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EASYRIDE

A MULTI-PURPOSE PARA-TRANSIT SYSTEM

JANUARY 1, 1977 - MARCH 31, 1979

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A MULTI-PURPOSE PARA-TRANSIT SYSTEM

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U.S. ADMINISTRATION ON AGING

U.S. URBAN MASS TRANSPORTATION ADMINISTRATION

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LEVI STRAUSS FOUNDATION

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CONTENTS

ATTACHMENTS

ATTACHMENT A: EASYRIDE REGISTRATION CARD

ATTACHMENT B: Exclusion of Blan-Answer Responses in Computing the Statistical Profile of Easyride Registrants and Trips

ATTACHMENT C: 1978 Calendar Year Budget and Sources of Support

ATTACHMENT D: 1979 Calendar Year Budget and Sources of Support

ATTACHMENT E: Glossary of Terms

I. INTRODUCTION

The Problem: Immobility of the Elderly and Handicapped

Immobility is a highly debilitating affliction suffered by elderly and handicapped Americans. Lack of mobility curtails an individual's ability to engage in activities which sustain the quality of life: shopping, seeing friends, or simply sharing the company of other people by being "out". Immobility may limit an individual's ability to adequately obtain financial or other benefits on which he depends, e.g., by visiting Social Security offices or social service agencies. In addition, lack of mobility may severely restrict an individual's ability to obtain necessities as basic as food or medical attention. The fortunate among the immobile have families to care for them; the unfortunate either resign themselves to a limited, isolated existence or consign themselves to society's care.

Residential institutions are this society's primary way of caring for the immobile. By providing basic services under one roof, they minimize the need for mobility. A continuum exists among residential institutions reflecting the extent of care they provide and the costs they charge. Once placed in institutions, it is not infrequent for individuals to move along this continuum from an institution designed to meet needs for minimum care to a maximum care facility.

Adult residential homes represent the minimum care, lower cost end of this continuum. These facilities are intended

to meet the needs of elderly or handicapped individuals who have difficulty shopping, cooking, clothing, or otherwise meeting their daily needs. The cost of adult homes, per resident, is five to six thousand dollars a year.

Individuals who require medical attention, in addition to assistance meeting basic needs, are likely to be placed in nursing homes. At present, there are 38,000 nursing home residents in New York City. New York City nursing homes charge roughly $18,500 a year for each resident. While many elderly and handicapped persons do not want to live in even the best institutions, evidence is accumulating of nursing homes whose primary focus is on maximum profits with minimum attention paid to either meeting basic needs or providing a dignified environment for their residents.*

A double-pronged problem associated with meeting the needs of immobile elderly and handicapped individuals results in the ultimate placement of many individuals in psychiatric facilities: the most extensive care and cost end of the institutional spectrum. Elderly and handicapped individuals who become homebound, frequently become withdrawn and depressed. The result, ultimately, is often their need for long-term, inpatient care in psychiatric facilities. Similarly, older handicapped and elderly individuals who are uprooted from their

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*The Moreland Commission, appointed to investigate the operation of nursing homes in New York State, found that dirty, run-down, poorly-supplied, and poorly-staffed institutions are not uncommon. (As a result of Commission findings, the Governor appointed a Special Prosecutor for Nursing Homes who, since his appointment in 1975, has indicted over 140 nursing home operators.)

familiar surroundings and placed in institutions frequently become disoriented and depressed. Again, their need is often for long-term, in-patient care in psychiatric centers. Forty-five percent of the residents in state-financed psychiatric centers in New York City are over 65.* The average cost of caring for an individual in a state-financed facility is $22,000 a year, although costs vary considerably depending on the level of care individuals require. While institutionalization may be clearly necessary for some elderly and handicapped individuals, it is a solution whose costs are measured indirectly in the deprivation of freedom and sense of self-reliance experienced by many institution residents and directly in the substantial drain institutions place on public finances.

To date, public solutions to the problem of immobility have entailed maximum intervention in the lives of elderly and handicapped individuals. While there are a limited number of public programs designed to maintain the elderly and handicapped in their own homes, these programs also entail extensive intervention and extensive costs. One such program provides home attendants to elderly and handicapped individuals. A home attendant is a single, publicly-financed invidivual who provides housekeeping and personal care services for a single elderly or handicapped person within his or her own home. At present, there are over 11,000 home attendants in New York City serving 10,500 individuals. On the average, each elderly or handicapped individual receives 63 hours of service a week.

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* Many of these individuals have resided in these institutions for years - and in fact grew old in these institutions.

At $2.78 per hour, the Home Attendant program costs 1.9 million dollars a week. Like institutionalization, the home attendant alternative is not necessarily inappropriate, however, it is preferable in both personal and public costs to provide the minimum, least-intrusive assistance required to help elderly and handicapped individuals maintain the quality of their own lives.

If elderly and handicapped people are helped by the community to maintain themselves with the minimum necessary public intervention, the need for institutionalization and other costly alternatives should be correspondingly reduced. Because mobility is critical to self-maintenance, a basic foundation for any program seeking to reduce institutionalization and to improve the quality of life for elderly and handicapped people is an adequate transportation system.

The Solution in Brief: A Multi-purpose Para-transit Service

Easyride is a multi-purpose, door-through-door transportation service for the elderly and disabled. Easyride was developed by the Vera Institute of Justice to test the feasibility, cost-effectiveness, and impact of operating a low-cost, multi-purpose, demand/response transportation service for the transportation handicapped.* Easyride is a system which elderly and handicapped persons can use, as able-bodied citizens use buses or subways, to go where they want or need to go, when they want or need to go there. The Easyride service operates eleven specially-equipped vehicles for riders living within a specified geographic area: the Lower East Side of Manhattan. The service is staffed, for the most part, by former drug addicts and former criminal offenders. A secondary goal in establishing Easyride was to demonstrate that selected ex-addicts and ex-offenders could effectively handle the responsibilities of demanding human service jobs.

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*"Transportation handicapped" is the phrase most commonly used by transportation planners to describe those who, because of mental or physical disabilities, can make only limited, if any, use of regular public transit services. A Glossary of terms used in this report is contained in Appendix B.

II. OVERVIEW OF EXISTING TRANSPORTATION SERVICES AND THE TRANSPORTATION HANDICAPPED

As background to discussing Easyride services in detail, it is useful to look at the alternative transportation services available to elderly and handicapped New Yorkers and to understand something of the demographic characteristics and travel patterns of the population Easyride is designed to serve.

An Overview of Existing Transportation Services

The primary modes of transportation available to elderly and handicapped New Yorkers are the subways, the buses, and the taxi and livery services. In addition to these transit modes available to able-bodied New Yorkers as well as the elderly and handicapped, a limited segment of the elderly and handicapped may qualify for transit services operated by private ambulette companies or for transportation provided by public programs and social service agencies.

The subways - New York's subway system is the largest and most extensive rapid transit network in the world. The system operates 6,700 cars, serves 459 stations, and covers 231 route miles. It carries an average of 3.5 million passengers on a typical weekday and about a billion passengers a year.*

Construction of the subway system as it exists today was largely completed by 1940. Only those stations built particularly far below the street surface were equipped with either escalators or elevators. At present, the entire system

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* Based on 1977 data.

has only 23 passenger elevators at eight of the deepest stations and 102 escalators at 39 additional station stops. Thus, only 49 of the 459 existing stations provide any assistance in negotiating the distance from the street to the subway platform. Moreover, for the wheelchair-bound, this assistance is negligible. While elevators can carry wheelchairs, to get from street level to the level of the subway platform, passengers must climb at least some steps at each of the eight elevator-equipped stations. None of the escalators accommodate wheelchairs.

The buses - A second major transportation alternative is provided by the City's vast network of fixed-route bus lines. The New York City Transit Authority, together with its Manhattan and Bronx subsidiary, operates about 4,500 buses on about 200 local routes. These routes provide service over 1,000 miles of streets, serving nearly two million passengers on an average weekday. The bus system covers four times as many route miles as the subway and provides about 9,700 stops, or an average of seven to ten stops per mile as compared to an average of two stops per mile on the subways. However, only 700 of the 4,500 buses in the City's fleet are equipped with (a now Federally-mandated)kneeling feature which lowers the front of the bus to make boarding easier for elderly and handicapped passengers.

Taxi and livery services - New Yorkers can also use the surface transportation provided by taxi and livery services. There are about 11,000 metered, medallioned taxis in

New York. While all 11,000 taxis are available for hire by hailing on the street, only one-quarter of these cabs belong to radio organizations making them available by telephone reservation.

Livery services, as distinct from metered taxis, are available only through telephone reservations and are not permitted to cruise. However, many gypsy livery operations violate this ban on cruising. The livery cabs operate on a flat rate system and their rates vary enormously. Most legitimate livery operations are based outside Manhattan.

While it is illegal for any taxi or livery cab to refuse to take a handicapped person, in reality, this is not an infrequent occurrence. No metered or livery taxi on the market today is wheelchair accessible.

Private para-transit vehicles: ambulettes - Social service agencies and public programs may arrange for or provide transportation services for elderly and handicapped clients, or individuals may arrange transportation through private, para-transit vehicles. These vehicles, "ambulettes", are usually passenger vans modified to transport wheelchair-bound and other handicapped passengers. Ambulettes are operated by private, para-transit companies. There are at least 100 companies that operate ambulettes in New York. As many operators are unlicensed, the exact number and capacity of these para-transit vehicles is difficult to determine. Medicaid reimburses trips to medical

facilities for Medicaid beneficiaries and these trips form the bulk of the private, para-transit business. Other public programs such as the Office of Vocational Rehabilitation contract for ambulette service. Ambulettes may also be hired by individuals for other purposes. Medicaid currently reimburses ambulette operators at a flat rate of $16.50 per one way trip for eligible passengers. For non-medical trips, rates are usually set individually for each customer and vary widely (from $15 - 50/one way).

Special-purpose transportation services - In response to the absence of a City-wide system to transport individuals unable to use regular transit services, public programs and private agencies have built systems for the reimbursement of transportation expenses into their service programs. These reimbursement procedures have expanded into complicated, fragmented arrangements for authorizing and paying for specialized transportation. Public programs and voluntary agencies now spend considerable portions of their budgets for transportation.*

Some social service agencies, either singly or in small groups, own or lease vehicles which they use in providing transportation for their clients. Since 1974, the Urban Mass Transportation Administration's (UMTA's) 16(b)(2) program has enabled private, non-profit agencies to purchase vehicles to be used in meeting the special transportation needs of the elderly

*Public programs which purchase transportation in New York City include Medicaid, the Board of Education, the Office of Vocational Rehabilitation, the Department of Aging, and the State Department of Mental Hygiene.

and handicapped.* As a result of the 16(b)(2) program, there are now approximately 55 agencies in the City operating roughly 120 16(b)(2) vehicles. Over half of these agencies are operating only one van and close to 90% operate no more than three vehicles. A majority of the agencies operating 16(b)(2) vehicles use them to meet their own organizational travel needs; some of these agencies also use their vehicles to deliver meals to the homebound within their service area.

The most extensive 16(b)(2) operation, in addition to Easyride, is run by the Community Agency for Senior Citizens (CASC) on Staten Island. CASC coordinates a combined fixed-route and demand response "Senior Transit System" to provide transportation services to Staten Island elderly. This system operates seven 16 (b)(2) vehicles.

As with reimbursement arrangements sponsored by public programs, a difficulty with 16(b)(2) programs is that most serve only elderly or handicapped persons who are clients of the organization operating the vehicles and thus there may be age, ethnic, religious, or catchment area limitations.

