



Conversations on Inclusive Planning

August 2014

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The Strengthening Inclusive Coordinated Transportation Partnerships to Promote Community Living Project, begun in 2013, seeks to demonstrate the value that inclusive processes can bring to transportation efforts. The seven grantee project teams met on May 29, 2014.

The Transit Planning 4 All Projects and staff on call:

- AAA 1-B, Southfield, Michigan. Team members: Roberta Habowski, Debra Price-Ryan
 - Alaska Mobility Coalition, Fairbanks, Alaska. Team members: David Levy, Casey Anderson
 - Knoxville-Knox County, Tennessee. Team members: Karen Estes, Christina Shipley, Warren Secrest, Lavaya Marella, Dhanush Agara Mallesh, Ryan Yuting Li
 - The Arc Connecticut, Hartford, Connecticut. Team member: Dianne Bilyak
 - Jewish Council for the Aging of Greater Washington, Rockville, Maryland. Team member: Katy Greenberg
 - Lewis and Clark County, Helena, Montana. Team members: Laura Erikson, Elizabeth Andrews
 - Ride Connection, Portland, Oregon. Team members: Troyce Crucciola, Julie Wilcke
- Transit Planning 4 All Team:
- Administration for Community Living, U.S. Department of Health and Human Services: Eric Weakly, Danielle Nelson, Lori Gerhard, Kathy Cargill-Willis
 - The Community Transportation Association of America: Charles Dickson, Jane Hardin, Ginger Ammon
 - Westat, Inc.: David Bernstein, Jon Burkhardt
 - Easter Seals: Judy Shanley
 - n4a: Virginia Dize

This meeting was designed to be a series of personal interviews with each project team. In the conversations below, each team was asked about their Round 1 Project information- and data-gathering successes, challenges, and lessons learned.

Key Recommendations from the Projects:

- 1 – To achieve high meeting attendance, go to your audience rather than having them come to you. Partner with existing organizations to piggyback on their meetings, and be flexible in meeting in unconventional settings at unconventional times.
- 2 – Be open to finding new audiences. Sometimes the audience you set out to reach isn't the only one who could use your resources.
- 3 – Give door prizes to meeting attendees. Transit passes are a particularly popular choice.
- 4 – Show meeting and survey participants that their feedback is valuable. Give them examples of where their expertise is or will be put into practice.

5 – Develop a standard meeting agenda that covers your key points and collects the information from participants that you seek. There is no reason to spend a lot of time developing a totally new plan every time you hold a meeting.

6 – Make sure your meetings are accessible to all.

Project: AAA 1-B, Southfield, Michigan

Team Members: Roberta Habowski, Debra Price-Ryan

The Round 1 Project sought to engage older adults and persons with disabilities as part of its newly formed Regional Transportation Authority's Advisory Group – which was important as the RTA was launched. AAA 1-B also developed outreach and awareness materials related to its Take Transit Anywhere Campaign which represents a one-call – one click mobility management solution in the Detroit area. Older adults and people with disabilities were critical informants to the development of these outreach materials and continue to be active in the operation and continuous improvement of the service.

The ACL project team spoke to Roberta Habowski, about AAA 1-B's methods for gathering data from the project's target population:

Roberta – we piggybacked on other activities, senior lunch congregate sites, health fairs, the personal touch. We had surveys and I and another person would try to get seniors to fill out the surveys. We'd get one or two, but would participants responded better to seniors who were collecting surveys. We got better results using peers. We also gave out gift cards at the focus groups, and had light refreshments.

We sent out surveys to our Elder Mobility Regional Alliance partners. They handed them out to their participants. One was sent to our local CIL, our CAT team at the agency. The lesson there, the more personal and in-person, the better the response. We also wanted to encourage people to apply to the citizen advisory committee. We sent emails to our REMA members and we have a senior advocacy network that we blasted, we assisted people with application process. We had them sent directly here to us, were available to help them with the lengthy app process. We blasted senior centers to have them apply to the citizen's advisory committee of the Regional Transportation Authority. We did follow up phone calls to everyone we sent the email too – another personal touch.

The time commitment was a problem for some people. The meetings are held once a month in downtown Detroit. We encouraged them to try it anyway. We also contacted all of our contacts again because there was legislation coming up about providing funding for transportation. We e-blasted people to contact their representatives to ask for transit funding.

Jane Hardin – in Detroit, I remember you talking about how you trained older people to be advocates, go to meetings and speak up.

