

Seniors' Alternate Transportation in British Columbia

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Executive Summary

Introduction and Overview of the Project

In 2009, 14.7% (656,400) of the population in British Columbia was over the age of 65, with the percent of seniors projected to increase to 21.8% (1,171,100) by 2026 (Statistics Canada, 2010). Although the majority of seniors meet their outdoor mobility needs through reliance on the private vehicle, either as a driver or a passenger, a number of seniors voluntarily or involuntarily stop driving each year. However, that number is unknown. For those seniors who stop driving, meeting mobility needs often is a challenge. Reliance on family and friends and use of public transportation are two of the most frequent ways that seniors who do not drive meet their mobility needs (Gallagher, Menec, & Keefe, 2007). However, national data indicate that less than 6% of seniors use public transportation in Canada (Sleightholm, Billette, Normandin, & Hofmann, 2010). In addition to the barriers associated with conventional public transportation (e.g., long distances to bus stops, inclement weather, long wait times, concerns for safety), the triggers that 'stop people from driving', such as physical and/or mental impairment, also interfere with the use of public transportation. For example, individuals with Alzheimer's disease who are no longer competent to drive will be unable to safely use public buses or transit while unescorted due to changes in their cognitive abilities.

Alternate transportation services for seniors, defined as transportation provided to seniors outside of the conventional public (e.g., public buses, subways, light rail transit) and private (taxis) transportation systems play an important role in keeping seniors mobile. However, there is a paucity of research on the availability of alternate transportation for seniors (ATS) service provision and on the strengths and gaps of that service provision for this population. Recent research has identified ATS service providers in the province of Alberta, as well as the strengths and gaps of ATS service provision from the service providers' perspective in the province (Dobbs, Bhardwaj, & Pidborochynski, 2010). The current project represented an extension of that work.

The goals of this project were twofold:

1. To identify and catalogue alternative transportation services currently available to seniors in the province of British Columbia, and
2. To identify the strengths and gaps of existing ATS service provision in the province.

The results presented in this report are from interviews with service providers, with a focus on service provision responsiveness based on the 5 A's of Senior Friendly Transportation (The Beverly Foundation, 2008), organizational features of service providers, and problems with and/or limitations of service provision.

Potential ATS service providers in the province of British Columbia were identified using web-based searches of community websites and phone contacts with known ATS service providers. All organizations identified as potential ATS service providers were contacted by telephone and provided with an overview of the project. Organizations identified as providing ATS services were invited to participate in a telephone interview. Data were collected using a structured data collection form previously developed by the research team. The project received ethics approval from the University of Alberta's Health Research Ethics Board.

Results

The results are presented in terms of: 1) Demographics; 2) Service Provision Responsiveness based on the 5 A's of Senior Friendly Transportation (The Beverly Foundation, 2008); 3) Organizational Features of Service Providers; and 4) Problems/Limitations with Service Provision. Results are presented first for the *Province as a Whole* followed by results as a function of funding orientation (*For-Profit and Not-for-Profit*), Regional Health Authority (*Across the Five Regions*), and then by *Rural and Urban Location*.

In this Executive Summary, we present an overview of the demographics of the service providers in the *Province as a Whole*, followed by a summary of the most significant findings on the responsiveness of service provision for the providers by funding orientation (*For-Profit and Not-for-Profit*), Regional Health Authority (*Across the Five Regions*), and by *Rural and Urban Location*.

ATS Service Provision (Province as a Whole)

In the province of British Columbia, based on web searches and phone contacts, a total number of 533 potential ATS service providers were identified. Of those 533 *potential* organizations, a total of 154 organizations were confirmed as meeting our sole inclusion criterion of providing alternate transportation service to seniors. Of these 154 service providers, a total of 99 service providers completed the interview, with a response rate of 64%. Difficulties in being able to contact and complete the full interview and time demands were identified as the primary reasons for non-participation by service providers. Organizations providing ATS service for less than six months were excluded from our analysis. The rationale for excluding service providers with less than six months experience is that, based on our experience, the data from these service providers are limited which has the very real potential of skewing the results (e.g., small number of rides provided per month, per year, etc.).

An examination of the results indicated that there were differences between service providers as a result of funding orientation (*For-Profit and Not-for-Profit*), jurisdiction (*Across the Five Regions*), and by setting (*Rural and Urban Location*). Given that differences existed as a function of funding orientation, jurisdiction, and location, and because these differences are meaningful in understanding the nature of ATS service provision in the province of British Columbia, we have given priority to these results in this Executive Summary. However, to facilitate the readers' general understanding of ATS service provision in the province, we have provided an overview of the *demographics* of ATS service providers followed by a *Summary of the Findings Across the 5 A's of Senior Friendly Transportation* for the *Province as a Whole*, by funding orientation (*For-Profit and Not-for-Profit*), by Regional Health Authority (*Across the Five Regions*), and by setting (*Rural and Urban Location*). In the final section of this Executive Summary, we provide an overview of the limitations of service provision for the *Province as a Whole*, followed by a concluding section.

Demographics for the Province as a Whole

- The number of years the service providers have been in operation was, on average, 9.1 years (Range of 6 months to 40 years).
- Over three quarters (76%) of service providers interviewed were located in cities (Pop. 10,000+) and over half (59%) of service providers interviewed reported that their clients were from within city/town/village limits.
- On average, service providers reported serving 25 clients per month (SD = 35; Range 2–200).
- The average number of one-way rides provided per month was 68 (SD = 62; Range 4–256). Approximately 50% of the service providers did not know the number of one-way rides provided per month, with many of them simply estimating the number of rides given. Thus, the accuracy of the 'rides given' data is questionable. Outliers were removed to prevent the skewing of the results.
- Few (5%) of service providers interviewed in the province reported having a wait list.
- The majority (54%) of the ATS service providers in the province who completed interviews were for-profit.
- The majority (64%) of service providers who completed interviews relied on a sole source of funding.
- The majority of service providers interviewed (80%) did not have transportation service provision as their primary focus, but rather offered other services as well (e.g., home care services; programs, resources, and services not only to seniors but to any community members).

Summary of Findings Across the 5 A's of Senior Friendly Transportation

A summary of the findings across the 5 A's of Senior Friendly Transportation (The Beverly Foundation, 2008) are presented in Table i for all service providers (*Province as a Whole*) (third column), for the for-profit and not-for-profit service providers (fourth and fifth columns), and for urban and rural service providers (sixth and seventh columns). Findings are presented in Table i for service providers across the five Regional Health Authorities. Bolded items in the third column indicate responsiveness of service provision in the province of British Columbia from all 99 service providers on questions assessing Availability, Acceptability, Accessibility, Adaptability, and Affordability. To determine 'responsiveness' of service provision, we arbitrarily set a cut point of having 80% or higher of the service providers meeting the criterion (e.g., providing both weekday and weekend service). Our arbitrary cut point of 80% or higher again is used to determine responsiveness of service provision for the for-profit and not-for-profit and urban and rural service providers in the province. The use of a cut point is intended to advance understanding of the strengths and gaps of service provision, and to inform on the development of policies and procedures as well as the promotion of initiatives that will assist in the facilitation of ATS service provision in the province of British Columbia.

As can be seen in Table i, when examining service provision for all 99 service providers in the province, service provision is most responsive for Accessibility and Adaptability. Specifically, more than 80% of the service providers offer door-through-door service, provide transportation for medical and essential activities, are able to accommodate trip chaining, take clients where they want to go (i.e., client response routes), can accommodate wheelchairs, assist clients in transferring in and out of the vehicle, and provide escorted service (e.g., accompany clients to an appointment). Conversely, when examining the data for all 99 service providers for the province as a whole (see Column 3), service provision is less responsive when it comes to Availability, Acceptability, and Affordability. Specifically, less than two-thirds (60%) of service providers provide rides during the daytime *and* evening; 77% provide rides on weekdays *and* weekends; only 30% *do not* require advance notification for a ride, while approximately half (46%) require 48 hours or more notification; and less than two-thirds (60%) provide any type of driver training.

Finally, although the vast majority (93%) of service providers *do not* charge an annual membership fee and only 26% *do not* charge rider fees, this is not, from our perspective, a limitation. That is, there are costs associated with alternate transportation service provision, and the view, from either the service provider or the client, that rides are to be provided at little to no cost seems unreasonable. Results from a provincial sample of seniors in Alberta supports this position, in that 85% of the 901 seniors surveyed indicated that they could afford and were willing to pay up to \$14 for a one-way ride (Dobbs & Pidborochynski, 2011). It also is the case that owning and operating a vehicle carries associated costs, with an estimated \$6,257 needed annually to own and operate a small sedan in Canada (Canadian Automobile Association, 2010). Thus, it also is not unreasonable to assume that *many* seniors can and are financially able to pay for alternate transportation, with those in the lower income brackets likely in need of some form of subsidization to assist in meeting their mobility needs. For seniors who are transitioning from 'behind the wheel', the dollars allocated to vehicle ownership and maintenance can be directed to a 'mobility account' to assist with maintenance of mobility needs.

