

Greater Kansas City Framework for Senior Mobility

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Bill is a hero. He served in World War II. He is sight impaired. He isn't blind. He just can't see. He can't go anywhere unless a sighted person helps. He can tell when his driver is having a bad day and the ride may be a bit bumpier and lot less enjoyable.

Sadly, the anxiety depicted by Bill's transportation experience is not an isolated incident. The statistics are sobering as the 65 and older population continues to grow. Projections indicate that the Kansas City region's 65 and older population will double from 10% to approximately 20% of the total population over the next two decades. The implications of this demographic shift are increasingly evident in the experiences of seniors like Bill today.

The following challenges now facing individuals 65 and older and their families are early indications of the kinds of needs we must prepare to address to ensure an appropriate level of mobility for the seniors in our community:

Alzheimer's... Giving up the keys isn't an easy decision in a world that depends on personal vehicles. California passed a law that a person diagnosed with Alzheimer's loses their driving privileges. Consequently, people are delaying being diagnosed and losing critical time and treatment that could improve quality of life. The Alzheimer's Association states that people in Stage I of the disease can drive safely with treatment. How will we find a way to balance driving and safety for all?

Hearing impairment... When hearing is a problem, when is driving no longer safe?

Driving at night and/or in heavy traffic: Seniors self-regulate by not driving in certain environments and at certain times. But as they drive less, they become isolated, which can lead to depression and more serious health illnesses. Humans are social beings who, when deprived of social interaction, die sooner. How do we help people stay engaged in life and the community?

Cars that no longer fit... It may be amusing to encounter an oncoming car where all you see is silver hair and knuckles, but the senior driving may not be able to afford a better-suited car. What can be done to make the car better fit the person driving?

Street signs and other safety aids... Having traffic signals, signs and lanes marked for people who may need adaptive devices to remain a safe driver are needed.

Barriers we may not see... A person with a walker, cane or wheelchair needs a wider aisle to shop and others need a bench to rest while shopping large stores. Parking lots with lots of traffic are a barrier to those who need a little more time to walk distances. Even public restrooms with wash stations on one wall and drying on the opposite create fall hazards we often do not see.

For many age 65 and older (and some younger), mobility is an everyday struggle in a world designed for personal vehicles. Complicating matters, many seniors do not consider themselves to have a disability. Instead, they will say: *I am only a little forgetful. I am only a little hard of hearing. My arthritis isn't too bad see I can turn from the waist just can't move my head like I used to do. I just need a little more time...*

The mission to ensure senior mobility is an opportunity to do something with far broader implications than many realize. Every time a solution is found – surprise! The solution helps more than a community of seniors. It

might help someone you love and, in time, maybe you. The graying of America and the world is in full swing. The only question is what choices will communities and society make to help seniors remain mobile, connected and healthy in the places that they love? What choices are being made in your community today for tomorrow? Mobility is a major element of living well – and senior mobility is more than transportation.

Why Senior Mobility?

Every community in the United States is facing challenges associated with senior mobility, challenges that are increasing every year. The unprecedented growth of the senior population, coupled with major social and economic shifts that undermine the capacity of families and friends to provide traditional assistance to seniors facing mobility issues, is placing significant additional demands on community transportation systems. These systems already suffer from insufficient capacity, underinvestment and inadequate political support and lack of planning and plan development. Fortunately, we are at an early enough stage in these challenges to create the systems we will need.

Acknowledging that the time to act is now, national and local stakeholders are beginning to come together to develop strategies to help meet existing mobility demands and plan for future needs. The federal government, as well as many states and regions, are holding regular conferences and sharing knowledge and promising practices being tested across the country. A useful and growing body of resources is available to help communities as they begin to address their senior mobility issues. These resources include governmental and professional groups' studies and publications, research reports, case studies, community assessments, strategic plans and tool kits.

Kansas City has many challenges similar to those of other American cities. In the next 20 years, our 65 and older population will double and have an increased life expectancy. Our seniors want to continue to lead active, involved lives, often remaining in the homes they currently occupy (and often dispersed throughout less-densely-populated rural or suburban areas).

Kansas City has additional challenges because it covers a much larger than average geographic area compared to other regions with similar populations. In spite of the best efforts of both community and transportation system leaders, the Kansas City region's current senior mobility "system" lacks capacity to meet many of today's senior mobility needs and will most certainly struggle to meet future needs. These challenges will only intensify if we as a region do not fully capitalize on opportunities to take a strategic and integrated approach.

Introduction and Background

In 2007, the Jewish Heritage Foundation and the Mr. Goodcents Foundation began to work together to investigate the question, "What would be needed to allow our grandparents, parents and, in time, us to age in place?" In 2008, the Midwest Center for Nonprofit Leadership at the University of Missouri – Kansas City joined the Mr. Goodcents Foundation (with essential financial support from the Jewish Heritage Foundation) in an initiative to develop a framework for senior mobility in metropolitan Kansas City.

The goal of the Kansas City Framework for Senior Mobility initiative is to prepare a research-based, integrated regional framework that will engage a wide variety of community agencies and service providers in a coordinated approach to address the long-term mobility needs of seniors throughout the Kansas City metro region.

Metro Outlook established that metropolitan Kansas City has one basic goal: to create a region where the quality of life is continually improving for everyone. Not progress for some at the expense of others, not progress now at the expense of future generations and not economic progress at the expense of social health and natural wealth.

Transportation Outlook 2030

To do so, the Framework team has developed information, a tool and a set of resources that will aid communities, policy makers and planners in their efforts to address the emerging senior mobility needs of each community. To achieve this goal, the Midwest Center for Nonprofit Leadership engaged in a process that included:

- Convening a Community Advisory Council (CAC) to provide guidance, support and advice to the project team;
- Conducting extensive research to compile information about present and future mobility needs and interests of Kansas Citians;
- Gathering and analyzing information about service delivery activities and practices of organizations that are currently working to address the mobility needs of Kansas City's seniors;
- Locating and compiling information about the most relevant of the strategies and practices that other major metropolitan communities are using to address the mobility needs of their seniors;
- Convening multiple focus groups of mobility system stakeholders (including several with seniors themselves) to learn about their needs, interests and experiences; and
- Compiling financial data and conducting research on model financing approaches.

The desired outcome of this Framework is for all seniors in our region have the degree of mobility that ensures access to a reasonable quality of life. Our use of the term “mobility” is intentional and reflects a significant shift in the project team’s orientation. As we began our work, we came to realize that, as important as transportation and transportation systems are to meeting seniors’ future needs, they are not all that must be considered. In truth, transportation is a means – one frame of reference – by which to consider and address these needs. True senior mobility will be achieved through the successful development and deployment of a combination of transportation and other community systems and strategies.

This report presents the results of the first phase of the Kansas City Framework for Senior Mobility initiative. It is designed to provide perspective and serve as a resource for communities in the Kansas City region as they begin to grapple with issues of senior mobility. These communities include Jackson, Clay and Platte in Missouri and Johnson and Wyandotte in Kansas. We recognize that this framework is not a final blueprint. It is a work in progress, one that we hope will encourage revision and augmentation as we learn more about how we might best address the long-term mobility needs of the Greater Kansas City community.

Early in its work, the Framework team assembled a Community Advisory Council (CAC) comprised of nonprofit, government and civic leaders active in efforts to address aspects of senior mobility. The CAC draws on unique contributions of a wide variety of community agencies and service providers in an inclusive and strategic process focusing on the long-term needs of seniors throughout the region.

The CAC has been an invaluable source of guidance and support throughout this effort, working with the Framework team to identify, assess and consider the issues, interests and needs of all to be served by the Framework. As our efforts move forward, the CAC will continue to provide information, ideas, contacts, recommendations and other assistance essential to achieving the long-term goals of the Kansas City Framework for Senior Mobility.

Senior Mobility: A Continuum of Service

The Kansas City Framework for Senior Mobility, as explained elsewhere in this paper, focuses on helping Kansas City communities and planners assess and prepare to address the mobility needs of all Kansas Citians as they age and their needs change. This focus on mobility reflects the recognition that some needs of the aging population will be addressed most effectively by providing services to transport people to various destinations,

while other needs may be most effectively addressed by delivering goods and services to the consumer at their place of residence or care.

The focus on mobility also recognizes that the range of options that a mobility system will need to offer involves a continuum of levels of service. This transportation service continuum, illustrated in Figure 1 below, is relevant to understanding the transportation needs of *all* who travel, including all those who have mobility limitations (regardless of age). Any system that is designed to address the full range of transportation needs will have to include strategies for providing services at each of the levels of service on the continuum.

At its current stage of development, the Framework does not forecast specific levels of need or demand for each level or type of service – that is forecasting to be done in the future. It is important to recognize that the levels of service on the continuum vary significantly in their cost, and each level receives a different degree of subsidization in the current transportation funding environment. Thus, as funding and financing strategies for senior mobility initiatives are developed, demand and costs forecasts will need to incorporate and reflect these differences.

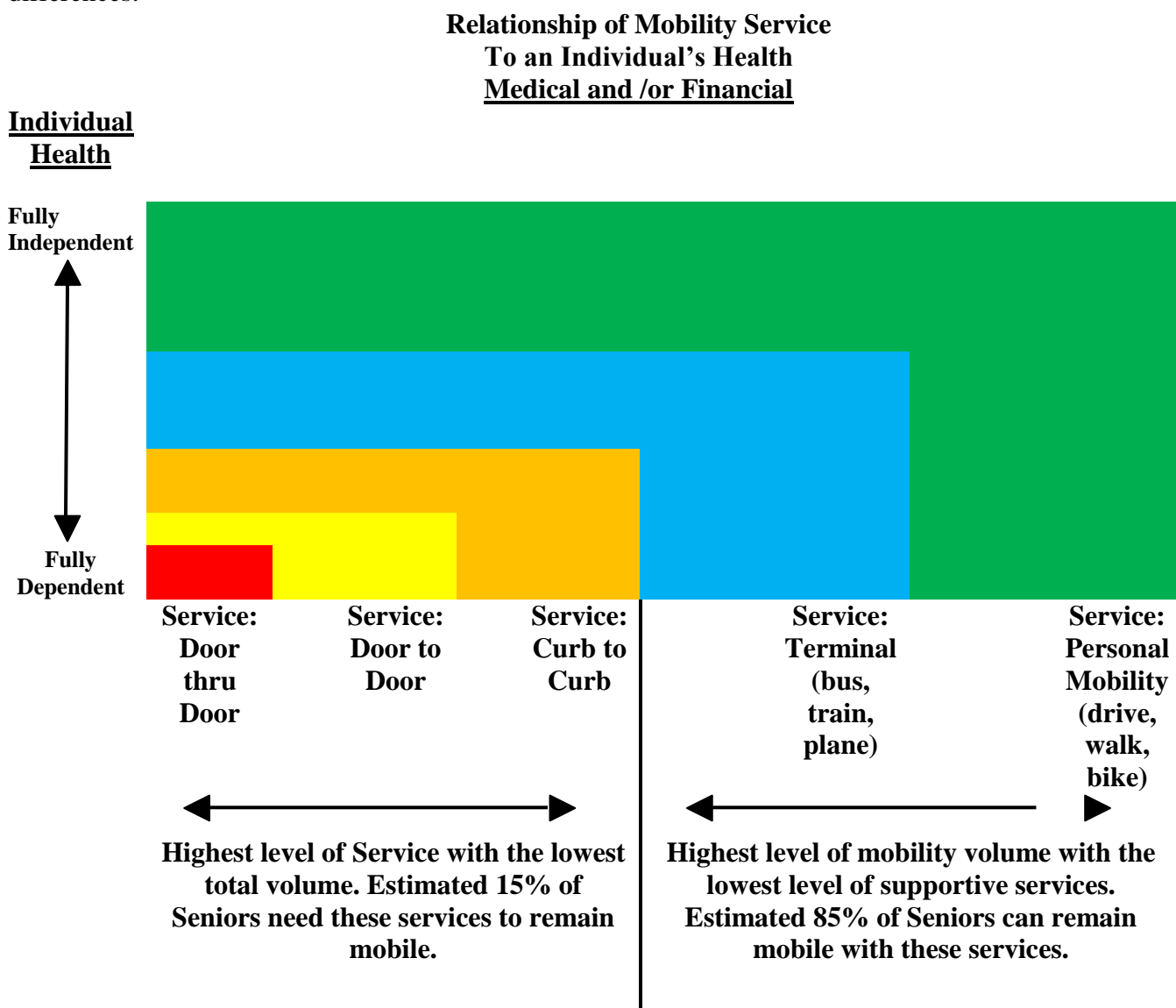


Figure 1: The Transportation/Need Service Continuum (Jim Courtney)

Methods

The development of the Framework for Senior Mobility is based on a deliberative process that combines research of existing resources, CAC input, information from focus group sessions, and data and information gathered through surveys of providers. The Framework project is comprised of three key phases:

- Pre-Framework Development Research,
- Strategic Framework development Process. and
- Framework Communication and Dissemination Process.

The research will be used to identify and illustrate gaps in services, shortcomings of existing systems, obstacles to accessibility and promising practices from other communities. At the conclusion of the process, the Framework for Senior Mobility will provide a tool to help communities develop a much more detailed strategic direction.

Secondary data sources informed initial work on the project. Published data on senior mobility, aging communities and community demographics were collected to minimize redundancy and utilize already formulated knowledge. Specific sources of secondary research and data include:

- U.S. Census data
- Federal government reports
- Nonprofit think tank research
- State agency reports
- Senior mobility strategic plans
- Aging Friendly Communities Conference
- Kansas City agency reports

For information purposes, a complete list of all research informing this Framework has been included in Appendix C.

Primary data sources – such as inputs from the CAC, focus groups and service providers, served several functions in the strategic process of Framework development.

First, the perceptions of the CAC members' influence and direct secondary resource collection and the Framework's vision and values. The information from CAC members is collected through facilitated dialogue at monthly meetings.

Second, ten 90-minute focus groups representing different segments of the Kansas City metropolitan community provided a better understanding of the perspectives of seniors who would benefit from a senior mobility system. Data analysis of focus groups will focus on identifying similarities and differences between constituencies that need to be factored in to the final Framework and on discovering creative answers to the mobility issues of the region.

Third, based on initial secondary research analysis, an Internet survey of all senior transportation providers in the city was conducted. The survey recorded existing services and the perceptions of service providers concerning current conditions, and ascertained the willingness of service providers to participate in a strategic approach to senior mobility.

Research Review

The initial work to develop this strategic Framework for Senior Mobility began with an extensive and thorough research process through which the team gathered essentially all of the significant senior mobility policy and research reports (at the federal, state and metro region levels) that have been published and disseminated during the past decade. In an attempt to understand the volumes of research, we have organized our findings by geographical level. Our classification of geographical level relates to the focus of the information. For example, the federal government provides resources for states and municipalities under its United We Ride program. However, their resources provide general templates applicable across all of the United States, so we categorize these at the national level. By comparison, the Cuyahoga County Strategic Plan focuses solely on senior mobility in Cuyahoga County, so we consider this at the local level.

In the next section, we summarize key themes and insights associated with the reports and projects of each level. At the conclusion of the research section, we will summarize the findings that we consider most germane to the development of the Kansas City Framework.

National-Level Resources

Significant effort has been devoted to the study and analysis of senior mobility at the national level. Much of this work has been led by researchers, although there also is an extensive set of resources related to policy advocacy and “tool kits” for planning and development.

In 2003, the U.S. Department of Transportation released a report titled, “Safe Mobility for a Maturing Society.” This report signaled the federal government’s foray into senior mobility issues. Consistent with its vision to increase independence for older Americans and to provide safe mobility to all Americans, the Department of Transportation set forth a series of recommendations that would enable the realization of their vision in the next 10 to 15 years.