Roberta – Yes, that is part of Round 2.

Elizabeth Andrews – we’re forming a consumer council in Round 2. You said your application form was long, do you have it? The consumer council here is going to brainstorm techniques to engage citizens. They’ll want that resource.

Roberta – it was long because they wanted to make sure people were dedicated. I’ll put the application on the Google site. The council is 30 people from 4 counties, 17 people are either seniors or people with disabilities. They meet monthly.

Project: Alaska Mobility Coalition (AMC), Fairbanks, Alaska

Team Members: David Levy, Casey Anderson

In Round 1, AMC hired a Mobility Manager Consultant, after which they worked to ensure that coordinated transportation planning would be implemented by an inclusive group of transportation users and stakeholders. This group, the Fairbanks Transportation Partnership Project, began in June 2013 with over 40 members, including representatives from public and paratransit systems, disability and senior service providers, tribal councils, state legislators, adults with physical or intellectual disabilities, and older adults. Three well-publicized meetings of this group were held throughout the summer and fall to conceive and implement transit planning processes that included people with disabilities, older adults, and Alaska natives. The group created and disseminated a guide to available transit in the Fairbanks area, enlisted a VISTA volunteer to help with fixed-route planning, researched options for sustainable funding, and increased participation in planning by the targeted groups.

We talked with David Levy, Executive Director of AMC, to learn more about what the project did to effectively engage and get useful information from participants:

David – One thing we discovered is what the definition of being inclusive is. As we work with our folks in Fairbanks, we learned we need to outreach to nontraditional groups that haven’t been considered part of transportation issues in the past. The Alaska Native community, tribal organizations, traditional organizations that work with folks with disabilities and seniors. That’s been the learning curve for us to make sure their transportation needs were considered.

Casey Anderson – We work with a huge geographical area, communities we want to work with can be over an hour away, so we use a teleconference system to get people from far away communities. The people who are

homebound also have that way to provide input – email, teleconference, and making sure you hit people who can’t get to downtown Fairbanks. As Ride Connection mentioned, having transportation for people who want to come in person is important and we offer that. We partner with Fairbanks Resource Agency to transport people to the meeting.

David – there’s a large military population in the area. We include vets and active military in this project.

Elizabeth Andrews – tell me more about your experience working with vets with disabilities. How do you engage them?

David – we work closely with the bases in the area. We also work with vets’ groups in Fairbanks to identify what their needs are. For us, it’s been a different language, so we bring in different folks who work with both groups to make sure their transportation needs are identified.

Casey – local fixed route systems recently launched a route that goes into Fort Wainwright so we are just now identifying people who use that route to get to services on base. We’ve been fortunate enough to work on other issues with veterans around the state, so we have contacts with the VFW, Department of State Veterans Affairs, the VA, and this lets us do more targeted outreach. We’re learning the language and how to target those groups.

Elizabeth – we made a contact with the local VA outside Helena city limits, there’s no transportation out there. The only way they can get into Helena is if they have a medical appointment. They want to get service to get into town for other reasons.

Jon Burkhardt – at every VA hospital, there is someone in charge of transportation. They work with DAV, but are open to other suggestions as well. Direct contact with VA hospitals is a good idea, too.

Project: Knoxville-Knox County, Knoxville, Tennessee

Team Members: Karen Estes, Christina Shipley, CAC Transit; Warren Secrest, Volunteer Assisted Transportation; Lavaya Marella, Dhanush Agara Mallesh, Ryan Yuting Li, University of Tennessee

The Knoxville-Knox County project developed a “Meeting in a Box” to bring their message easily to all of their targets populations (namely, older adults and people with disabilities). This streamlined information sharing process illuminated one large barrier that these populations had regarding access to transit: customer service and communication. This covered a range of issues, from a lack of communication with drivers and dispatchers to rudeness and insensitivity toward people with disabilities. A solution to this barrier was developed, called a “communication board.” Using an iPad or tablet, it would be easier to communicate with people

with intellectual and developmental disabilities.

We spoke with Warren Secrest to learn more about the project's information collection techniques:

Warren - The project learned three lessons in Round 1. Lots of federal money coming in for planning ... I was attending transportation infrastructure planning meetings. There was a lot of talk about increasing fixed route transportation ridership. I asked attendees 'who came to the meeting on a bus?' not one hand was raised. There's often a gap between planners and riders. The transit users know very little about how to get involved in the transportation planning process.

