Older Adult Transportation Initiative
July 28, 2021

Agenda:
* Update on where we are
* What’s happened since we last met
* Sharing out our solutions
* Collaborating on priorities going forward
* Next steps
What’s Happened Since We Last Got Together

• GoGoGrandparents Pilot has been funded and is underway (possible solution for on-island scheduled and on-demand transportation)

• Meeting with Rep. Dylan Fernandes

• Need for curated source of current transportation options (information) is clearly needed
Meeting with Rep. Dylan Fernandes

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Activist

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VTA, Administrator

Denise Schepici
MVH, CEO

Claire Seguin
MVH, COO

Cindy Trish
HAMV ED
# The task at hand

<table>
<thead>
<tr>
<th><strong>WHO are we trying to serve?</strong></th>
<th><strong>WHAT are we trying to accomplish?</strong></th>
<th><strong>WHAT needs are we trying to address?</strong></th>
</tr>
</thead>
</table>
| Vulnerable Older Adults are our design target (although available to all Older Adults and those with disabilities) | Address perceived service gaps  
Create options to encourage a transition from “driving myself” to utilizing alternative transportation modes  
Create shared-usage solutions for all partners serving Older Adults  
Minimize inefficiencies in a solution/reduce road congestion | Unscheduled (on-demand) on-island options  
Scheduled on-island transportation (evenings/weekends)  
Scheduled/unscheduled off-island essential transportation needs |

*Note the VTA’s focus is on all populations, not just Older Adults*
Sizing the need for on-island transport — many are not served by current options

5,800 year round 65+ Older Adults

14.9% often or sometimes take a VTA bus (800+)

1.9% often or sometimes use the Lift (100)

7.5% almost certainly would Microtransit (up to 20 passengers on rural routes) bus services (400+)
Sizing the Vulnerability Characteristics

**Age** - 8.9% are 85+ (+500)

**Live Alone** – 33% = 1,900

**Caregivers** – 33% in the past 2 years (33% currently (assumption)) = 600

**Physical impairments** (mobility, cognitively) 22% = 1,276

**$25k income level** – 11% of 65+ (600+)

**<$50k income level** – 31% of 65+ (1,740) 51% of 85+ (250)
Update from On-island scheduled transport

• Provided 4 options last meeting at a range of investment levels
• All utilize existing assets but require additional investment

• Should this be an area of focus for us going forward?
• Do we feel like alternative solutions are good enough?
• Could GoGoGrandparents, if successful, be a solution for scheduled transportation needs if we were able to subsidize for vulnerable, low income clients?
Update from On-island on-demand transport
## Off-island essential transportation use cases

### Scheduled/unscheduled off-island

<table>
<thead>
<tr>
<th>Use Case</th>
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<tbody>
<tr>
<td>Susan is airlifted to Boston for emergency medical care. Her caregiving partner needs to be able to visit her in Rehab regularly and is vision impaired.</td>
</tr>
<tr>
<td>Howard has received a tough diagnosis and it is going to require him to go off island regularly to the Cape over the next few months for treatments. He lives alone, does not have a car, and may require assistance depending on how he feels.</td>
</tr>
<tr>
<td>Martha’s dentist is on the Cape and she isn’t comfortable driving her car off island. Her tooth breaks and she needs to be seen immediately.</td>
</tr>
</tbody>
</table>
# Off-Island medical transportation options*

<table>
<thead>
<tr>
<th>Falmouth</th>
<th>Lower Cape (Mashpee – Hyannis)</th>
<th>Upper Cape – Sandwich</th>
<th>Boston</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCRTA – Bus to Falmouth Hospital ($2)</td>
<td>CCRTA – Dial A Ride or Bus</td>
<td></td>
<td>Peter Pan Bus</td>
</tr>
<tr>
<td>Palmer Ave Bus – Free (walk up hill)</td>
<td>Seasonal - $20 RT (resident rate) HyLine HiSpeed ferry to Hyannis</td>
<td></td>
<td>CCRTA (bus leaves from Sagamore Bridge M-F 8:15</td>
</tr>
<tr>
<td>Taxi/Uber ($15+ one way)</td>
<td>Taxi/Uber ($50+ one way)</td>
<td>Taxi/Uber ($75+ one way)</td>
<td>VTA Medivan ($40 RT) one day a week,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Taxi/Uber/private car (+$150) GoGreen Shuttle, Door-to-Door Transport ($150+ each way)</td>
</tr>
</tbody>
</table>