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*Section 16(b)(2) of the Urban Mass Transportation Act. Under the 16(b)(2) program, UMTA grants cover 80% of vehicle and equipment costs. The recipient agency must cover the remaining capital costs and provide the funds necessary to subsequently operate and maintain the vehicles it has purchased.

Demographic Profile and Transportation Patterns of the Elderly

The elderly represent 13% of the total New York City population. This percentage is expected to increase by 1985. Most of the aged live independently. Although institutionalization is the primary public response to the problems of immobility, at present, less than 3% of the City's elderly live in institutions. In New York City generally, 30% of those over 65 live alone; in poverty areas, this figure increases to 39%. In the Easyride target area, Manhattan's Lower East Side, 49% of all elderly persons live alone. Thus, the problems associated with living alone at a time in life when physical and mental abilities are declining are particularly widespread in New York City's poverty areas, such as the Lower East Side.

Incomes of the elderly tend to be lower than for the general population. It is estimated that 83% of those 65 and over have incomes below $3,000. In New York City poverty areas, 63.8% of all individuals over 65 report incomes of less than $2,500 per year.*

Transportation patterns of the elderly have received little attention until this decade, and even now information

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* The Elderly in the Inner City of New York: Some Highlights Cantor, Marjorie H., Mary Mayer and Karen Rosenthal January 19, 1973 p. 11

and analyses are not complete. However, a variety of studies have confirmed that cost is a major determinant in the elderly's travel decisions. In a survey by the National Council on the Aging, 91% of the elderly reported that they couldn't afford transportation.*

The number of trips taken by the elderly by private vehicle or public transit has been found to correlate positively with income. Other positive factors influencing travel are: car ownership (which is minimal for the New York City elderly), affiliation with social groups, and employment. The general population makes an estimated 1.79 trips per person per day by vehicle, as compared with .79 for the elderly.** Excluding work trips, these figures are .59 trips per day generally and .37 per day by the elderly.***

Studies of the elderly, in general, and in New York City poverty areas, in particular, indicate that the purposes for which the elderly travel are (in descending order of frequency): 1) shopping-groceries, 2) medical, 3) church/synagogue,

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* National Council on Aging, Project FIND Report Prepared for U.S. OEO, Washington, D.C., January 1970.

** Abt Associates, Inc., Travel Barriers. Transportation Needs of the Handicapped (Springfield, Av.: National Technical Information Service, U.S. Department of Commerce, 1969)

*** Joni Markowitz, "The Transportation Needs of the Elderly," in Transportation and Aging: Selected Issues (Edmund J. Cantilli and June L. Schmelzer eds.) Polytechnic Institute of Brooklyn, Washington, D.C., 1970., pp 14-18

4) bank, 5) shopping-clothing, 6) recreation, and 7) employment. The New York City study did not address the question of latent travel demand. However, estimates prepared for the U.S. Department of Transportation show that the elderly would take an additional .53 trips per person per day (a 72% increase) if transportation were more accessible (i.e., higher quality, less expensive, barrier-free).*

The elderly tend to choose among transportation modes largely on accessibility, safety, and cost. Other factors also affect the elderly's use of mass transit--fear of being attacked, of not being able to withstand the pushing and shoving of crowds, and of getting lost. Walking tends to be a major mode of travel for the elderly, but walking can be far from satisfactory because of the physical strain, exposure to crime and bad weather, and the danger of pedestrian accidents.

In New York City, bus is the major travel mode used by the elderly. A half-fare system for the elderly makes bus and subway travel fairly inexpensive ($.50 per round trip). New York City's Office of the Aging's study of the impact of reduced fares on elderly ridership indicated that 73% of all elderly individuals who are eligible (not employed full time) and capable (not institutionalized) had registered for the system.

Although buses are the means of transportation most frequently used by the elderly, buses and subways are also

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*Abt Associates, Inc., op. cit.

their least preferred modes of travel. High steps on buses, stairways at subway entrances, and insufficient seating are important physical barriers. In addition, the jerkiness of buses and rapid acceleration and deceleration of subways create a hazard of physical injury. In combination, these barriers make travel difficult for elderly persons who are frail and unsteady.

Taxis are not generally used by the elderly. High cost and attitudes of drivers are given as reasons for minimal use of this mode which should otherwise be the easiest and safest for the elderly.

Thus, with the exception of the automobile, no present mode of transportation is satisfactory to the elderly. A negative relationship has been shown to exist between the elderly's use of a transportation mode and their satisfaction with it (automobile excluded)*, a fact which seems to indicate that necessity rather than choice governs the transportation patterns of the elderly.

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* Carp, Frances M., "The Mobility of Retired People," in Transportation and Aging, Ibid., pp. 23-41.

and U.S. Department of Transportation, Summary Report of Data From National Survey of Transportation Handicapped People (Washington, D.C., 1978), p. 10.

Demographic Profile and Transportation Patterns of the Handicapped

Information about the numbers and residences of the disabled is sparse. Census data do not include information on disabilities. The National Health Survey of 1965-66 has collected some basic information about the numbers of permanently disabled persons and their disabilities. This survey estimates that permanently disabled persons comprise about 3% of the total population. In addition, individuals who are disabled by a short-term medical condition or accident or who are generally frail also fit into the category of the transportation-disabled.

Existing studies show that the most severe impact of a handicap is its effect on employment and that employment rates are lowest for those with the most severe disabilities. Low participation in the work force is reflected in the incomes of the disabled: approximately 60% of the disabled have annual incomes below $2,500.*

Transportation of the disabled has generally been handled by social service organizations with purposes other than transportation (e.g., United Cerebral Palsy Foundation) or by relatives. Available statistics indicate that disabled persons travel about half as frequently as the general population; and, as disabled persons tend to be employed less than the general population, their trip purposes reflect this trend.

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*Abt Associates, Inc., op. cit.

Social and recreational trips among the disabled are also more limited (.24 trips per day among the disabled, as compared with .67 trips per day for able-bodied individuals).* Disabled persons also take more single-purpose trips than the rest of the population, probably indicating limited ability to travel for long periods of time or to go to more than one destination at a time.

The disabled have the same options in their mode of travel as do able-bodied persons, but some modes present prohibitive difficulties for the severely disabled. Automobile transportation is preferred by the disabled, although, as with the elderly, few disabled New Yorkers have regular access to automobile travel as either drivers or passengers.

Without an automobile, disabled persons must choose between high-cost taxis and specially-equipped vans or lower-cost public transit with its concomitant physical and service-related barriers. Physical barriers in transportation modes are the chief reason for non-use among the disabled. The danger of injury from rapid acceleration and deceleration and the speed and jerkiness of vehicles in transit are also significant problems. In addition, the difficulty of transferring between modes, the fear for personal safety in rushing crowds, and time pressures inhibit travel on public transit by the disabled.

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*A.D. Little, Inc., Employment Transportation and the Handicapped. Prepared for U.S. Department of Health, Education and Welfare, Washington, D.C., July 1968.

Studies of the transportation patterns of the disabled show that 14% of their trips, compared with 2% for the rest of the population, are taxi trips. Thus, disabled persons, having little choice about mode, are forced to spend more than the average person on expensive taxi travel. Even so, over seventy-five percent of the disabled never take taxis, suggesting their inability to pay the high costs and the inadequacy of taxis as a means of travel for disabled people: the barriers the disabled face in taxi travel include driver attitudes, speed and jerkiness in transit, and difficulty getting into and out of existing cabs.*

Existing studies have arrived at varying estimates of the latent travel demand among the disabled. However, general predictions about the kinds of trips, which would increase if a low-cost, accessible transportation system were available, show that two-thirds of the disabled would take more trips for social and recreational purposes. Fifty percent indicate they would use a specialized service for more shopping trips. There is apparently little latent demand among the disabled for transportation to health facilities. This may be explained by the fact that state medical assistance plans pay for transportation (by ambulette, specially-equipped van, or taxi) to medical and dental facilities.

An important area of latent demand is transportation to employment. A study by Abt Associates attempted to isolate

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*A.D. Little, Ibid.

the significance of transportation in the employment of the disabled and found that 13% of the disabled between the ages of 17 and 65 reported that they would return to work if transportation were no longer a problem.* This figure was corroborated by an A.D. Little study in which 14% of the disabled sample cited lack of transportation or its high costs as preventing or seriously hindering their return to employment.**

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* Abt Associates, Inc., op. cit.

**A.D. Little, op. cit.

III. EASYRIDE: THE SOLUTION IN DETAIL

Elderly and handicapped New Yorkers are faced with the difficulty of overcoming the physical and service-related barriers presented by regular transit modes, or if they qualify, of struggling with the maze of differing bureaucratic procedures necessary for obtaining payment authorization and arranging travel on one of the existing limited-purpose services. For individuals who qualify, these existing systems will take passengers only to authorized destinations. For the most part, elderly and handicapped New Yorkers now have no way to travel, like able-bodied individuals, where they want to go, when they want to go there.

In designing Easyride, Vera Institute planners believed that there were a number of characteristics that a para-transit service must have to meet the needs of elderly and handicapped passengers. Specifically, the service must be multi-purpose. Particularly, if a para-transit service is to have maximum impact on individuals' mobility, on their mental and physical well-being, and ultimately on their ability to care for themselves without the need for institutionalization, it must provide the broadest possible opportunity to normalize the travel patterns of the elderly and handicapped, i.e., to take them where they want to go, when they want to go there.

A para-transit system also must offer door-through-door service: it must make itself available to individuals who cannot leave their homes without assistance.

In addition, to encourage maximum use, the system must be

staffed by individuals trained in assisting the elderly and handicapped and it must be offered at a price within reach of the generally limited incomes of the transportation handicapped. Finally, to be most responsive to the transportation needs of the elderly and disabled and in recognition of the fact that a majority of trips are taken within one's own community, the operation of a para-transit service should be based within the local geographic area it serves.

A recent national survey of transportation handicapped individuals has confirmed the necessity of adhering to these principles in structuring a para-transit service. This study, conducted by the Urban Mass Transportation Administration, found that the transportation handicapped need a transit system that ensures getting from origin to destination and back, that is staffed by drivers who are trained to assist the transportation handicapped, and that is delivered to passengers at no more than the cost of a bus or subway ride. Easyride was established as a project designed to test the feasibility and effectiveness of operating a para-transit system which meets these criteria.

The following section describes the target area in which Easyride operates and the population it is designed to serve.

The Easyride Target Area and Population

The Lower East Side (Fourteenth Street to Fulton Street, Broadway to the East River) is the area from which Easyride draws its passengers. Discussions with agencies serving the elderly and disabled led to the conclusion that this area has particular needs because of its large elderly population and its poor accessibility to public transportation.

The total population of the Lower East Side is 182,160. Fifteen percent of Lower East Side residents, about 27,000 people, are over 60 years old. The ethnicity of the elderly population is 84% white (including Hispanics) 4% black, and 12% other (primarily Chinese). Estimates of the handicapped population are more difficult, but the number of permanently handicapped is probably close to 5,000. In addition, as individuals who are disabled by a short-term medical condition or accident also fit into the category of the transportation handicapped, this estimate of handicapped individuals living in the target area is low.

While there are bus and subway routes on the Lower East Side, these routes are limited and basically only provide north-south transportation. In addition, existing bus and subway services are inaccessible to large parts of the neighborhood. For example, most bus and subway stops are a quarter mile from the area's public housing complexes built along the East River.

On the Lower East Side, taxi service is available, but limited. Many area residents live on streets where taxis refuse to go.

Drivers rightly believe that there are few rides to be had there and that the chances of being mugged are good. To find one of the limited number of taxis which drive through the area requires walking the frequently considerable distance to major cross-streets.