The key proposals put forth include:

1. Safer, easier to use roadways and walkways
2. Safer, easier to use automobiles
3. Improved systems for assessing the competency of older drivers and pedestrians
4. Better, easier to use public transportation services
5. Targeted state and local action plans
6. Better public information
7. Basic and social policy research.

The Department of Transportation report was expanded by the Human Service Transportation Coordination Executive Order (EO 13330). EO 13330 formed the Federal Interagency Coordinating Council on Access and Mobility (FICCAM). FICCAM subsequently developed and monitors the United We Ride program. United We Ride was designed to help states and communities overcome obstacles to coordination and develop coordinated human service delivery systems. In recent years, United We Ride has championed community leaders who have provided innovative solutions for senior transportation issues. Examples of these communities will be cited in later sections of this report.

The Administration on Aging teamed with United We Ride and the Department of Health and Human Services to develop a tool box for community collaboration. The tool box promotes the advantages of community collaboration around the issue of senior mobility. Specifically, the tool box offers case studies like the Dakota Area Resources and Transportation for Seniors. As the case illustrates, the Dakota Area Resources and

Transportation for Services in West St. Paul, Minn. has developed an inventory of services, maintains involvement in multicounty planning efforts, and has implemented a trip tracking software package. The purpose of these efforts is to improve services by focusing efforts on collaboration, planning and putting customers first. The analysis framework utilized in the tool box assesses community projects along five dimensions: working together, planning, putting customers first, funding needs, and moving people efficiently.

Additional resources available to communities facing senior transportation issues include the “Aging in Place Technical Assistance Guide” and the “Paratransit Eligibility Manual.” “Aging in Place” is a nationwide initiative that promotes “ageless communities.” It provides assessment tools, like the community report card that assesses a community’s readiness in 10 areas of “ageless communities.” These areas include, but are not limited to, health and wellness, transportation/mobility, public safety and housing. The “Paratransit Eligibility Manual” provides guidance to transportation providers about paratransit, including information that will allow transportation providers to stay in compliance with federal guidelines established by the Americans with Disabilities Act.

A unique and equally valuable collection of national resources consists of research reports and community studies. The focus of this second group is twofold. First, the reports better clarify the issues around senior mobility through statistical analysis. Second, they offer policy and community solutions to bridge service gaps apparent now and expected in the future.

In 2003, Brookings Institute researcher Sandra Rosenbloom wrote an article addressing the myths of senior transportation. The article, titled “The Mobility Needs of Older Americans: Implications for Transportation Reauthorization,” discussed the expected growth of the senior population by 2030, the fact that 56% of the U.S. elderly population lives in the suburbs, and the overwhelming reliance seniors still have on personal automobiles. Based on the realities depicted by the statistical analysis, Rosenbloom goes on to debunk three senior transportation myths:

1. Myth: As people age, the first mobility they lose is the ability to drive. *The truth is that driving is one of the least physically taxing activities; in fact, boarding public transit and walking can be more onerous.*
2. Myth: Older people who drive meet their mobility needs without assistance. *The truth is that older people who drive still face significant mobility barriers.*
3. Myth: Loss of mobility skills is permanent. *The truth is that mobility skills vary based on injuries, serious illness and other circumstances.*

Considering the inaccuracies of current thinking and the state of elder Americans, Rosenbloom sets forth four general solutions:

1. Plan explicitly for the mobility needs of the elderly;
2. Target public transit services and facilities directly for the elderly;
3. Support alternative transportation options; and
4. Improve highway and street infrastructure.

In other research conducted by the Surface Transportation Policy Project, focus was predominantly on funding issues related to senior mobility. As analyst Linda Bailey points out, public transportation improvement would require a financial investment of \$43.9 billion. Furthermore, simply maintaining today’s infrastructure would require \$14.8 billion in capital investments. According to Bailey, the magnitude of these numbers calls for financial allocations from each level of government (federal, state and local). Recommended areas of funding include public and para-transit systems, planning and coordination, and road and street improvements.

United Jewish Communities conducted research on senior transportation to assess knowledge of the issue, determine common challenges and identify successful programs. The research project determined that 82% of Jewish Federations viewed senior transportation as an important issue. Challenges identified included insufficient resources and inefficient services. In the analysis of successful programs, the research identified the following elements were significant: customer service, flexible and convenient routes, easy scheduling, dependable pick up times, and safe, comfortable and accessible vehicles.

There are a variety of additional websites and published reports we would categorize as national resources. The summaries described above represent the most influential resources. A more complete list of resources (including web resources) is included in the Appendix C.

State-Level Resources

State governments have been actively pursuing solutions to their respective aging populations since the 1990s. The characteristics of a given state's problems may demand unique solutions, but there is much that can be learned from various approaches to problem solving. Therefore, we provide a brief synopsis of strategic political and programmatic solutions offered by states around the country. Unlike many of the federal resources described in the previous section, state resources target programmatic solutions to senior mobility issues.

A 2006 Michigan action plan for senior mobility stated four primary goals:

1. To reduce the number and severity of crashes involving senior drivers and pedestrians;
2. To increase the scope and effectiveness of alternative transportation options available to seniors;
3. To assist seniors in maintaining safe mobility for as long as possible; and
4. To plan for a day when driving may no longer be possible.

The strategic approach to achieving these goals involves continued research, education, advocacy and collaboration with regional and local stakeholders. The Michigan plan effectively positions the state's efforts in the continuum of services from national to local. However, it offers no explicit discussion of efforts to increase funding in any goal area. Other states, including Missouri, have plans similar to those of Michigan. However, for a state effort relatively unique, we turn our attention to Florida.

Florida's strategic approach to senior mobility includes a decentralized program structure and public subsidization. The structure of senior mobility programs in the state engages numerous public and private stakeholders. To describe these activities, we will discuss state-level activities and the experience of one community.

In 2005, Florida legislatures committed resources to its transportation-disadvantaged population with the passage of Chapter 427. Chapter 427 established the Commission for the Transportation Disadvantaged and local Community Transportation Committees (CTC) that implement programming. The bill also established the Transportation Disadvantage Trust Fund, which accounted for 16% of transportation-disadvantaged funding in the State of Florida in 2005.

State legislatures established funding and oversight for services, but actual provision is decentralized to CTCs. In Collier County, Florida, the CTC is also the local transportation board. The Collier CTC contracts with a private transportation company to provide all transit and para-transit services. In addition to state and federal funding, the Collier CTC also passed a local levy that generates an additional \$1 million dollars of support a year. It is important to note that due to decentralization, the Collier's service delivery model is not universally applied throughout the state. For example, in Lee County bordering Collier to the north, the CTC in Lee provides mass transit and ADA services, but a private not-for-profit provides all other para-transit service.

Local-Level Resources

Many of the more pragmatic resources are available from local planning projects. Northern Virginia, Johnson County in Iowa and Cuyahoga County in Ohio have all undergone extensive planning processes. Each project offers insights that can benefit the Kansas City Framework.

The most extensive planning was completed by Cuyahoga County. The Cuyahoga strategic plan articulated a strategic vision and offered operational plans for achieving it. Using a regression model, Cuyahoga County planners projected both future demand and service costs. The model further estimated a financing model that incorporated a mix of philanthropy, user fees and government dollars. From a governance perspective, the plan also recommends the formation of a nonprofit regional transportation coordinator. The nonprofit would serve as a central information source and better allocate existing provider resources.

Planning in Northern Virginia, like Kansas City, dealt with a multi-county region (Loudon County, Fairfax County and Prince Williams County). The process involved interviews with seniors and focus groups with service providers. The goal was to develop legislative recommendations to assist seniors now and in the future. The recommendations from the project included:

- A centralized information service
- Travel training
- A seamless public transportation system
- A comprehensive marketing campaign
- Senior driving training

Also included in the final analysis was an estimation of the cost to establish the centralized information service. At the time of the work (2006), Northern Virginia estimated that costs would range from \$150,000 to \$200,000.

Johnson County, Iowa, is another local area making significant strides in senior mobility. Similar to Cuyahoga, Johnson County has the benefit of operating within the fixed boundaries of a county. The three focus areas of Johnson County's work are helping individuals, system improvements and new opportunities. Within each of these broad areas, strategies include central information service, delivery services and county wide transportation.

The State of Kansas City Metropolitan Area

The preceding has summarized senior mobility work outside of our community. To better understand existing senior mobility needs in Kansas City, we collected an array of data from primary and secondary sources. Demographic statistics, para-transit statistics, service provider information and feedback from seniors were all used to describe senior transportation as it exists today. The goal of this research is to better understand existing options and service needs moving forward. We begin with a description of the present demographic composition of the five counties included in the analysis.

In Table 1 we present estimates of the 65 and older population in the five-county region. The largest number of 65 and older adults presently reside in Jackson County (comprising 46% of the five-county area 65 and older population); the smallest number live in Platte County (4% of the five-county 65 and older population). Taking Wyandotte and Jackson together, we can estimate that 55% of the 65 and older population lives in urban areas. This leaves 45% of the population in counties that are primarily rural and suburban.

Table 1: KC Metropolitan Area 5 County Statistics on Population 65+ Years Old

| County | Total Population ¹ | Percent 65+ ² | Population 65+ | Percent 65+ w/ a Disability ² | Population 65+ w/ a Disability |
|--|-------------------------------|--------------------------|----------------|--|--------------------------------|
| Johnson | 516,493 | 9.90% | 51,133 | 29.80% | 15,238 |
| Wyandotte | 153,629 | 10.50% | 16,131 | 47.60% | 7,678 |
| Jackson | 664,492 | 12.40% | 82,397 | 40.55% | 33,412 |
| Clay | 206,925 | 10.75% | 22,244 | 47.30% | 10,522 |
| Platte | 83,238 | 9.40% | 7,824 | 38.65% | 3,024 |
| Total | 1,624,777 | ---- | 179,730 | ---- | 69,874 |
| ¹ U.S. Census Bureau: American Fact Finder Factfinder.census.gov Population Estimates July 1, 2006 | | | | | |
| ² U.S. Census Bureau: American Fact Finder Factfinder.census.gov 2006 American Community Survey | | | | | |

Table 2 below provides a more detailed analysis of the 65 and older population. This table allows consideration of factors in addition to geographic dispersion, including income, housing and disability statistics. Findings of note include:

- Approximately, 1 out every 13 households that is headed by someone 65 and older lives in poverty. Given that there are 112,668 households, we can estimate that there are 8,337 65 and older households living in poverty.
- The largest percentages of 65 and older living in poverty live in the urban counties.
- More than 26,000 individuals 65 and older have disabilities preventing them from leaving the home (14.8%).
- An additional 37.1% of people 65 and older report one or more disabilities.

Demographic statistics provide a general outline of the 65 and older market. However, general county-level data does not necessarily reflect very fully or accurately the specific issues of individual communities in any given county. Previous research experience suggests general assumptions (like those made from demographic statistics) lead to erroneous assumptions. For example, are we to assume that seniors in Kansas City, Kansas and Bonner Springs have the same obstacles? Are there unique community characteristics that exasperate or mitigate obstacles to senior mobility?

Focus Groups

In order to explore these questions and several others, we conducted nine focus groups throughout the five-county area during the summer of 2008.

Each group of seniors was asked to offer feedback on six topics:

- Meaning of transportation
- Types of trip arrangements
- Impact of health on travel
- Transportation alternatives
- Challenges accessing transportation alternatives
- Definition of community

Responses indicate seniors share many of the same mobility issues, but important differences must be accounted for when providing services to local communities. When asked about the meaning of transportation, respondents discussed transportation as a way to get around. They also almost uniformly described

transportation as one aspect of a mobility continuum. In other words, “getting to and from” a location is only half the battle; having the ability to move around the destination is equally important. We also asked participants to discuss changes they have seen in transportation. Safety was one of the more frequent responses. In each group, respondents felt transportation was less safe. Interestingly, the reason for their valuation of less safe differed by community. Suburban seniors described decreased safety as a function of more congested roads and faster moving traffic. Urban seniors described safety issues related to accessing public transportation. Specifically, two facets of safety urban seniors felt were decreasing were related to being potential crime targets at bus stops and having to traverse significant distances to access bus stops.

| Table 2: Five County Detail of 65+ Population | | | | | | |
|---|----------------|-------------|---------------|------------------|----------------|------------------|
| Population | Jackson | Clay | Platte | Wyandotte | Johnson | Totals |
| Total Population | 664,078 | 206,957 | 83,061 | 155,509 | 516,731 | 1,626,336 |
| Total population 65+ | 80,930 | 22,061 | 7,922 | 16,317 | 51,380 | 178,610 |
| % of population 65+ | 12.19% | 10.66% | 9.54% | 10.49% | 9.90% | 10.98% |
| Total population 85+ | 9,578 | 2,372 | 1,060 | 1,830 | 6,776 | 21,616 |
| % of population 85+ | 1.44% | 1.15% | 1.28% | 1.18% | 1.30% | 1.33% |
| Total population age 55-64 | 71,056 | 21,423 | 8,198 | 14,873 | 55,328 | 170,878 |
| % of population age 55-64 | 10.70% | 10.35% | 9.87% | 9.56% | 10.70% | 10.51% |
| Income | | | | | | |
| % of 65+ with annual income below \$15,000 | | | | | | |
| % of 65+ with income below poverty (1) | 15.04% | 9.07% | 9.53% | 15.61% | 12.50% | 12.35% |
| Households headed by 65+ in poverty | 9.40% | 5.34% | 5.55% | 11.18% | 5.50% | 7.40% |
| | -- | -- | -- | -- | 1,710 | N/A |
| Households | | | | | | |
| Households headed by individual 65+ | 53,495 | 13,277 | 4,848 | 10,479 | 30,569 | 112,668 |
| % of 65+ individuals living alone | 32.88% | 25.25% | 24.21% | 29.21% | 25.70% | 27.45% |
| % of 65+ heads of household who own their home | 74.81% | 85.41% | 79.33% | 80.14% | 77.30% | 79.40% |
| % "cost burdened" (2) | 26.70% | 22.35% | 22.28% | 34.67% | 24.00% | 26.00% |
| % of 65+ heads of household who rent | 25.19% | 14.59% | 20.67% | 19.86% | 22.70% | 20.60% |
| % "cost burdened" (2) | 59.76% | 36.04% | 66.67% | 67.18% | 55.00% | 56.93% |
| Individuals 60+ living with and responsible for grandchildren | 1,478 | 138 | -- | 495 | 691 | 2,802 |
| Disability | | | | | | |
| Individuals 65-74 with 1 or more disability | 13,175 | 4,309 | 1,286 | 3,080 | 5,070 | 26,920 |
| % with disability | 33.12% | 37.74% | 28.65% | 38.10% | 20.00% | 31.53% |
| Individuals 75+ with 1 or more disability | 18,562 | 5,483 | 1,711 | 4,226 | 9,432 | 39,414 |
| % with disability | 49.94% | 56.84% | 54.80% | 58.23% | 40.70% | 52.10% |
| Individuals 65+ with self-care limitation | 7,329 | 2,076 | 648 | 2,361 | 2,939 | 15,353 |
| Individuals 65+ with disabilities that prevent them from leaving the home | 13,584 | 3,167 | 1,615 | 2,960 | 5,061 | 26,387 |
| Individuals 65+ with disability that have income below the poverty line | 3,529 | 774 | 358 | 831 | 1,176.00 | 6,668 |
| (1) Poverty for one person 65+ was defined as \$10,488; for two persons, \$13,843 | | | | | | |
| (2) "Cost burdened" is defined as a total monthly housing expense (either rent or mortgage payment) that exceeds 30% of an individual's monthly income | | | | | | |
| **All data from the US Census and 2006 American Community Survey. | | | | | | |

Types of trip arrangements varied significantly by focus group. Seniors with financial means had greater access and more frequency of trips. The community with the least arrangement options was the urban core of Kansas City, Kansas. Several focus group participants still used their own cars for local travel (especially in rural communities). Those no longer capable of driving relied very heavily on family and friends for travel. Family and friends were often cited as sources of transportation for medical trips. Because medical trips were necessary, in some cases multiple times a week, respondents stated they were reluctant to ask family for assistance getting to less mandatory destinations. They did not want to “overburden” loved ones.

