao-23-106358>

¹³⁹ U.S. Department of Transportation (DOT). (2022, February). *Air travel consumer report: A product of the Office of Aviation Consumer Protection.* <https://www.transportation.gov/sites/dot.gov/files/2022-02/February%202022%20ATCR.pdf>

standardized codes which are unrecognizable by service providers and cause difficulties in meeting the disability needs of passengers.

Some improvements that airlines can make include accessibility components, such as additional curb cuts to make it easier for passengers using wheelchairs to access the sidewalk at drop-off as well as improvements to ramps, elevators, public restrooms, and signage designed to provide equal access in compliance with ADA requirements for new construction. Further improvement in passenger experience for passengers with disabilities, includes implementing technology and other solutions that go beyond ADA requirements. Some airports are adjusting to improve the passenger experience. These technology investments can help some passengers to navigate some U.S. airports more easily or independently. However, accessibility still remains a barrier for air travel.

The GAO 2021 report identified a range of promising practices some airports are using to identify barriers and make their airports more accessible. For instance, airport representatives described approaches such as establishing standing committees to involve a wide range of external disability-community and passenger representatives in key airport infrastructure decision-making. The committees allow airport planners, architects, and designers to consult with these representatives on questions of inclusive design and obtain insight into how passengers with different disabilities interact with the airport. They have also identified airports' efforts to conduct service quality checks to proactively identify airport service gaps and accessibility barriers and to provide supplemental disability-related training for airport employees, among other things.

AIRLINE PASSENGERS WITH DISABILITIES BILL OF RIGHTS¹⁴⁰

The Air Carrier Access Act (ACAA) is a law that makes it illegal for airlines to discriminate against passengers with disabilities. The Department of Transportation is responsible for enforcing this law and applies to all flights to, from or within the U.S. Airlines are required to provide assistance to passengers with disabilities including wheelchair or other guided assistance to board, deplane or catch connecting flight; any seating accommodations in accordance with the passenger's disability needs, and assistance with loading or stowing of assistive technology. Under ACAA and DOT's disability rules, passengers are not required to provide disability related to accommodations in advance. However, passengers are advised to call the airlines in advance to arrange for:

- A wheelchair or any other guided assistance when boarding, deboarding or connecting to another flight.
- Seating accommodating meeting your disability needs

¹⁴⁰ <https://www.transportation.gov/airconsumer/passengers-disabilities>

- Loading and stowing of assistive technology
- Hook up for a respirator to the aircraft electrical power supply
- Hazardous materials packaging for a wheelchair battery or other assistive device;
- Medical oxygen for use onboard the aircraft, if this service is offered by the airline;
- Transportation for a powered wheelchair on an aircraft with fewer than 60 seats;
- Provision of an onboard wheelchair on an aircraft that does not have an accessible lavatory;
- Accommodation for a group of ten or more individuals with a disability, who make reservations and travel as a group;
- Accommodation for a passenger who must travel in a stretcher; or
- Carriage of an incubator.

In some cases, airlines require up to 48 hours of advance notice and check in at least one hour before the flight if the passenger with disabilities needs to receive specific services, types of equipment or accommodations. If the passenger is unable to provide advance notice or check in requirement, airlines must still make reasonable efforts to provide requested service but are not required to if they need to delay the flight to do so.

ADVOCACY FOR IMPROVED AIR TRAVEL

Advocacy to improve air travel for people with disabilities is ongoing. With the 35th anniversary of the Air Carrier Access Act (ACAA) taking place in 2021, recent efforts to improve access to air travel have been focused on gaining widespread support for the Air Carrier Access Amendments Act of 2021 (ACAAA) (HR 1696/ S 642), introduced by U.S. Senator Tammy Baldwin & Congressman Jim Langevin.¹⁴¹

The ACAA would make significant changes to the ACAA, improving overall safety for people with disabilities during air travel. The amendment would increase DOT's ability to enforce civil penalties for violations of the Act, require that violations of the Act be forwarded to the Department of Justice for potential further enforcement and/or private right of action, require that airlines meet defined accessibility standards in new aircraft designs, and require removal of access barriers on existing aircrafts to a readily achievable and easily accomplishable extent.¹⁴²