There also are features of service provision under the other two A's (Accessibility and Adaptability) that are not as responsive as they could be. Specifically, less than three-quarters (67%) of the service providers offer rides for all four trip purposes; fewer service providers provide rides for social and religious activities; and only 34% focus their transportation service provision to seniors, seniors and persons with disabilities, and seniors and persons with disabilities and companions. Finally, slightly less than half (47%) offer both single and group passenger service.

The pattern of results based on funding orientation (Columns 4 and 5) indicates that service provision for the for-profit service providers is more responsive across a number of outcomes assessing the 5 A's of Senior Friendly Transportation (The Beverly Foundation, 2008). As can be seen, a majority (80% or greater) of for-profit service providers met 15 of the 23 measures (65%) of 'senior friendly transportation'. In comparison, the majority (80%

or greater) of not-for-profit service providers met five of the 23 measures (22%) of 'senior friendly transportation'. Specifically, a greater percentage of for-profit service providers offer services that are more Available (providing transportation during daytime and evening hours, and on weekdays and weekends); Acceptable (shorter notification time for scheduling a ride); Accessible (providing rides for essential, social, and religious, trip purposes, and for all trip purposes); and Adaptable (trip chaining, driver aiding in transferring, and in the provision of escorted services). Importantly, portrayal of the data in this fashion is not designed to 'pit' for-profit and not-for-profit service providers against each other. Rather, the comparison is done to advance understanding of the strengths and gaps of service provision, and to inform on the development of policies and procedures as well as the promotion of initiatives that will assist in the facilitation of ATS service provision in the province.

It also is important to note that responsiveness of service provision comes at a cost and that cost is a higher price for service provision. The overall trend in the data indicates that the cost of service provision *to the client* is higher for the for-profit service providers. Thus, these services, although more responsive, may not be affordable for some seniors. Notably, the cost of service delivery *for the service provider* also is likely to be higher. Costs that often are incurred by for-profit service providers and not by *some* of the not-for-profit service providers include infrastructure (e.g., office space, telephones, computers, vehicles), personnel (paid drivers), and operational (e.g., commercial liability insurance) costs.

Finally, results related to the responsiveness of alternate transportation service provision in rural and urban locations in the province of British Columbia are shown in columns six and seven (Table i). As can be seen, a majority (80% or greater) of service providers in rural areas met seven of the 23 measures (30%) of 'senior friendly transportation'. In comparison, the majority (80% or greater) of service providers in urban areas met ten of the 23 (43%) outcomes used to measure 'senior friendly transportation' service provision. Specifically, a greater percentage of service providers in urban locations provided transportation on weekdays and weekends (Availability); provided transportation for essential trip purposes (Accessibility); and were more likely to offer escorted services (Adaptability). However, there was similarity in the responsiveness of service provision between rural and urban service providers for door-through-door service and for medical trip purposes (Accessibility), for trip chaining and providing transportation on client response routes, in the accommodation of mobility aids, and in assisting in client transferring (Adaptability); and in *not* charging membership fees (Affordability). Overall, the results indicate that service providers in both rural and urban settings could increase the responsiveness of service provision by accommodating clients' needs on a number of outcomes related to Availability, Acceptability, Accessibility, and Affordability (see Table i).

Table i – Summary of the Findings Across the 5 A's of Senior Friendly Transportation (Province as a Whole; For-Profit and Not-for-Profit; by Rural and Urban Location)

The 5 A's of Senior Friendly Transportation	Services	Province as a Whole	For-Profit and Not-for-Profit		By Rural and Urban Location	
		All Providers (n = 99)	For-Profit (n = 53)	Not-for-Profit (n = 46)	Rural (n = 24)	Urban (n = 75)
Availability of Services	Daytime and Evening (Past 1800 hours)	60%	85%	30%	37%	67%
	Weekdays and Weekends	77%	94%	57%	67%	80%
Acceptability of Services	No Advance Notification Required	30%	44%	13%	29%*	30%
	Advance Notification Timeline > 48 Hours	46%*	21%*	64%	36%*	50%
	Driver Training Provided	60%	59%	61%	47%	65%
Accessibility of Services	Type of Service (Door-through-Door)	90%	94%	85%	83%	92%
	Medical Trip Purpose	100%	100%	100%	100%	100%
	Essential Trip Purpose	83%	94%	69%	75%	85%
	Social Trip Purpose	75%	96%	50%	67%	77%
	Religious Trip Purpose	67%	92%	37%	54%	71%
	Trip Purpose (Comprehensiveness) All 4 Purposes	67%	93%	37%	54%	71%
	Focus on Seniors; Seniors and Persons with Disabilities; and Seniors and Persons with Disabilities and Companions	34%	32%	37%	33%	35%
All Ages and Abilities Eligible to Receive Services	53%	63%	40%	50%	53%	
Adaptability of Services	Trip Chaining Allowed	86%	96%	76%	83%	88%
	Client Response Routes Only	96%	96%	96%	96%	96%
	Both Single and Group Passenger Service	47%	53%	39%	54%	44%
	Mobility Aids Accommodated (Wheelchair)	85%	85%	84%	96%	81%
	Driver Aids in Transferring	83%	91%	73%	88%	81%
	Escorted Service	85%	96%	71%	71%	81%
Affordability of Services	No Annual Membership Fee	93%	100%	85%	92%	93%
	No Rider Fees	26%	0%	57%	21%	11%
	Donations	13%	2%	28%	13%	13%
	Coupons	24%	32%	8%	13%	27%

* A lower percentage indicates more responsive service.

Readers interested in more comprehensive results on the 5 A's of Senior Friendly Transportation (The Beverly Foundation, 2008) and organizational features for the Province as a Whole are encouraged to review Section C.1.2. of this report.

In Table ii, we present a summary of the findings across the 5 A's of Senior Friendly Transportation (The Beverly Foundation, 2008) for the Province as a Whole (All Providers: third column) and by Regional Health Authority (Across the Five Regions, columns four through eight, respectively). To determine 'responsiveness' of service

provision, we again have arbitrarily set a cut point of 80% or greater of the service providers meeting the criterion (e.g., providing both weekday and weekend service). Bolded items in the third column indicate responsiveness of service provision in the province from all 99 service providers on questions assessing Availability, Acceptability, Accessibility, Adaptability, and Affordability. Bolded items in columns four through eight indicate responsiveness of service provision for the service providers in each of the five regions in British Columbia (Interior, Fraser, Vancouver Coastal, Vancouver Island, and Northern). Importantly, portrayal of the data in this fashion is not designed to 'pit' service providers in each Regional Health Authority against each other. Rather, the comparison is done to advance our understanding of the strengths and gaps of service provision, and to inform on the development of policies and procedures as well as the promotion of initiatives that will assist in the facilitation of ATS service provision in the province.

A review of the findings in Table ii indicates the following patterns for the 23 outcomes measured for the 5 A's of Senior Friendly Transportation (The Beverly Foundation, 2008):

- For 'All Providers' in the province (Column 3), nine of the 23 outcomes (39%) measured were met by the majority of the service providers (with majority defined as articulated above)
- For the Interior Region (Column 4), eight of the 23 outcomes (35%) measured were met by the majority of the service providers
- For the Fraser Region (Column 5), ten of the 23 outcomes (43%) measured were met by the majority of the service providers
- For the Vancouver Coastal Region (Column 6), nine of the 23 (43%) outcomes measured were met by the majority of the service providers
- For the Vancouver Island Region (Column 7), eight of the 23 (35%) outcomes measured were met by the majority of the service providers
- For the Northern Region (Column 8), nine of the 23 (39%) outcomes measured were met by the majority of the service providers

Thus, there is remarkable consistency in service provision across the five regions of the province, despite the differences in size of the geographical areas and the population densities.

When looking across the 5 A's of Senior Friendly Transportation, a greater percentage of service providers across the five regions were more responsive when it came to Adaptability of services, followed by Accessibility of services. Conversely, fewer service providers in each of the five regions met the criteria for responsiveness on outcome measures of Availability, Acceptability, and Affordability. The exception to this was for Affordability where few service providers in any of the five regions charged an annual membership fee for their services. It is important to note, however, that an annual membership fee is but one means of receiving revenue for reimbursement of transportation services, with rider fees the most frequent mechanism for reimbursement for services.