We learned we need to use multiple methods to increase planning inclusivity. Online is key - social media, websites.

The number one lesson we learned about getting people involved is, take the meetings to the people. It's a much different environment when you are on someone's home turf. Take it to the people. That's where you'll get input ... lots less anxiety for people. We went to 30 different orgs - i.e., Goodwill Industries-Knoxville. We went to each of three training facilities. The participants were already there either for training or other reasons, so they were lined up and ready to go. For the most part, most participants are using public transit. We'd go to a senior center, we went to a couple of adult day centers, and we've been to workshops. We went to STAR Riding Academy on the farm and conducting a meeting in a corral. The aroma was such that you knew where you were!

The individual uniqueness of the ridership - a broad base. Use the roller instead of the paintbrush, include everybody. The families and caregivers of riders should also be included. You have to advance softly there. We know people use public transit for different reasons, work, shopping, etc. We worked for the Tennessee School for the Deaf and one youth said he used transit to meet people and maybe line up a date!

For this project, we learned that having a strong, active steering committee is a key element for success ... partnerships with multiple organizations that expand the project's impact. We have providers, planners, leaders all involved.

Project: The Arc Connecticut, Hartford, Connecticut *Team Member on call: Dianne Bilyak*

The Arc Connecticut sought to support inclusive, coordinated transportation planning by bringing individuals with intellectual and developmental disabilities and elders together (who use or want to use public transportation) to share their experiences and offer real solutions to the barriers they face. In 3 months, 18 forums were hosted across Connecticut with 205 people participating. Using videoconferencing for 3 meetings, we were able

to reach out to participants in rural areas. Participants and stakeholders were very engaged in the forums and relieved to have a chance to speak. There were many recurring themes (e.g., gaps in transit services, lack of services in rural areas, high cost of services) and barriers were identified that prevent those who need public transportation. Solutions were then discussed and a detailed list of recommendations (e.g., wanting a call center, inclusive website, and more involvement from a range of providers) was compiled.

This list of solutions helped The Arc shape the development of the Round 2 grant. Dianne Bilyak gives us more information on how they gathered data for the project:

Dianne - I was only working on the grant at the end of Round 1, but I learned that the self-advocacy groups were essential for us to get the word out. We used People First as a partner. We hired someone from PF to help with the grant and run the meetings alongside us. This helped people, who were there with disabilities, to feel more comfortable. We used video conferencing so people could be included from afar. One slight deterrent to inclusion was that our state (Department of Developmental Services) organization has three regions (which is not a lot and I'm sure they are overwhelmed), and would sometimes schedule meetings in places that weren't very accessible. In the future we'd try to do more in the meeting site planning.

As for getting the word out there, we posted flyers at senior centers, community centers, and libraries. We email blasted and asked the places where the forums were to be held to post and forward flyers. At the forums, having everyone in the same room helped people understand other viewpoints. In the future, we would ask more specifics on the surveys about people's disabilities so we could be more attentive to that in following in-person meetings. We'd pass out index cards for people to write down questions if they were shy or couldn't easily speak.

In the next phase, regarding inclusion, one thing I'd like to do, is look at group homes and contact directors of these private agencies and have more meetings in the homes or offices. I have family members who are in group homes that often don't go anywhere except when they need to go to the doctor or to work. We'd like to get more families involved, as well, especially those whose children with disabilities might be moving out in the near future. I will be more in touch with the five C4As in the state because they have transit info on their sites. We are continuing to work with the state to get legislation passed.

Charles Dickson - Did you get valuable input from using video conferencing?

Dianne - The equipment wasn't always reliable in the

places where we had the meetings. It's a great resource when it works.

Virginia Dize – I appreciate that you provided insight into planning meetings to ensure people could participate. Did you use particular resources or would you write up your learning in that area? It would be very useful. The pre-meeting activities were useful. A lot of people would find that helpful.

Dianne – I actually wrote three pages of notes for this, I can send it off afterward.

Judy Shanley – Post it to the Google site! Because you're an Arc, did that create different challenges?

Dianne – It might have, I wasn't that involved in Round 1. I went to three of the senior center meetings, which were not a problem. If there were some issues about representation in the DDS or community forums, being an Arc always brings a strong advocacy voice to the table, as does People First.