While taxi service is curb-to-curb, at least in comparison to the fixed-route bus and subway systems, all three transportation modes require that, at a minimum, passengers be able to negotiate the distance from their apartments to street level on their own. An added difficulty for the elderly and handicapped living on the Lower East Side is that housing in the area is frequently available only in four and five story "walk-up" structures. Few buildings in the neighborhood, excepting public housing, are equipped with elevators.

Associated with all available transportation modes is exposure to crime. The Lower East Side has a high crime rate which, as usual, is associated with poor housing, low income levels, high unemployment rates, and large numbers of young people who are out of school and unemployed. Elderly and disabled persons are frequent victims of street crime. They often travel in non-peak periods in order to avoid the pressure of rush hour crowds; these are also the times when public transit service is infrequent and crime rates tend to go up. Walking, whether to local destinations or to reach other transportation services, also involves exposure to street crime.

The Lower East Side is an area with a high concentration of elderly and handicapped individuals close to half of

whom live alone. Most area elderly and handicapped are poor and have poor access to existing transit services. At the same time, the Lower East Side has a large number and variety of well-established social service and health agencies. Improved transportation for the area's elderly and disabled, therefore, should help facilitate use of these already existing services.

ATTACHMENTS

ATTACHMENT A: EASYRIDE REGISTRATION CARD

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Operations Format

In June 1976, Easyride began six months of operations on a pilot basis. During this period, Easyride refined operating procedures, registered riders, obtained additional funding, and operated three leased vehicles. Easyride now operates eleven specially-equipped vehicles with the capacity of carrying 110 passengers at a time. By March 1979, Easyride had registered 2,731 elderly and handicapped passengers.

There are three modes in which Easyride service is offered:

Demand/Response:	reservation of single rides which should be made 48 hours in advance.
Subscription:	reservation of rides needed on a regular basis (daily, weekly, monthly).
Charter:	reservation of group rides by sponsoring agencies.

Seventy-nine percent of Easyride service is provided by demand/response trips requiring a reservation in advance. Due to the large demand, 69 percent of all trips are requested more than a week in advance and 19 percent are requested 2-7 days in advance. Ten percent of all trips are requested the day before the trip is taken and 3 percent on the same day. Passengers for whom a reservation cannot be made when they call 2-7 days in advance are asked to call the day before and, in many cases, a cancellation enables Easyride to take them.

A portion of Easyride's demand/response service is offered on an immediate basis. For passengers who cannot specify a return pick-up time when booking their rides (e.g., medical

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Note: Data is as of March 1, 1979.

appointments or trips to government offices), Easyride operates a "will call" service: passengers call-in when their appointment is completed, a driver in the area is beeped to call the office and dispatched to pick up the passenger.

Payment for demand/response trips is made by passengers themselves, by funds from federal and foundation grants, or by third party reimbursement (e.g., Medicare).

A voluntary fare of .15 cents (one-way) is charged to passengers taking non-work trips. Staff members of Lower East Side social service agencies and members of Easyride's Consumer Advisory Committee suggested that the opportunity to pay a nominal fare would remove the stigma of a "welfare" program from Easyride's service and make it more acceptable to the elderly and disabled. There is a bolted, lock box beside the driver's seat into which passengers who pay for their rides deposit fares. In fact, however, most riders deposit nothing in the fare box either because they are subscription riders who pay the office directly, or because their fare is paid by a third party (e.g., Medicare) or a chartering organization. Thus, individuals unable to pay their own fares are in no way singled-out.

The bulk of subscription rides are taken by employed passengers to and from work. Employed riders are charged one

dollar for each one-way trip and are billed monthly. This fee of $10 for a full week of round trip rides contrasts with the $50 to $75 per week charged by ambulette companies, currently the only alternative service. Six percent of all rides are provided on a subscription basis.

One or two charter trips are made per day. Their purpose is to take arranged groups on trips planned by settlement houses, churches, or other organizing institutions. These rides are paid for by the chartering agency at the rate of $10 per busload for trips taken in Manhattan, $15 other boros and $40 for trips outside the City.* Because a full bus goes and comes back on most of these trips, group rides account for 14 percent of all rides provided.

The destination of charter rides is remarkably varied. Trips have been taken to movies and shopping malls, to sporting events and evening discotheques, to picnic sites out of the City, and to pick apples upstate. Two group trips illustrate the value of this service:

> On one group shopping trip, residents of a newly-constructed housing complex (built in an area where there are no local facilities) are taken to shop in the Fourteenth Street and Broadway area. On the

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*In cooperation with its Consumer Advisory Committee, Easyride has established a method for allocating buses for group trips and has limited destinations to those within 100 miles of New York City.

return trip, a handsome erect woman of ninety-two reports that she has done her food shopping for two weeks on this outing.

In the fall, before the Jewish New Year, it is important for Jews to visit the graves of relatives. Unfortunately, the cemeteries are often far distant; many elderly Lower East Side residents had not visited these cemeteries for eight or ten years. A series of group rides are organized each year to the various cemeteries. These trips are always signed up for immediately. Many passengers had not been able to visit the cemeteries for years and are grateful for the opportunity to fulfill an important personal task.

To organizing agencies, one advantage of chartering Easyride vehicles is that trips are more easily tailored to group preferences and are more manageable than the size of groups dictated by large (45 passenger) buses -- the only other vehicles available for day charters.

In planning Easyride, it was intended that service be offered 12 hours a day during the week and seven hours per day on weekends. In fact, due to limited funding, the service is now offered Monday through Friday from 8am to 6pm -- ten hours a day.

Registration

Initially, any Lower East Side resident over 60* or over 18 and handicapped** qualified for Easyride. In May 1978

* The criterion used by the New York City Department for the Aging for its senior citizen programs.

** Handicapped was defined as unable to use public transportation, and verification of this status by a physician, nurse or social worker was required in writing.

registration was limited to the elderly over 65 and eligible for Medicare, the elderly under 65 if they are eligible for Medicare or Social Security Disability Benefits, and to anyone in a wheelchair or using a cane, crutches, or a walker.* Registration was limited due to the continually increasing demand for Easyride services and the project's limited financial ability to carry the number of passengers implied by the initial registration criteria.

Registration for Easyride can be made by community agencies on behalf of their clients or directly by potential passengers, either over the phone or in person. At registration, information obtained on passengers includes demographic and health status data for use by the operations staff. Information enabling staff to reach the registrant's doctor and closest living relative is also obtained. Medicare or Medicaid numbers are noted for use in billing and registrant's previous transportation patterns are recorded for analysis by research staff.

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* Individuals between 60 and 65 are eligible for Medicare if they require particular kinds of medical treatments, e.g., if they are renal dialysis patients.

Vehicles

Easyride operates eleven specially-equipped vehicles. These vehicles were purchased from Grumman through an 80% grant provided under the U.S. Urban Mass Transportation Administration's 16 (b)(2) program.* Specifications for these vehicles were developed by Vera and the New York State Department of Transportation.

Easyride's fleet is divided between vehicles of two types: five "straight" buses with 15 seats (two on the left, one of the right) all facing front as in a regular municipal bus; six are "wheelchair" buses with room for three wheelchairs and four additional seats.

All vehicles have special accessibility features: a low (12") front entry door step, stanchions and grab rails, non-skid floor covering, interior lighting, and seat belts. Added features (extra-padded seats, radio, and air conditioning) provide for passengers' comfort. In addition, the six wheelchair-adapted vehicles have motorized wheelchair lifts for raising passengers in their chairs from street level to the level of the bus floor and locks for securing wheelchairs while the bus is in transit.

Easyride employs two part-time mechanics who are responsible for preventive maintenance and ongoing service to these vehicles.

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*The 20% matching contribution required under the 16(b)(2) program was made possible through a grant from the Hofheimer Foundation.

Drivers

Easyride drivers are selected from a pool of applicants most of whom are referred by the Wildcat Services Corporation. (Wildcat is a supported work program operated by the Vera Institute of Justice.) Wildcat provides transitional employment for 18 months to ex-addicts (drug-free or maintained on methadone) and ex-offenders with poor employment histories and limited work skills.) When Easyride was created, there was a growing belief among Vera staff that selected Wildcat graduates were ready to move into jobs which combine complicated business and human-service skills.

Easyride's first ten drivers were chosen from a group of 140 applicants. Easyride's screening process includes preliminary personal interviews exploring previous work records, attitudes, and motivation. To be selected, applicants must meet the most stringent driver requirements set by New York State's Vehicle & Traffic Law (Article 19A), which prescribes physical health standards, a defensive driving written test, a behind-the-wheel examination, and a review of official driving records. All Easyride drivers must also be drug-free (i.e., none are maintained on methadone).

Individuals selected as Easyride trainees receive two weeks of intensive preparatory training and four weeks of training on the job. As part of their training, drivers are given a course in basic first aid by the Red Cross. A course at the

Rusk Institute of Rehabilitative Medicine teaches drivers how to provide physical support and assistance to the elderly and disabled. Seminars conducted by professionals in the fields of geriatrics and the handicapped teach drivers how to deal with passengers who are disabled, elderly and senile, retarded, or ex-alcoholic.* Staff of the City's Police Department provide instruction on the City's bus regulations and on dealing with traffic. Drivers are also trained as block watchers by the Police. With Easyride's supervisory staff, trainees discuss basic job requirements (e.g., getting to work on time, reporting when ill, and calling when delayed). Trainees are also taught how to do routine bus maintenance and to note vehicle problems.

Once past the six-week probationary period, a driver's daily routine consists of reporting to the office to punch in,** picking up the assigned vehicle from the garage, completing a vehicle maintenance check, and beginning the day's assignments. During the periods when no pick-ups or deliveries are noted on the driver's trip log, he reports back to the office and awaits assignment to "will-calls" (return trips from medical appointments, etc.).

Drivers pick up passengers either in front of their apartment building or at the door to their individual apartment,

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*Some Easyride passengers are clients of alcoholism rehabilitation programs.

**Drivers are on staggered shifts of 7:30-3:30, 8:00-4:00, 9:00-5:00 or 10:00-6:00. It is only at midday, the time of peak demand, that all drivers are working.

depending on the person's ability to manage the trip downstairs. Obviously, individuals in wheelchairs require special assistance, including use of the wheelchair lift to enter the vehicle.* At the destination, drivers deliver passengers to the closest point at which the passenger can manage or help is available (e.g., the front desk at a hospital outpatient clinic).

The training that drivers receive in treatment of the frail has a pervasive effect on Easyride's operations. Almost all elderly or handicapped riders, male and female, are personally guided to the waiting bus.

A problem faced by drivers is that 12 percent of Easyride's passengers speak no English at all and roughly the same percentage are only partially fluent. Some Spanish-speaking passengers can say little more than words like "lunch" and "home" to tell drivers where they want to go (destinations drivers already know of from their daily schedules). Often, in crises, Jewish passengers revert to the use of Yiddish. A staff member of Federated Jewish Services has taught drivers a few useful Yiddish phrases. For example, he taught them "Sei gesind" ("go in health") to use when dropping off elderly Jewish passengers after a doctor appointment. A driver explains:

> People who don't know how to speak English sometimes try to speak to me in Spanish or Yiddish. I don't know either one of those, so I don't understand them when they talk. But I can usually understand them by the way they put their hands....We work it out.

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*Drivers work alone. Initially, it was planned to staff wheelchair vehicles with an attendant as well as a driver. This proved to be unnecessary.