Table ii – Summary of the Findings Across the 5 A's of Senior Friendly Transportation (Province as a Whole; Across the Five Regions)

The 5 A's of Senior Friendly Transportation	Services	Province as a Whole	Across the Five Regions				
		All Providers (n = 99)	Interior (n = 24)	Fraser (n = 26)	Vancouver Coastal (n = 10)	Vancouver Island (n = 30)	Northern (n = 9)
Availability of Services	Daytime and Evening (Past 1800 hours)	60%	46%	69%	40%	63%	78%
	Weekdays and Weekends	77%	67%	81%	60%	93%	55%
Acceptability of Services	No Advance Notification Required	30%	4%	32%	40%	48%	11%
	Advance Notification Timeline > 48 Hours	46%	43%	56%	33%*	60%	13%*
	Driver Training Provided	60%	50%	65%	71%	47%	89%
Accessibility of Services	Type of Service (Door-through-Door)	90%	92%	96%	80%	87%	89%
	Medical Trip Purpose	100%	100%	100%	100%	100%	100%
	Essential Trip Purpose	83%	79%	85%	100%	77%	89%
	Social Trip Purpose	75%	79%	69%	80%	70%	89%
	Religious Trip Purpose	67%	63%	69%	70%	63%	78%
	Trip Purpose (Comprehensiveness) All 4 Purposes	67%	63%	70%	70%	63%	78%
	Focus on Seniors; Seniors and Persons with Disabilities; and Seniors and Persons with Disabilities and Companions	34%	38%	39%	60%	17%	44%
All Ages and Abilities Eligible to Receive Services	53%	58%	53%	30%	56%	45%	
Adaptability of Services	Trip Chaining Allowed	86%	92%	88%	60%	90%	89%
	Client Response Routes Only	96%	96%	100%	80%	100%	89%
	Both Single and Group Passenger Service	47%	38%	54%	60%	33%	78%
	Mobility Aids Accommodated (Wheelchair)	85%	88%	81%	80%	83%	100%
	Driver Aids in Transferring	83%	88%	92%	90%	62%	100%
	Escorted Service	85%	88%	92%	80%	97%	22%
Affordability of Services	No Annual Membership Fee	93%	87%	92%	100%	100%	78%
	No Rider Fees	26%	21%	4%	40%	37%	54%
	Donations	13%	0%	4%	40%	13%	44%
	Coupons	24%	11%	31%	40%	16%	50%

* A lower percentage indicates more responsive service.

Readers interested in more comprehensive results on the 5 A's of Senior Friendly Transportation (The Beverly Foundation, 2008) and organizational features for the Province as a Whole by Regional Health Authority are encouraged to review Section C.3.2. of this report.

Conclusions

Similar to other developed countries, the Canadian population is aging. Transportation is critical for maintenance of mobility and independence for seniors today. The increase in the number of seniors over the next several decades will present challenges to families, service providers, and governments in meeting their transportation needs. Although the availability of transportation services for seniors is consistently identified as important for senior's mobility, health, and independence, there is a surprising paucity of alternative forms of transportation in our communities when driving one's own vehicle is no longer an option. There also is a paucity of research on the *responsiveness* of alternate transportation service provision in our communities. Results from our previous research (Dobbs et al., 2010) indicate that, although there are strengths associated with current forms of alternate transportation service to seniors, there are many gaps as well.

Results from interviews with 99 alternate transportation service providers in the province indicate that there are both strengths and gaps in alternate transportation service provision to seniors in the province of British Columbia. The results of the research can be used to inform on knowledge of what is working and on the development of new policies and practices that will enhance service delivery in this area. As such, we have identified three major themes and outlines strategies and/or activities that would enhance service delivery.

- *Coordination and Collaboration Between and Among Service Providers*
 - Development of a Resource 'Clearinghouse'
 - Central website listing of service providers in the community
 - Listing of funding resources for service providers
 - Support materials for orientation and training of volunteer and paid drivers; volunteer risk management and insurance procedures; standardized forms (e.g., job descriptions, background checks, codes of ethics, etc.)
 - Coordinated Advertising and Promotion of Services
 - Coordination and collaboration on promotional campaigns resulting in decreased costs and increased reach
- *Expansion of Service Provision*
 - Expansion of Service Provision by Existing Providers and/or Introduction of New Service Providers
 - Targeted funding to assist with start up and/or ongoing infrastructure costs
 - Changes to policies that inhibit or hinder service provision
 - Development of partnerships with both public and private entities, enabling the availability of or the diversification of funding
 - Collaboration with community partners (e.g., senior's organizations, medical clinics, health service agencies, grocery stores, etc.) for expansion of market reach
 - Social marketing program to increase awareness and uptake of service provision
- *Increase in the Responsiveness of Service Provision*
 - Educational Initiatives
 - Training to existing and new service providers on the 5 A's of Senior Friendly Transportation
 - Training of office staff/support personnel
 - Needs Assessments
 - Needs assessment of seniors in the community to allow tailoring of service to meet identified needs

- Funding
 - Dedicated streams of funding to assist in the delivery of alternate transportation services for seniors for the for-profit and not-for-profit service providers
- Policy/Legislation
 - Changes to existing legislation and regulations to facilitate the delivery of more cost-effective services for the for-profit and not-for-profit service providers (e.g., changes to insurance requirements, etc.)
- Technology
 - Use of software to assist in scheduling of rides and data capture (e.g., client profiles, clients served per month, rides provided per month) to improve efficiency and coordination of service delivery

A. Introduction

Canadian society is aging, with a projected acceleration of the aging of the Canadian population over the next 20 years (Statistics Canada, 2011a). The increase in the number of individuals 65 years of age and older is due, in large part, to increased longevity and the aging of the baby boomers. Over the last 50 years, the population in British Columbia has been one of the oldest in Canada (Statistics Canada, 2011a) and that trend continues. In 2009, 14.7% (656,400) of the population in British Columbia was over the age of 65, with the percent of seniors projected to increase to 21.8% (1,171,100) by 2026 (Statistics Canada, 2010).

The vast majority of seniors meet their mobility needs through reliance on the private vehicle, with the majority of seniors licensed to drive. Based on data from the 2005 General Social Survey, 71% of Canadian seniors aged 65 years and older had a valid driver's license and had access to a car (Turcotte, 2006). Although a number of seniors voluntarily or involuntarily stop driving each year, the exact number is unknown. Currently in British Columbia, based on data extrapolated from the Insurance Corporation of British Columbia (2011) and BC Stats (2005)¹, approximately 56% of the senior population is licensed to drive compared to 90% of individuals 15 to 64 years of age. For those seniors who stop driving, meeting mobility needs often is a challenge. Reliance on family and friends and use of public transportation are two of the most frequent ways that seniors who do not drive meet their mobility needs (Gallagher, Menec, & Keefe, 2007), with reliance on family and friends the most common (Kostyniuk & Shope, 1998; 2003). National data indicate that less than 6% of seniors use public transportation in Canada (Sleightholm et al., 2010), with public transport "seen as far less attractive to driving or being driven" (Coughlin, 2001, p. vi).

In addition to the barriers seniors face when using public transportation (e.g., long distances to bus stops, inclement weather, long wait times, concerns for safety), the triggers for voluntary or involuntary driving cessation (sensory, motor, and/or cognitive impairment) also interfere with use of public transportation, with these impairments more common in the senior population. For example, in 2009, seniors in Canada reported having at least four chronic conditions, compared to 6% of individuals aged 45 to 64 years (Statistics Canada, 2011b). Based on World Health Organization classification and using a representative Canadian population, the prevalence of low vision and blindness² is 35.6 and 3.8 per 10,000 individuals, respectively (Maberly et al., 2006). Although these statistics are for individuals of all ages, both conditions are far more common in individuals 65 years of age and older. In terms of mobility related impairment, data from Statistics Canada (2002) indicate that 23% of seniors 65 to 74 years of age have a mobility-related impairment, increasing to 43% for those seniors 75 years of age and older. Finally, results from the Canadian Study on Health and Aging Working Group (1994) indicate that 8% of Canadians age 65 and older have a dementia, with both the incidence and prevalence of dementia projected to increase 2.5 fold over the next 30 years (Alzheimer Society of Canada, 2010).

Data on the number of seniors who use public transportation in British Columbia are not readily available. Data on the number of seniors who rely on alternate transportation, defined as transportation provided to seniors outside of the conventional public (e.g., public buses, subways, light rail transit, trains) and private (e.g., taxis) transportation systems, also are lacking. However, it is reasonable to assume, based on extrapolations from the extant data on driving licensure rates and medical conditions likely to impact driving, that a significant number of seniors today require alternate means of transportation to stay mobile. Those numbers are projected to increase significantly over the next several decades due to increased longevity, the aging of the baby boomer population and the transition from behind the wheel of the private automobile for a significant number of seniors (Dobbs, Bhardwaj, & Pidborochynski, 2010).

¹ We recognize that the estimate may be slightly skewed given the difference in years between the two sources of data.

² Low vision is defined as vision between 20/60 and 20/190 (what this means is that an individual with 20/120 vision can see at 20 feet what a person with good vision can see at 120 feet). A person who is classified as 'blind' has vision that is 20/200 or worse.