Health was seen as a significant mobility barrier for all groups. Types of health obstacles include limited walking or standing ability and failing eyesight. When asked the types of trips these (and other) health concerns interfered with, participants discussed public transportation, going to open public places (e.g. parks and museums) and out of town travel. As the list indicates, health seriously limits most recreational travel without senior mobility adaptive options.

We asked participants to also describe the types of transportation alternatives with which they were familiar. Responses indicate that seniors generally associate transportation with one transportation mode. In other words, they are familiar with one mode of transportation and are unaware of other alternatives. This finding points to a need for better marketing of available senior mobility options.

It is possible that dependence on one mode of transportation is related to the obstacles seniors face accessing alternatives. When asked to discuss various options, seniors described financial, informational, cultural and physical barriers. The most frequent barriers cited are:

- Can only afford free or subsidized services
- Lack of Spanish speaking services
- Time of services
- Accessing computer information
- Destination was not disabled friendly
- Safety

It should also be noted that seniors living in an assisted living facility stated they were comfortable with alternatives and had fewer barriers to accessing transportation.

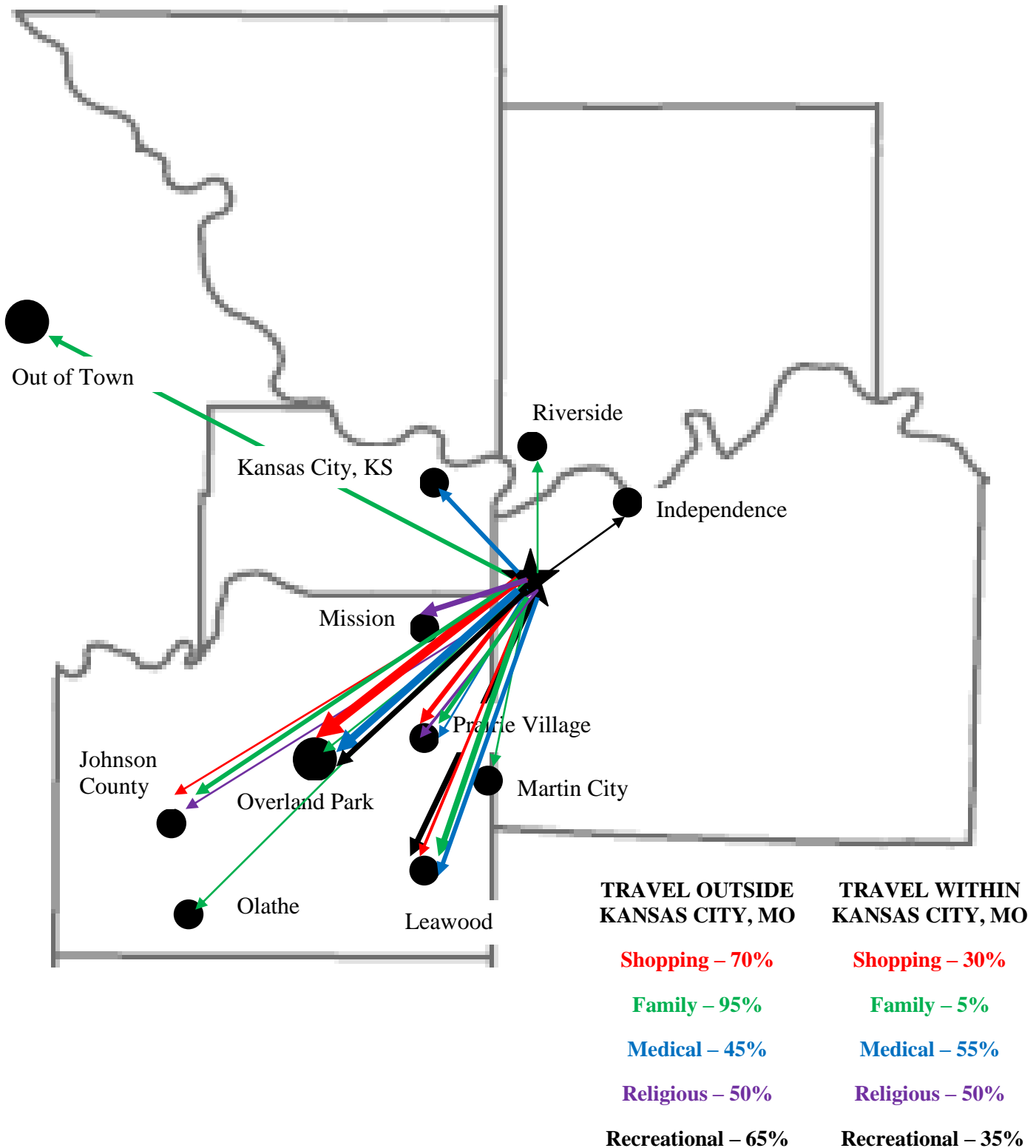
Finally we asked focus group members to “define their community.” We needed to know how much and what parts of the region these seniors considered their areas of activity and interest. While there were some outliers, the majority of individuals in each group viewed the entire metro area as their community. This definition is largely inconsistent with existing travel patterns, illustrating a gap in services. We documented existing travel patterns of participants on maps of the five-county area and created maps for five communities participating in the focus groups. We also created one map for the entire five-county area.

As the five-county map illustrates, the highest frequency of travel takes place in a corridor between Johnson County and Jackson County. Mobility limitations discussed in each focus group are having noticeable impact on seniors’ ability to access the entire metro --the area defined as their community.

The following six maps were organized using two criteria. First, the width of connection lines is designed to correspond with frequency of travel. Lines that are wider represent more frequent travel between two locations. Second, lines are color coded for ease of interpretation. The color key for each map is located in the bottom right corner of each map.

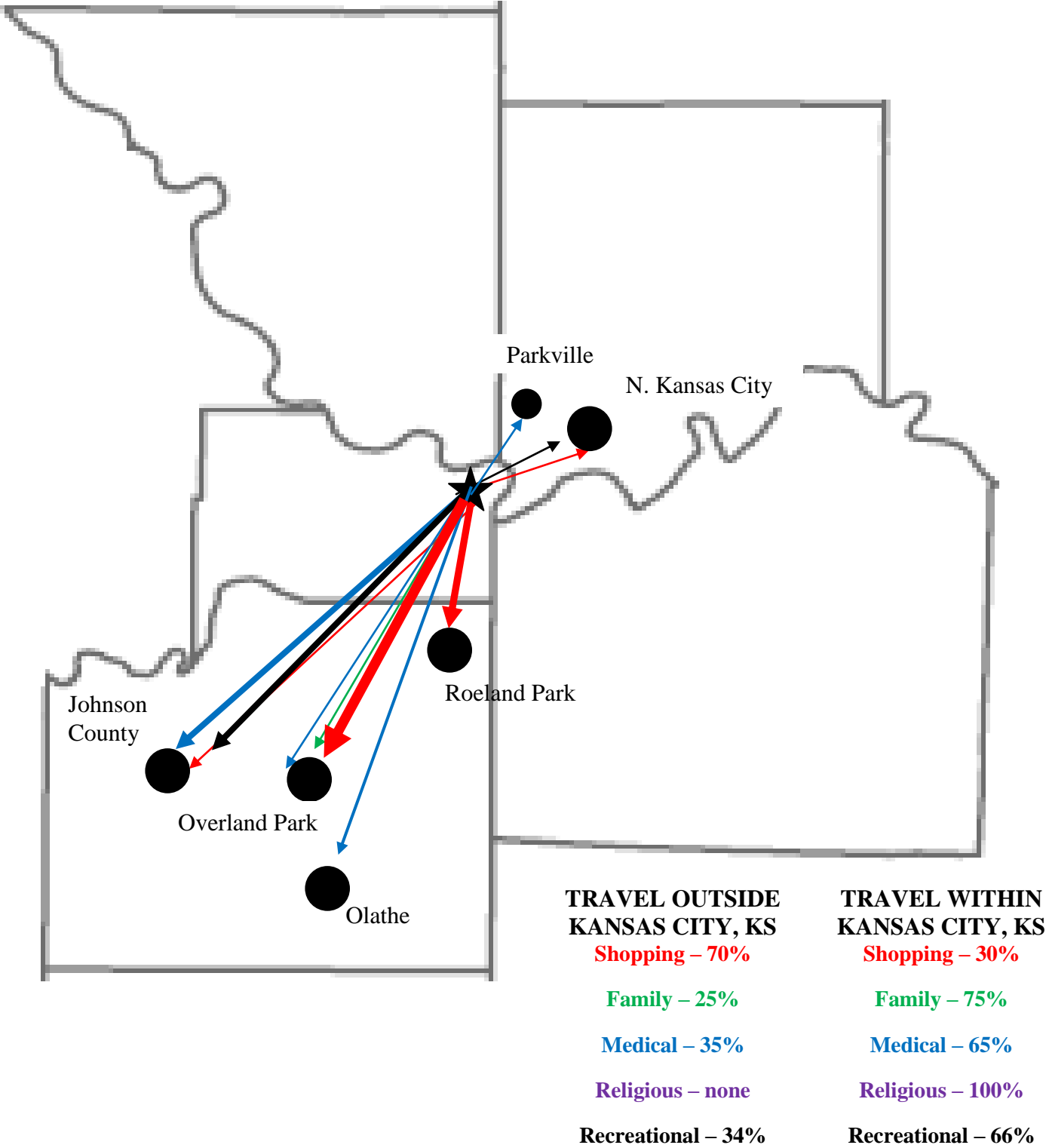
Kansas City, Missouri

This map displays the travel for residents in Kansas City, Missouri to destinations outside of Kansas City, Missouri, to the rest of the Kansas City region. The arrow color represents the type of travel (see the key below). The arrow width represents the volume of travel (the thicker the line the more travel to each location). The two lists in the lower right corner detail the amount of travel. The first column represents the depictions in the map. The second column is the travel within Kansas City, Missouri.



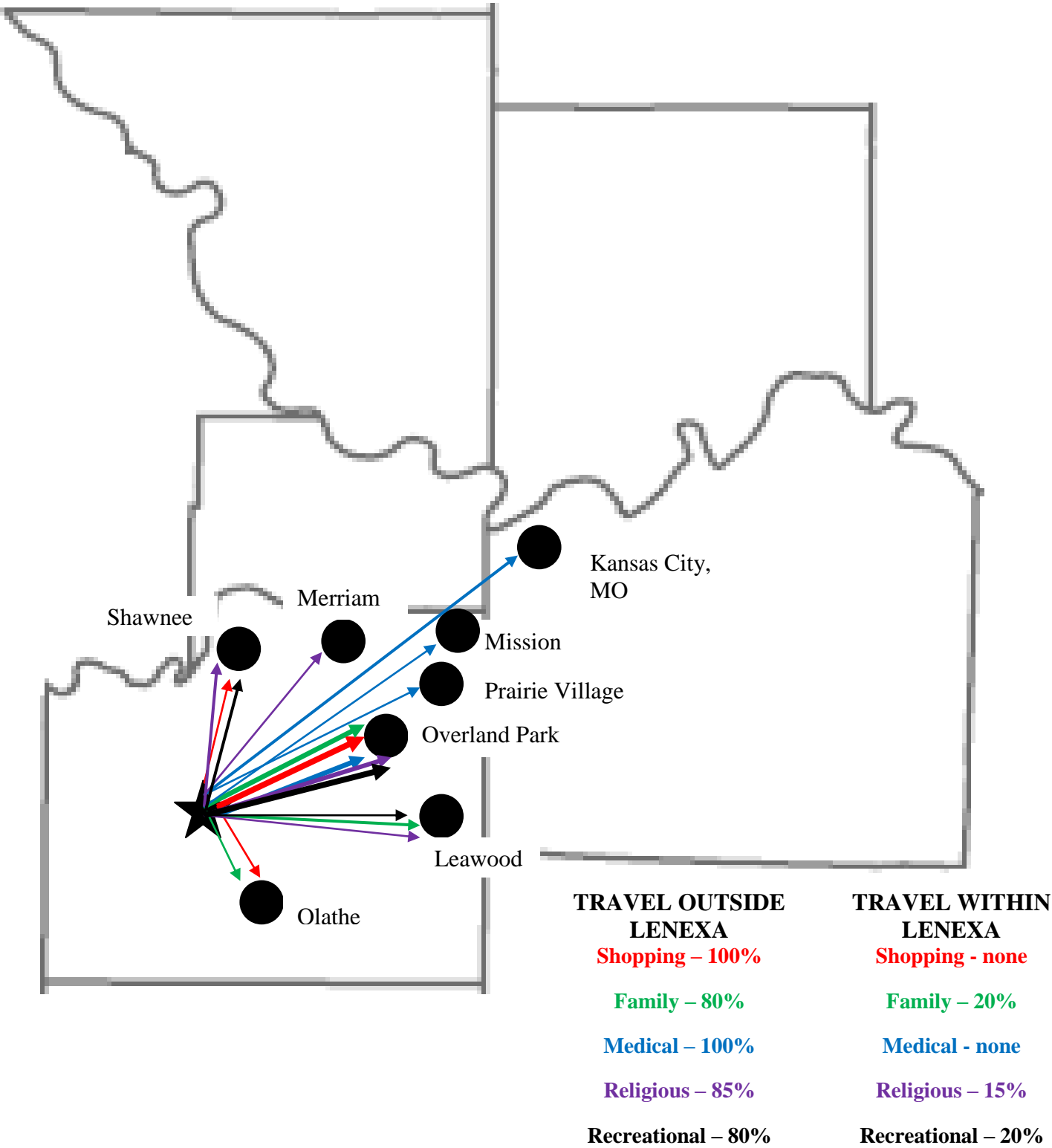
Kansas City, Kansas

This map displays the travel for residents in Kansas City, Kansas to destinations outside of Kansas City, Kansas, to the rest of the Kansas City region. The arrow color represents the type of travel (see the key below). The arrow width represents the volume of travel (the thicker the line the more travel to each location). The two lists in the lower right corner detail the amount of travel. The first column represents the depictions in the map. The second column is the travel within Kansas City, Kansas.