The combination of New York City's rough and often narrow streets, bumper-to-bumper traffic, and many passengers who lead difficult lives and, hence may be impatient to reach their destination, make the Easyride driver's job a strenuous one. While Easyride supervisory staff tries to be continually sensitive to the pressures of the job, Easyride supervisors do not shield their staff from pressures. Through role playing sessions and frequent staff meetings, Easyride's management teaches drivers and reservation clerks how to diffuse anger, to cope with difficult individuals, and in general, how to work with people. Easyride is run as a business with emphasis on providing high quality service to customers. The manager describes Easyride's practice as not letting employees cut corners, either purposefully or by accident:

"If staff do not meet high standards, they are terminated. In fact, this has been a rare occurrence; only three drivers have been let go."

The standards by which Easyride employees are judged are the same as those applied to workers in similar services who do not have backgrounds of narcotics addiction or criminal activity. Indicators of employee performance include good attendance record, adherence to safety standards, good punctuality, attention to equipment, and cooperation with others. Work experience at Easyride provides employees with a set of skills and work habits which should

enable them to handle jobs with local transportation authorities, health care facilities, or other human service or transportation organizations. The recent Federal mandate and local commitment to developing a City-wide para-transit service should expand career opportunities for Easyride employees. The extent to which Easyride employees are accepted in positions in which there previously have been barriers to employment will be an important indicator of the project's impact.

Central Office Functions

The job of coordinating and accounting for the trips of two thousand-plus riders and eleven buses and drivers is done by a staff of seven: three reservations clerks, a dispatcher and her assistant, and a fiscal assistant. Easyride's office staff, like the drivers, is selected largely from Wildcat applicants. Easyride supervisory staff consists of a manager and an assistant manager.

Reservations and scheduling - Reservation clerks take telephone calls from passengers requesting rides. Reservations for rides are recorded in duplicate on coded trip request forms. At the time a trip is booked, the reservation clerk records on this form the rider's name, telephone number, origin, and destination, date and time of the ride, and the time of the rider's appointment (if applicable) and payment made. One copy of the trip request form is kept by the reservation clerk and one is placed in a cubby hole marked for the date the ride is requested.

The dispatchers schedule Easyride's operations from the data on the trip request forms. Initially, the assistant dispatcher works on a four-by-six foot master sheet with eleven columns (one for each bus) divided by the ten hours (from 8 a.m. to 6 p.m.) during which Easyride buses operation. Subscription trips are listed regularly on these daily master sheets. This "big board" system provides the scheduline staff a ready reference for the level of demand on a given day in the future. No rides are booked before

the "big board" is consulted, thereby preventing overbooking for particular days and times.

Each day, the dispatcher arranges the individual trip request forms to develop a schedule that most efficiently accommodates requests for rides. As part of this process, calls may be made to negotiate change in trip time with passengers.

Completed individual driver schedules are then prepared and a copy of each posted on the wall. It is this chart and the charts in progress for the days ahead that reservation clerks check when passengers call in; it is from information on these charts that reservation clerks are able to say, "No, that time is filled tomorrow, but we can take you a little earlier...or later." Before their departures each day, drivers are responsible for a final check of their daily trip logs against the master chart to note any last minute changes, cancellations or additions to their schedules.

Automated data collection, record keeping, and billing system

Easyride has developed an automated data collection, record keeping, and billing system. These data are used for both Easyride's operations and its research. The driver's daily schedule or "trip log," coupled with passenger registration cards, are two basic elements of this system.

When a passenger registers, a registration card is completed (see Attachment A). The coded information on this card includes the rider's name and service identification number, address, zone of residence, the nature of disability, aid required, eligibility classification (E-elderly, D-disabled, W-wheelchair bound), and

whether an escort is required, and who registered the passenger. It also indicates any third-party eligibility (e.g., Medicare or Medicaid). When a rider boards a bus, the driver checks the passenger's name, destination, appointment, and return time. Drivers also fill in the time of arrival, time of pick up, and departure from the pick up zone, and time arrived at the destination. This information is useful for research on the amount of time required to pick up passengers. If the scheduler notes that it takes an individual passenger longer to board or disembark, she will allow more time for future trips. This information also is used to determine if the passenger or service is late. When a driver returns to the office, he checks off all trips on the master trip log.

Each driver's completed schedule is checked daily and coded for entry into the computerized data collection system. Trip logs also form the record for generating bills to third party payors, local organizations, or individual passengers.

A vehicle maintenance/mileage form is completed daily by all drivers, based on information from daily preventive maintenance checks. All of Easyride's records are computer coded and processed to produce semi-monthly and monthly reports on trips, passengers, and employees. These reports include demographic information on registrants, modes and destinations of trips, vehicle utilization (hours in service and miles driven) and cost information. (See Attachment B -- Operations Report format.)

Easyride's supervisory staff

In addition to solving operational problems which occur in the

course of daily business, Easyride's supervisors are involved in continuing efforts to obtain sufficient and balanced financing: financing that enables Easyride to continue transporting passengers to multi-purpose destinations. Managerial staff are also involved in exploring ways in which Easyride' operational experience can be useful to New York in the City's current para-transit planning.*

Easyride's management continues to refine the design and the use of prototype systems of billing, data collection, and analysis. Using data available from Easyride's record keeping systems, Easyride staff and Vera's research unit are conducting operations research useful in monitoring program operations. Easyride's basic operations research is augmented by research conducted by Applied Resources Integration, a firm under contract with the Transportation Systems Center, an arm of the U.S. Department of Trnasportation.

A major focus of Easyride management is to continue to explore and try out schemes that meet the special, personalized needs of passengers while maintaining the efficiency demanded of a public bus service.

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*Section IV contains amplified discussion of these issues.

Community Involvement

Easyride consumers are typically clients of other community services. In establishing Easyride, Vera worked closely with local community organizations. Six major settlement houses, which had been instrumental in helping plan the service, also provided the first outreach efforts for registering Easyride passengers.* Easyride also made early cooperative contacts with the New York City Department of the Aging and the Office of the Handicapped. In addition, Easyride made contact with a number of Lower East Side service organizations, including the United Jewish Council of the East Side and the Lower East Side Inter-Agency Council on Aging (a coalition of workers in service programs for the elderly whose members include over 80 organizations).

While the disabled are less well served by local organizations directed specifically at their needs, EASYRIDE works closely with City-wide agencies representing the disabled. Easyride was also formed with input and cooperation from the area's four major health facilities: Gouverneur Hospital, Beth Israel Medical Center, and the NENA and Judson Health Centers.

In an effort to maintain contact with and serve these agencies, Easyride established a Consumer Advisory Committee. This Committee meets every six weeks and is open to social service or health agency workers and consumers who are

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*These settlement houses were Henry Street, Grand Street, University Settlement House, Educational Alliance, Chinatown Planning Council, and Hamilton-Madison House.

interested in the transportation problems of the target population. Consumer Advisory Committee meetings have become an avenue for forming policies (e.g., establishing a fare structure and a method of allocating buses for group trips), for discussing changes in eligibility criteria, for explaining reservation and scheduling procedures, and for learning of particular service needs of consumers, member agencies or groups.

In addition, Easyride operates with the assistance of a second advisory group: a Steering Committee. This Committee includes representatives from the regional office of the U.S. Urban Mass Transportation Administration, the New York State Department for the Aging, the New York City Special Efforts Task Force on Elderly and Handicapped Transportation, the Institute for Rehabilitation and Medicine (Rusk Institute), the Tri-State Regional Planning Commission, the Metropolitan Transportation Authority, and the Association for the Lower East Side Settlements.

Operating as a Locally-Based Transit Service

Operating as a locally-based transit service has proved to have several advantages for Easyride: the contacts with local service agencies this affords and the support the direct linkages with passengers that develop when a service is locally-based. Easyride operates from a local office, has established a local presence, and employs a small group of employees who have become known to the community. Being locally-based has enabled passengers to make links to the service easily.

The value of operating as a transit service which, over time, becomes known and familiar to passengers is illustrated by the following example. One afternoon, an 82 year old passenger called in. For some time, Easyride had been transporting her to and from regular physical therapy appointments. Until now she had been wheelchair-bound. Today, she said, her doctor had given her a walker. She had called to ask whether she should book her next ride using the walker. The reservation clerk advised her to take her walker and if she got into trouble she should call Easyride and they would bring along a wheelchair to pick her up. The woman's first Easyride trip using her walker was a success. On her return home, she called the Easyride office to book herself on a series of group trips of which she knew but which had not been organized to accommodate wheelchair passengers.

While this is one example of an individual success, there are also more generalized pattern of passengers' behavior which illustrate ways in which passengers become comfortable with the service, as consumers do with any service which gains credibility as a user responsive service.

A staff member of a local social service agency describes the clients he sends to Easyride: "Many of these clients are frightened and confused. But with good reason to be. They are afraid to go out of the house. The school kids in the area know where the center lunch programs are; they coincide with their own lunch hour, unfortunately. They hang aroun- the center and panhandle in a threatening way. They knock the hats off old people and run away. On the other hand, if the old people come with Easyride, they have the safety of an escort right to the dining room. Even one of my staff, a six foot, twenty-two year old man, was mugged by three kids who pushed his face into the pavement and broke his glasses. These old people are genuinely afraid. It's not blatant para- noia; it's validated fear of leading this kind of life. But it's important to break through this 'paranoia." The more socially active they are, the less paranoia. Easyride, because they've used it before and know they will be well cared for, isn't threatening."

For some passengers, it is a pre-requisite that transit to local service organizations be responsive to passengers' needs. Some passengers are able to make contact with and use of Easyride only because social agency staff with whom they are familiar have made the initial arrangements and introductions for them. There are also passengers for whom a responsive service is necessary for their continuing use of the system. One such case is described by a driver who

notes that a particular passenger does not want the bus to stop in front of his door; the reason he has given is that he doesn't want to wait where the rubbish and the municipal bus stop are located. The passenger wants to have the EASYRIDE bus stop around the corner from his house. The driver suspects that his passenger doesn't want neighbors to see that he "needs to use" a special bus. There is the sense that some passengers would not use Easyride if it were operated as another bureaucratic organization with which they would be required to deal.

Easyride staff are able and willing to make arrangements which make efficient use of bus mileage and serve individual passenger's interests. For example, when a particular passenger calls in to schedule a ride to one of her semi-monthly chemotherapy appointments at a Bronx cancer treatment center, the dispatcher in turn calls another passenger who has a sister living in a nursing home in the Bronx. While the primary purpose of this trip is medical, it offers an opportunity for a family visit. While it is not a social service organization in itself, Easyride operates with a responsiveness to passengers' needs that encourages use of the service. This responsiveness may be necessary if a paratransit service is to work as an alternative to more costly and extensive forms of intervention in the lives of the elderly and handicapped.

Easyride Services-to-Date

Service-to-date information provides a statistical profile of Easyride registrants and of the trips they take. This profile is taken from reports generated by Easyride's computerized data collection system. Highlights of the registration data, representing service-to-date information, are presented here.*

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*Easyride's computerized data collection system began producing operations reports on registrants, trips and drivers in June 1977. During the first six months of operations, these reports were not produced. This gap in producing reports has had no effect on the completeness of service-to-date information on Easyride registrants: the initial input into the computer files on which Registrant Reports are based was taken from the registration forms of all passengers, including those registered prior to June 1977. On the other hand, the service-to-date data on trips contained in this reporting system is missing information on trips provided during the first six months of Easyride's operations. However, service-to-date trip data does reflect the travel patterns of all registrants: passengers who traveled with Easyride during the first six months of operations, for the most part, have continued to use the service after that initial period. The statistics on registrants in this section are based on service-to-date data in the Monthly Registration Statistics Report for March 1979. The trip data in this section are taken from the March 1979 Monthly Report.