Although alternate transportation for seniors (ATS) is recognized as playing an important role in keeping seniors mobile, there is a paucity of research on the availability of ATS service provision and on the strengths and gaps of that service provision for this population. Recent research has identified ATS service providers in the province of Alberta, as well as the strengths and gaps of ATS service provision from the service providers' perspective in the province (Dobbs et al., 2010). The current project represents an extension of that work.

The goals of this project were to identify and catalogue alternative transportation services currently available to seniors in the province of British Columbia and to identify the strengths and gaps of existing ATS service provision in the province. Thus, the project consisted of identification of ATS service providers throughout the province, followed by collection and subsequent analyses of data from structured interviews with identified ATS service providers in the province.

Results of the project can be utilized by the funder of the project (United Way of the Lower Mainland); the British Columbia Seniors' Healthy Living Secretariat (Secretariat) and Ministry of Health Services; and community partners in the province (community-based organizations), as well as service providers themselves.

B. Methodology

Identification of ATS Service Providers

Our target sample consisted of community-based ATS service providers in the province of British Columbia. Alternate transportation service providers were identified using web-based searches of community websites and phone contacts with known ATS service providers. Web searches were done using the Google search engine and Boolean searching with established search terms (e.g., senior transportation; seniors' transportation; alternate transportation for seniors; seniors' assisted transportation; transportation and the elderly; seniors' alternative service providers; alternative transportation for seniors; transportation services for seniors) used in combination with [location]. To determine [location], the research team utilized the *British Columbia Road Map & Parks Guide* (Davenport Maps, 2010). Major communities (cities and towns) were first identified, followed by searches of less populated communities (villages and hamlets).

Data Collection and Analysis

All organizations identified as potential ATS service providers in each of the five health regions in the province (see Figure 1) were contacted by telephone and provided with an overview of the project. They were then asked if they provided alternate transportation service provision to seniors. Organizations responding affirmatively were invited to participate in a telephone interview. Data were collected using a structured data collection form, with a focus on the 5 A's of Senior Friendly Transportation (The Beverly Foundation, 2008) (see Appendix A) previously developed by the research team.

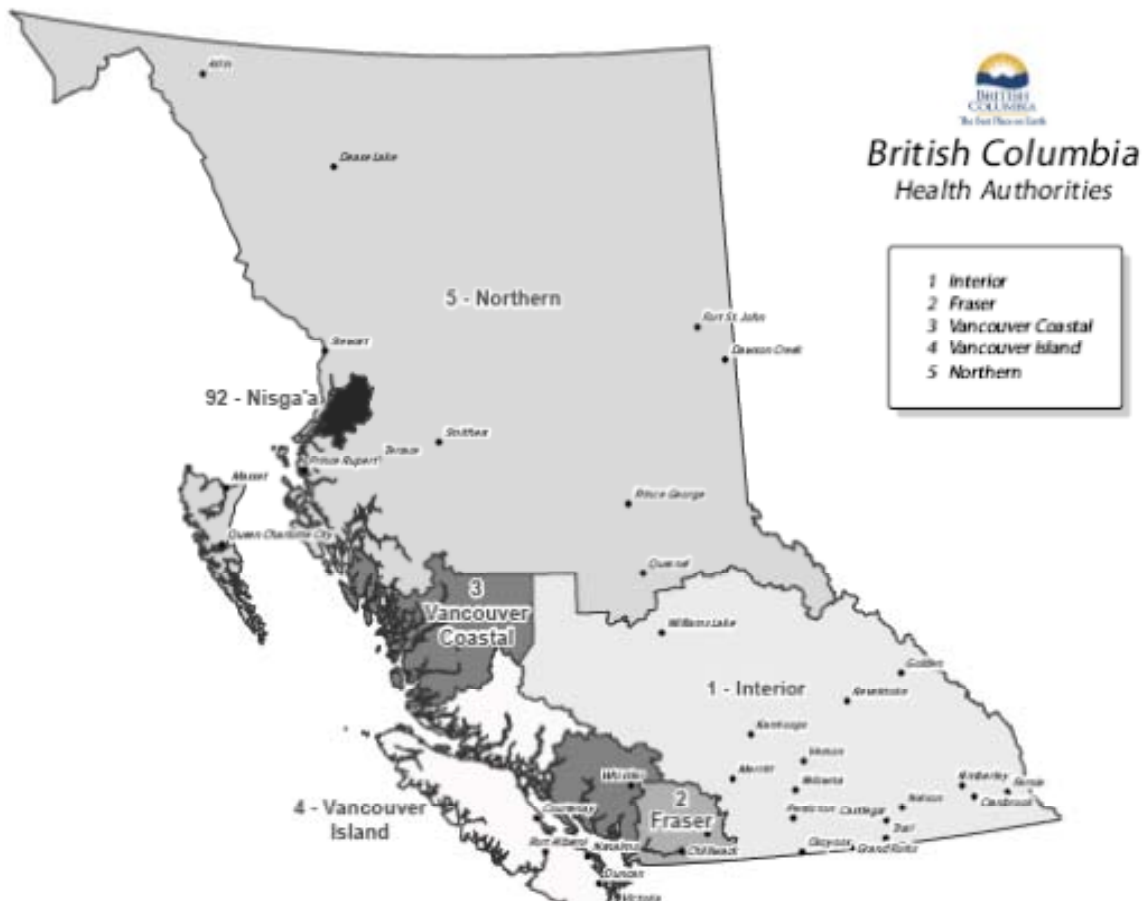


Figure 1. British Columbia Health Authorities Map. Reproduced with permission from the Ministry of Labour and Citizens' Services. Adapted from "British Columbia Health Authorities" prepared by BC Stats (2008). Retrieved from http://www.bcstats.gov.bc.ca/data/pop/maps/health/reference_ha.pdf

C. Results

C.1. ATS Service Provision (Province as a Whole)

C.1.1. Demographics

In the province of British Columbia, we identified 533 organizations as *potential* providers of alternate transportation service for seniors. Of those 533 *potential* organizations, a total of 154³ were identified as ATS service providers. A total of 99 service providers completed the interview (a response rate of 64%). Difficulties in being able to contact the service provider for a full length interview and time needed to complete the interview were the two primary reasons for non-participation. For our data analyses, organizations providing ATS service for less than six months were excluded. The rationale for this exclusionary criterion is that, based on our previous experience, the data from these service providers are limited which has the very real potential of skewing the results (e.g., small number of rides provided per month, per year, etc.).

³ Since our interviews with service providers, 16 new service providers have started providing services in British Columbia and two previously identified are no longer in business. The 154 service providers who were identified are listed in Appendix B.

Demographics of the sample (e.g., years of operation, number of clients, rides provided, funding orientation, funding stream, etc.) are provided in Table 1. On average, service providers in the province had been operating for nine years with a range of six months to 40 years (SD = 9 years).

Three quarters (76%) of service providers in the province were located in cities (Pop. 10,000+) with only 24% of service providers located in towns (Pop. 1,000–9999). In looking at the data for the *Province as a Whole*, the majority (59%) of service providers' clients were from within city/town/village limits, with only 4% of clients from outside of city/town/village limits and 37% of clients from both types of areas.

Service providers were asked about the number of clients served and number of rides given in a defined time period (month/year). Of all the questions asked during the interview, these were the most difficult for respondents to answer due to lack of hard data or lack of access to those data or, when the information was available, respondents were reluctant to divulge the information. Based on the data that were collected, with outliers removed to prevent skewing of the results, the average number of clients served per month was 25 (SD = 35; Range 2–200).

Service providers also were asked about the average number of clients served *per year*. A significant number of service providers (33%) were unable to respond, with the vast majority of respondents simply multiplying the number of clients served per month by twelve. It is reasonable to assume that the number of clients served per month differs across months (e.g., more clients served in summer months than in winter months). Thus, due to the concerns about the validity of the data, the 'clients per year' results are not reported.

Service providers were then asked about the number of one-way rides provided per month. Again, few service providers were able to answer this question with any confidence, with almost half unaware of the number. Thus, the accuracy of the 'rides given' data is questionable. For those service providers who did respond (~ 50%), the number of one-way rides provided per month (excluding outliers to prevent skewing of results) averaged 68 (SD = 62; Range 2–256). The large standard deviations for this variable are indicative of the variability in the number of one-way rides provided per month across service providers. However, caution again is advised in interpreting these data given the lack of certainty from service providers. Service providers also were asked if they had a wait list, with five service providers (5%) responding affirmatively.

As can be seen, the majority of the ATS service providers in the province interviewed were for-profit (54%). As well, the majority (64%) of service providers in the province rely on a sole source of funding (e.g., membership or client fees), whereas 36% of service providers relied on a blended source of funding. For those service providers relying on a mixed source of funding, funding was received from government grants, philanthropic grants, membership/client fees, fundraising, or donations, with the mix of funding varying across the service providers.