¹⁴¹ Baldwin, T. & Langevin, J. (2021). *Air Carrier Access Amendments Act of 2021*. Tammy Baldwin: United States Senator for Wisconsin. <https://www.baldwin.senate.gov/imo/media/doc/Air%20Carrier%20Access%20Amendments%20Act%20117th-%20One%20Pager.pdf>

¹⁴² Baldwin, T. & Langevin, J. (2021). *Air Carrier Access Amendments Act of 2021*. Tammy Baldwin: United States Senator for Wisconsin. <https://www.baldwin.senate.gov/imo/media/doc/Air%20Carrier%20Access%20Amendments%20Act%20117th-%20One%20Pager.pdf>

BEST PRACTICES, INITIATIVES AND POLICIES

INNOVATIVE LOCAL APPROACHES IN GEORGIA¹⁴³

Voucher Programs:

There are several successful voucher programs operated throughout the Atlanta region that assists older adults and persons with disabilities in obtaining transportation services. Some of these services include Fayette Senior Services, disABILITY Link, Cobb Senior Voucher Program, Rockdale County, Gwinnett Senior Services, DeKalb Senior Voucher Program and the City of East Point's TREP Program. Voucher programs enable individuals to make their own choice regarding their choice of mode of transportation.

Mobility Management:

To enhance mobility options for persons with disabilities, older adults, and low-income individuals living in the region, the Mobility Management (MM) was identified as a key PLAN 2040 strategy¹⁴⁴. Mobility Management is defined in different ways and has been identified as one of the best practices throughout the U.S. In the Atlanta region, mobility management is a strategic systematic approach to managing transportation demand based on the individual customer's need. This allows providers to implement innovative mobility management strategies that can be carried out in a variety of ways according to the community's needs.

Travel Training:

Travel Training is a tool that can be used successfully to reduce the demand on paratransit services. Often, persons with disabilities and older adults do not use regular fixed-route services because they do not know how to navigate the system. disABILITY LINK currently runs a successful travel-training program along with Center for the Visually Impaired. MARTA's travel training is a free self-paced process which focuses on "how to ride" based on a person's needs. It helps people to successfully learn ways to use MARTA transit fixed buses¹⁴⁵.

Information and Referral:

Atlanta region's Area Agency on Aging (AAA) and the United Way operate successful coordinated information and referral systems. Both AAA and the United Way system's are 24/7 operations and assist older adults and persons with disabilities within their 10-County region. The ARC created the Empowerline-PRO (Formerly ESP). is a curated professional tool that is aging, long-term care, and disabilities-specific and contains more than 25K resources statewide.

¹⁴³ A Coordinated Plan for the Atlanta Region.. Atlanta Regional Commission Report 2012/2013 Limited Update.
http://documents.atlantaregional.com/tcc/HST/2012-2013_HST_Plan_Limited_Update_FINAL.pdf

¹⁴⁴ <https://mpc.complan2040.org/>

¹⁴⁵ <https://www.itsmarta.com/travel-training.aspx>

This database allows for customizable searches and contains resources such as federally qualified health centers, hospitals, and case management services. The database provides information about fee-for-service options, public benefits and nonprofit agency resources and lists 194 categories including transportation services and licensed providers. The search capacity of the system can be either local or regional depending on need. Providers in this database are thoroughly vetted and are required to meet very stringent inclusion criteria. It was the first computerized database of its' kind and has been operating for 20+ years. In January 2016, this system was upgraded to support a modernized user interface, enhanced search capabilities, and mapping capacity.

PARTNERSHIPS WITH LOCAL UNIVERSITIES

Moultrie Public Transportation initiative of UGA¹⁴⁶:

The University of Georgia (UGA) students took on the project at the request of the Colquitt County Archway Partnership, a UGA program that connects communities to the vast resources of the University through a UGA employee based in that community. Colquitt County was the first Archway Partnership community, launched as a pilot program in 2005. The survey, which polled more than 400 residents, showed that over 70 percent strongly agree that a bus system would be worth its cost. Of respondents who identified as low-income, 62 percent indicated they would pay to take the bus and 80 percent said they would take a bus if it saved them money. The UGA students' research identified the four routes that would be the most helpful to local residents. The Red Route will serve residential areas, with a stop at the Boys and Girl Club. The Blue Route will serve local industries like Sanderson Farms and National Beef, and the Colquitt County Airport. The other two routes will serve several senior living communities, with stops at the hospital and the YMCA. A cost analysis by the students estimated it would cost about \$966,000 to launch the service, and would take about four years to recover that investment with sales of bus tickets and passes. Individual tickets initially will cost \$2, or riders can buy a weekly pass for \$12. The students also identified grants that the city could apply for to offset the initial cost.