The age distribution of Easyride passengers shows that 90 per centof all passengers are over 60 and half are over 75. The remaining 10 per cent of passengers under 60 are handicapped.

Age Distribution of Easyride Registrants**

Under 18	0%
18-40	4
41-60	6
61-64	6
65-64	34
75+	49
	100%

Besides being very old, half of all Easyride registrants live alone; 30% live with their husband or wife; while 20% live with another relative, friend, or unrelated individual.

It is interesting to note that Easyride's data on registrants does not provide reliable statistics on registrants' income. At registration, 85% of all registrants did not answer the question of whether their incomes are above or below the Federally-established poverty level. Although registrants are told that the income question, among others, is asked only for the purposes of research, by policy, Easyride does not press registrants to certify their incomes. Easyride is not established as a means-tested service; it is designed as a parallel

*In computing the statistics for this section, blank answer responses have been excluded from the statistical base. The reasons for handling the data in this way are discussed in Attachment B.

service to existing transit systems that elderly and handicapped passengers are unable to use (e.g., passengers are not required to certify their incomes to the MTA before riding the City's subways or buses. Similarly, participation in the City's half-fare program for the elderly and handicapped is not means-tested.) However, the income of Easyride's registrants can be inferred. In New York City poverty areas, of which the Lower East Side is one, close to two-thirds of all individuals over 65 report incomes below #$3,000 a year.*

A recent Federal survey of transportation-handicapped people provides quantified information on the transportation-handicapped population in urban areas of the United States. From this study, it is clear that Easyride's registrants share the characteristics of the typical transportation-handicapped person who is older, has multiple physical problems, an- has the demographic characteristics associated with older age. Easyride passengers share with the transportation handicapped the following demographic characteristics associated with age: they are lower income, predominantly female, and not likely to

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*The Federally-established poverty level for a single individual is $3,500 per year.

be employed.* In fact, two-thirds of Easyride registrants are women and 97 percent are retired. Of those registrants who are employed, 2 percent have full-time jobs and the remaining 1 percent work part time.

The National Survey of Transportation-Handicapped People, referred to above, points out that while the majority of transportation-handicapped people are elderly, only 21 percent of the nation's urban population over 65 are transportation handicapped: it is a combination of age and physical disabilities that inhibits people from using existing public transportation. The statistical profile of Easyride's registrants bears this out. Sixty-four percent of Easyride's registrants require assistance of some kind in moving about: 11 percent of all registrants require wheelchairs and 29 percent more either walkers, braces, or canes. An additional 24 percent of all registrants require a personal escort. Easyride's policy is to take escorts (e.g., relative, friend, home attendant) on any trip when passengers request Easyride to do so. Escorts are actually taken on 12 percent of all Easyride trips; for most trips, the escort service provided by Easyride drivers enables passengers to travel without additional personal assistance.

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*U.S. Department of Transportation, Summary Report of Data from the National Survey of Transportation-Handicapped People, op. cit., pp. 8-9.

Registrants Requiring Mobility Assistance

Mechanical Assistance:	
Wheelchair	11%
Cane	20
Walker	5
Braces	3
Artificial Limb	1
	40%
Personal Escort:	24%
Total Requiring Mobility Assistance.....	64%

The actual disabilities reported by Easyride registrants indicate that half are arthritic or have other impairments in walking; half have heart or hypertension conditions; 9 percent have suffered strokes and 11 percent are either blind or deaf.

Registrant Disabilities

Arthritis	28%
Other Leg Problems	21
Heart Problems	25
Hypertension	23
Stroke or Other Paralysis	9
Blindness	6
Deafness	5
Renal Failure	4
Respiratory Problems	8
Mental Health Problems	4
Other (e.g., cancer, general frailty)	22
	155%

It is clear from these statistics that many Easyride registrants suffer from more than one disability. The combined

effect of these disabilities produces a registrant population in which only one-third of all registrants report that they can go outdoors without difficulty, and less than half (46%) are able to move about their own homes without experiencing problems.

The ethnic composition of Easyride's registrants reflects the general composition of the Lower East Side elderly: two-thirds of all registrants are Jewish; an additional 18% are Black and Puerto Rican; with the remaining registrants being of predominantly Italian, Slavic or Oriental origin.

Ethnic Origin of Easyride Registrants

Jewish	64%
Hispanic	13
Italian	6
Black	5
Slavic	2
Oriental	2
Other	8
	100%

Easyride registrants take an increasingly active part in the three-stage process that runs from initial referral, to registration, to booking individual trips. Sixty-five percent of all registrants hear of Easyride from social service agencies and an additional 20 percent from a friend or relative.* Half of all registrations (52%) are made for passengers by social service agencies, while 23 percent

*Easyride has had to perform virtually no outreach efforts to fully subscribe the service at its current level of funding.

of all passengers register for themselves over the phone and an additional 6 percent in person. Once registered, 55 percent of all registrants call to reserve rides themselves (a practice encouraged by Easyride to foster expanded travel by passengers that personal contact with the service may engender) and an additional 8 percent of trip reservations are made by a passenger's friend or relative. Only one-third of all trip reservations are made on behalf of passengers by social service agency staff (and some of these represent reservations for group rides).

Registrants' Source of Information About Easyride

Health or Social Service Agency	65%
Relative or Friend	20
Publicity	6
Other	9
	100%

Mode of Registration

Health or Social Service Agency	52%
Self/Phone	23
Self/Person	6
Other (e.g., Relative, Friend)	19
	100%

Source of Trip Reservations

Self	55%
Relative	7
Friend	1
Social Service Agency	34
Health Agency	3
Other	0
	100%

A second category of statistical information available on Easyride is data on trip activity. Data from Easyride's Semi-Monthly Trip Reports provide information on Easyride's productivity. The chief indicators of Easyride's productivity are the total number of trips delivered and the average number of trips provided per hour. With an average of 8.5 vehicles in service, the average number of trips provided per week for the entire period from June 1977 to the present was 126. By March 1979 the average number of weekly trips totalled 900. This represents a steady increase in the number of individual trips (i.e., trips taking individual passengers to distinct destinations): in previous months the total number of trips provided reflects a large number of group trips.

Easyride's hourly productivity (passenger trips per vehicle hour) is 3.05 a rate which is comparable to that of other demand/response systems around the country* and which includes the fact that 13% of all trips are taken by passengers confined to wheelchairs.

Trip statistics show that midday represents Easyride's peak hours of service delivery: 61 percent of all Easyride trips are provided during the midday hours. This fact primarily reflects the number of Easyride vehicles in service (10 at midday, 5-7 in early morning and late afternoon). It also reflects the high use of Easyride for transportation to

*A recent analysis of six demand/response, transportation handicapped systems in operation around the country found that they have productivities around 2.0 passenger trips per vehicle hour. See Applied Resource Integration, Ltd., Comparative Analysis of Handicapped Special Systems (Boston, 1977), p. 3

senior citizen lunch programs. This finding also coincides with the fact that generally demand/response systems operated primarily for the elderly, have midday peak periods reflecting demand among elderly passengers for discretionary trips. For younger, disabled passengers, demand appears to peak in the early morning (7-9am) and again in the late afternoon (3-5pm). These patterns of peak demand for the elderly and younger handicapped are complemenatry. Thus, a para-transit system serving both elderly and younger handicapped passengers would have the potential for operating at maximum efficiency as a result of a fairly constant day-long demand for service.*

Distribution of Trips by Time

Morning (7:30am-10am)	24%
Midday (10am-2pm)	61%
Late Afternoon 2-5pm)	8%
Evening (5pm onward)	6
	99%

The distribution of Easyride trips among days of the week is fairly even, with Monday and Friday being the lowest activity days (18% and 16% of the total respectively) and Tuesday, Wednesday and Thursday having 20%, 21%, and 24% respectively.

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*Applied Resource Integration, Ltd., Comparative Analysis of Handicapped Special Systems, Ibid., p. 4 and pp. 23-26.

For most trips, both the pick-up zone (80%) and drop-off zone (75%) are in the Lower East Side. This statistic indicates that Easyride registrants are unable to manage even relatively short distances on foot. In addition, this finding indicates that Easyride registrants are also unable to use public transportation for traveling short distances, in the majority of cases, because of their own disabilities but also, to some extent, because of the absence of sufficient public transit service on the Lower East Side. Only 5% of Easyride trips originate or terminate outside Manhattan.

Trip statistics indicate that registrants travel on Easyride for the following purposes:

Distribution of Trips by Purpose

Nutrition Program	44%
Medical Facility	25
Recreation	16
Shopping	5
Training/Employment	5
Social Service	1
Other	3
	99%

Prior to the initiation of Easyride, the only specialized transportation available for disabled persons in the Lower East Side at no cost to the passenger was Medicaid or Office of Vocational Rehabilitation reimbursed ambulette cost.

Given the high cost of ambulette service, few non-reimbursed trips were taken. The trip purpose distribution shown about indicates the variety of trip purposes Easyride users. These are probably trips which were not taken before Easyride began operations.

Easyride registrant and trip data provide a basis for inferring that Easyride is serving a very old, handicapped population by transporting them to a fairly wide range of destinations. User impacts, being determined in a more rigorous way by the Easyride research staff, will not be available until the end of the experimental period September 30, 1979. However, a preliminary insight into user impacts is obtained from a study completed in March 1978 on Easyride's effect on agencies whose clients use Easyride. This study concludes that Easyride enables social service and health agencies to maintain contact with an increasingly older client population who might otherwise become isolated and homebound, if not ultimately institutionalized.

Research and Evaluation

The research effort associated with Easyride has four major goals:

- To evaluate the impact of accessible, low-cost, door-through-door transportation on elderly and disabled urban residents, particularly with respect to their mobility and their mental and physical well-being;
- To examine the service's relationship to, and effect on, the health and social service agencies that serve its riders;
- To compare the cost effectiveness of a single, multi-purpose transportation service with the current arrangement of specialized transportation services;
- To assess the effectiveness of Easyride employees.

The following sections discuss these research objectives and explain the methodologies being employed, the questions being examined, and the hypotheses tested in each case.

Impact on Users

Easyride provides elderly and handicapped residents of the Lower East Side with a low-cost, easily-accessible transportation system. Therefore, in assessing the service's impact, the first question is whether Easyride increases the mobility of those eligible for the service and for which groups its effect is most marked.

Three reserach tools are being used to investigate Easyride's impact on users. The major source of information on Easyride's impact is from a comparison-group study in which 400 elderly residents of the Lower East Side (experimentals) are being compared with 400 similar individuals who live outside the target area and are therefore ineligible for the service

(comparisons).* These groups are being interviewed at least twice, with a 24-month intervening period.**

Characteristics of Target and Comparison Areas

	Target Area: Lower East Side	Comparison Area: West Bronx
Ethnicity of Elderly Population:		
% White	84	93
% Black	4	6
% Hispanic	(6)	(3)
% Other	12	1
Age:		
% Over 60 Years of Age	15	20
Income:		
% of Individuals Below 125% of Poverty Level	49	33
Accessibility to Public Transportation:		
Number of Bus Routes in Area	15	15
Rate of Violent Crime Against Elderly in Hallways/ Streets:	.011	.006

*Comparison group members have been drawn from client rosters of social service agencies serving elderly ersidents of the West Bronx (Community Planning Districts 4 and 5), an area of New York City that resembles the Lower East Side along several salient dimensions: ethnic composition and income level of elderly population, availability of surface mass transit, and extent of criminal activity directed against the elderly.