For the majority of service providers, transportation service provision was a secondary focus, with 80% of the service providers interviewed indicating that their primary focus was on delivery of services *other than transportation* (e.g., Home Care companies providing a range of services; community resource agencies providing programs, resources, and services not only to seniors but to any community member).

Table 1 – Overview of ATS Service Providers (Province as a Whole)

Service Provision	n (%) or Mean (SD); Range
Operating Time Average Years	(n = 98)* 9.12 (9.42); Range 0.50–40
Location of Service Providers Pop. < 10,000 Pop. 10,000–49,999 Pop. > 50,000	(n = 99) 24 (24%) 29 (29%) 46 (47%)
Client Location Within City/Town/Village Limits Outside of City/Town/Village Limits Both	(n = 98)* 58 (59%) 4 (4%) 36 (37%)
Number of Clients** Per Month	(n = 73) 25 (35); Range 2–200
Number of Rides Provided** One-Way Rides per Month	(n = 44) 68 (62); Range 4–256
Wait List Organizations with a Wait List	(n = 99) 5 (5%)
Funding Orientation For-Profit Not-for-Profit	(n = 99) 53 (54%) 46 (46%)
Funding Stream Sole Source Blended Source	(n = 99) 63 (64%) 36 (36%)
Focus of Service Provision Primary Focus Secondary Focus	(n = 99) 20 (20%) 79 (80%)

* One service provider was unsure of the operating time/average years of operation for their organization.

** Outliers have been removed to prevent the skewing of data. Outliers are values that are very different (in this case higher) from other values in the data set.

The results presented above are informative in that there clearly is a great deal of variability across service providers operating in the province. As can be seen in Table 1, the average years of operation for all service providers is 9.12 years, with a range of 6 months to 40 years. A closer examination of the data indicates that almost half (48%) of the service providers currently operating in the province have been in existence for five years or less, with close to two-thirds (63%) operational in the last 10 years. The increase in service providers in the last five to 10 years is not surprising given the steady increase in life expectancy in Canada in the last century and hence, the increased number of seniors in our communities. For example, between 1921 and 2005 in Canada, the average life expectancy at birth rose from 58.8 years to 78.0 years for males and from 60.6 years to 82.7 years for females (Statistics Canada, 2010). In British Columbia, the aging of the population and the migration of seniors to British Columbia have resulted in a significantly greater growth rate of seniors compared to the overall population, with a continuation in that trend for the foreseeable future (Service BC Minister of Labour and Citizens' Services, 2005; Statistics Canada, 2011a).

Despite the anticipated need for alternate transportation services for seniors, the average number of clients served per month and the average number of one-way rides given per month are low. However, the number of clients served and the number of one-way rides provided per month reported here may be underestimates of actual service provision. That is, one-quarter (26%) of service providers in the province were unwilling or unable to provide information on the number of clients served, and only 44% of service providers were willing or able to provide information on the number of rides provided each month. Second, for those service providers who did provide information, the majority indicated that they do not consistently record the number of clients served per month or the number of rides provided per month. Thus, in both instances, the accuracy of the data is questionable. Irrespective of this caveat, it is highly probable that there are a significant number of seniors in the province of British Columbia that could benefit from ATS service provision.

It also is noteworthy that only five of the service providers in the province reported having a wait list, suggesting that there is capacity in the current system to meet, what is likely, an untapped need. As noted above, 63% of the service providers who completed interviews have been in operation for 10 years or less. It is reasonable to assume that the demand for ATS service provision will continue to increase over the next 30 years as the baby boomers (the cohort born between 1946 and 1964) move through their senior years. The demand for alternate transportation also is predicted to increase given the increased longevity of today's senior population and the realization that the majority of seniors will outlive their driving careers. Specifically, results from Foley, Heimovitz, Guralnik, and Brock (2002) indicate that men outlive their driving careers by six years, with women outliving their driving careers by 10 years. A significant percentage of these individuals will be community dwelling seniors in need of mobility. In addition, compared to older men, older women not only are more likely to outlive their driving careers, they also are more likely to be 'transportation disadvantaged' in that they live longer, are less likely to drive, are more likely to be widowed, have higher rates of disability, and are more likely to be in the lower income bracket (Anstey, Windsor, Luszcz & Andrews, 2006; Gilmour & Park, 2006; National Council on Welfare, 2004; Statistics Canada, 2005; Turcotte, 2006).

The high percentage of for-profit service providers identified in the province of British Columbia was unanticipated. This is because alternate transportation service provision for seniors has traditionally been delivered by not-for-profit organizations (e.g., senior's centres, community clubs, etc.) (The Beverly Foundation, personal communication, 2011). In our recent survey of Edmonton and Area alternate transportation service providers, 30 of the 33 providers (91%) were not-for-profit (Dobbs et al., 2009). Notably, however, in the last two and a half years, there has been an increase in for-profit service providers offering transportation services in the Edmonton area. Thus, it may be that the province of British Columbia, with its higher percentage of seniors, is simply 'ahead of the curve'.

Given that a high percentage of service providers in the province operate under the for-profit umbrella, it is not surprising that the majority of service providers in the province rely on a sole source of funding, with that source of funding consisting of rider fees. These data are consistent with what Dobbs et al. (2009) found in interviews with Edmonton and Area service providers. It also is not surprising that the majority of service providers in the province have transportation service provision as a secondary focus. That is, the majority of service providers offer services other than transportation (e.g., home care, programs targeting seniors). With an anticipated increase in demand for ATS service provision, the percentage of service providers that have ATS service provision as their primary focus may increase over the next several decades, simply as a result of economics (e.g., economically sustainable).

C.1.2. The 5 A's of Senior Friendly Transportation

The responsiveness of ATS service provision in the province of British Columbia was assessed through service providers' responses to questions related to the 5 A's of Senior Friendly Transportation as developed by the Beverly Foundation (2001; 2005; 2008). The 5 A's of Senior Friendly Transportation (The Beverly Foundation, 2008) and the operational definitions for the 5 A's are provided below (see also Appendix A).

Availability – refers to transportation services that are available to seniors and those services are available to seniors when needed (e.g., transportation is available during the day and evening, on weekdays and on weekends).

Acceptability – service quality is acceptable in terms of advance scheduling; driver sensitivity to seniors; and wait time.

Accessibility – services are easy to use because they offer supportive services (e.g., the service provider provides 'door-to-door' and 'door-through-door' transportation); the service provider provides rides where the senior wants to go (e.g., provides transportation to essential and non-essential activities).

Adaptability – refers to transportation that can accommodate riders wanting to make multiple stops (trip chaining); service provider allows for different types of routes (fixed vs. client response) and passenger service (single vs. group); service provider can accommodate wheelchairs and walkers; escorts can be provided.

Affordability – transportation is affordable for seniors (e.g., uses volunteer drivers, vouchers, and/or coupons to reduce costs).

Availability

ATS service providers across the province were asked about the availability of their services (e.g., service provision during the day and evening, on weekdays and weekends) and if there were jurisdictional limits to their service provision. As shown in Table 2, almost two-thirds (60%) of service providers offered rides during both daytime (approximately 0800 hours until 1800 hours) and evening (past 1800 hours), while the remainder offered rides during the daytime only. More than three-quarters (77%) of service providers also provided transportation service on weekdays and weekends. More than one-third (35%) of service providers had jurisdictional limitations, meaning that the service that they provided was limited to certain geographical areas within the province of British Columbia. It is important to note that the jurisdictional limits were the result of company rather than government policy.

Table 2 – Availability of Services (Province as a Whole)

Availability of Services	n (%)
Daytime/Evening Service (n = 99)	
Daytime Only (Until 1800 Hours)	40 (40%)
Daytime and Evening (Past 1800 Hours)	59 (60%)
Weekdays/Weekend Service (n = 99)	
Weekdays Only	23 (23%)
Weekdays and Weekend	76 (77%)
Jurisdictional Limitations (n = 98)*	
Yes	34 (35%)

*One service provider did not respond to this question.

These results indicate that although the majority of service providers provide service during the daytime and evening and on weekdays and weekends, a significant number provide service during the daytime only and on weekdays

only. What this means is that a number of seniors who rely on ATS service provision for mobility may have unmet needs (e.g., inability to attend social events in the evening or attend religious functions on the weekend).

Acceptability

ATS service providers across the province also were asked questions related to the acceptability of their services (e.g., need for scheduling a ride in advance and having drivers who are sensitive to the needs of seniors). As shown in Table 3, almost three quarters (70%) of service providers in the province required advance notification for a ride. Of the service providers that required advance notification (n = 68), the vast majority (84%) required 24 hours or more notification, while close to half (46%) required 48 hours or more notification. Only 11 of the 68 service providers requiring advance notification provided rides with same day notification⁴.