EXAMPLES OF SELECT LOCAL INITIATIVES, MODELS IN GEORGIA

Below is a list of selected local models or initiatives in Georgia. The list is not exhaustive but just a sample.

Georgia Commute Options¹⁴⁷: This is a program which is managed by the ARC and is funded by GDOT. The mobility service division administers the Georgia Commute Options program including the regional Guaranteed Ride Home and provides technical and financial management

¹⁴⁶ <https://outreach.uga.edu/uga-students-help-rural-georgia-community-embrace-transit/>

¹⁴⁷ <https://gacommuteoptions.com/about-us/who-we-are/>

for Employer Service Organizations (ESOs) who work with area employers to help establish and operate commuting options programs for their employees. This program offers customized worksite assistance along with rides sharing services and incentives for helping commuters, employers and schools with commute issues. While this option applies to all people in the community, it especially benefits people with disabilities with their employment opportunities. These services are available in the following Georgia counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Henry, Newton, Paulding, Rockdale, Spalding, and Walton.

Travel Training or Mobility Management offered by disABILITY LINK¹⁴⁸: disABILITY LINK's Mobility Management Program provides comprehensive, customized trip planning assistance and travel training for persons with disabilities. This service provides the opportunity for people to be in control of their own travel plans and promotes a more independent life. disABILITY LINK also provides group training workshops and presentations on trip planning and travel-training options for the region's Voucher Travel Assistance Program (VTAP) community. Some examples of support services include setting up Uber and Lyft apps and using them for booking rides, applying for paratransit services, learning about transportation programs in the local community, gathering information about ride sharing and advocating for accessible transportation. These services are offered at no cost.

GDOT'S Its4US project:¹⁴⁹ The Safe Trips in a Connected Transportation Network (ST-CTN) project is led by the Georgia Department of Transportation (GDOT) with support from the Atlanta Regional Commission (ARC) in Gwinnett County, GA. The ST-CTN system will provide Gwinnett County residents with detailed information and step-by-step navigation tailored for users' specific needs along with a range of other features geared to improve trip efficiency and safety. This concept consists of an integrated set of advanced transportation technology solutions including connected vehicles, transit signal priority, machine learning, and predictive analytics to support safe and complete trips, with a focus on accessibility for those with disabilities, aging adults, and those with limited English proficiency. The system includes a mobile application that will provide users with the ability to create a personalized trip plan with information regarding the navigation of physical infrastructure, the ability to provide safe alternative trip routes when encountering unexpected obstacles, and ensuring users safety throughout the trip.

¹⁴⁸ <https://disabilitylink.org/travel-training/#:~:text=disABILITY%2OLINK's%20Mobility%20Management%20Program,promotes%20a%20more%20independent%20life>.

¹⁴⁹ <https://www.its.dot.gov/its4us/index.htm>

Gwinnett County Microtransit Program:¹⁵⁰ These transit services involve fixed route and paratransit services in the Snellville area. These services were a new demand response service in Snellville which was earlier not available. The first, Snellville, has already been piloted as a service area. The microtransit service areas are separated geographically from the local routes and paratransit service areas. Therefore, the micro transit service areas would connect to regional service (i.e., Route 101 and GRTA), but would not connect to local routes. They proposed to expand in Gwinnett county.