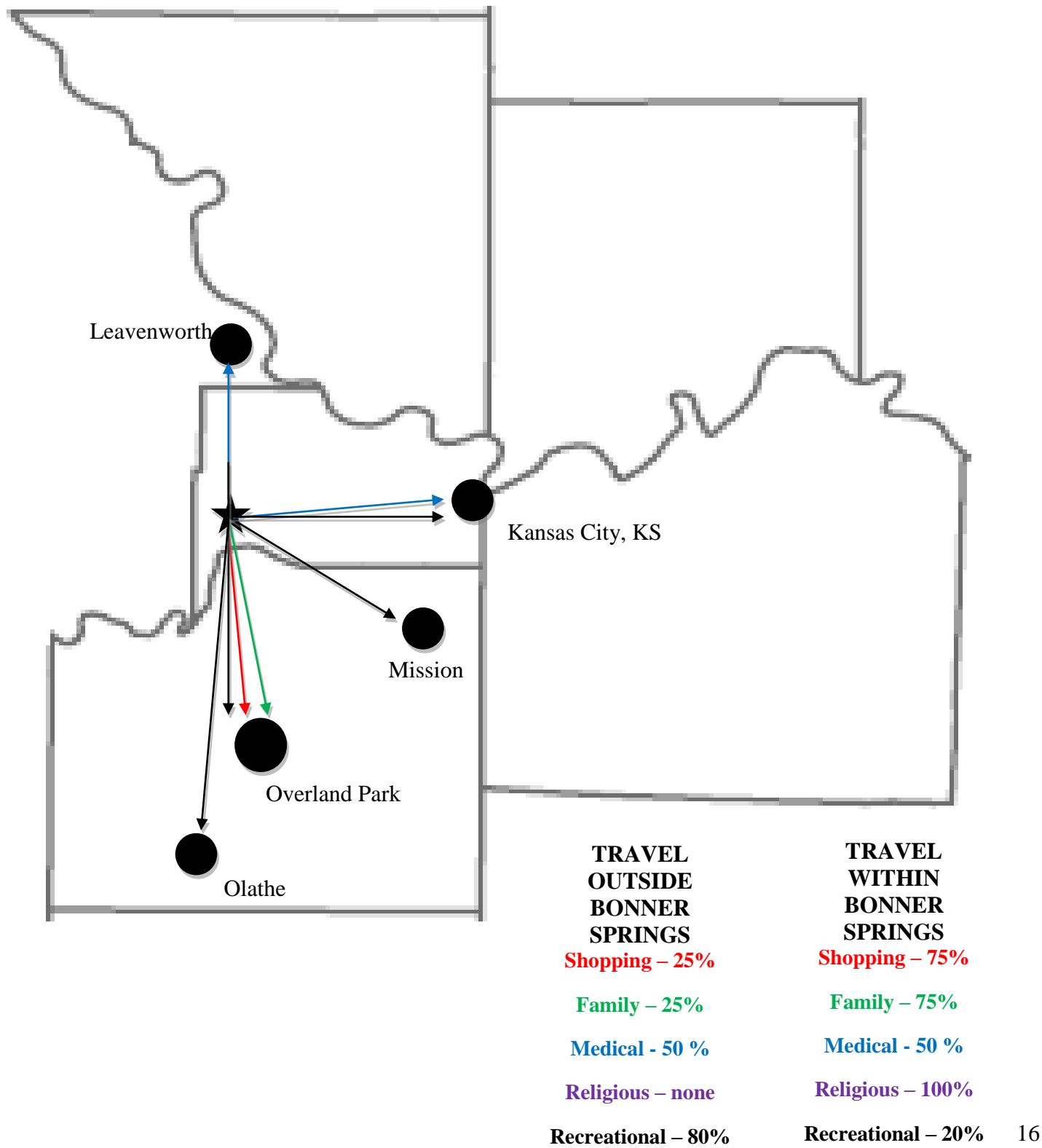
Lenexa in Johnson County, Kansas

This map displays the travel for residents in Lenexa to destinations outside of Lenexa, to the rest of the Kansas City region. The arrow color represents the type of travel (see the key below). The arrow width represents the volume of travel (the thicker the line the more travel to the locations). The two lists in the lower right corner detail the amount of travel. The first column represents the depictions in the map. The second column is the travel within Lenexa.



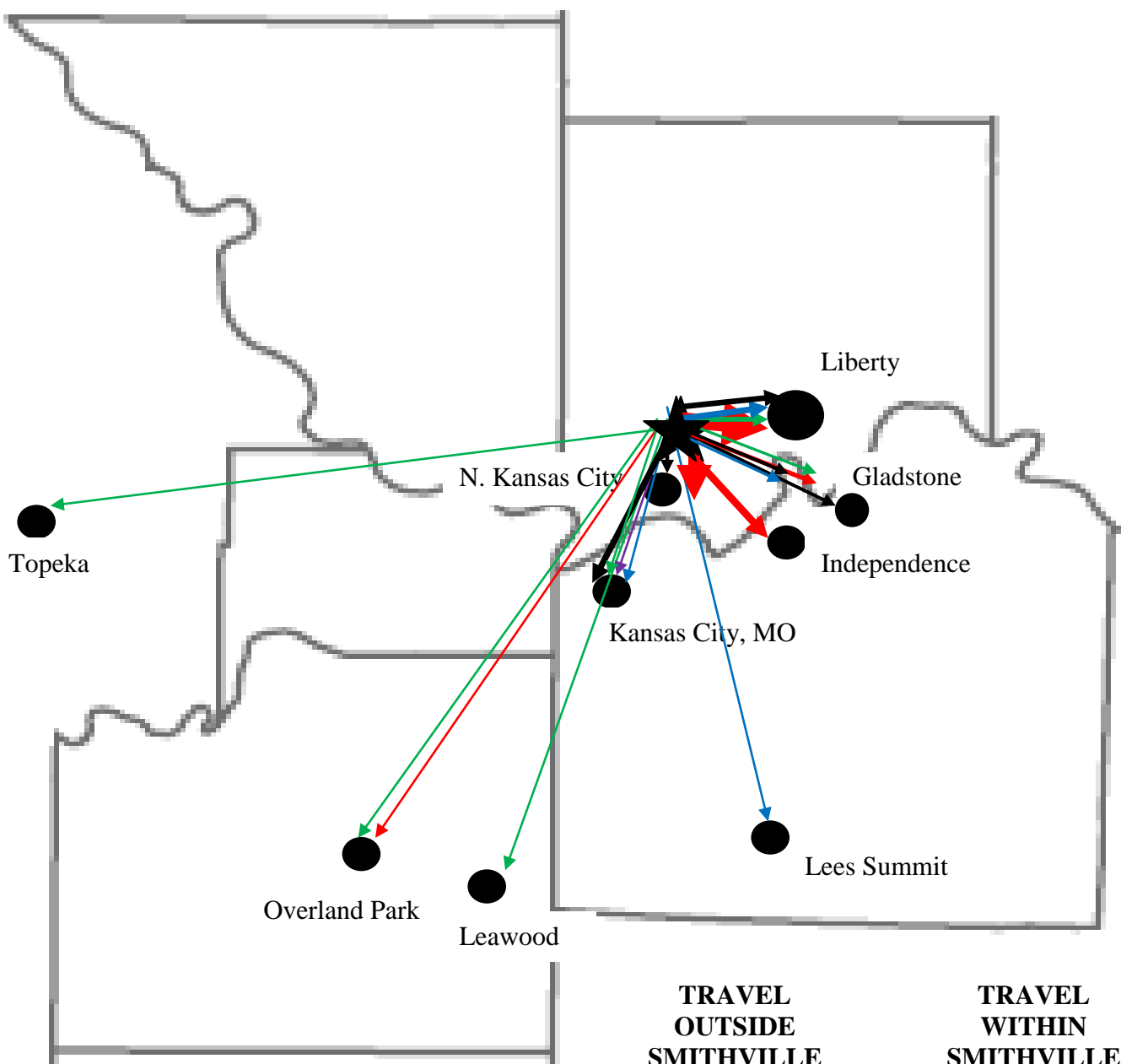
Bonner Springs

This map displays the travel for residents in Bonner Springs to destinations outside of Bonner Springs, to the rest of the Kansas City region. The arrow color represents the type of travel (see the key below). The arrow width represents the volume of travel (the thicker the line the more travel to each location). The two lists in the lower right corner detail the amount of travel. The first column represents the depictions in the map. The second column is the travel within Bonner Springs.



Smithville

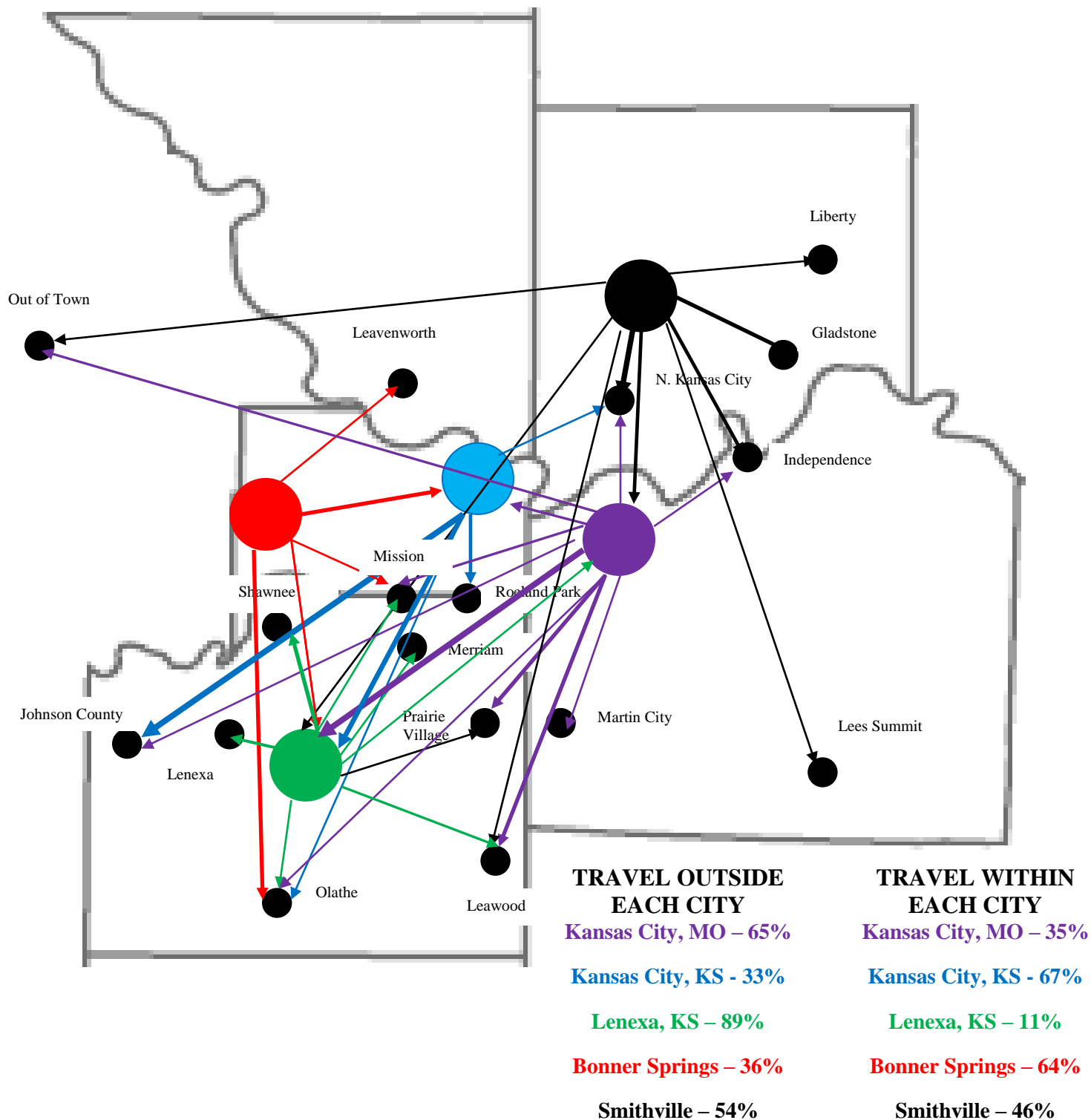
This map displays the travel for residents in Smithville to destinations outside of Smithville, in the rest of the Kansas City region. The arrows color represents the type of travel (see the key below). The arrow width represents the volume of travel (the thicker the line the more travel to each location). The two lists in the lower right corner detail the amount of travel. The first column represents the depictions in the map. The second column is the travel within Smithville.



| TRAVEL OUTSIDE SMITHVILLE | TRAVEL WITHIN SMITHVILLE |
|---------------------------|--------------------------|
| Shopping – 75% | Shopping – 25% |
| Family – 50% | Family – 50% |
| Medical – 65% | Medical – 35% |
| Religious – 2% | Religious – 98% |
| Recreational – 75% | Recreational – 25% |

All Kansas City Locations

This map displays the travel for all 5 locations recorded on the previous (5) maps in the Kansas City region. The arrow color represents the city (see the key below). The arrow width represents the volume of travel (the thicker the line the more travel to the other locations). The two lists in the lower right corner detail the amount of travel. The first column represents the total volume of each city travel outside itself, as depicted in the map. The second column is the total volume of travel within each city for all reasons.



Services & Service Providers

Senior mobility service providers rounded out our research on Kansas City. We first compiled a list of existing service providers from sources already compiled by agencies active in senior services (e.g., Jewish Family Services). Because many provider organizations are small, the number of 59 service providers is an estimate. Our current list of providers is provided in Appendix D.

To assess the scope of existing service providers, we sent an on-line survey to each provider on the list (additional data was collected on Share-A-Ride from public records). We began by asking providers to indicate the services they offer. Table 3 summarizes the responses of 13 agencies.

| Table 3: What Types of Senior Services Do You Provide? (Types of Senior Services by Provider) | | | | | | | | | | | | | |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|--------|--------|
| | Org 1 | Org 2 | Org 3 | Org 4 | Org 5 | Org 6 | Org 7 | Org 8 | Org 9 | Org 10 | Org 11 | Org 12 | Org 13 |
| General transportation | X | X | X | X | X | X | | | X | | X | X | |
| Medical transportation | X | X | X | X | | X | X | X | X | X | X | X | X |
| Fee transportation | X | | X | X | X | X | X | | | | X | X | |
| Free transportation | | X | | X | | X | | X | X | X | | X | |
| Transportation of goods or services | | | | | | X | | | | | | | |
| Sliding scale services | | | | | | | | | | | X | | |

All but one responding organization indicated that they provide more than one transportation service. The most frequent number of services reported was 3 (reported by 5 organizations). Only one organization, organization 6, provides 5 services.

Table 3 also helps us understand the types of services most often provided. Non-emergency medical transportation (i.e., trips to and from primary care physicians) is provided by 12 of the 13 organizations. Also, more than half of respondents (7 of 13) report providing free transportation. This is noteworthy, since many focus group participants cited lack of inexpensive alternatives as a barrier to their mobility. It also illustrates the fact that the presence of providers for particular types of service does not necessarily ensure that all consumer needs are being fully addressed.

In addition to the scope of services, we also were interested in understanding: (1) How are programs financed, and (2) what are the costs of service provision? Responses indicate government is the largest source of revenue for each type of service provided. On average, 91% of free transportation is subsidized by government grant dollars. By comparison, private dollars comprise a significantly lower proportion of financing for local services. On average, 52% of revenue for general senior transportation derives from foundation grants. User fees account for even less of the service providers' finances. In fact, user fees on average account for 12% of medical transportation and not more than 5% for any other type of service.

The annual cost of transportation services reported by the 13 providers is \$1,517,576. A breakdown of costs by type is reported in Table 4 (costs will not add up to total costs due to the fact that some providers did not assign costs to specific types of services). As the table shows, providers spent the most resources on fee transportation.

| Table 4: Total Costs of Services | |
|----------------------------------|--------------------------------|
| | Total Cost of Services in 2007 |
| General transportation | \$129,755 |
| Medical transportation | \$252,929 |
| Fee transportation | \$390,395 |
| Free transportation | \$106,620 |

Provider research also sought to differentiate services and expenses by level of assistance (e.g., curb-to-curb, door-to-door, etc.). Responses from some non-public service providers enable us to offer a preliminary report of the costs of two types of services, and Tables 5 and 6 detail the costs of curb-to-curb and door-to-door services.