Project: Jewish Council for the Aging of Greater Washington, Rockville, Maryland

Team Members on call: Katy Greenberg

An Advisory Panel was formed in Round 1 of this project, the majority of whose members were older adults and people with disabilities. They held two focus groups, received nearly 500 survey responses, and held a community meeting with over 50 people in attendance. These meetings and surveys allowed the project coordinators to collect a significant amount of primary source data about the transportation needs of older adults and people with disabilities, what Montgomery county does to meet those needs, and develop concrete recommendations on how to better include and serve these populations.

Katy Greenberg talks us through collecting this primary source data, and what these recommendations will mean as the project moves into Round 2:

Katy – I was working with Elaine and the county. Main finding we've had for Round 2 was the county hired a mobility manager, working with her and with me coming on board and our bosses, we've had a lot of brainpower on how to broaden it countywide. In Round 1 it was only two cities. We made a 25 person advisory board. It included people from the Muslim senior center, Chinese senior center, the Arc Montgomery County. We set the stage that we want them much more involved in planning project. In Round 1, the main accomplishments were: a list of recommendations from Round 1 were sent to: 8 County Council Members, Director of Recreation Dept., Chief of Aging and Disability Services, Council Staff, Council Staff Director, Senior Fellow, Dept. of Transportation and 25 members of the Commission on Aging; Created Project Coordinator position to oversee Round 2; County Hired a Mobility Manager that will

work closely with project; Transportations Options piece created and distributed throughout the county.

The main goal of our project in Round 2 is for people to know what transit options are out there. Our advisory board will be ambassadors for us. We're going to do 10 traveling focus groups. We're creating a diverse advisory panel with 25 participants. We had some people who had a hard time getting to our meeting, so we'll provide travel in Round 2. We got six focus groups around the county, we've got senior centers, villages, neighborhoods band together to help seniors stay in their homes. We've done a lot to broaden our reach. We just met to create a public awareness campaign. We're going to brand our 'all around the county' logo and create a large public awareness campaign. We'll go on the local TV station, we're going to get internet hits, we're going to be on buses. We're working closer with the county to make that happen. We're bringing in school systems, just Trying to include all sorts of diverse groups.

Jane Hardin – have you reached out to any of the retirement homes, nursing homes?

Katy – we have, Holly Hall, senior housing for low income people; leisure world, a large senior housing committee. We're going to do focus groups there. We're trying to pick and choose where we get the most bang for our buck.

Jane – there is a huge need for caregivers to get transportation to visit spouses in nursing homes.

Katy – caregivers is a good place to do a focus group, I'll add that to the list.

Project: Lewis and Clark County, Helena, Montana

Team Members on call: Laura Erikson, Elizabeth Andrews

Round 1 of this project began with a contact list of 30 people representing 15 stakeholder organizations, many of whom had little or no prior involvement in transit planning. By the end of Round 1, there were 380 people representing 30 organizations. This leap represented a significant need for improved transportation services among people with mobility limitations, and a desire to be involved in transit planning. This was accomplished through 4 Working Group meetings, 18 stakeholder interviews, 8 small group consumer meetings, and 5 broader community meetings.

Laura Erikson and Elizabeth Andrews talk more about convening these meetings, and other ways they successfully collected data for the project:

Laura – A lot of what we did in round 1 is what Warren from Knoxville talked about. We went to where seniors and people with disabilities were already gathered. We'd try to tack on to meetings that they were already having, such as during lunch hours/meetings. We did one-on-one interviews. Just leaving a survey means it's less likely to be filled out. We'd interview in person

instead. If it wasn't possible to go where people were already gathered, we'd have our meetings on bus routes, in accessible buildings, and at times of day when people could still catch the bus home afterward.

Elizabeth – the other thing we did was to have initial stakeholder meetings with organizations' leaders to interview them and ask them when they met, and have them help us organize meetings. Some organizations have the capacity to organize meetings with people with disabilities. We interviewed the person who did the meeting convening for these groups. Out of 19 interviews, we came up with 4 models: large group, small roundtable discussion, short presentation with questions and answers and one-on-ones following the meeting; tabling at a location where people were already gathered where they could come to the table and have a one-on-one conversation with us there. We met with a social club for people with disabilities with 50 people there. They wanted us to go from table to table and talk to each table. It was really important to meet with group leaders, find out when, where they meet and how they find success in their meetings. We had 7 such meetings. We found these organizations wanted to continue to act in this capacity, they wanted to continue these types of meetings moving forward.

David Bernstein – as you were talking about 4 types of meetings, the phrase that jumped into my head was 'cultural relevance' – you conducted meetings that fit into the cultural relevance of the groups you were meeting with.