Center for Pan Asian Community Services (CPACS/CPAC Express)¹⁵¹: A non-profit for Asian and Pacific Islander health and human service agency organization provides services to immigrant and refugee families, low income families, people with limited English proficiency, seniors above 65 years and disabled persons (19 years and older) in Georgia. They are located in Atlanta and have been serving since 1980. CPAC express bus services is an employment bus service to increase mobility options for the Clarkston community in DeKalb county. It is an affordable employment bus service with fixed bus routes to employment agencies and also provides round trip door to door services for refugees/immigrants and low-income families. They also offer services for adults with limited English proficiency who are actively searching for employment. In 2020, CPACS received a grant from the Community Transportation Association of America (CTAA) to establish CPACS Ride, a mobility on demand (MOD) microtransit program for people with disabilities and older adults.¹⁵²

Wheels of Hope¹⁵³: Wheels of Hope provides transportations services to people who are visually impaired, disabled or who no longer drive because of age or health issues. The service is based in Athens, Georgia and the service area covers Statham to the west, Watkinsville to the south, Arnoldsville to the southeast, Colbert to the east, Nicholson to the North and Arcade to the Northwest. Since this is a ride sharing program, there are volunteers who provide rides on a need basis. Volunteer drivers are committed and stay with the rider for the duration of the trip.

Get in Gear Voucher Program for Gwinnett County¹⁵⁴: Gwinnett’s “Get in Gear” is a program that provides seniors above 65 years with no mode of transportation, an ability to purchase a

¹⁵⁰ <https://www.gwinnettcounty.com/web/gwinnett/departments/transportation/gwinnettcountytransit/transitexpansion>

¹⁵¹ <https://cpacs.org/transportation/>

¹⁵² <https://learn.sharedusemobilitycenter.org/casestudy/planning-implementation-of-the-cpacs-ride-mobile-app/>

¹⁵³ <https://wheelsofhopegeorgia.org/>

¹⁵⁴ <https://www.ajc.com/neighborhoods/gwinnett/grant-allows-gwinnett-to-continue-senior-transportation-assistance-program/O6EU6LOVMJDDTITQSTKGNPP4NU/>

voucher coupon book. These vouchers can be used with an approved list of providers to pay for rides to the doctor or other treatment sessions.

Jewish Family and Career Services¹⁵⁵: This is a demand response service. Transportation services are available through the On the Go (a sister organization of Jewish Family Services San Diego) to provide Lyft rides.

Rockdale County Transportation Voucher Program¹⁵⁶: These transportation services are provided to senior citizens for round trips from the senior center, medical appointments, social service agencies, group shopping and recreational trips, transportation vouchers and veterans transportation.

Transportation Options Programs for Seniors (TOPS Senior Services North Fulton)¹⁵⁷: TOPS provides transportation to medical appointments and ‘quality of life’ trips around town for seniors residing in North Fulton. The service area includes: Alpharetta, Johns Creek, Milton, Mountain Park, Roswell, and Sandy Springs. Agencies like Blendistry transportation, CaraVita Home Care, Common Courtesy Inc., CarePlus Mobility and Wheelcare GA are under contract with senior services in North Fulton. Individuals who have significant visual or physical disability can be provided 1-on-1 assistance where someone stays with them.

Harris County rural Transportation service¹⁵⁸: Harris County offers curb to curb on-demand public van service to transport citizens to and from medical appointments, shopping, jobs, school, recreation, and senior citizens centers, even if the destination is in a neighboring county. There are no income restrictions to use this program. These curb-to-curb services can be between 9am- 3pm Monday to Friday, a day prior to your trip.

Wayne County Transit¹⁵⁹: Located in Southeast Georgia, Wayne County Transit provides transportation to individuals who use services of Wayne Service Center, Aging, Mental Health, Department of family and children services and Department of labor-vocational rehabilitation. These services can also be availed by the general public. The trips need to be ordered through the agencies connected to the Department of Human resources.

¹⁵⁵ <https://jfcsatl.org/services/aviv-older-adults/transportation-services>

¹⁵⁶ <https://www.rockdalecountyga.gov/senior-services/>

¹⁵⁷ <https://ssnorthfulton.org/senior-services/transportation/>

¹⁵⁸ <https://www.harriscountyga.gov/wp-content/uploads/2022/06/Pataula-Transit-Brochure-1.pdf>

¹⁵⁹ <https://www.waynecountyga.us/department/index.php?structureid=32>

Fayette Senior Services¹⁶⁰: They provide low cost transportation services in Fayette county to take seniors to doctor visits, dialysis and pharmacy pick on a day to day basis.