Based on data reported to the team by the 13 providers, it appears that curb-to-curb services cost more per trip than door-to-door services. This information is somewhat surprising and warrants a cautionary note. The data provided to this project are incomplete as reported and further work is needed to ascertain true costs and allocations. If accurate, the data reported in Tables 5 and 6 would raise questions about the nature of service delivery and various issues of efficiency. These include questions about scale and whether curb-to-curb services are achieving appropriate scale. Scale issues may be linked to multiple factors, including the implications of the fact that similar services are provided by KCATA (the largest provider of para-transit in the metro area). Additional research and analysis will need to examine the mix of program components throughout the metro and issues of efficiency in distribution of services.

| Table 5: Curb-to-Curb Services (Not Including KCATA) | | |
|---|----------------------|---------------------|
| | Seniors | Unlinked Trips |
| Curb-to-curb service units in 2007 | 1,287 | 17,737 |
| Direct costs of services | \$190,244 | \$190,244 |
| Indirect costs of services | \$126,154 | \$126,154 |
| Total costs of services (costs per service unit) | \$316,398 (\$245.84) | \$316,398 (\$17.84) |

| Table 6: Door-to-Door Services (Not Including KCATA) | | |
|--|---------------------|--------------------|
| | Seniors | Unlinked Trips |
| Door-to-door service units in 2007 | 13,357 | 218,293 |
| Direct costs of services | \$584,746 | \$584,746 |
| Indirect costs of services | \$168,083 | \$168,083 |
| Total costs of services (cost per service unit) | \$752,829 (\$56.36) | \$752,829 (\$3.45) |

Adding all costs together, we were able to compute an average cost per trip for all services. According to provider responses, 18,746 trips were provided for an average cost of \$6.19 per trip.

| Table 7: All Services (Not Including KCATA) | | |
|--|-----------------------|----------------------|
| | Seniors | Unlinked Trips |
| Service units in 2007 | 18,746 | 244,974 |
| Total costs of service (costs per trip) | \$1,517,576 (\$80.95) | \$1,517,576 (\$6.19) |

Finally, we examined the service provision of KCATA (the largest provider of para-transit services in the region) in two ways. First, we compared KCATA to the largest para-transit providers in similar sized cities. Second, we compare KCATA service provision to other providers in our community.

The following table juxtaposes KCATA with providers in two similar sized metro areas using 2007 data from the Federal Transit Administration National Transit Database.

| Table 8: KCATA Comparison | | | | |
|--|-----------------------|--|---------------------------------------|-------------------------------|
| Urbanized Area (Primary City) | Transit Agency | Annual Unlinked Trips (OE/Trip) | Fare Revenue (% of OE) | Operating Expenses |
| Kansas City, MO | KCATA | 473,607 (\$19.32) | \$594,962 (6.50%) | \$9,150,211 |
| Sacramento, CA | Sacramento RT | 310,480 (\$37.88) | \$986,557 (8.39%) | \$11,760,274 |
| San Antonio, TX | VIA | 1,080,758 (\$23.87) | \$1,674,737 (6.49%) | \$25,796,720 |

We further examined the cost of KCATA services per senior served. KCATA estimates that in 2008 it served approximately 7,000 individuals. Based on this estimate, we calculated a cost per senior served of \$1,307. As with the private organizations in our survey, it is expected that individuals will utilize services multiple times during the year leading to higher average costs per person than costs per trip.

Given this information, we draw what we consider to be two noteworthy observations:

- 1) KCATA expenses per trip are lower than both Sacramento RT and VIA; and
- 2) KCATA provides 193% more unlinked trips than the combined totals of all the providers responding to our survey.

Projections for the Future

We make no claim to have any crystal balls, yet it is essential to have a reasonably valid and credible basis for projecting demand for senior mobility support. Framework projections of levels of need and demand for senior mobility can be very useful to community leaders, agencies, policy makers and others as they make plans to address future needs. Estimating current and future levels of need with regard to regional demand for senior mobility is inherently challenging, given the myriad of factors that affect the accuracy of any projections. Even the current level of demand and need for metro Kansas City senior mobility can only be estimated, since there are neither existing statistics nor any definitive bases for calculating an estimate.

The Framework process for projecting future regional senior mobility needs is based on our best estimate of current demand (using Census and regional planning data), extrapolated 20 years into the future. Further, in an effort to better inform planning activities, Framework projections are presented as a range within which need might be estimated for individual communities and programs. The data and moderating factors that are especially relevant to Framework projections include:

- Current data on seniors of selected ages, where they live, and where they report that they do and wish to travel;
- Senior community demographic characteristics, including income, poverty levels and living patterns (e.g., living alone, living independently, living as couple or with family, etc.);
- Relocation trends and statistics for retirees and other seniors of various ages (including numbers of people who move around within the metro region, as well as numbers who move into and out of the region as they make retirement living choices);
- Metro Kansas City urban development trends and dynamics, including where seniors and their families live, and how all residents of the region (regardless of age) choose to travel and live; and
- Assumptions of mortality rates, including projections of both current health status and changes in medicine, health care and health cost that are likely to affect the health status and mobility needs and interests of seniors over the coming 20 years.

We consider the Framework's projections and need scenarios as an initial basis for community planning – a way to help Framework users begin to understand the nature and scope of future senior mobility service needs.

Framework projections were developed using a variety of data sources. First, we used the Mid-America Regional Council's (MARC) 2030 population projections of the five counties. Because those projections do not break down the population by age, we used the U.S. Census Bureau's current assessment that approximately 1 in every 5 people will be over the age of 65 by 2030 to calculate aggregate numbers for each county. The results, county by county, are presented in Table 9.

| Table 9: 2030 Population 65 and older projections¹ | | | |
|--|-----------------|---------|---------|
| | 2030 Population | Minimum | Maximum |
| Jackson | 146,450 | 131,850 | 161,095 |
| Clay | 48,228 | 43,405 | 53,051 |
| Platte | 18,970 | 17,073 | 20,876 |
| Wyandotte | 29,636 | 26,672 | 32,600 |
| Johnson | 129,327 | 116,394 | 142,260 |
| Total | 372,611 | 335,394 | 409,822 |

General population trends for the region, for example, lead forecasters to project that Johnson County will grow 65% between 2000 and 2030. Consequently, the 65 and older population in Johnson County is also expected to increase more than the other counties. Table 9 provides the primary estimate but also presents a range, or projection, of minimum and maximum numbers of people over the age of 65 in each county. This minimum to maximum range reflects the primary estimate minus and plus 10%.

Assuming that the 22% of service providers who responded to our survey are representative of the entire service provider population, we can estimate that providers other than KCATA provide 1,113,158 trips a year. Together, KCATA service plus services of the other service providers lead us to estimate a demand for 1,587,125 senior trips provided annually (or 8.89 trips for each senior). We also estimated total costs using the same approach. Together, KCATA and provider costs are estimated to be \$16,048,283 (or \$10.11 per trip).

Our core projections are based on the assumption that seniors will be provided the same level of service for the 2030 population as is available today (i.e., each senior in need in 2030 receives the same level of access and service as is provided to today's seniors in need). Given this core assumption, the resulting projections indicate the need for significant increases in both the volume of services to be provided to the region and the total expense. Table 11 presents a projection of the range of service and cost levels for the 2030 population, with minimum, maximum and mid-range (most likely) scenarios. (It should be noted that cost estimates are presented in current dollars and do not account for potential inflation, nor do they account for added providers or additional service volume.)

| Table 10: Service and Cost Projections | | | |
|---|-----------------|--------------|--------------|
| | 2030 Population | Minimum | Maximum |
| Trips | 3,312,512 | 2,981,653 | 3,643,318 |
| Costs | \$33,489,496 | \$30,144,508 | \$36,833,940 |
| % Change | 109% | 88% | 130% |

These projections illustrate what many already anticipate and suggest three troubling conclusions:

1. In two of the three scenarios, service provision will need to double in volume to remain comparable with existing (i.e., 2009) service levels.
2. The cost of services far exceeds the capacity for funding or financing that can be addressed by privately-financed options (e.g., private philanthropy and foundation funding).
3. The statistics only account for operations at existing levels, which both consumers and providers agree is not fully meeting demand.

¹ 2030 stats were provided by the Mid-America Regional Council

The remainder of this document introduces a discussion of the senior mobility challenges and opportunities that are likely to emerge as a result of the trends and issues that we have discussed. The Community Advisory Council (CAC) has examined and discussed some of the issues, and many others will be the subject of work in the weeks and months to come. The CAC has started to develop recommendations that we, as a region, can begin to use in discussions with individual communities, regional planners and nonprofit and community groups. As explained earlier, the strategic Framework is not a mobility plan in any traditional sense of the transportation field. Instead, it is designed to articulate a vision and outline a strategic approach that the region might take to address these needs. Our goal is to provide a useful framework for regional and community leaders – a framework that can help leaders and organizations to develop their own strategic plans, with the visions, goals and strategies that they determine to be best for their own organizations and communities. Finally, from these plans, based on this Framework, we hope to see a seamless system emerge that truly will meet the regional mobility needs of both today's and tomorrow's seniors.

Developing Ideas for Today and Tomorrow

The data presented in this report illustrate that Kansas City has some significant work to do to effectively address the region's senior mobility needs. Conservative projections for 2030 indicate that the financial and service demands will increase significantly as the senior population requiring mobility support of some sort increases. Data gathered during this research also illustrate that the region has some important assets and resources that it can and must draw upon as it creates the next generation of a system to meet senior mobility needs. Given the purpose of the Framework, we must take care to not only seek stop-gap solutions for today, but to develop ideas that meet Kansas Citians' needs today and 20 years from today.

It is also important to recognize the characteristics of the area that should influence the design of the Framework. The Kansas City region is a diverse community comprised of 120 cities and 15 counties. Despite the more narrow focus of the strategic Framework, it is fair to say planning across more than 100 government districts requires flexibility. Consistent with this aim, the present state of the Framework is designed to provide knowledge and tools that can assist public officials with senior mobility planning. More specifically, the Framework is designed to have relevance in the major urban environment of Kansas City, Missouri, as well as in rural communities like Smithville, Olathe and Bonner Springs. Further, the Framework must build connections between the array of city and county governments that comprise the metro region.

The ideas set forth in the Framework reflect the contributions of CAC members. In May 2008, the CAC began a series of monthly meetings. Among its duties, the CAC was charged with articulating the principal components of the strategic Framework. Concurrently, Midwest Center for Nonprofit Leadership staff researched the issues and trends associated with senior mobility. The research, which has been summarized in the earlier sections of this report, was communicated to the CAC throughout the process and informed the CAC's recommendations for the design and development of the Framework.

The current draft of the strategic Framework is presented in the following sections of this document. After summarizing the overall Framework, we present and discuss its components and provide more information regarding each element. This document reflects the current state of a work in progress, and is presented in this form at this time to serve as a basis for further exploration, discussion and development. Following our presentation of the Framework, we summarize input from area planners in Appendix A. The summary of planner feedback reflects initial engagement and, in the weeks and months to come, we will continue to solicit additional feedback from planners, policy makers and other critical stakeholders.

Greater Kansas City Framework for Senior Mobility (October 4, 2009)

The Greater Kansas City Framework for Senior Mobility reflects the results of an ongoing collaborative effort of community leaders, government officials, transportation professionals, nonprofit executives and community researchers. The Framework has been developing over the course of 2008 and 2009. Our vision for this project is that it will engage a wide variety of community agencies and service providers in a coordinated approach to work together to address the long-term mobility needs of seniors throughout the Kansas City metro region. Thus, the goal of the Framework process is to provide a strategic direction and a set of tools and resources that will aid communities and their policy makers in their own planning and development efforts to address the mobility needs of their community's seniors.

Our Community Vision for Senior Mobility

The Kansas City metropolitan region has in place a seamless, comprehensive, sustainable and adaptive system that can efficiently and effectively meet the mobility needs of the region's senior citizens. This senior mobility system will help to enhance the health, independence and quality of life enjoyed by all Kansas City seniors.

Framework Goals, Strategies & Application

Framework Goals

The Framework goals and strategies have been developed over time, under the guidance and support of the Community Advisory Council (CAC) and in consultation with a variety of stakeholders. This is an evolving document that should develop over time as additional information becomes available. Framework goals are statements of intent and, as work toward implementation progresses, these goals will serve as benchmarks of progress.

Element A: Regional Leadership and Governance Capacity

| Long-Term Goals (10-years) | Intermediate-Term Goals (3-5 years) |
|--|---|
| A credible and effective regional leadership system exists by which to ensure progress toward accomplishing the region's vision for senior mobility. | The Kansas City metro region has established a regional system by which we can work together across political and organizational boundaries to share resources, engage in planning and development, and secure access to a broader array of funding sources. This system engages public officials, service providers and representatives of seniors to ensure orderly and effective development of the system. |
| | The region has established a leadership structure (such as a "Kansas City Alliance for Senior Mobility") that is recognized as the ongoing leadership and coordination vehicle for addressing the region's needs relative to senior mobility. This entity, which may be free-standing or may operate within an established larger-scope organization such as the Mid-America Regional Council (MARC), is recognized as the legitimate convener, sponsor, facilitator, policy and planning advocate and information resource to ensure that the region's senior mobility needs are being addressed in an integrated and systematic manner. It regularly convenes and facilitates dialogue, planning, evaluation and collaboration among policy makers, funders, professionals and other leaders working in fields that are related to senior mobility (such as urban and regional planning, transportation, aging and elder-care, health and public health, etc.). |
| | All local and regional governments in the Kansas City metro region have in place a standard process by which they assess the implications of new policies and plans for seniors and senior mobility (e.g., a "senior mobility impact statement"). |

Element B: Build public and political will across the KC metro region to effectively address senior mobility needs.

| Long-Term Goals (10- years) | Intermediate-Term Goals (3-5 years) |
|---|---|
| 80% of all voters in the Kansas City metro region are aware of and support the need to take community-level action to address the mobility needs of the region's seniors. | 40% of all voters in the Kansas City metro region are aware of the need to address the issue of senior mobility and recognize that there is a need to prepare to meet the mobility needs of the region's seniors. |
| | 70% of all local elected officials are aware of the issue of senior mobility, and recognize that there is a need to prepare to meet the mobility needs of the region's seniors. |

Element C: Grow and develop system capacity to assess and address evolving senior mobility needs.

| Long-Term Goals (10- years) | Intermediate-Term Goals (3-5 years) |
|---|---|
| The region has developed a sustainable infrastructure and system by which to monitor and respond to the changing needs and interests of all who are part of the senior mobility "system." | Framework research and recommendations will be used to inform Outlook 2040 on issues facing the mobility and transportation of area seniors. |
| | Private philanthropic and governmental sources of funds will be available to support the ongoing community research and database development that will serve as a resource for senior service providers and policy makers. |
| | A high quality web-based senior mobility resource and referral system is in place and operating effectively to assist system stakeholders (e.g., seniors and their families, providers, governmental administrators and planners, medical providers, etc.) to gather information and meet their mobility-related needs. |
| | There exists an information utility and infrastructure that enables effective ongoing planning, evaluation and communication (including a relevant database and a set of policy analysis and planning tools). |
| | Senior mobility leaders have completed a policy paper that fully examines and presents for policy makers' consideration a set of high-potential options for effectively (i.e., fully and sustainably) funding and financing a system to ensure senior mobility throughout the region. |

Element D: Develop and Institutionalize Community-Level Policy Evaluation, Planning and Development.

| Long-Term Goals (10- years) | Intermediate-Term Goals (3-5 years) |
|--|--|
| 70% of the metropolitan communities in the Kansas City metro region have developed and adopted a 2030 senior mobility policy and plan to ensure that their community will address the basic mobility needs of their seniors. | 70% of municipal and county planning officials are aware of the issue of senior mobility and recognize that there is a need to prepare to meet the mobility needs of the region's seniors. |
| | 50% of all Kansas City communities have taken at least initial steps to begin to address the mobility needs of seniors living in their jurisdiction. |
| | 30% of the metropolitan communities in the Kansas City metro region have initiated the planning and policy development process necessary to address senior mobility in their communities. |

Strategies for Senior Mobility

In pursuit of our vision and goals, we propose both intermediate and long-term strategies. In the near term, strategies focus on increasing awareness, gathering additional information, and developing a system for leading and governing the development of the system. Intermediate strategies include:

- ✓ Link mobility Framework development with the larger KC4 Aging initiatives, the MARC 2040 forecast and other regional planning and development initiatives.
- ✓ Engage city and regional planners in immediate action to begin to address senior mobility issues, including communication of actionable recommendations such as:
 - Locate bus stops near the entrance of stores.
 - Organize all facilities (e.g., aisles) to accommodate limited mobility citizens.
 - Provide multilingual information for all mobility services.
 - Provide mobility equipment at businesses and other high-use locations.
- ✓ Formalize the role of the Community Advisory Council (CAC) as a leadership and advocacy network, and expand community-level connections and linkages throughout the region (with leaders, elected officials, professionals and other key system stakeholders).
- ✓ Organize and develop a social marketing campaign to raise awareness and enlist the support of key stakeholders (including but not limited to political and community leaders, career public officials, nonprofit and business leaders, service providers and citizens).
- ✓ Coordinate expanded data collection and information sharing among mobility providers.
- ✓ Develop and publicize model ordinances and policies that communities could adapt and use to advance their work on senior mobility needs, beginning with work with a local municipality to develop model land use strategies and ordinances that reflect the vision and direction of the Framework.
- ✓ Conduct research and develop options for the development and implementation of a regional mobility system finance model.
- ✓ Secure financial and other resources needed to support the continued development and implementation of the goals and strategies of the Framework.