**Since June 1977, a major portion of Easyride's budget, up to a ceiling of $250,000 a year, has come from the Medicare program. Unlike Medicaid, Medicare typically does not pay for the health-related trips taken by Medicare beneficiaries in the course of obtaining otherwise reimbursed medical care. Under a waiver of regulations granted for research purposes, the Health Care Financing Administration, which oversees Medicare, agreed to

reimburse Easyride for transportation provided to Medicare beneficiaries for Medicare-covered, health-related purposes. Health-related trips are those taken to medical facilities, nutrition programs, and medical equipment supply stores.

The research purpose of this Medicare waiver is to determine the cost and health impacts of paying for transportation to health-related apoointments (e.g, does payment of transportation costs enable Medicare beneficiaries to obtain better preventive care and thus reduce the incidence of more costly in-patient treatment?).

The National Center for Health Services Research (NCHSR) has supported the comparison-group research. Because Medicare is designed primarily to finance health care for the elderly, the compariosn-group research has been more sharply focused on Easyride's effects on the elderly population eligible to use the service: the comparison-group research places less emphasis on Easyride's effects on the younger handicapped individuals who are also eligible to use Easyride. For example, the comparison neighborhood for this research, the West Bronx, was selected based on the similarity of demographic characteristics of the West Bronx elderly to salient demographic characteristics of the elderly living on the Lower East Side.

A second source of information on user impacts is from a statistical study of all Easyride passengers and trips.

The third research tool used to determine Easyride's impact on users are a series of micro-studies. These focused studies will be used to illuminate the qualitative processes that underlie and explain aspects of the quantitative data collected through the comparison-group research and the analysis of registrant trip taking.

The Comparison-Group Study of Easyride's Impact

The primary goal of the comparison-group research is to evaluate Easyride's impact on the mobility and the mental and physical well-being of individuals eligible to use Easyride.

Mobility - A higher level of mobility is the fundamental benefit which Easyride is expected to generate for users. A primary aim of the comparison-group research is to determine whether Easyride does, in fact, increase mobility among people who are eligible to use it. It is expected that individuals in the experimental group will demonstrate a higher level of mobility than they did prior to initiation of the service, while the mobility of comparison-group members will remain constant. (For both groups, however, these effects might be attenuated were mobility to decrease as a consequence of the aging process.)

The following are some of the specific hypotheses research staff are testing; these hypotheses relate to changes in the mobility of experimentals and comparisons at 12 months after the first set of interviews (which have been completed):

- A significantly higher percentage of experimentals than of comparisons will increase their mobility by one or more trips* per week.
- The change in mean number of trips per week will be significantly higher for experimentals than for comparisons.
- There will be more diversity in trip purposes among experimentals than comparisons.
- The differences between experimentals and comparisons will be most marked for those with a greater degree of physical disability.

Morale -- The comparison-group study is also investigating the relation between mobility and morale. Morale is reflected in one's sense of security in leaving home, confidence in traveling to strange places or meeting new people, ability to cope with new events, and motivation to participate in activities outside the home. These capabilities are likely to diminish when an individual becomes isolated or homebound. For the purpose of this study, morale is being

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*A trip is defined as a departure from and return to a point of origin in the course of which a street is crossed. Trips may consist of rides, walks, or a combination of these two modes, and may be single or multi-purpose in nature.

measured by a transportation-specific morale scale constructed to measure improved morale due to increased mobility. The research hypotheses in this area parallel those related to mobility.

- There will be a significantly larger proportion of experimentals than comparisons who move toward a more positive mental health status.*
- The mean score of experimentals on a scale of mental well-being will move in a positive direction or remain constant, while the mean score of controls will remain constant.
- There will be a significant and positive correlation between high mobility scores and high mental health scores for experimentals.

Physical Health - The effect on users' physical health will be studied in terms of both preventive care and acute or long-term treatment situations. Studies (Ostfeld, 1970, among others) have found that lack of inexpensive, accessible transportation inhibits the elderly from visiting physicians, and lack of adequate preventive care all too often leads to deteriorating health. The same negative consequences result from

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* "Positive" here denotes measures which indicate greater optimism, an increased sense of control over events, an enhanced feeling that one's life has been worthwhile, etc.

failure to obtain a nutritionally-balanced diet due to lack of access to congregate meal programs and food stores. Because Easyride provides comfortable, low-cost transportation and door-through-door service to those who are unable to use other transit modes, problems of access to preventive care facilities should be alleviated. The following hypotheses being tested concern Easyride's impact on the preventive health care users receive and are able to provide for themselves:

- The change in mean number of trips per person to physicians' offices and other outpatient facilities will be significantly higher for experimentals than for comparisons;
- A higher percentage of experiments than comparisons will report eating a nutritionally-adequate diet;
- The change in mean number of trips to congregate meal programs and food stores will be significantly higher for experimentals than for comparisons;
- The mean annual number of visits to hospital emergency rooms will be significantly lower for experimentals than for comparisons.

Low-cost, accessible transportation can also be assumed to affect the acute medical care users require, as well as their incidence of institutionalization in long-term care facilities. The following hypotheses are directed at these effects:

- The mean annual number of incidents of hospitalization and of stays in health-related facilities will

be significantly lower for experimentals than for comparisons;

- The mean number of days per stay in a hospital or health-related facility will be significantly lower for experimentals than for comparisons;
- The proportion of experimentals placed in long-term care facilities will be lower for experimentals than for controls, although this trend is not expected to attain a level of statistical significance.

As with the sets of hypotheses related to mobility and to morale, hypotheses on health effects will be tested through data obtained in pre- and post-interviews of residents of experimental and comparison areas. Hospital, nursing home, and doctors' office records will be used to corroborate information based on self-report. Such corroboration will initially be conducted for a sample of respondents; if significant discrepancies between self-reported and verified data appear, 100% verification will be undertaken.

Analysis of Registrant Characteristics and Trip-Taking

This study of all Easyride registrants is designed to increase understanding of the relation between the health-related and demographic characteristics of Easyride registrants and the use of Easyride they exhibit. Information for this analysis will come from the computer file which merges data from passenger registration forms with trip data from drivers' completed schedules. Multiple regression analysis is being

used to address some of the following questions: What passenger characteristics are associated with different frequencies of service utilization (e.g., How are degree and type of disability related to service use? Are individuals who live alone more likely to be service users than those who live with others?)? What characteristics of users are associated with trips to particular destinations (e.g., How is disability of users related to frequency of medical trips? Is ethnicity associated with trip destinations?)? In what significant ways are characteristics of trips and users associated (e.g., How are trip length and passenger characteristics related?)?

Micro-Studies of Special Passenger Groups

The studies of Easyride's impact on users and potential users will be complemented by micro-studies of the elderly and disabled with special needs and problems. These studies focus on the younger handicapped and the severely-handicapped elderly: two population groups at risk of requiring long-term institutional care. A final micro-study focuses on three sets of passenger attitudes (a sense of social isolation, feelings of dependence, and fear of crime) which may lead individuals to become withdrawn and immobile and which, in the extreme, result in the need for institutionalization. These micro-studies explore limited subject areas using small samples and primarily qualitative methods, including observation on-board the buses and open-ended interviewing.

The Non-Elderly Handicapped - It is estimated that 5,000 Lower East Side residents are handicapped individuals under age 60 and, therefore, eligible for Easyride. At present, only 5% of these eligible individuals are Easyride registrants. While the analysis of registrant trip-taking will provide aggregate data on the travel patterns of this group of riders, this micro-study will address issues such as how younger handicapped riders view a transportation service used primarily by the elderly. A small sample of Easyride registrants under 60 will be interviewed about their transit needs and how well the service meets them. It is among the younger handicapped that improved transportation is expected to have the greatest impact on education and employment. Sample members of this group will be surveyed to ascertain the extent to which Easyride facilitates or enables access to schooling or work.

It is important to ensure that younger handicapped individuals are able to, and do in fact, use either existing or specialized transit services. Handicapped individuals are generally at risk of requiring long-term institutional care as they grow older. The risk inherent in failing to provide adequate transportation services for the younger handicapped is that if they become immobile, they are likely to require institutional care.

Because outreach to younger handicapped individuals is a potential means of increasing their use of Easyride's services, this micro-study will investigate the degree to which younger handicapped people are successful in recruiting peers

as service users. Younger handicapped registrants will be asked to recruit handicapped friends as Easyride passengers. The rate of registration during a test month will be used to indicate the potential success of this approach.

The Severely-Handicapped Elderly - The severely-handicapped elderly present a special problem because they represent a population in which the combined effects of physical disabilities and age are the greatest and because, as a result, they are most likely to be homebound. The purpose of this study is to learn the degree to which outreach efforts to the severely-handicapped elderly are successful and to understand ways in which the service may need to be reformed if increased numbers of severely-handicapped elderly are to use the service with increased frequency.

For the purpose of this micro-study, a small panel of elderly individuals with minimal functional capacity will be identified by social service or health agency staffs. Panel members will be interviewed three times, at three-month intervals, to learn what their transportation needs are; how they meet them; whether they have registered for and taken trips with Easyride, and if not, what modifications in the service (such as provision of escorts in addition to the driver) might enable them to use Easyride with greater ease and frequency.

Micro-Study of Certain Mobility-Related Passenger Attitudes - The purpose of this micro-study is to examine the impact of the service on three areas of mobility-related passenger attitudes: sense of social isolation; feelings of

independence; and fear of crime. For this micro-study, an open-ended interview will be administered to a random sample of Easyride registrants. This interview will ask whether, and how, the registrant has contact with family members, friends and other unrelated individuals, and whether or not Easyride facilitates that contact.

For clients who live with other family members, this micro-study will investigate ways in which Easyride may have altered intra-family relationships. For example, decreased dependency of the elderly on their younger kin for transportation may reduce hostility toward the elderly, as well as the practical burdens of meeting needs which transportation enables the elderly to satisfy for themselves. This alleviation of dependency may enable the elderly to derive continued support from family members and thus potentially forestall or avoid the need for institutionalization.

The third set of mobility-related attitudes being investigated is fear of crime: a fear which frequently inhibits trip-making among the elderly. Interviews will tap feelings about the likelihood of victimization and whether availability of door-through-door transportation alleviates this fear.

Impact on Health Care Systems and Social Agencies

The second major goal of research is to examine Easyride's interaction with, and impact on, the health care and social agencies that serve the Lower East Side elderly and handicapped. This evaluation is being conducted through a

questionnaire for hospital and agency staffs.

To investigate Easyride's impact on health and social agencies, agency staff have been contacted to learn what functions they expect the service to fulfill, what benefits they expect to derive from Easyride, what problems they anticipate, and what criteria they would use to evaluate the effectiveness of the service. These responses have been used to develop a questionnaire which is being administered to personnel in agencies and hospitals. In this way, Easyride's operations and impact can be evaluated using standards for success developed, in part, by the social and health agencies themselves. The agency-impact questionnaire investigates issues such as Easyride's impact on the range of agency services offered, the way in which service is delivered, the number of people served, the agency's outreach capability, and improved inter-agency coordination.

Easyride staff are also interested in conducting micro-studies to learn more about the health-related benefits Easyride service generates and about the effects of providing accessible, low-cost transportation on the health care delivery system. Micro-studies on the role and effect of transportation on the health care delivery system will be undertaken as project data and problems suggest fruitful areas of investigation. For example, these studies may focus on specific management issues, e.g., hospital clinic scheduling procedures and the potential role of transportation in reducing lengthy waiting times. These studies may also focus on issues with long-range

measured by a transportation-specific morale scale constructed to measure improved morale due to increased mobility. The research hypotheses in this area parallel those related to mobility.

- There will be a significantly larger proportion of experimentals than comparisons who move toward a more positive mental health status.*
- The mean score of experimentals on a scale of mental well-being will move in a positive direction or remain constant, while the mean score of controls will remain constant.
- There will be a significant and positive correlation between high mobility scores and high mental health scores for experimentals.