Elizabeth - We empowered the organizations we were involved with to guide the meetings.

Project: Ride Connection, Portland, Oregon

Team Members on call: Troyce Crucciola, Julie Wilcke

In July of 2013, Ride Connection launched a six-month participatory planning process that identified existing challenges related to transportation for kidney dialysis patients, and how these challenges impacted patient health. This process involved the creation of an advisory committee, a survey, focus groups, and a public workshop. Each of these steps helped to identify transportation challenges and informed specific changes that would not only improve the quality of transportation services, but ultimately would improve the health outcomes of dialysis patients. They reached out to the dialysis community throughout this process to ensure input from many different perspectives: from those who work in the renal care field to those who are affected by renal disease. An advisory committee met monthly and was composed of five dialysis patients and seven caregivers. Data on transportation needs of the target population was collected through the responses of 83 patients and 26 caregivers from 14 different clinics who

completed the surveys that were designed by the advisory committee, as well as in-person meetings, one-on-one interviews, and public workshops.

The information gained from this data collection led directly to planned activities in Round 2. Troyce Crucciola discusses their successes in information collection:

Troyce – we found inclusiveness to be a key part of what we're doing. We're trying to improve transit for kidney dialysis patients in Portland, Oregon. One of the things we did was to pay for people's transportation to get to meetings. We could have our meetings at our central office and have people in our committees transported to us on our dime. That was for our advisory council. The council had patients, family members/caregivers, drivers, and staff from dialysis clinics (doctors, nurses). We had such a good group that echoed so much of what we did.

We did patient surveys, caregiver surveys, we had a focus group, we involved local advocacy groups. What we found is that we saw universal problems that repeated among our groups: the advisory council, the focus group, and the surveys. Our survey information is shareable and we can send that over.

You've got to create an environment where people feel comfortable sharing. Once that was established, we got way more participation. Make sure people who participate are HEARD, have your facilitator draw people out. Part of that is you have to spend time building relationships with your attendees. It took time on the phone, emails, and meeting in person to get people to trust that their input is valuable. We have ongoing monthly meetings now.

Finding champions in the community who will spread the word about involvement opportunities is huge. We need social workers to talk to the patients. We need transportation providers to let us educate their drivers. One of the things about working so closely with the company is that the drivers are very different people. We'll do it live, online, and a printed packet to accommodate all learning types.

We found when it was all said and done, the information we learned by true inclusive research is more meaningful than trying to do this without being inclusive, or using an expert or something like that. We'll continue to use these techniques as we move forward. Is your survey information shareable? Yes, we can send that over.

Charles Dickson – you said to get people to share, you had to make them feel comfortable. What are your techniques for doing that?

Troyce – number one, it takes time. The initial meeting is a very diverse group of people from patients who don't work, to professionals working in the industry. We're all here for the same purpose, your profession doesn't matter, every single person's voice/comments

matter. We put everything up on a dry erase board. Everything that's said gets put on the board. We saw an evolution of the group so by the third meeting that everyone felt comfortable enough to the point where they even questioned the scope of our project.

Jon Burkhardt – you said you used several data gathering techniques that identified universal problems.

Troyce – more than 65% of patients had had problems with transportation in last 3 months. Advisory council, surveys, and focus group showed the same stats. Surveys, advisory council, and focus groups, and caregivers were all showing problems with people getting left at the center after their appointments. Another common problem: drivers not having an understanding of their dialysis patients/riders. All these problems were aired across the board.

David Bernstein – as projects have collected data, to the extent that you can collect data on multiple topics from different sources, it really validates that data. Using focus groups, interviews, etc. can ensure your data is better quality.

Judy Shanley – collecting data helps people engaged in this process feel a sense of community.

Sponsored by the Department of Health and Human Services' Administration for Community Living, the project is now in its second, implementation phase (Round 2). As each grantee works to develop, test, and demonstrate ways to empower people with disabilities and older adults to be actively involved in designing and implementing coordinated transportation systems, they participate in periodic conversations to share their progress.

The Transit Planning for All program is a national technical assistance project created to help communities in adopting inclusive planning practices. The project is funded through a cooperative agreement between the Administration for Community Living and the Community Transportation Association of America, and is operated through a consortium of four organizations – the Community Transportation Association of America, the Easter Seals Transportation Group, the National Association of Area Agencies on Aging, and Westat. Content in this document is disseminated in the interest of information exchange and none of the organizations listed above assume any liability for its contents or use.