In relation to having drivers who are sensitive to the needs of seniors, 26 of the 99 (26%) service providers interviewed already had drivers who had training in all of our identified categories (e.g., training on mental health issues, disability training, etc.) due to the nature of their service (e.g., delivery of health care services). Excluding those 26 organizations, 44 of the remaining 73 service providers (60%) provided some type of additional driver training, with training on aging/seniors' issues the most common (61%). Almost half of service providers interviewed conducted training on mental health issues (48%), while 59% conducted training on disability issues. Over half (57%) of service providers interviewed provided training to their drivers on cardiopulmonary resuscitation. As well, 27% of the interviewed service providers offered additional training in other areas. Specifically, the training focused on crisis intervention, client specific training (e.g., volunteering, how to interact with clients, etc.), driver specific training in regards to vehicle operation, and training in regards to transferring clients in and out of vehicles.

Table 3 – Acceptability of Services (Province as a Whole)

Acceptability of Services	n (%)
Advance Notification Required (n = 97)*	
Yes	68 (70%)
Advance Notification Timeline (n = 68)	
< 24 Hours	11 (16%)
24 Hours	26 (38%)
48 Hours	14 (21%)
48+ Hours	17 (25%)
Driver Training Provided (n = 73)**	
Yes	44 (60%)
Type of Driver Training Provided (n = 44)+	
Mental Health Issues	21 (48%)
Disability Training	26 (59%)
Cardiopulmonary Resuscitation	25 (57%)
Aging/Seniors' Issues	27 (61%)
Other	12 (27%)

* Two service providers did not respond to this question.

** Twenty-six of the service providers had drivers who had received training in the areas that we had identified independent of their role as a driver.

+ Percentages total more than 100% as some service providers offered more than one type of driver training.

⁴ Same day notification is distinguished from transportation services that are provided on demand (that is, no advance notification required). Thus, a transportation provider that is able to accommodate a ride in the afternoon if the client calls in the morning would be coded as 'same day advance notification'. Conversely, a transportation provider that can provide a ride to a client immediately following the request would be coded as 'no advance notification'.

The results presented in Table 3 indicate that, overall, the acceptability of service provision could be improved by having more service providers offering rides without advance notification and shortening the timelines for those service providers who do require advance notification. Those changes would allow clients greater flexibility and spontaneity with respect to attendance at/or participation in activities that occur outside the home or within close proximity to home. However, greater responsiveness of service is associated with an increased cost for service providers. Acceptability also could be improved by having a greater percentage of service providers trained on issues relevant to seniors, with the intent that that training would make their drivers more responsive to the needs of seniors. The three areas that are likely to make the greatest difference in terms of responsiveness are training on mental health issues, disability, and aging/seniors' issues (e.g., dementia, visual impairments, motor impairments) given the prevalence of these conditions in the senior population and their impact on day to day functioning including the use of alternate transportation services.

Accessibility

To assess accessibility of service, service providers in the province were asked about the type of service provided (e.g., 'door-to-door' and 'door-through-door' transportation) (see Appendix A for definitions), trip purpose (e.g., medical, essential, etc.), as well eligibility for service (e.g., seniors only, seniors and persons with disabilities, etc.). Of the service providers interviewed in the province of British Columbia, the vast majority (90%) offered door-through-door service, with nine service providers (9%) having offered door-to-door service only (see Table 4). The remaining service provider interviewed offered curb-to-curb service only (see Appendix A for definitions).

Transportation can be provided for medical purposes (e.g., doctor's visits, x-rays, etc.), essential purposes (e.g., banking, grocery shopping, etc.), social purposes (e.g., attending community events, visits with friends, etc.), or for religious purposes (e.g., attending worship or church services). All service providers in the province provided rides for medical purposes and the vast majority (83%) offered rides for essential purposes. Three quarters of service providers interviewed provided rides for social purposes, while 67% of service providers interviewed provided rides for religious purposes. To determine comprehensiveness of service provision, we examined the percentage of service providers who provided transportation for all four trip purposes, for three trip purposes, etc. Over two-thirds (67%) of service providers provided rides for all four trip purposes, 4% provided rides for three trip purposes, 16% for two trip purposes, and 13% provided rides for one trip purpose only.

In terms of eligibility for service, 12% of service providers interviewed in the province offered transportation to seniors only, 11% provided transportation services to both seniors and persons with disabilities, 11% provided services to seniors and/or persons with disabilities and their companions, while more than half (53%) of service providers offered transportation service to individuals of any age and/or ability. The remaining 13%, as indicated by the '*Other*' category, had specific criteria as to eligibility of transportation service provision (e.g., service provision to individuals who have difficulty riding public transit due to mental or physical impairment).

Table 4 – Accessibility of Services (Province as a Whole)

Accessibility of Services	n (%)
Type of Service (n = 99)	
Curb-to-Curb	1 (1%)
Door-to-Door	9 (9%)
Door-through-Door	89 (90%)
Trip Purpose (Individual Purpose) (n = 99)*	
Medical	99 (100%)
Essential	82 (83%)
Social	74 (75%)
Religious	66 (67%)
Trip Purpose (Comprehensiveness) (n = 99)	
All 4 Purposes	66 (67%)
3 Purposes	4 (4%)
2 Purposes	16 (16%)
Only 1 Purpose	13 (13%)
Eligible to Receive Services (n = 99)	
Seniors Only	12 (12%)
Seniors and Persons with Disabilities	11 (11%)
Seniors and/or Persons with Disabilities and Companions	11 (11%)
All Ages and Abilities	52 (53%)
Other	13 (13%)

* Percentages total more than 100% as some service providers offered rides for more than one type of trip purpose.

In general, the results indicate that ATS service provision in the province is responsive in terms of accessibility. The majority (67%) of service providers offer rides for all trip purposes. However, one quarter of service providers do not provide transportation for social activities and one-third do not provide transportation for religious activities which can result in unmet needs for those seniors who rely on alternate transportation service provision for satisfaction of these needs. Notably, satisfaction of higher order needs (e.g., socializing, worship, etc.) is associated with increased quality of life and overall well-being (Carp, 1988). Conversely, an inability to meet these higher order needs is associated with reductions in quality of life and well-being. Thus, restricting transportation services to medical and essential activities only may result in satisfaction of basic needs but not of higher order needs.

Adaptability

The adaptability of service provision in the province was assessed by responses to questions on trip chaining (multiple stops during a trip), trip routing (fixed routes vs. client response routes), passenger service (single vs. group), accommodation of mobility aids (e.g., wheelchairs), assistance in transferring, and provision of escorted service. As shown in Table 5, the vast majority (86%) of ATS service providers interviewed allowed trip chaining (i.e., client is allowed to make multiple stops during a single trip). The overwhelming majority (96%) of service providers also provided transportation where the 'client wanted to go' (i.e., client response routes), with only two service providers (2%) interviewed in the province providing transportation on fixed routes only. Two service providers (2%) provided both client response and fixed route transportation. Less than half (47%) of service providers offered both single and group passenger service while 51% offered single passenger service only, with the remaining service providers offering group passenger service only. All but one of the 98 service providers responding to the questions on mobility aids stated that they were able to accommodate walkers⁵, and the majority (85%) of service providers indicated that they also could accommodate wheelchairs. However, only 20% of the service providers interviewed

⁵ The inability of the one service provider to accommodate walkers was based on policy (safety precautions for its volunteer drivers).

were able to accommodate scooters. The majority (83%) of service providers indicated that their drivers assisted clients in transferring in and out of vehicles, with 85% of the service providers offering escorted service (e.g., accompanying the client to an appointment) as well.

Table 5 – *Adaptability of Services (Province as a Whole)*

Adaptability of Services	n (%)
Trip Chaining Allowed (n = 98)*	
Yes	85 (86%)
Route (n = 99)	
Fixed Routes Only	2 (2%)
Client Response Routes Only	95 (96%)
Both	2 (2%)
Passenger Service (n = 99)	
Single Passenger Service Only	51 (51%)
Group Passenger Service Only	2 (2%)
Both Single and Group Passenger Service	46 (47%)
Mobility Aids (n = 98)*	
Walkers Accommodated	97 (99%)
Wheelchairs Accommodated	83 (85%)
Scooters Accommodated	20 (20%)
Driver Aids in Transferring (n = 98)*	
Yes	81 (83%)
Escorted Service (n = 98)*	
Yes	83 (85%)

* One service provider did not respond to this question.

Overall, the results indicate that the ATS service providers interviewed are relatively responsive in terms of adaptability of services – the majority provide rides to where the clients want to go, assist clients in transferring in and out of the vehicle if needed, and provide escorted services if desired. The majority also provide single passenger and/or single and group passenger service which means that seniors who prefer transportation in a private vehicle as the sole passenger are able to have that preference accommodated, as well as those who prefer group transportation (e.g., for social networking or financial reasons). However, almost one quarter of the service providers interviewed do not allow for multiple stops during a single trip (e.g., getting groceries, then stopping off at the bank on the way home from a medical appointment), resulting in inconvenience and added expense by having to 'book a ride' for each trip.