Physical Health - The effect on users' physical health will be studied in terms of both preventive care and acute or long-term treatment situations. Studies (Ostfeld, 1970, among others) have found that lack of inexpensive, accessible transportation inhibits the elderly from visiting physicians, and lack of adequate preventive care all too often leads to deteriorating health. The same negative consequences result from

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* "Positive" here denotes measures which indicate greater optimism, an increased sense of control over events, an enhanced feeling that one's life has been worthwhile, etc.

cost and policy implications; e.g., the role of transportation, along with other ancillary services, in reducing the length of hospital stays and in reducing the incidence of institutionalization. Difficulties with undertaking studies concerning long-term effects of transportation on health and the health care system are that, to obtain statistically-valid results, the sample size of actual service users would have to be larger for these studies than it is in the formal comparison-group research Easyride is now conducting, and the studies would have to run over significantly longer periods than Easyride's two years of operation.

Easyride's Cost Effectiveness

Research on Easyride's cost effectiveness will test the following hypotheses:

- The cost per trip of visits to physicians and hospitals by Easyride passengers will be significantly lower than the average cost per trip reimbursed by Medicaid for specialized transportation;
- The cost per trip of transportation to work for handicapped residents of the target area will be significantly lower than the cost per trip paid for by or on behalf of other handicapped;
- The cost per trip of recreational trips charged to Lower East Side agencies will be lower than elsewhere in the City.

Data used to substantiate these three specific hypotheses can be combined to generate a broader hypothesis:

- The cost of specialized trips delivered to passengers during the test year will be lower than the cost of such trips were they delivered by the existing network of limited-purpose providers.

The chief data sources for this analysis will be:

- Records of Easyride operation expenses;
- Medicaid records on transportation payments;
- Transportation payment records of social service and rehabilitation agencies serving the elderly and handicapped;
- Self-reported expenditures for transportation by experimental and comparison elderly (obtained from the interviews).

From data on Easyride's trips provided and total costs, an average cost per trip for each trip purpose will be calculated. This will be compared with costs of other modes of specialized transportation for the same purposes. The cost-effectiveness analysis will be performed through contract with an outside evaluator.

Personnel Research: The Effectiveness of Easyride Employees

An important aspect of Easyride operations is that it employs one disadvantaged group, ex-addicts and ex-offenders, to provide services to another such group, the elderly and handicapped. Using a variety of research techniques (e.g.,

interviewing, surveys, observation, and content analysis), the research on Easyride employees will address four issues:

Employee Performance - How do Easyride employees compare with workers in similar services who do not have backgrounds of narcotics addiction or criminal activity? The performance of approximately 20 Easyride drivers and office staff will be compared with that of personnel in other specialized transportation services and of bus drivers employed by the Manhattan and Bronx Surface Transit Operating Authority. Performance indicators include absenteeism, tardiness, commendations and complaints from citizens, rate of traffic accidents, reasons for termination, and employee tenure.

Rehabilitative Impact and Job Satisfaction - Does employment in a "helping occupation" have a distinctive rehabilitative impact on the ex-addict/ex-offender employee?

The value of social service work for ex-addicts and ex-offenders will be studied by comparing three groups of graduates of the Wildcat Services Corporation: Easyride employees; Wildcat graduates working in other social service jobs; and a randomly selected group of graduates working in non-service occupations. All three groups of employees will be interviewed to determine degree of job satisfaction, job success (e.g., retention in non-supported employment, promotion), support for dependents, and pursuit of educational plans. Data on drug use and criminal activity will also be gathered.

Management Techniques - What kinds of management techniques are most effective in creating a productive work setting

for ex-addicts and ex-offenders who have had successful but limited work experience? Easyride can be considered a "second stage" of supported work in which employees are given considerable responsibility and must meet stringent work performance standards, but in which they continue to receive support through close supervision and employment among peers. The kinds of problems Easyride managers face and their responses--successful and unsuccessful--to these problems are being recorded. Operations journals kept by project staff, observations of the drivers, content analyses of staff meetings, and personnel files will form the data base for this analysis.

Acceptance in New Fields of Employment - Can innovative services, such as Easyride, help ex-addicts and ex-offenders gain acceptance in professional fields where there have been barriers to employment? This issue will be addressed through an assessment of consumer satisfaction and by ascertaining the views of professionals in relevant fields.

Interviews with a sample of passengers will be held to determine consumer satisfaction: how individuals who use the service feel about Easyride's drivers and office personnel (primarily the reservations clerks with whom passengers have contact when booking rides). Changes in passengers' attitudes over time will be investigated. In addition to interviews, passengers will be observed on an early ride with the service and on a later ride to assess the amount and quality of the interaction between service providers and passengers. Research staff will try to determine, also through interviewing and

observation, whether Easyride changes attitudes among health professionals, social workers, and law enforcement officials (people with whom Easyride employees have routine contact) about the employability of ex-addicts and ex-offenders. Passenger and professional attitudes to Easyride employees are being documented because this information may be useful in attempting to change regulations excluding ex-addicts and ex-offenders from employment by existing transportation systems and related fields with current bars to employment.

IV. CONCLUSION

Easyride in the Context of Federal and City Transportation Planning

The most recent statistics show that, compared to other Americans, the transportation-handicapped person tends to be less educated, lower income and unemployed.* In the last decade, recognition of these inequities has led to Federal legislation mandating change. In 1973, Congress passed a Vocational Rehabilitation Act aimed at prohibiting discrimination and promoting the expansion of employment opportunities for disabled persons. Section 504 of this act prohibits discrimination on the basis of handicap in all programs and activities receiving Federal financial assistance. It is this section of the act which has and is having the greatest effect on transportation and transportation planning. In 1976, the President, by executive order,** mandated that each Federal agency prepare its own regulations implementing the anti-discrimination provisions contained in Section 504. At the same time, he gave the U.S. Department of Health, Education, and Welfare (HEW) the responsibility for establishing guidelines for and coordinating implementation of Section 504. In May 1978, HEW published the guidelines which all Federal agencies must meet in implementing Section 504. In response,

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* U.S. Department of Transportation, Summary Report of Data From National Survey of Transportation-Handicapped People, op. cit., p. 9.

**Executive Order 11919

the U.S. Department of Transportation (U.S. DOT) has issued, and held local public hearings on, its own set of proposed 504 regulations.* These regulations are intended to eliminate discrimination against handicapped people in the use of transportation, i.e., to enable them to achieve mobility equivalent to the non-handicapped traveler. As proposed, U.S. DOT's regulations mandate that each existing transit mode (bus, subway, surface rail, highways, airports, etc.) be made accessible to the handicapped. It is of interest that U.S. DOT's regulations, and the intent of Section 504, include those elderly who are unable to use existing transportation facilities in the definition of "handicapped" and hence in the mandate for achieving equivalent mobility.

New York City's official response to U.S. DOT's proposed 504 regulations is based on the regulations insistence that each existing transit system or mode be made totally accessible. The City's position is that New York's transportation system, when viewed in its entirety, should be made both accessible and capable of getting any handicapped person to where he or she wants to go. Specifically, the City is concerned about the costs and technical problems involved if 504 regulations require that New York's entire rapid transit system be made totally accessible. In addition, the City is concerned about the number

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*The U.S. Department of Transportation's proposed 504 regulations were printed in the Federal Register, Vol. 43, No. 111 - Thursday, June 8, 1978, Part V.

of handicapped persons who would not be served by making existing transit systems accessbile.

The City has estimated that the capital costs of making the existing subway system accessible to the handicapped (including wheelchair users) would be roughly two billion dollars. The increase in cost of operating a fully-accessible system would be approximately $140 million a year (40% more than the total Section 5 operating assistance funds that the City currently receives from the Federal Government for all its transportation services).

In addition to the costs, the City is concerned that large numbers of the handicapped would achieve limited, if any, increase in mobility if the City's existing transit systems were made totally accessible. The City's position is that the multiply or severely physically handicapped, the severely mentally handicapped and the semi-ambulatory elderly, among others, simply cannot get to a subway or bus stop and thus could not benefit from accessibility improvements made to these systems.

The City's own proposal for the implementation of Section 504 is to create:

- a totally accessible bus system
- a supplementary para-transit system to provide door-to-door service for those who cannot travel any other way, and
- the modification of key subway stations to make them

accessible to wheelchair users for long or inter-borough trips.

The City's response to U.S. DOT's proposed 504 regulations parallels Easyride's position.*

The U.S. Department of Transportation has not announced a date for issuing final 504 regulations. However, even if the final regulations stipulate that compliance with Section 504 requires total accessibility of each separate existing transit system, interim-accessibility requirements may still necessitate development of a City-wide para-transit system. As currently drafted, U.S. DOT's regulations require that cities, unable to achieve total accessibility within three years, must provide a supplemental system to meet the needs of the transportation handicapped on an interim basis.

As drafted, U.S. DOT's 504 regulations mandate that the City make its bus and subway systems accessible to wheelchairs within six years for the bus system and within 12, 20, or 30 years (depending on the period selected in the final regulations) for the subways. Thus, even were the City able to meet the stipulated time requirements, an interim para-transit system would be needed for a considerable period of time.

The role of Easyride in the City's transportation planning is as a model of an operating para-transit service

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*Easyride's manager testified at the Northeast regional hearings held by the Department of Transportation on its proposed 504 regulations. A copy of that testimony is available on request.

which could be rapidly implemented City-wide. Easyride has developed systems for driver training, vehicle purchase and maintenance, insurance coverage, passenger registration and scheduling, as well as computerized data collection and billing systems. Easyride has begun to work with the City's transportation planning committee and is currently sharing its policy and operating expertise gained from two years of running a demand/response para-transit system.

Easyride is currently serving another function for the City. In April 1976, pursuant to its general authority to provide transportation services to urban residents, the Urban Mass Transportation Administration (UMTA) issued regulations requiring that 5% of Federal transit subsidies to the cities be spent on "special efforts" for the elderly and the handicapped. Credit toward the 5% is given to cities for any improvement or service provided to the elderly and handicapped prior to the date this regulation was issued. Easyride has been approved by UMTA as one such special effort which the City may credit toward its required five percent special efforts expenditure.

Again, as currently drafted, U.S. DOT's 504 regulations stipulate that the City will have until July 1980 to develop a detailed transition plan for meeting the requirements contained in the final 504 regulations.* It is important that

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* Section 27.89 of U.S. DOT's proposed 504 regulations.

Easyride secure sufficient funding to continue to serve as an operating para-transit model during this one-and-a-half year period.

Financing Easyride Operations

Easyride operations are based on the principle that an effective para-transit service must take passengers where they want or need to go. One of Easyride's objectives was to demonstrate that it is possible to operate a multi-purpose transit service by meshing existing sources of funds available for financing transportation to specific destinations. In fact, compared with limited-purpose transit services, a system which provides transportation to a variety of destinations and which meshes funding arrangements in doing so, has the opportunity of reducing average costs per trip because equipment and drivers are being fully utilized. A chief financing difficulty Easyride faced at the outset was obtaining agreement from funding sources to allow integration of their funds with funds from other sources. Without this capacity, Easyride would have been unable to operate a "go-anywhere", multi-purpose system.

Initially, from the start of operations in June 1976 through December 1976, Easyride's financing was provided exclusively by a Title III Model Projects grant of $200,000 from the U.S. Administration on Aging (AOA). Beginning in January 1977, Easyride costs were shared by three additional funding sources. For calendar years 1977 and 1978, Easyride secured a Service and Methods Demonstration grant from the U.S. Urban Mass Transportation Administration (UMTA) in the amount of $91,000. In addition, Easyride received grants from the Helena Rubinstein Foundation and from the First National City Bank.