The Lift Paratransit Service:¹⁶¹ The Lift is curb-to-curb transportation within one mile of an Athens Transit fixed bus route. These services are for people with a mobility impairment that prevents them from using the regular bus service. Some examples of mobility impairments that may make you eligible include using a wheelchair, inability to walk to the nearest bus stop or to board the bus, or use of walker, crutches, or similar assistive devices. All trips must be scheduled at least one day in advance and you must call before 5:00 p.m. You may also request a trip after hours and on Sunday by using the recording device.

UGA Paratransit Service¹⁶²: University of Georgia provides complementary paratransit services to students with a disability who are unable to use UGA’s fixed route bus service. UGA paratransit services provides equivalent services to the fixed route bus in terms of shared rides, curb-to-curb pickup, service area, hours and days of service.

Wheelchair Van Rentals¹⁶³: Wheelchair Getaways provides rental vans which are ADA compliant. A wheelchair van rental can be reserved through their website

McDuffie County rural transit¹⁶⁴: The McDuffie County Rural Transportation System operates five vehicles from 8:00 am until 5:00 pm Monday through Friday. Rural Transportation provides transportation services to all McDuffie County residents for local appointments Monday through Friday. Appointments need to be between the hours of 8:30 am and 2:00 pm. Three vans are equipped with a wheelchair lift. Weekly trips are made on Thursdays to Augusta for appointments between the hours of 8:00 am and 2:00 pm.

Let’s Ride Rural Transit¹⁶⁵: This is a new website and app that provides a simplified and streamlined way to plan and book travel with rural transit providers. The app will allow users to set their pick up/drop off locations. Let’s Ride is a marketing and branding initiative created to promote greater awareness and ridership of rural transit services in local communities across Georgia. Georgia DOT is currently assisting local transit operators with procuring Let’s Ride branded buses during its annual vehicle replacement and expansion program and will enable

¹⁶⁰ <https://fayss.org/transportation/>

¹⁶¹ <https://www.accgov.com/2070/The-Lift-Paratransit-Service>

¹⁶² <https://tps.uga.edu/transit/UGA-TPS-RidersGuide-2021.pdf>

¹⁶³ <https://www.wheelchairgetaways.com/>

¹⁶⁴ <https://www.thomson-mcduffie.gov/parksrec-leisure/page/rural-transportation>

¹⁶⁵ <https://letsride-gdot.hub.arcgis.com/>

riders to easily identify Let's Ride vehicles. Georgia DOT is also equipping rural transit operators with a variety of tools to implement this campaign locally.

The QRyde¹⁶⁶: QRyde for Public transportation is a comprehensive ADA compliant software that helps in scheduling and dispatching solutions and helps maximize ride sharing. This software can benefit micro-transit options, Paratransit, regional coordination as well as statewide department of transportations. For instance, with micro transits, the software is able to extract the available capacity within running routes and offer lower cost seats to the general public, helping agencies offer more rides to more people. It also helps in efficiently managing routes and schedules of riders and drivers. This system has been utilized by GDOT and the Macon county transit.

Examples of select local initiatives and models from other States are included in the Appendix.

¹⁶⁶ <https://qryde.com/>

APPENDIX

Examples of Select Local Initiatives, Models from other States

Below is a list of select, few local models or initiatives in other states. The list is not exhaustive but just a sample.

TENNESSEE

Senior Miles (SMiles), Blount County, Tennessee¹⁶⁷: SMiles transportation program was developed by the Blount County Office on Aging. As a membership program, SMiles provide door-through-door transportation to Blount County residents over age 60, ambulatory, and in need of rides for essential trips like medical visits or picking up groceries. Individuals that cannot be accommodated (e.g., require a wheelchair) through the SMiles transportation program are referred to the East Tennessee Human Resource Agency (ETHRA), which provides services for persons over the age of 60, family caregivers, or adults with disabilities. Volunteers receive four hours of training, which includes information on program policies and procedures as well as senior sensitivity training. SMiles received funding from the Federal Transit Administration and the Tennessee Department of Transportation. Additional funding comes from the local United Way, memberships, rider fees, annual fundraisers, and donations. The annual membership fee is \$25.00. In addition to the cost of membership, the advance purchase of four \$6 round trip rides is required.