Affordability

Affordability, the last of the 5 A's of Senior Friendly Transportation (The Beverly Foundation, 2008), addresses the cost of alternate transportation and is defined broadly as transportation that is affordable. To assess affordability of service provision, service providers were asked about membership, rider, and parking fees, as well as the availability of coupons (e.g., tickets or documents that could be used to obtain a discount on their transportation services). As can be seen in Table 6, a very small minority (7%) of service providers interviewed charged an annual membership fee. For the service providers who did charge a membership fee, 43% of them charged a mandatory fee, while 57% had the fee as voluntary.

Almost three quarters of service providers (74%) charged rider fees, with the type of rider fee varying across services providers. More than half (53%) of the service providers interviewed charged a sliding fee, meaning that the fee was

based on distance, location, services required (e.g., wheelchair accommodation), and/or income. The rates that service providers charge, based on distance, ranged from \$7 to \$32, with the higher rates reflective of greater distances. Three percent of service providers interviewed charged clients a flat rate only, with 3% of service providers charging clients a mileage rate only. The average cost of a flat rate to clients was \$5.00 (SD = \$4.25; Range \$2–\$8), with the average mileage rate reported being \$0.36 per kilometer (SD = \$0.32; Range \$0.20–\$0.52). Nineteen percent of service providers charged clients a flat rate plus mileage, with variability in both the flat rate and mileage rate charged across service providers. Eighteen service providers (25%) charged an hourly rate only, with the average hourly rate being approximately \$42.00 per hour (range of \$22 to \$60 per hour). Thirteen of the 99 service providers (13%) relied on donations (i.e., whatever amount the client wished to donate) as a form of client payment. If parking fees were accrued in the course of service provision, almost two-thirds (65%) of service providers charged that cost back to the client. Finally, almost one quarter (24%) of the service providers offered coupons or accepted coupons⁶ for their transportation service.

Table 6 – Affordability of Services (Province as a Whole)

Affordability of Services	n (%)
Annual Membership Fee (n = 99)	
Yes	7 (7%)
Type of Annual Membership Fee (n = 7)	
Yes, Mandatory	3 (43%)
Yes, Voluntary	4 (57%)
Rider Fees (n = 99)	
Yes	73 (74%)
Type of Rider Fee (n = 73)	
Flat Rate Only	2 (3%)
Mileage Rate Only	2 (3%)
Flat Rate plus Mileage	12 (19%)
Sliding Fee	39 (53%)
Hourly Rate	18 (25%)
Accept Donations (n = 99)	
Yes	13 (13%)
Payment of Parking (n = 88)*	
Client	57 (65%)
Provider	31 (35%)
Coupons (n = 78)**	
Yes	19 (24%)

* For some service providers, this question was not applicable as in their community there was no paid parking.

** This question was not applicable to those service providers who did not charge rider fees to their clients and to those organizations who only accepted client donations as a method of rider payment.

The data on the affordability of services indicate that the 'cost of a ride' is variable, some service providers charging a flat fee plus mileage, some charging an hourly fee plus mileage, and some charging a sliding fee that took into account distance, time commitment, and level of assistance needed. Few service providers charge a flat fee or mileage rate only. For seniors in the lower income bracket, some service provider fees will simply be beyond what they can afford to pay. However, there also is a segment of the senior population that has the economic means to afford the 'more costly' alternate transportation services that are available. The characteristics of the client also need to be factored into the cost of alternate transportation service. For example, more responsive service (e.g., door-

⁶ For example, a number of service providers accepted the Taxi Saver Coupons sold by B.C. Transit.

through-door service, escorted service) is needed by segments of the senior population (e.g., individuals with physical or mental impairments) and these services cost more to deliver. Yet, there likely are a number of seniors in need of, but unable to afford, these services. This may mean that these seniors forgo other essential services simply to meet their mobility needs. Conversely, for those seniors who are unable to afford these more responsive services, it may mean isolation and exclusion from meaningful life activities.

Summary of Findings Across the 5 A's of Senior Friendly Transportation (Province as a Whole)

A summary of the findings across the 5 A's of Senior Friendly Transportation (The Beverly Foundation, 2008) is presented in Table 7. The findings are presented in the table for all providers (*Province as a Whole*). Bolded items in the columns indicate responsiveness of service provision on questions assessing Availability, Acceptability, Accessibility, Adaptability, and Affordability. To determine 'responsiveness' of service provision, we arbitrarily set a cut point of having 80% or higher of the service providers meeting the criterion (e.g., providing both weekday and weekend service). The use of cut points for determination of responsiveness of service is intended to advance our understanding of the strengths and gaps of service provision, and to inform on the development of policies and procedures as well as the promotion of initiatives that will assist in the facilitation of ATS service provision in the province of British Columbia.

As can be seen in the third column of Table 7, when examining service provision for all 99 service providers in the province of British Columbia, service provision is most responsive for Accessibility and Adaptability. Specifically, more than 80% of the service providers in the province offer door-through-door service, provide transportation for medical and essential activities, are able to accommodate trip chaining, take clients where they want to go (i.e., client response routes), can accommodate wheelchairs, assist clients in transferring in and out of the vehicle, and provide escorted service (e.g., accompany clients to an appointment). Conversely, when examining the data for all 99 service providers for the province as a whole (see Column 3), service provision is less responsive when it comes to Availability, Acceptability, and Affordability. Specifically, less than two-thirds (60%) of service providers provide rides during the daytime *and* evening; only 77% provide rides on weekdays *and* weekends; only 30% *do not* require advance notification for a ride, while approximately half (46%) require 48 hours or more notification; and less than two-thirds (60%) provide any type of driver training.

Finally, although the vast majority (93%) of service providers *do not* charge an annual membership fee and only 26% *do not* charge rider fees, this is not, from our perspective, a limitation. That is, there are costs associated with alternate transportation service provision, and the view, from either the service provider or the client, that rides are to be provided at little to no cost seems unreasonable. Results from a provincial sample of seniors in Alberta supports this position, in that 85% of the 901 seniors surveyed indicated that they could afford and were willing to pay up to \$14 for a one-way ride (Dobbs & Pidborochynski, 2011). It also is the case that owning and operating a vehicle carries associated costs, with an estimated \$6,257 needed annually to own and operate a small sedan in Canada (Canadian Automobile Association, 2010). Thus, it also is not unreasonable to assume that *many* seniors can and are financially able to pay for alternate transportation, with those in the lower income brackets likely in need of some form of subsidization to assist in meeting their mobility needs. For seniors who are transitioning from 'behind the wheel', the dollars allocated to vehicle ownership and maintenance can be directed to a 'mobility account' to assist with maintenance of mobility needs.

Table 7 – Summary of the Findings Across the 5 A's of Senior Friendly Transportation (Province as a Whole)

The 5 A's of Senior Friendly Transportation	Services	Province as a Whole
		All Providers (n = 99)
Availability of Services	Daytime and Evening (Past 1800 hours)	60%
	Weekdays and Weekends	77%
Acceptability of Services	No Advance Notification Required	30%
	Advance Notification Timeline \geq 48 Hours	46%*
	Driver Training Provided	60%
Accessibility of Services	Type of Service (Door-through-Door)	90%
	Medical Trip Purpose	100%
	Essential Trip Purpose	83%
	Social Trip Purpose	75%
	Religious Trip Purpose	67%
	Trip Purpose (Comprehensiveness) All 4 Purposes	67%
	Focus on Seniors; Seniors and Persons with Disabilities; and Seniors and Persons with Disabilities and Companions	34%
	All Ages and Abilities Eligible to Receive Services	53%
Adaptability of Services	Trip Chaining Allowed	86%
	Client Response Routes Only	96%
	Both Single and Group Passenger Service	47%
	Mobility Aids Accommodated (Wheelchair)	85%
	Driver Aids in Transferring	83%
	Escorted Service	85%
Affordability of Services	No Annual Membership Fee	93%
	No Rider Fees	26%
	Donations	13%
	Coupons	24%

* A lower percentage indicates more responsive service.

C.1.3. Organizational Features

In addition to questions about the 5 A's of Senior Friendly Transportation (The Beverly Foundation, 2008), service providers in the province were asked about the organizational features of their service (e.g., type of drivers, screening of drivers, vehicles owned, insurance coverage, etc.). Results from those questions are provided in the section below. As shown in Table 8, of the ATS service providers in the province, the majority (59%) employed paid drivers, with 40% of service providers using volunteer drivers, and 1% relying on both paid and volunteer drivers. In terms of paid driver reimbursement, only 18% of the organizations who employed paid drivers were willing or able to disclose the amount that their drivers were reimbursed. For service providers who did respond, the range was from \$12 to \$22 per hour. Reimbursement of volunteer drivers was through an honorarium, reimbursement for mileage, gas, and/or gas and mileage, with the majority of service providers (64%) who reimbursed their volunteer drivers doing so through reimbursement of mileage. Fewer service providers (12%) reimbursed their volunteers for the cost gas, and even fewer (9%) reimbursed for the cost of mileage and gas.