In addition to the relatively immediate strategies, we also recommend that the Kansas City region and the communities within the region consider the following strategies for longer-term system development:

- ✓ Conduct community-level research and develop plans to develop or augment existing services at the community level, including provision of localized services based on community needs.
- ✓ Develop a regional leadership system for senior mobility that engages public officials and planners, funders, service providers and representatives of seniors in the further development of the system.
- ✓ Develop plans for the design and implementation of a regional mobility system finance model.
- ✓ Organize and execute advocacy activities to enhance resources that may be developed from local, regional, state and/or federal funding sources.
- ✓ Develop an organizational unit (within MARC or other regionally-appropriate setting) to work with the CAC and regional agencies and to serve as the central information source.
- ✓ Develop public-private partnerships attracting awareness and cultivating resources essential to the entire mobility spectrum.
- ✓ Develop a system to ensure that service delivery is well coordinated among various municipalities.

A Living Document: Applying the Framework

This document reflects the initial assessment of options to address the needs and issues identified in the first phase of the Framework for Senior Mobility initiative. The Framework is designed as a living document – to serve as a resource and reference for communities in the Kansas City region as they begin to grapple with issues of senior mobility. Still, this Framework does not reflect anything close to a final stage of development. It is a work in progress, shared with the intention of engaging a broad array of stakeholders as we seek further comment, encourage further development, and build a stronger constituency for a metropolitan response to the current and longer-term senior mobility needs of the Kansas City region.

Framework Discussion

Articulating a Community Vision

Vision articulates the outcome or end state that is to result from a chosen course of action. In the Greater Kansas City Framework for Senior Mobility, articulation of a community vision is seen as a starting point. Prior to the development of systems, new programs and discussions of financing models, it will be essential to reach agreement on the outcome that the Framework seeks to achieve. The Community Advisory Council's (CAC) vision for senior mobility is:

Kansas City's Vision for Senior Mobility

The Kansas City metropolitan region has in place a seamless, comprehensive, sustainable and adaptive system that can efficiently and effectively meet the mobility needs of the region's senior citizens. This senior mobility system will help to enhance the health, independence and quality of life enjoyed by all Kansas City seniors.

This statement has emerged from multiple cycles of dialogue at CAC meetings. It represents a synthesis of responses from CAC members and is offered as a basis for the next stage of CAC and community discussion.

Several critical components of the statement deserve additional explanation. The vision describes a senior mobility network that is both **local and regional**. Seamless and expandable describe a mobility network that has **continuity across municipalities** and the **ability to be generalized** to the entire metro. A successful framework must **not subvert existing efforts** of local communities. Instead, the Framework is designed to augment existing work through **shared knowledge**. At the same time, the Framework seeks to encourage **collaboration** throughout the region, especially where such collaboration will improve mobility options for area seniors. The information presented in the maps of senior travel reinforces our call for region-wide collaboration. Seniors in each community regularly travel outside their local area for some purpose. An effective framework will enable **seamless travel** within and among local communities and counties.

The vision's focus on comprehensiveness addresses the need to ensure that there are **no significant gaps in service**. As we have learned, seniors face numerous barriers to positive transportation experiences, including language, costs and mobility assistance. A comprehensive mobility network will serve the diverse needs of seniors in the Kansas City metro. Certain mobility challenges can be remedied in the near term. However, as populations continue to grow and change, we expect additional gaps to emerge. The strategic Framework needs to ensure that leaders and planners continually survey the environment so that it **remains relevant** to the needs of area seniors.

The Framework vision conceives of an effective senior mobility system as an **adaptive network**. Networks imply a fluid structure consisting of numerous service providers. Currently, senior mobility is provided by a network of service providers, some of which specialize in niche areas like non-emergency medical transportation. The use of the word system in the vision statement affirms that there are **multiple interconnected elements** to this network and that changes in one element will have some impact on other elements. This system will continue to evolve and change, with expansion and development to address growing needs and opportunities for service through an emerging and developing community infrastructure. The reference to adaptiveness suggests that this system will and must **continue to evolve** and change in multiple and often complex ways as it responds to the changing needs of its stakeholders and constituents.

The vision also alludes to the benefit that a future mobility system provides for seniors. There are tradeoffs between seniors staying in their homes or moving into senior communities. The general consensus of the CAC is that mobility systems should seek to enable seniors to **live in communities of their choice**. This sentiment is captured by the reference to independence. The Framework suggests and encourages the use of multiple strategies to promote independence. The core concept, regardless of the method, is for seniors to have the

opportunity to contribute to the communities in which they live. This statement envisions a link between the mobility framework and the larger KC4 Aging initiative.

Finally, this vision statement explicitly addresses the need for a **sustainable financing** model for a senior mobility system. Cuyahoga County senior mobility planning found that an expansive senior mobility system could not be strictly funded by private sources. The projected size and costs of Kansas City senior mobility in 2030 mirrors the findings in Cuyahoga County. Consistent with this information, the Framework envisions a “community finance model.” Community finance model is defined as a mix of public dollars, private philanthropy support and fee-for-services. Public dollars would be a primary source of funding, similar to the Florida model which draws monies from federal, state and local government sources.

Refining the Strategies, Seizing the Opportunities

The Greater Kansas City Framework for Senior Mobility team has begun the challenging task of articulating strategies, and this version of the document provides an initial proposal for both short- and long-term strategies. The Community Advisory Council (CAC) will continue to reflect on research findings of the Midwest Center for Nonprofit Leadership team and discuss the merits of these and other strategy proposals. The intent of the strategy proposals is to provide communities addressing senior mobility needs with:

- Steps they can use to develop a mobility network consistent with future and projected needs; and
- Insights into the work that must be completed in order to begin the development of our seamless regional system.

The Framework’s focus on both current and future needs has informed the decision to articulate both short-term and long-term strategy proposals. However, these proposals are tentative and are offered as a basis for developmental discussion. Through research information and the CAC’s expertise, we have identified challenges that have the potential to impede our progress towards the community vision. Each challenge presents a corresponding opportunity to strengthen our existing senior mobility network. We view the strategy proposals as ways to seize available opportunities. Further, because environments constantly change and this type of work is progressive, the list of strategy proposals cannot be static.

The next steps in this process involve working with the CAC and larger community to continue to explore ways that these ideas and opportunities can come together and coalesce to become a true community vision and framework for ensuring mobility for all of Kansas City’s seniors.

Appendix A:

Initial Community Planner Feedback

The Senior Mobility team of the Midwest Center for Nonprofit Leadership convened a small group of community planners in June of 2009 to introduce the strategic Framework for Senior Mobility and discuss its utility and potential impact on their work. Prior to the meeting each planner was furnished with information about the Framework. Planners in attendance represented municipalities in Eastern Jackson County, Johnson County and Platte County. The jurisdictions represented were not inclusive of the entire five-county domain for the Framework, but the range of participants allowed the discussion to reflect a range of diverse interests and perspectives.

The meeting began by asking the planners to reflect on the intersection of the Framework and their work. Immediately, the planners seized on the theme of land use. Land use is critically intertwined with senior mobility as it impacts trip efficiency, availability of commercial options and business proximity. One planner discussed the trend of mixed-use developments as a potential benefit to aging in place. Mixed-use zones include residential, commercial and retail development. The diversity of constituents enables access to shopping, employment and housing with limited travel for seniors.

Planners also drew a distinction between land use and urban design. “Land use” is associated with zoning (i.e., whether the development is commercial, residential or mixed use). “Urban design” is associated with the arrangement of public spaces. For example, if the zoning of properties in a neighborhood is a land use issue, the placement of bus stops and “spot parks” is an urban design issue. In order to effectively communicate with stakeholders, the group believed it was important to emphasize and utilize the correct vernacular.

Finally, general reactions highlighted the need to pursue a more proactive approach in Kansas City. Several participants pointed to the need for the Kansas City region to continue to develop a truly relevant regional plan (i.e., work with Mid-America Regional Council) to which local planning can connect. Such planning, several observed, would examine alternative views of expansion and focus planning discussions on a more comprehensive approach that supports metro-wide growth.

The discussion included policy, the work of elected officials and how the Framework could best meet the needs of public office holders. Consensus formed around the merit of developing a model ordinance. Several participants explained that, due to the need to focus on multiple issues at the same time, elected officials often prefer evidence of success prior to endorsing a new idea. Consequently, evidence that an ordinance (or program) is successful in a similar community increases the likelihood that they will adopt a similar policy in their community.

Planners reflected on the utility of the Framework for their work, and responses were very positive. The group cited five ways that the Framework presently is useful:

1. It reminds planners that senior mobility is important.
2. Cities and counties do not have the staff to do this research, so the information is useful.
3. It helps planners consider these issues in light of the larger region.
4. The regional research process confers credibility for addressing this issue.
5. As planners have access to this information, they can incorporate it into their plans.

The planners also offered some suggestions for moving forward:

1. Continue to involve more players and work at the regional level.
2. Follow-up or further develop the framework with specific action items.
3. Develop a “five principle” set that can be incorporated into community plans.

This initial cycle of planner feedback marks the start of another facet of the ongoing Framework process. Additional sessions and activities will build and expand on this input.

Summary of Senior Mobility Framework
Goals & Strategies (October 4, 2009)

(Note: Strategies apply to multiple goals and therefore are listed with each goal to which they are applicable.)

Long-Term Goal A: Regional Leadership and Governance Capacity

A credible and effective regional leadership system exists by which to ensure progress toward accomplishing the region's vision for senior mobility.

Intermediate-Term Goals (3-5 years)

- 1) The Kansas City metro region has established a regional system by which we can work together across political and organizational boundaries to share resources, engage in planning and development, and secure access to a broader array of funding sources. This system engages public officials, service providers and representatives of seniors to ensure orderly and effective development of the system.
- 2) The region has established a leadership structure (such as a "Kansas City Alliance for Senior Mobility") that is recognized as the ongoing leadership and coordination vehicle for addressing the region's needs relative to senior mobility. This entity, which may be free-standing or operate within an established larger-scope organization such as the Mid-America Regional Council (MARC), is recognized as the legitimate convener, sponsor, facilitator, policy and planning advocate and information resource to ensure that the region's senior mobility needs are being addressed in an integrated and systematic manner. It regularly convenes and facilitates dialogue, planning, evaluation and collaboration among policy makers, funders, professionals and other leaders working in fields that are related to senior mobility (such as urban and regional planning, transportation, aging and elder-care, health and public health, etc.).
- 3) All local and regional governments in the Kansas City metro region have in place a standard process by which they assess the implications of new policies and plans for seniors and senior mobility (e.g., a "senior mobility impact statement").

Long-Term Strategies

- 1) Develop a regional leadership system for senior mobility that engages public officials and planners, funders, service providers and representatives of seniors in the further development of the system.
- 2) Develop plans for the design and implementation of a regional mobility system finance model.
- 3) Organize and execute advocacy activities to enhance resources that may be developed from local, regional, state and/or federal funding sources.
- 4) Develop an organizational unit (within MARC or other regionally-appropriate setting) to work with the Community Advisory Council (CAC) and regional agencies to serve as central information source.
- 5) Develop a system to ensure that service delivery is well coordinated among various municipalities.

Intermediate-Term Strategies

- 1) Link mobility Framework development with the larger KC4 Aging initiatives, the MARC 2040 forecast and other regional planning and development initiatives.
- 2) Formalize the role of the CAC as a leadership and advocacy network, and expand community-level connections and linkages throughout the region (with leaders, elected officials, professionals and other key system stakeholders).
- 3) Conduct research and develop options for the development and implementation of a regional mobility system finance model.
- 4) Coordinate expanded data collection and information sharing among mobility providers, including the development and utilization of a uniform methodology.

Long-Term Goal B: Build public and political will across the Kansas City metro region to effectively address senior mobility needs.

80% of all voters in the Kansas City metro region are aware of and support the need to take community-level action to address the mobility needs of the region's seniors.

Intermediate-Term Goals (3-5 years)

- 1) 40% of all voters in the Kansas City metro region are aware of the need to address the issue of senior mobility and recognize that there is a need to prepare to meet the mobility needs of the region's seniors.
- 2) 70% of all local elected officials are aware of the issue of senior mobility and recognize that there is a need to prepare to meet the mobility needs of the region's seniors.

Long-Term Strategies

- 1) Conduct community-level research and develop plans to develop or augment existing services at the community level, including provision of localized services based on community needs.
- 2) Develop public-private partnerships attracting awareness and cultivating resources essential to the entire mobility spectrum.

Intermediate-Term Strategies

- 1) Engage city and regional planners in immediate action to begin to address senior mobility issues, including communication of actionable recommendations such as:
 - a) Locate transit stops near the entrance of stores.
 - b) Organize all facilities (e.g., aisles) to accommodate limited mobility citizens.
 - c) Provide multilingual information for all mobility services.
 - d) Provide mobility equipment at businesses and other high-use locations.
- 2) Formalize the role of the Community Advisory Council as a leadership and advocacy network, and expand community-level connections and linkages throughout the region (with leaders, elected officials, professionals and other key system stakeholders).
- 3) Organize and develop a social marketing campaign to raise awareness and enlist the support of key stakeholders (including but not limited to political and community leaders, career public officials, nonprofit and business leaders, service providers and citizens).
- 4) Secure financial and other resources needed to support the continued development and implementation of the goals and strategies of the Framework.

Long-Term Goal C: Grow and develop system capacity to assess and address evolving senior mobility needs.