PT1 provides door-to-door solutions for those who qualify (Medicaid/Mass Health) income level of $12,888 for 1 person household.
## Solution Guardrails

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Feature</th>
<th>Safety/Security</th>
</tr>
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<tbody>
<tr>
<td>Multiple days per week operation</td>
<td>Single interaction for rider (1 call to arrange) in English and Portuguese</td>
<td>Data tracking – performance and safety/security</td>
</tr>
<tr>
<td>Round trip guarantee (maximum of 30 minutes wait time for on-demand return trip)</td>
<td>Human interaction with knowledgeable person with a caring spirit</td>
<td>No cash exchanged (done beforehand)</td>
</tr>
<tr>
<td>Available 5:30 am – 7 pm</td>
<td>Individual or organization can schedule rides (single or multiple)</td>
<td>Comfortable riding experience</td>
</tr>
<tr>
<td>A minimum of 72 hours to schedule beforehand (excluding emergencies)</td>
<td>Online reservation solution option</td>
<td>Door-to-door service</td>
</tr>
<tr>
<td>No additional charge for caregivers</td>
<td></td>
<td>Available to those with impairments (physical, cognitive, hearing etc.)</td>
</tr>
</tbody>
</table>

Black are critical requirements for any solution.
# Challenges with Current Off-Island Options

<table>
<thead>
<tr>
<th>Driving Oneself</th>
<th>Utilizing public/private transportation</th>
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<tbody>
<tr>
<td>No access to vehicle that is off-island capable</td>
<td>Lack of availability when needed (for scheduled and unscheduled) medical appointments</td>
</tr>
<tr>
<td>Fear/inability to drive (speed of highway and managing city driving)</td>
<td>Complicated and time-consuming to arrange</td>
</tr>
<tr>
<td>Lack of ability to utilize GPS – creates dangerous distraction</td>
<td>Not all options available for those with impairments</td>
</tr>
<tr>
<td>Lack of caregiver/volunteer driver</td>
<td>Point-to-point solution is complicated and can be stress inducing</td>
</tr>
<tr>
<td>Stamina – Day is too long for sick/stressed individual to drive</td>
<td>Stamina – 6am boat return to Island about 6pm too long a day for sick person</td>
</tr>
<tr>
<td>Affordability</td>
<td>Affordability</td>
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Curb-to-curb non-Lift transportation for Older Adults (when other means are unavailable or unaffordable)

Hybrid model
1 paid project coordinator & volunteer drivers and support ride-along*

Vehicles provided by the VTA and/or volunteer driver vehicles

COAs are the initial contact for request (phone) from Older Adults

COA contacts project coordinator who works with the Steamship for ferry and VTA for round trip transport

VTA provides dispatch capability to notify volunteer drivers

* Volunteer drivers and support ride-along could be sourced through Elder Services RSVP program;
Who does this serve and how many?

Our target is Vulnerable Older Adults who do not qualify for PT1 with incomes <$50k; for those with higher income levels, payment will be required.

- For self pay/insurance (non Mass Health) the average is 15 trips per week for 65+, equaling approximately 780 round-trips annually. This excludes non MVH providers. Estimate 1,500+ round-trips annually (conservative estimate).

- Based on CDC data 500+ Older Adults on Martha’s Vineyard will be diagnosed with serious illness each year.

- Estimated total number of Older Adults (non Mass Health/Medicaid) needing this service option = 750-1,000+ (conservative estimate) who are defined as vulnerable

- Pilot program – 500 round trips per year

*To qualify for Mass Health, household income for 1 must be below $12,888
Investment Required

Direct costs:

• Paid project coordinator role (F/T role)
• Reimbursement of gas for volunteer drivers (potentially covered under
• Ferry costs (possibly reimbursed through TAP)

In-kind contribution:

• COAs, HAMV, VTA, RSVP/volunteer program
Reflections

• Setting priorities for our next phase
  • What use cases/solutions do we want to invest in taking forward?
  • Which of these solutions, if any, do we believe are ready to move forward?
  • If not, what answers/information needs to be found?

• Raising awareness/communicating current transportation options
  • How can we support existing solutions/partnering with VTA and other options?
  • Do we see this as a priority/important for creating change with Older Adults

• Looking for partners

• Looking for funding