Neither the AOA or UMTA demonstration grants nor the private foundation funds were intended for restrictive trip purposes. A major step toward the goal of integrating funding for special-purpose transportation was achieved in June 1977 when the Health Care Financing Agency, which oversees Medicare, agreed to reimburse Easyride for health-related trips provided to Medicare beneficiaries.* Unlike Medicaid, Medicare typically does not pay for transportation taken by program beneficiaries in the course of obtaining otherwise reimbursed medical care. Under a waiver of regulations granted for research purposes, Medicare agreed to reimburse Easyride (up to a ceiling of $250,000 a year for two years) for trips which meet the test of being Medicare purpose trips taken by Medicare beneficiaries.

Medicare is currently a chief source of revenue for Easyride (Easyride's Operating Budget and Source of Funds for 1979 is contained in Attachment D).The percentage of Easyride trips which meet the dual test of being Medicare purpose trips taken by Medicare beneficiaries has risen from 15% in June 1977 to 60% in March, 1979. This is attributable to an increase in demand for nutritional program trips and to the fact that Easyride is used more and more by an older population.

While Medicare funds are restrictive in the sense that they are for health-related purposes, a large percentage of Easyride's Medicare reimbursed trips are provided for passengers

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*Health-related trips are those to medical facilities, nutrition programs, and to medical equipment supply stores.

enrolled in lunch programs at senior citizen centers or social service agencies. While the primary purpose of these trips is nutritional, once at these centers, passengers are able to participate in other offered recreational activities or social services.

The Urban Mass Transportation Administration is currently Easyride's second major source of funds. The grant from UMTA is used to off-set some of the cost of trips for training, employment, shopping, recreational and social purposes. In addition, Easyride has relied on grants from private foundations to finance some of its trips to multi-purpose destinations. In its current 1979 budget, Easyride is financing some of the multi-purpose trips it provides with a grant from the Greater New York Foundation, and from revenues from subscription contracts with agencies, individuals, and small amounts from individual fares.

The next critical step for Easyride is to secure adequate funding for its 1980 operations. The UMTA grant has been renewed through December and the Medicare waiver will expire during 1979. Indications are that negotiations underway to extend these funding arrangements are likely to be successful.

In addition, in the past Easyride has provided some rides under contract with institutions which serve the elderly and handicapped.* Such contracts are useful to Easyride, providing

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*There were two such contracts in 1977: one with the Henry Street Urban Nite Center to an evening meal program and one with the N.Y. State Department of Mental Hygiene to transport, on an experimental basis, 5 recently released Willowbrook patients to day programs.

riders and income; they are also useful to the contracting institutions, providing flexible and suitable transportation without the funding and operational burdens of owning vehicles and employing drivers. While these contracts are designed to provide special-purpose trips (e.g., to day programs for Mental Hygiene patients), passengers whose trips are paid for by these sources are, of course, eligible to use Easyride for trips to other destinations. Additional contracts, which are expected to constitute part of Easyride's funding for 1979, are being sought with the U.S. Veterans' Administration, the State Office of Vocational Rehabilitation, and the City Department of Mental Hygiene and Mental Retardation and the New York City Medical Assistance Program.

It will cost about $570,000 to operate Easyride in 1979. (See Attachment D for Easyride's Proposed Operating Budget and Source of Funds for 1979.) During 1979, the management of Easyride will offer their experience in transporting the handicapped to the New York City officials responsible for planning compliance with the Section 504 regulations. Easyride staff will begin efforts to institutionalize the funding base, so that beginning in January 1980, Easyride will be financed by fewer demonstration grants and more regular sources of funds. These regular sources include: Medicaid, Office of Vocational Rehabilitation and operating subsidies received by the City of New York under Section 5 of the Urban Mass Transportation Act.

ATTACHMENT A: EASYRIDE REGISTRATION CARD

ATTACHMENT B

Exclusion of Blank-Answer Responses in Computing the Statistical Profile of Easyride Registrants and Trips

Examination of passenger registration forms (on which Monthly Registration Statistics Reports are based) show that, in many cases, individual registrants left blank answers to one or more questions asked on these forms. The cumulative effect of these "blank-answer" responses ranges from a low of 2% (on the question of an individual's sex) to a high of 85% (on the question of an individual's income - for a discussion of this response to the income question see page 47). The number of respondents who did not answer any given question averages 32% or roughly 770 of the total 2,400 registrants.

For the purposes of this report, unanswered questions have been excluded from the statistical base, i.e., 'N' is reduced to encompass only those cases for which an answer was forthcoming. The decision to treat the number of positive responses as 100% was based on several factors. A primary reason blank-answer responses have been deleted is so that the percentage of responses they would otherwise represent does not distort the positive data provided by registrants. For example, the following table reflects employment statistics among Easyride registrants when blank-answer responses are and are not included.

Employment of Easyride Registrants

	Blank-Answer Responses Included	Blank-Answer Responses Excluded
Retired	59%	97%
Working Full-Time	1	2
Working Part-Time	1	1
Blank Answer	39	--
	100%	100%

The decision to treat the number of positive responses as 'N' was based on discussion with Easyride staff. From their operational experience, Easyride staff believe that, in each case, the exclusion of blank-answer responses provides the more accurate statistical description of Easyride registrants (e.g., that, in fact, 97% of all Easyride registrants are retired as compared to the lower figure of 59% obtained when blank-answer responses are retained in the statistical base).

The method used in filling out Easyride registration forms was also considered when deciding to exclude blank answers from the statistical base. Easyride registrants are not given a registration form and asked to fill it out themselves. Registrants are asked registration questions either by Easyride staff (in person or over the telephone) or by the staff of local health and social service agencies. Fifty-two percent of all registrations are made for registrants by staff members of local health and social service agencies. Particularly, in the initial phase of Easyride operations, social service agencies registered

a substantial number of registrants from among the roster of their own clients and then subsequently delivered the registration forms to the Easyride office; the bulk of these registrations were made over the telephone. In addition, in asking questions from the second side of Easyride's registration form, it is intended that registrants be told that these questions are asked only for research purposes (see example of Easyride registration form on page). Thus, agency staff know that the absence of this information will not effect Easyride's ability to provide effective service to any given registrant. Given the method used in completing registration forms, it is possible that an answer to a specific registration question is missing, not because a registrant was reluctant to provide it, but because the question was not asked.

The issue of whether registrants are reluctant to answer a question because they think the question is sensitive is also relevant to the way in which the statistics from registration forms are treated. For example, one may assume that 39% of Easyride registrants refused to answer the question of whether or not they are employed because they are treating it as a sensitive question and believe that if they answer in the affirmative, that they are employed, it will jeopardize their eligibility for the service. If one assumes that there is a uniform bias in the blank-answer responses, then including only positive answers in the statistical base would not accurately

represent the universe of all Easyride registrants. A review of the percentage of blank-answer responses to each question shows that (except in the case of the income question) the percentage of blank answers to questions that may be considered sensitive is in the same range as the percentage of blank answers to neutral questions (e.g., the question of whether or not a registrant was employed was left blank by 39% of all registrants; the question of the degree of difficulty with which registrants are able to walk about their homes was left blank by 42% of all registrants).

Copies of Easyride Monthly Registration Statistics Reports and of Semi-Monthly Trip Reports, including the August 1978 reports, are available on request.

ATTACHMENT C

1978 Calendar Year Budget and Sources of Support

		SOURCES OF SUPPORT	
PERSONNEL	EXPENSE	OTHER	GNYF
1 Manager 1 Assistant Manager 1 Scheduler 1 Operations research Assistant 10 Drivers 3 Reservations Clerks 1 Administrative Assistant	$202,217	$195,763	$ 6,454
FRINGE BENEFITS	40,277	39,051	1,226
EQUIPMENT	265	265	0
OCCUPANCY	21,000	24,975	1,000
VEHICLE EXPENSES			
Maintenance	27,198		
Fuel	7,468		
Insurance	35,920		
Other	306		
Subtotal	$ 70,892	$ 68,097	$ 2,795
OFFICE EXPENSES			
Telephone	6,306		
Xerox/printing	3,577		
Office Supplies	4,256		
Subtotal	$ 14,145	$ 13,937	$ 208
OTHER EXPENSES	1,682	1,682	0
TOTAL DIRECT COSTS	$355,453	$343,770	$ 11,683
INDIRECT COSTS	84,857	81,469	3,388
TOTAL COSTS	$440,310	$425,239	$ 15,071

1978 Funding Sources

Medicare	$311,275
Service Contract Income (fares)	3,832
UMTA	91,082
Levi Strauss Foundation	10,000
Greater New York Fund	15,000
Robert Wilson Foundation	4,399
AOA Contributions	
Core Support (Vera Institute)	3,522
Robert Wilson Foundation	1,200
Total	$440,310

ATTACHMENT D

1979 Budget and Sources of Support

		SOURCES OF SUPPORT		
		Service Contract Fund		UMTA
PERSONNEL	EXPENSE	Medicare/Other	GNFY	
Manager Assistant Manager Scheduler Drivers (11) Reservation Clerks (4) Administrative Assistant/ Fiscal Liaison Temporary Help	$262,300	$215,542	$ 13,758	$ 33,000
FRINGE BENEFITS	49,837	40,953	2,614	6,270
CONSULTANTS	3,000	3,000		
EQUIPMENT	5,222	5,222		
OCCUPANCY	25,550	24,017	1,533	
VEHICLE EXPENSES	88,880	12,107	773	76,000
OFFICE EXPENSES	14,600	10,374	1,726	2,500
OTHER EXPENSES	6,000	5,600	400	
TOTAL DIRECT COST	$455,409	$308,593	$ 23,804	$117,700
INDIRECT COST (26% of 443,587 - direct less equipment)	115,333	80,234	6,196	34,133
TOTAL COST -- ALL COSTS	$570,742	$388,827	-$ 30,000	$151,833

ATTACHMENT E

Glossary of Terms

demand/response: consumer activated transit service as opposed to conventional systems which operate over a designated route and according to a fixed schedule.

latent demand: extent to which the incidence of travel would increase for a given group (e.g., the wheelchair bound) if existing transportation barriers were removed.

Medicaid: Title XIX of the Social Security Act was enacted in 1965 to finance the provision of essential medical care to individuals who otherwise could not affort to purchase health care. Those eligible for Medicaid include individuals and families receiving public assistance (Aid to Dependent Children, Supplemental Security Income, and Home Relief) and to others deemed "medically needy" because their income, while above Federal welfare levels, is inadequate to purchase essential health care. The primary beneficiaries of the program are the elderly, blind, disabled, and children. Federal, State and local governments share the cost of the program, which is largely administered by the states.

Medicare: a federally-financed nationwide program which operates much like private health insurance programs. There is no means test for eligibility; nearly every person over 65 is automatically covered, as well as certain disabled persons.

Coverage is offered in two parts: Part A covers in-patient hospitalization and nursing home services; Part B covers physician and ancillary care. Part A is available at no cost. Part B requires a premium payment which is currently $8.20 per month.

Para-transit: a transportation service provided parallel to existing systems. Para-transit systems may operate either from origin to destination and back or they may operate as feeders to fixed-route systems.

transportation barrier: a specific problem that prevents an individual from using a specific transportation mode at all or as much as he/she would like; barriers may be either physical or related to the quality of service.

transportation handicapped: individuals who because of a permanent or temporary (between one and six months) mental or physical disability (including disabilities associated with aging) can make only limited, if any, use of regular transit services.