The region has developed a sustainable infrastructure and system by which to monitor and respond to the changing needs and interests of all who are part of the senior mobility "system."

Intermediate-Term Goals (3-5 years)

- 1) Framework research and recommendations will be used to inform Outlook 2040 on issues facing the mobility and transportation of area seniors.
- 2) Private philanthropic and governmental sources of funds will be available to support the ongoing community research and database development that will serve as a resource for senior service providers and policy makers.
- 3) A high quality web-based senior mobility resource and referral system is in place and operating effectively to assist system stakeholders (e.g., seniors and their families, providers, governmental administrators and planners, medical providers, etc.) to gather information and meet their mobility-related needs.
- 4) There exists an information utility and infrastructure that enables effective ongoing planning, evaluation, and communication (including a relevant database and a set of policy analysis and planning tools).
- 5) Senior mobility leaders have completed a policy paper that fully examines and presents for policy-makers' consideration a set of high-potential options for effectively (i.e., fully and sustainably) funding and financing a system to ensure senior mobility throughout the region.

Long-Term Strategies

- 1) Conduct community-level research and develop plans to develop or augment existing services at the community level, including provision of localized services based on community needs.
- 2) Develop a regional leadership system for senior mobility that engages public officials and planners, funders, service providers and representatives of seniors in the further development of the system.
- 3) Develop plans for design and implementation of a regional mobility system finance model.
- 4) Organize and execute advocacy activities to enhance resources that may be developed from local, regional, state and/or federal funding sources.

- 5) Develop an organizational unit (with MARC or other regionally-appropriate setting) to work with the Community Advisory Council (CAC) and regional agencies to serve as central information source.
- 6) Develop public-private partnerships attracting awareness and cultivating resources essential to the entire mobility spectrum.
- 7) Develop a system to ensure that service delivery is well coordinated among various municipalities.

Intermediate-Term Strategies

- 1) Link mobility framework development with the larger KC4 Aging initiatives, the MARC 2040 forecast and other regional planning and development initiatives.
- 2) Formalize the role of the CAC as a leadership and advocacy network, and expand community-level connections and linkages throughout the region (with leaders, elected officials, professionals and other key system stakeholders).
- 3) Coordinate expanded data collection and information sharing among mobility providers, including the development and utilization of a uniform methodology.
- 4) Conduct research and develop options for the development and implementation of a regional mobility system finance model.
- 5) Secure financial and other resources needed to support the continued development and implementation of the goals and strategies of the Framework.

Long-Term Goal D: Develop and Institutionalize Community-Level Policy Evaluation, Planning and Development.
Seventy percent (70%) of the metropolitan communities in the Kansas City metro region have developed and adopted a 2030 senior mobility policy and plan to ensure that their community will address the basic mobility needs of their seniors.

Intermediate-Term Goals (3-5 years)

- 1) 70% of municipal and county planning officials are aware of the issue of senior mobility and recognize that there is a need to prepare to meet the mobility needs of the region's seniors.
- 2) 50% of all Kansas City communities have taken at least initial steps to begin to address the mobility needs of seniors living in their jurisdiction.
- 3) 30% of the metropolitan communities in the Kansas City metro region have initiated planning and policy development activities necessary to prepare to address senior mobility in their communities.

Long-Term Strategies

- 1) Conduct community-level research and develop plans to develop or augment existing services at the community level, including provision of localized services based on community needs.
- 2) Develop public-private partnerships attracting awareness and cultivating resources essential to the entire mobility spectrum.
- 3) Develop a system to ensure that service delivery is well coordinated among various municipalities, ensuring connectivity across state and county boundaries.

Intermediate-Term Strategies:-

- 1) Engage city and regional planners in immediate action to begin to address senior mobility issues, including communication of actionable recommendations such as:
 - a) Locate transit stops near the entrance of stores.
 - b) Organize all facilities (e.g., aisles) to accommodate limited mobility citizens.
 - c) Provide multilingual information for all mobility services.
 - d) Provide mobility equipment at businesses and other high-use locations.
- 2) Develop and publicize model ordinances and policies that communities could adapt and use to advance their work on senior mobility needs, beginning with work with a local municipality to develop model land use strategies and ordinances that reflect the vision and direction of the Framework.
- 3) Formalize the role of the Community Advisory Council as a leadership and advocacy network, and expand community-level connections and linkages throughout the region (with leaders, elected officials, professionals and other key system stakeholders).
- 4) Organize and develop a social marketing campaign to raise awareness and enlist the support of key stakeholders (including but not limited to political and community leaders, career public officials, nonprofit and business leaders, service providers and citizens).

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Kansas City Framework for Senior Mobility Focus Group Analysis

Over the course of two months we conducted nine focus groups. Groups drew participation from each of the five counties. This analysis summarizes themes articulated by focus group participants. An asterisk denotes responses in multiple focus groups.

What does transportation mean to you?

This question explored the value of transportation for individuals with and without cars. It also explored the perceptions of how transportation is changing.

Value and Meaning

Inconvenient/inconsistent service

*A way of getting around

*Associated with a particular travel mode

Independence

Loneliness if alone/socializing if in a group

Should be cost effective

*Part of mobility continuum

Changes

*Increased gas prices

*Increased traffic

*Less safe

Isolated activity

Supply of volunteer drivers cannot keep pace with demand

Increases in provider insurance

Difficulty accommodating new mobility devices

Seniors needing work transportation

Diminishing effectiveness

How do you arrange for shopping, family, medical, religious and recreational trips?

This question explored the mode of transportation, the frequency and the trips people would take if there were no barriers.

| Type of trip | Mode of transportation | Frequency |
|--------------|--------------------------------|--|
| Shopping | Community center bus | Range: Daily to twice a month depending on transportation mode |
| | Oats bus | |
| | Friends/Family | |
| | Catch-A-Ride | |
| | Personal car | |
| | Assisted living center bus | |
| | | |
| Family | Family network | Varied widely from weekly to annually. |
| | Personal cars | |
| | Catch-A-Ride | |
| | Assisted living center bus | |
| Medical | Private medical transportation | Depended largely on time since last injury. Healthy seniors |
| | Oats Bus | |

| | | |
|--------------|-----------------------------|--|
| | Personal car | reported visits once or twice a year. Others reported weekly visits to multiple specialists. |
| | Hospital buses | |
| | Family/Friends | |
| | Senior services cab | |
| | Churches (for members only) | |
| | Catch-A-Ride | |
| | | |
| Religious | Family network | Range: Never to every week; most cited twice a month |
| | Church buses | |
| | Walking | |
| | Personal cars | |
| | | |
| Recreational | Community center bus | Most said recreation transportation was extremely limited to once per week. There were some exceptions in which the individual traveled for recreation every day or five times a week. |
| | Oats bus | |
| | Personal car | |
| | Family/Friends | |
| | Casino bus | |
| | Senior center buses | |
| | Walking | |
| | Catch-A-Ride | |

Trips without barriers

*Traveling to see family out of town

International travel

The park

*Department stores

Cruises

State fair

Day trips

*General recreation

How does health interfere with travel?

In addition to asking how health interferes, we also asked about the types of trips health complicated.

How

*Limited walking/standing ability

*Failing eyesight

Dementia

Temporary injuries/surgeries

Hearing

COPD

Types of trips

Public transportation

Department stores

Parks

*Museums

*Out of town travel

*Anywhere with steps

Traveling alone

What types of transportation alternatives are you aware of?

We asked first for a list of alternatives and then second for how they found out about this type of information.

Alternatives

Community center

Casino

Medical offices

Source of Information

*Friends/Family

*Doctors

Phonebook

Public transit for disabled
 Senior Taxi
 *OATS
 Omni Bus in Excelsior Springs
 The Jo
 Easy Ride
 Churches
 Retirement homes
 VA buses
 Shepherd's Center
 Senior centers
 MAST
 Dial-A-Ride

*Cable access channels
 *Newspapers
 Libraries
 Radio

What are the challenges you face accessing transportation alternatives?

We asked participants to think about financial, cultural, information and physical obstacles.

Financial

*Free and/or subsidized services only
 Gas prices
 Medical price increases

Informational

Lack of Spanish reference services or pamphlets
 *Schedules/time of services
 *Poor advertising
 Not knowing who to call
 *Accessing computer information is a barrier
 Not updated information

Cultural

Lack of Spanish speaking services
 Kansas City is not transportation oriented

Physical

*Destination was not disable friendly
 Crowded buses
 *Safety/security

What is the definition of your community?

*Entire metro
 North of the River
 Kansas City, Missouri
 3rd District
 Communities in which they grew up
 Kansas City, Kansas

Appendix E:

Kansas City Service Providers

| Name | Coordinator/ Type of Service | Geographic Area Covered | Costs | Hours/Days of Operation | Reservations Needed | Wheelchair Accessible | Will Driver Help with Pkgs? | Extent of Service |
|-------------------------|---|--|---|--|---|----------------------------------|--|--|
| 3R Cab Service | Taxi | Johnson County and KCMO | \$2/mile, \$65/hour for wait time | 24 hours a day, 7 days a week | Will take reservations or same day calls. | No | Yes. | Service is curb-to-curb, door-to-door and door-through-door. |
| Advanced Suburban Taxi | Taxi | Johnson County; will take clients into KCMO, but no reservations for trips only within Kansas City | \$3 flat fee, \$2/mile, \$1/extra per stop; \$30/hour wait time; minimum of \$7 per trip. | 24 hours a day, 7 days a week | Yes, 24 hours notice is requested. Will also accept some same day calls. | No | Yes | Service is curb-to-curb and door-to-door. |
| Aging Transit | Wyandotte County | Wyandotte County only | \$.50 roundtrip | Monday-Friday, 9am-3pm | Yes, 24 hours notice is requested, but can reserve up to 7 days in advance. | Yes | Yes | Service is curb-to-curb, door-to-door and door-through-door. |
| | | | ADDITIONAL INFORMATION | This service is only provided to Wyandotte County residents. Residents must also be 60 years of age or older. Proof of age must be presented every time when using this service. | | | | |
| All-N-All | Transportation | Wyandotte County and Northern Johnson County | No fee for Medicaid recipients; non-Medicaid recipients: call for a quote | Monday-Friday, 8am-5pm | Yes – 24 hours notice is requested. | No | Yes | Service is curb-to-curb, door-to-door and door-through-door. |
| Allways at Your Service | Transportation | Mission Hills, Plaza, Corinth and parts of Johnson County | \$35/hour, billed in 15 minute increments | 24 hours a day, 7 days a week | Yes – 24 hours notice is requested but will take same day reservations. | Yes | Yes | Service is curb-to-curb, door-to-door and door-through-door. |
| | | | ADDITIONAL INFORMATION | This is a one person, one van service so services may be limited. | | | | |

| | | | | | | | | |
|---|---------------------------------------|---|--|--|---|---|---|--|
| Assisted Healthcare Transportation | Transportation | Anywhere in the metro area, in addition to Lawrence, Topeka and Columbia, MO. | Fees are dependent on where client lives. | Mon-Fri, 7am-5pm; Sat 8am-5pm. Service can be provided after hours and on Sun if prearranged. | Yes, 24 hours notice is requested. | Yes. In KS - \$45 each way, in MO \$50. Then \$2/mile after the first 10 miles for both states. | -- | Service is curb-to-curb, door-to-door and door-through-door. |
| | | | ADDITIONAL INFORMATION | There is an additional fuel surcharge of approx \$5 each way. Can also accommodate cots. If the company provides oxygen during a ride, there is a \$20 surcharge. If the ride is for a hospital discharge, there is an additional \$20 fee. Please call for any additional fees. | | | | |
| Cancer Action | Transportation | Metro Johnson, Wyandotte, Clay, Platte and Jackson counties | Free | Monday-Friday, 9am-3pm | Yes, 48 hours minimum notice is required. | No | -- | Service is curb-to-curb only. |
| | | | ADDITIONAL INFORMATION | This service is for cancer treatment/medical appointments only. An application has to be completed before using the service. Call the office to obtain application. | | | | |
| Catch-A-Ride | Johnson County Human Services & Aging | All of Johnson County | Donation-based | Monday-Friday, on a need basis | Yes, 3 days notice is requested | No | Yes, Notify of need when reservation is made. | Service is curb-to-curb, door-to-door and door-through-door. |
| | | | ADDITIONAL INFORMATION | This is a volunteer-based program; availability may be limited. The program is open to Johnson County residents only. The program is available to seniors, those who have a disability and/or going through a life transition. | | | | |
| Checker Cab Company (Title 20 program through MARC) | Kansas City, MO | Missouri only | Free | Yes, call between 8-9am the day before the ride is needed. | Monday-Friday, 8am-4:30am | No | | Service is curb-to-curb and door-to-door. |
| | | | ADDITIONAL INFORMATION | This program provides rides for medical appointments only. This program is open to those 60 years of age or older and/or those with a disability. All rides need to be completed by 4:30pm. The program can only accommodate 22 rides a day; call as early as possible to secure a ride. | | | | |
| Checker Transportation Group | Taxi | Kansas and Missouri | \$2.20 flat fee; \$1.70/mile; wait time is \$32/hour | 24 hours a day, 7 days a week | Yes, 24 hours notice is requested. Will accept some same day calls. | Yes. \$30 for first 10 miles, \$2/mile after | Yes | Service is curb-to-curb and door-to-door. |

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| Citywide Transportation (Title 20 program through MARC) | Kansas City, MO | Jackson County only | Free | Monday-Friday, 8am-3pm | Yes, call between 8-10am the previous day, call Friday for Monday | No | No | Service is curb-to-curb and door-to-door. |
| | | | ADDITIONAL INFORMATION | This program provides rides for medical appointments only. Callers must be 60 years or older, disabled and cannot use public transportation. Paperwork needs to be filled out the first time. Visit has to be completed by 3pm. The service only has one van and is not wheelchair accessible. | | | | |
| Comfort Transportation | Taxi | Wyandotte County only | Free for Medicaid recipients*; non-Medicaid recipients \$12.50 each way up to 10 miles, \$1.25/mile after 10 miles. \$20 each way for wheelchair van plus per mile charges. | Monday-Friday, 8am-5pm; will transport dialysis patients on Saturday. | Yes-48 hours notice is requested. | Yes | -- | Service is curb-to-curb and door-to-door. |
| | | | ADDITIONAL INFORMATION | *Medicaid recipients receive free transportation for doctor appts only. If using this provider for other reasons, non-Medicaid fees apply. | | | | |
| Daughters & Company | Transportation | Primarily Johnson County | \$25/hour if they use the client's car, \$34/hour if they use the company's car. | 7 days a week, hours vary | Yes, 24 hours notice is requested. | No | Yes | Service is curb-to-curb, door-to-door and door-through-door. |
| | | | ADDITIONAL INFORMATION | A service agreement needs to be signed to use this service. | | | | |
| Demand Response | Wyandotte County | Wyandotte County only | \$.50 roundtrip | Monday-Friday, 9am-2:30pm | Yes, 2-5 days notice is requested. | Yes - they provide wheelchair buses | No | Service is curb-to-curb only. |
| | | | ADDITIONAL INFORMATION | This service provides rides for medical appointments only. This service is only provided to Wyandotte County residents. Residents must also be 60 years of age or older. | | | | |