Ready! MATA, Memphis¹⁶⁸

Ready! By Mata is a curb-to-curb transit option similar to other private ride services like Uber or Lyft. The transit services will pick up customers and drop them off at any location which is within specific zones. These services do not require any advanced reservation. Ready! Operates in three service areas: (1) Zone 1 Southwest Memphis (2) Zone 2 Northhaven/Frayser (3) Cordova. Rides can also be booked one to three days in advance. Customers can also schedule recurring trips by scheduling it as a subscription trip if the desired time slot is available.

167

https://tn211.myresourcedirectory.com/index.php?option=com_cpx&task=resource.view&id=938622&search_history_id=172540841&code=BT#:~:text=SMiles%20is%20senior%2Dfriendly%2C%20door,to%20the%20local%20paratransit%20service.

168 <https://www.matatransit.com/ready/>

Groove on demand¹⁶⁹

Groove on demand operates like a mini bus that does pick up and drop off as per your liking. These rides are booked from an app which allows you to get picked up in minutes and access downtown. The service hours are from 6am to 10 pm, seven days a week. The basic price is \$1.25 per ride.

VIRGINIA

Mountain Empire Older Citizens (MEOC) in Big Stone Gap, VA¹⁷⁰:

Mountain Empire Older Citizens have a transit system named MetGo! It is a free transportation system around the town of Wise and city of Norton and the first ride share service in this community. Riders give their pick up and drop off addresses on the MetGo! App and the app then provide a few ride options. Based on the selection of the rider, the app will then send a driver along. The technology pairs riders going in the same direction so the driver would be picking up or dropping off passengers along the way. To make this transit service efficient, the app will display a pickup spot which would either be an address or a business name that you could walk to. This allows drivers to not take detours which may cause a delay. This is a free of charge service and riders can bring along two additional passengers.

TEXAS

Drive a Senior Northwest is a non-profit organization serving older adults in Northwest Austin, Cedar Park and Leander since 1986. Volunteers (20 and over) provide free rides to medical appointments, grocery stores and essential services to clients aged 60 years and older. All clients are mobile (using a cane or walker is fine but volunteer drivers can't transport wheelchairs). Clients arrange all their ride requests through the Northwest office. Volunteers choose rides based on the time, day and location that best fits them using Assisted Rides online scheduler. Drive a Senior Northwest receives support through fundraising and grants.

FLORIDA

Florida's Coordinated Community Transportation Program¹⁷¹

Transportation coordination in Florida began in 1979. The transportation program in Florida provides substantial local discretion and latitude, with extensive state and local planning and

¹⁶⁹ <https://downtownmemphis.com/groove-on-demand/>

¹⁷⁰ <https://meoc.org/transportation/>

¹⁷¹ A Coordinated Plan for the Atlanta Region.. Atlanta Regional Commission Report 2012/2013 Limited Update. http://documents.atlantaregional.com/tcc/HST/2012-2013_HST_Plan_Limited_Update_FINAL.pdf

oversight. The funds from the Federal, state, and local transportation are funneled through a Community Transportation Coordinator (CTC) in all of Florida’s 67 counties. The CTC is authorized by the state authorities to provide transportation directly, to contract for services with providers, or to dispatch and broker services of other organizations.

WISCONSIN

the Door-tran Voucher Program is a transportation option implemented by Door county to decrease barriers and promote more affordable, available, and accessible transportation for residents of the county. The program provides residents of Door county with the opportunity to purchase transportation vouchers at 50 percent of their face value. These vouchers can be used to purchase transportation services from participating service providers. Initial funding for the program was provided by the Door county community Foundation. A New Freedom Program grant from the Federal transit administration has also been awarded. Support also is provided by Door county and community organizations and agencies.

ARIZONA

Cab Connection is a taxi voucher subsidy program designed to provide a transportation alternative to dial-a-ride service. Cab Connection is within the control of the participant and is flexible and relatively affordable. the program serves all areas within the City of Scottsdale. The City of Scottsdale pays 80 percent of the fare, up to the maximum fare of \$12.50 (\$10 subsidy). If the fare for a one-way trip exceeds \$12.50, participants pay the full fare, minus \$10. The City will cover 100 percent of the trip cost for individuals traveling to dialysis treatment centers. Funding for this program is received from a portion of a one-half cent sales tax levied in the region for transportation improvements (passed by voter referendum in 2004 —known as “proposition 400”) that is collected by the county. While the majority of these funds are used to support highway projects, a portion of the revenue is used to offset the costs of providing dial-a-ride services and dialysis trips and supporting the Cab Connection. Funding is also made available from the City of Scottsdale.

SOUTH CAROLINA

Tel-A-Ride, CARTA, Charleston¹⁷²

Tel-A-Ride Service offered in the CARTA service area in Charleston is a paratransit program offered to people who have specific impairment that restricts mobility. Services are offered during the same hours as the CARTA fixed route bus lines. There are no restrictions on trip

¹⁷² <https://www.ridecarta.com/services/tel-a-ride/>

purposes and can be used to travel anywhere in the service area. The fare is \$4 for each one-way trip and is required to be paid while boarding. Passengers who require the assistance of another person to complete the trip can be accompanied by another person at no charge. However, passengers must indicate the need for a personal care attendant when applying for a Tel-A-Ride/ However, if you are accompanied by a person whose presence is not required, he/she/they must pay the full Tel-A-Ride fare.

NORTH CAROLINA

Demand Response Van/Paratransit Services¹⁷³

Greenway Public Transportation offers options for Dial-A-Ride services. These are complementary paratransit (ADA), demand response (general public), and agency contracted service.

A. Complementary Paratransit: WPRTA offers curb to curb complementary paratransit service with possibility for additional assistance upon request within $\frac{3}{4}$ of a mile of the fixed route bus service. These services may also offer door-to-door service upon request but does not go beyond the threshold of the residence. This assistance is available to riders with disabilities that prevent them from getting to a bus stop, getting onto the bus or understanding how to use the bus system.

B. Night Shuttle¹⁷⁴

Night shuttle program with Tar River Transit offers rides in the evening on weekdays for work, school, and/or recreation. These services are offered within the city limits of Rocky Mount as well as both Nash and Edgecombe Community Colleges (including the Tarboro Campus). The Night Shuttle is convenient for employees of Pfizer and QVC. The fares inside city limits cost \$2 each one-way trip and \$5 each way outside city limits.

SNAP¹⁷⁵

SNAP is the half-fare program for individuals who have disabilities that make it difficult for them to ride the regular fixed-route system. In order to qualify for the half-fare, individuals need to

¹⁷³ <https://www.mygreenway.org/van-paratransit-service>

¹⁷⁴ <https://tarrivertransit.org/programs/night-shuttle/>

¹⁷⁵ <https://tarrivertransit.org/programs/snap/>

complete the SNAP application. The application must also be completed and signed by a medical professional familiar with the individual. Once the applicant is approved for the SNAP program, an approval packet will be sent to the passenger which will include a SNAP Identification card. This card will allow the passenger to ride for half fare.

Urban fixed Route Bus Service¹⁷⁶

Through the Urban Fixed Route Bus Service (Bus), disabled residents of Goldsboro can avail ADA transportation that live within ¼ mile of the bus service and are going to a destination that is also within ¼ mile of the bus service. These services are available to individuals whose disability prevents them from independently boarding an accessible fixed route bus where the driver operates the lift and / or prevents them from getting to or from boarding locations. Unfortunately, GWTA does not provide assistants or aides; however, an ADA rider may be assisted by a personal attendant at no additional cost. The fare per rider is \$2.

Trailblazer Routes¹⁷⁷

Trailblazer routes provide transportation around local communities as well as connections where passengers can transfer to the ART city of Asheville's bus service or the Haywood Public Transit. Trailblazer buses are light transit vehicles that set 14-18 passengers and are equipped with bike racks and lifts to serve persons using mobility devices. Customers flag down the bus anywhere along the route or wait at one of its preset locations on the schedule. Each Trailblazer follows the route shown on the schedule, but the vehicle may deviate off the regular route by one-quarter mile to pick a customer up from an address if the customer is unable to get to the route.

¹⁷⁶ <https://ridegwta.com/fares/>

¹⁷⁷ <https://www.buncombecounty.org/governing/depts/transportation/trailblazer-routes.aspx>