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| Dial-A-Ride | Independence, MO | Independence, Missouri only | \$2/per way and a valid coupon** | Monday-Friday, 5:30am-7pm; Saturday 8am-5pm | Yes. Call 7am-3pm, Mon-Fri at least one business day before you need the ride. Beginning the 15th of each month, you may schedule a ride for the rest of that current month and the entire following month. | Yes | Yes, up to 6. They can't bring them through the door. | Service is curb-to-curb and door-to-door. |
| | | | ADDITIONAL INFORMATION | Riders need to be an Independence, MO resident and 60 years of age and older or be able to show proof of disability. **Coupons are needed to use the program. You pay the driver \$2 each way and present a valid coupon for each one way trip. Customers will receive a maximum of 24 coupons per quarter (every 3 months). An application needs to be completed to use this program. Call 816-325-7399 for an application. After the application is received, it will be verified and processed within 7 business days. Dial-A-Ride will print and mail you the current quarter's coupon only. You will receive your coupons approximately 2-3 weeks after mailing your application to Dial-A-Ride. | | | | |
| EasyRide | Johnson County Transit | NE Johnson county, Fairway, Merriam, Mission, and Roeland Park | \$1/day for riders 13-49; free for riders 12 and under or 50 and over | Monday-Friday, 9am-3pm | Yes, 24 hours notice is requested | Yes | Yes | Service is curb-to-curb. |
| | | | ADDITIONAL INFORMATION | This is an on-demand service. They will pick up and drop off riders at their home. All rides must be scheduled at least 24 hours before you want to ride and may include up to two destinations. Rides may be scheduled up to seven days in advance. Rides are scheduled upon availability. | | | | |
| Errands and Chores | Transportation | Johnson County | Free for Medicaid recipients; non-Medicaid recipients need to call for a quote. | Monday-Friday, 8am-3pm | Yes, 48 hours notice is requested. | No | Yes | Service is curb-to-curb, door-to-door and door-through-door. |
| | | | ADDITIONAL INFORMATION | One man operation only drives for Medicaid (to doctor) Has a van, not wheelchair accessible - pretty full with regulars. | | | | |
| Excel Care Health Services | Transportation | KC metro, Johnson County, Olathe, and Kansas City, KS | Free for Medicaid recipients; non-Medicaid recipients: \$16.95/hour plus .50/mile. | Monday-Friday, 8am-5pm | Yes, 24 hours notice is requested. | No | Yes | Service is curb-to-curb, door-to-door and door-through-door. |
| | | | ADDITIONAL INFORMATION | An application needs to be filled out to use this service one week before the first call is placed. | | | | |

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| Home Instead Senior Care | Transportation | Jackson, Johnson, Miami Counties | \$16.75/hr. if client's car is used; \$18.25/hr. if the company's car is used | 24 hours a day, 7 days a week | Yes, 24 hours notice is requested. | No | Yes | Service is curb-to-curb, door-to-door and door-through-door. |
| | | | ADDITIONAL INFORMATION | A non-binding service agreement needs to be filled out to use this service. Call the number above to have a representative from the company come to your home to fill out the form and find out your personal needs. | | | | |
| Lakemary Center | Transportation | All rides must originate in Miami County, but can end in Johnson County, Kansas City, MO or Wyandotte CO. | Within Paola, \$10; Originating in Paola and Miami County ending in other town in Miami CO. \$20. Into Johnson County and KCMO, \$25. Additional stops \$5. | Monday-Friday, 8:30am-3:00pm | Yes, 24 hours in advance is requested. | Yes | No | Service is curb-to-curb. |
| Liberty Access | Liberty, MO | Liberty, Missouri only | For 60 and above, free; disabled residents (with Social Security Award letter), \$1 each way | Monday-Friday, 8:30am-5pm | Yes, 2-3 days notice is requested. | Yes | Yes | Service is curb-to-curb, door-to-door and door-through-door. |
| | | | ADDITIONAL INFORMATION | Residents of Liberty, 60 years of age and older can use this service for medical, grocery or pharmacy trips once a week. If used more than once a week, the rider will pay \$2 for a roundtrip ride. A book of coupons for \$10 needs to be purchased through the telephone number above to use this service. Residents need to register with the program; those with disabilities need to show their Social Security award letter before using this service. | | | | |
| Lift Lenexa - Same as Senior Taxi Program - Lenexa | Transportation | Lenexa Only | \$2 sign up fee; then \$2 each way per trip | Monday-Friday, 8am-4pm | Yes, 48 hours notice is requested. | No | Yes | Service is curb-to-curb, door-to-door and door-through-door. |
| | | | ADDITIONAL INFORMATION | Service is for Lenexa residents only who are 60 years of age and older. An application needs to be completed to use the service. Call the number listed above for the form. This service has only one taxi and one driver; availability may be limited. | | | | |
| Lo Camp LLC | Transportation | Johnson and Wyandotte Counties | Free for KS Medicaid recipients | Monday-Friday, 7:30am-5pm | Yes, 24 hours notice is requested. | No | -- | Service is curb-to-curb only. |
| Lo Camp LLC | | | ADDITIONAL INFORMATION | This program is for rides for medical appointments for KS Medicaid recipients only. | | | | |

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| LogistiCare of Missouri (formerly Missouri Medicaid) | Kansas City, MO | Certain parts of Kansas and all of Missouri | Free for KS Medicaid recipients ** | Monday-Friday, 8am-5pm | Yes, 3 business days notice is requested. | Yes | | Service is curb-to-curb, door-to-door and door-through-door. |
| | | | ADDITIONAL INFORMATION | This program provides rides for medical appointments only. This program is for Medicaid recipients only. ** Some recipients in Missouri may have a co-pay of \$3; Free for Kansas Medicaid recipients. | | | | |
| M-Transportation | Transportation | Johnson, Jackson and Wyandotte counties | Free for KS Medicaid: non-KS Medicaid: \$25 roundtrip, \$40 roundtrip for a wheelchair-bound recipient and \$1/mile over 20 miles. | Monday-Friday, 8am-5pm | Yes, 24-48 hours notice is requested. | Yes | Yes, up to 5 pkgs. | Service is curb-to-curb, door-to-door and door-through-door. |
| Northland Taxi | Taxi | | Gladstone and some parts of KCMO | 24 hours a day, 7 days a week | Yes, 24 hours notice is requested. | No | Yes. | Service is curb-to-curb and door-to-door. |
| Olathe JOFlex Route K10 | Johnson County Transit | Olathe only; stops at the Olathe Senior Center, Great Mall, Courthouse, Wal-Mart, the Health Dept, Olathe Library and more. | Residents 50 years of age or older ride free; younger than 50 the fee is \$1/day | Monday-Friday, 8am-3pm | No | Yes | Yes | Service is curb-to-curb. |
| Olathe Taxi Coupons | Olathe, KS | Olathe only | Coupons are sold in books of 10 for \$25; a roundtrip rides costs \$5 | Monday-Friday, 6am-6pm | Yes, 45 minutes notice is requested. | Yes | Yes | Service is curb-to-curb, door-to-door and door-through-door. |
| | | | ADDITIONAL INFORMATION | This service is available to Olathe residents only. Residents must be 60 years of age or older and/or disabled. An application is needed to use this service; please call the number listed for the form. | | | | |

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| Older Adult Transportation Services (O.A.T.S.) | Transportation | Cass, Clay, Jackson and Platte counties | \$28 round trip if trip is outside the county the resident lives; \$14 round trip if they stay within their county. | Administrative offices- Monday-Friday, 7am-5pm, medical appointment rides, 8am-2pm | Yes – 2-3 days notice is requested. | Yes | -- | Service is curb-to-curb and door-to-door. |
| | | | ADDITIONAL INFORMATION | Users need to be 60 years of age or older, 18-59 if the person has a disability (a doctor's note is needed to confirm disability). Every Mon, Wed and Fri there are a few free seats available for medical visits only. Reservations for these seats are on a first-come, first-serve basis; reservations can be made on the 15th of the previous month beginning at 7:00 am by calling the number listed. | | | | |
| Omnibus | Excelsior Springs, MO | Excelsior Springs only | \$2 each way | Monday, Wednesday and Friday, 9am-4pm | Yes – at least one hour before the ride is needed. | Yes | No | Service is curb-to-curb and door-to-door. |
| Platte Senior Board | Platte County, MO | Platte county and a 50 mile radius from the resident's home. | \$4 each way; \$8 each way for a wheelchair van | Monday-Friday, 8am-4:30pm | Yes, 24 hours notice is requested. | Yes | | Service is curb-to-curb and door-to-door. |
| | | | ADDITIONAL INFORMATION | This service provides rides for medical appointments only. This service is for Platte County residents only who are 60 years of age or older. | | | | |
| Rainbow Transportation Service | Taxi | KCK and KCMO, Johnson County | Designated by zone – call for a price quote | 24 hours a day, 7 days a week | Yes, a few hours in advance is requested. | Yes | Yes. | Service is curb-to-curb and door-to-door. |
| Senior Express | Transportation | South Kansas City (85th to 135th Streets and 71 Highway to State Line Road) | \$5 each way | As needed | Yes, 24 hours notice is requested, 48 hours is preferable. Schedule rides between 9am-1pm, Monday-Friday | No | Yes | Service is curb-to-curb. |
| | | | ADDITIONAL INFORMATION | You must become a member of Senior Express to use the service. You must buy a book of tickets for \$25; Roads Scholarship if your income does not exceed 150% of the federal poverty level. Riders must be 65 years of age or older and ambulatory and unable to use curbside transportation. You may have multiple destinations as long as the round trip does not exceed 20 miles; the 20 mile radius is waived for medical appointments. The entire excursion should take no longer than 3 hours unless you pre-arrange for the driver to return at a later time. Each rider is given reimbursement for up to 5 rides a month. | | | | |

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| Senior Express of Wyandotte County | Transportation | | | | | | | Program is on hold pending funding. |
| | | | ADDITIONAL INFORMATION | This program is available to Wyandotte CO. residents only who are 60+ years of age and non-driving. Riders need to be referred to the Senior Express program through a local social service or health care agency. Rider arranges their own ride. Rider submits a monthly reimbursement form to Senior Express and receives their payment. Rider is given up to \$6 per roundtrip to reimburse the driver. Each rider is given reimbursement for up to 5 rides a month. | | | | |
| Senior Group Transportation | Wyandotte County | Wyandotte County only | \$1 per person | Monday-Friday, 8am-5pm | Yes, one month in advance is requested, if possible. | Yes | | Service is curb-to-curb only. |
| | | | ADDITIONAL INFORMATION | This program offers a bus for groups of seniors for social outings. Participants need to be Wyandotte county residents. Residents have to be 60 years of age and older. | | | | |
| Senior Taxi Program - Lenexa Senior Citizen's Center - Same as Lenexa Lift | Lenexa, KS | Lenexa only but will go to Shawnee Mission Medical Center and Overland Park Regional Hospital | Initiation fee of \$2; \$2 each way | Monday-Friday, 8:15am-3:30pm | Yes, at least 48 hours notice is requested | No | No | Service is curb-to-curb. |
| Share-A-Fare (Administered by the KCATA) | Kansas City, MO | Anywhere within the Kansas City, Missouri city limits | Depends on where you travel, fares range from \$2.50 roundtrip (up to 3 miles) to \$10 roundtrip (over 15 miles, plus \$1.50/mile over 15 miles) | 7 days a week, 6am-12 midnight | Yes; trips need to be scheduled by 4:45pm the workday before you want to travel. | Yes, but you must have a ramp to the entrance of your home. | Yes | Service is curb-to-curb and door-to-door. |
| | | | ADDITIONAL INFORMATION | Applicants must be 65 years of age or older. Applicants must be Kansas City, Missouri residents. Share-A-Fare can be used for work, medical, shopping or social service trips. An application must be completed; please call the number above to obtain your application. Once the application is approved an ID card, as well as program policies will be mailed to your home. | | | | |
| Shawnee CityRide | Johnson County Transit | City of Shawnee only | \$1 for a day pass | Tuesday and Wednesday only, 10am-3pm | No | Yes | No | Service is curb-to-curb. |
| | | | ADDITIONAL INFORMATION | To find the CityRide's predetermined bus stops, please call the number above. To have the bus pick you up at your home, please call CityRide 24 hours in advance. | | | | |

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| Shepherd's Center of KC Central | Transportation | Kansas City – 46th-85th Streets, State Line Road to Troost Avenue. | Donation-based; up to the individual | Monday-Friday, 9am-4pm | Yes, by Thursday of the week prior to when the ride is needed. | Yes | Depends on the Driver | Service is curb-to-curb, door-to-door and door-through-door. |
| | | | ADDITIONAL INFORMATION | This is a volunteer-based program; availability may be limited. Riders must be 55 years of age or older. | | | | |
| Shepherd's Center of the Northland | Transportation | Clay and Platte counties | \$10 donation for a round trip | Monday-Friday, 9am-3pm | Yes, 48 hours notice is requested. | No | Depends on the Driver | Service is curb-to-curb, door-to-door and door-through-door. |
| | | | ADDITIONAL INFORMATION | This is a volunteer based program and availability is limited. | | | | |
| Shepherd's Center of Raytown | Transportation | Raytown, Grandview, Lee's Summit, Blue Springs, Independence | Donation based | Monday-Friday, 9am-2pm | Yes, 48 hours notice is requested. | No | Depends on the Driver | Service is curb-to-curb, door-to-door and door-through-door. |
| | | | ADDITIONAL INFORMATION | This is a volunteer based program and availability is limited. | | | | |
| Special Edition - The JO | Johnson County Transit | The designated service area is bounded by 159th St. on the south, K-7 and Hedge Lane on the west, State Line Rd on the east and County Line on the north. | \$4.50 one-way for trips 10 miles or less, \$5.50 per one-way for trips that are 10.01-20 miles, \$6.50 per one-way for trips 20.01 miles or more. Reduced fares are available** | Monday-Friday, 6am-6pm | Yes, 48 hours notice is requested. Rides can be reserved as far as 14 days in advance. | Yes | Yes | Service is curb-to-curb. |
| Special Edition - The JO | | | ADDITIONAL INFORMATION | To use Special Edition, the rider needs to be 60 yrs of age or older, have a documented disability, or are within established low-income guidelines and live within the designated service area or have means of travel to reach the designated service area. To discuss eligibility status, call 913-782-2210. A Special Edition application needs to be completed and can be obtained by calling 913-782-6952. Please allow at least two weeks for the processing of your application. When the registration is processed, they will mail back an ID card and Special Edition policies. **If you wish to apply for a reduced fare status, ask for the Reduced Fare Request form when applying for the program. | | | | |

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| St. Luke's Northland Hospital | | | ADDITIONAL INFORMATION | This service is only for patients of St. Luke's Northland Hospital and the doctor's associated with the hospital. | | | | |
| Tiblow Transit | Bonner Springs, KS | West Wyandotte County only | Seniors/people with a disability – free; others-\$2 each way | Monday-Friday, 8:30am-4:30pm | No, call the day the ride is needed | Yes | Yes | Service is curb-to-curb and door-to-door. |
| Transportation for Active Independent Senior Citizens | Transportation | Kansas and Missouri | Call for a quote | 7 days a week, call for hours | Yes, 24 hours notice is requested. | No | Yes | Service is curb-to-curb, door-to-door and door-through-door. |
| | | | ADDITIONAL INFORMATION | This service only has one minivan, availability may be limited. Mostly takes seniors to the airport. | | | | |
| Yellow Cab Company (part of KC Transp Group) | Taxi | KC metro area, including Johnson County | \$2.50 flat fee; \$2.00 per mile. | 24 hours a day, 7 days a week | No, but if you need a wheelchair accessible van, 24 hours notice is requested. | Yes, \$40 for a pick-up, includes first 10 miles; \$2/mile after the first 10 miles. | Yes | Service is curb-to-curb and door-to-door. |

Appendix F:

Framework Staff

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Community Advisory Council

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Community Participants

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