Fourteen of the 99 service providers interviewed also were drivers and were the sole drivers for their organization, reducing the sample size to 85 service providers for questions related to driver screening. Almost all (96%) of the 85

service providers utilizing paid or volunteer drivers reported that they screened their drivers. The vast majority of service providers (95%) indicated that they conducted a criminal background check, 90% checked driving records/abstracts, 81% checked for insurance coverage, and 85% conducted a reference check. Few service providers (12%) conducted road tests, while even fewer (5%) conducted drug testing.

Less than half (41%) of the service providers owned their own vehicles. For those service providers who owned their own vehicles, the average number of vehicles owned was two (SD = 4; Range 1–21), with an average of four drivers (SD = 4; Range 1–20) for those vehicles. Thirty-six of the 41 (88%) service providers who owned their own vehicles indicated that they had enough drivers for those vehicles. Of the service providers owning their own vehicles, 24 (59%) had cars, trucks, and/or minivans, six service providers owned a handivan, with eight service providers owning buses. Only five of the eight buses could accommodate a wheelchair. Three service providers indicated that they owned a mix of the above mentioned vehicles.

A total of 66 service providers interviewed (67%) reported that they relied on drivers to use their own vehicles for the provision of transportation service⁷. Eight service providers indicated that they had a large number of drivers with their own vehicles (Range of 48 to 80). To prevent skewing of the data, these outliers were removed from our analyses. Excluding the outliers, the mean number of drivers using personal vehicles was 13 (SD = 10; Range 1–41). For the 66 service providers with drivers driving their own vehicles, 37 (57%) allowed drivers to drive with insurance coverage provided through their personal insurance. The remaining 43% required the driver to purchase extra insurance. The majority of drivers with extra insurance had \$2 million liability coverage, with four service providers indicating that they required their drivers to carry \$5 million liability coverage (data not shown in table). Nine service providers indicated that the company also carried extra liability for all of its drivers, but the dollar value was not specified.

The question on vehicle inspections was limited to only those service providers with drivers who used their own vehicles to provide transportation in that it was assumed that service providers who used company vehicles would, by definition, routinely conduct vehicle inspections. Of the 66 service providers with drivers who used their own personal vehicles to provide transportation services to seniors, less than one quarter (23%) conducted vehicle inspections.

⁷ Of note, one service provider interviewed owned his/her own vehicles and had volunteer drivers to provide transportation to clients.

Table 8 – Organizational Features of ATS Service Providers (Province as a Whole)

Organizational Feature	n (%) or Mean (SD); Range
Type of Driver (n = 99)	
Volunteer	40 (40%)
Paid	58 (59%)
Both	1 (1%)
Volunteer Driver Reimbursement (n = 33)*	
Honorarium Only	4 (12%)
Volunteer Mileage	21 (64%)
Volunteer Gas	4 (12%)
Volunteer Mileage and Gas	3 (9%)
Other	1 (3%)
Driver Screening (n = 85)**	
Yes	82 (96%)
Type of Driver Screening (n = 82)+	
Driving Records/Abstracts	74 (90%)
Insurance Coverage	66 (81%)
Road Tests	10 (12%)
References	70 (85%)
Criminal Background Check	78 (95%)
Drug Test	4 (5%)
Vehicles (n = 99)	
Organization Owns Vehicles	41 (41%)
Vehicles Owned (n = 41)	
Number of Vehicles Owned	2 (4); Range 1-21
Number of Drivers	4 (4); Range 1-20
Have Enough Drivers (Yes)	36 (88%)
Drivers Using Personal Vehicles (n = 99)	
Drivers Use Personal Vehicles	66 (67%)
How Many Personal Vehicles++	13 (10); Range 1-41
Insurance for Personal Vehicles (n = 65)•	
Personal Insurance	37 (57%)
Extra Insurance	28 (43%)
Vehicle Inspections (n = 65)•	
Yes	15 (23%)

* Not all organizations that rely on volunteers to provide transportation reimburse their drivers.

** Fourteen of the 99 service providers interviewed had drivers who were the sole operator/owner of the vehicles, and as such, indicated that they did not conduct driver screening.

+ Percentages total more than 100% as some service providers screened their drivers in more than one area.

++ Outliers have been removed to prevent the skewing of data. Outliers are values that are very different (in this case higher) from other values in the data set.

• One service provider did not respond to this question.

Less than half (42%) of the service providers interviewed conducted an annual customer survey (see Table 9). Only 23 of the 99 service providers (23%) interviewed indicated that they used a software program to assist in scheduling rides or keeping track of rides. All of the service providers who responded to questions on advertising (n = 97) 'advertised' their services. The vast majority (98%) indicated that they relied on 'word-of-mouth' advertising to promote their services, with a significant percentage having utilized other means of advertising as well. Other types of advertising utilized by service providers included advertising through community centres (80%), with organizations providing medical services (79%), and with social services agencies (65%). Other modes of advertising utilized included: newsletters (56%), newspapers (49%), or TV/Radio (19%). Finally, many of the organizations (63%) indicated that they also used websites, seniors' fairs/functions, and vehicle decals in the promotion of their services.

Table 9 – Organizational Features of ATS Service Providers, Continued (Province as a Whole)

Organizational Feature	n (%) or Mean (SD); Range
Customer Survey (n = 99)	
Yes	42 (42%)
Scheduling Software Utilized (n = 99)	
Yes	23 (23%)
Advertising (n = 97)*	
Word of Mouth	95 (98%)
Social Services	63 (65%)
Medical Services	77 (79%)
Newspaper Advertisement	47 (49%)
Newsletter	54 (56%)
TV/Radio	18 (19%)
Community Centres	78 (80%)
Other	61 (63%)

* Two service providers did not respond to this question.

Consistent with the findings from other segments of the interview, there again is a great deal of variability across the service providers in terms of organizational features. Due to the high percentage of for-profit service providers in our provincial sample, it is not surprising that a higher percentage (59%) of service providers in the province rely on paid drivers for service provision. It is noteworthy that the vast majority (96%) of the service providers for which the question was applicable conduct driver screening, a practice that can assist, along with driver training programs, in the delivery of higher quality service. The majority of service providers have drivers who use their own personal vehicles. Although this may be advantageous from a cost perspective, the variability in type, year, and design of vehicles may be problematic for clients with mobility impairments (e.g., getting in and out of small vehicles or large trucks or vans).

Slightly more than one half of the service providers require their drivers to carry extra insurance and this may be a barrier to recruitment of volunteer drivers. In a recent survey of supplemental transportation service for seniors, Kerschner and colleagues (2009) reported that more than two-thirds (69%) of prospective volunteer drivers did not express concerns about insurance increases before they became volunteer drivers, with 93% not expressing concerns about insurance increases or cancellations after they become volunteer drivers. In the same survey, 89% of the volunteer drivers did not have their insurance premiums increased or their insurance cancelled as a result of their volunteer driving. However, these data are from the United States and the perceptions to and the cost of insurance for volunteer drivers in Canada may be different. To our knowledge, there have been no studies examining issues related to insurance coverage of volunteer drivers in Canada. Costs to the service providers include general liability insurance policies, which may be expensive for alternate transportation service providers, with almost one-half (43%) of service providers in our sample reporting that they require their volunteer drivers to carry extra insurance, with nine of the 65 organizations that have drivers who use their own personal vehicles for transportations services carrying extra insurance for their drivers. Finally, the vast majority of service providers utilize some type of advertising for

promotion of their services, with word of mouth and advertising through community centres the most commonly used methods of advertising. Despite this, the number of clients served in the province as a whole is low suggesting that current methods of advertising may not be effective in reaching the target market (e.g., the homebound senior).

C.1.4. Problems with and Limitations of Service Provision

In the final section of the interview, service providers were asked about problems with and/or limitations to service provision (e.g., how the respondent thinks that his/her organization could improve its service; what suggestions clients had provided for improvements in services; transportation concerns from a community level perspective; and other suggestions, in general, that could improve seniors' transportation services in the community). All but two (98%) of the 99 service providers offered feedback on at least one of the questions, with the qualitative data analyzed using content analyses.

How Organization Could Improve its Service

Service providers were asked how the organization could improve its service. Eighty-five of the 99 service providers (86%) responded to this open-ended question. The suggestions for improvement were categorized into seven themes using content analysis. Those themes, as well as examples relevant to each theme, are listed below.

1. Increased advertising and awareness
Fourteen service providers indicated that they would like to increase awareness of their programs.
"Advertise more and they would get more riders and then more seniors would remain mobile"
"...finding a more visible/accessible location for [our] organization would mean that more people would be aware"
"...would like to advertise more and get more clients"
2. Funding
Increased funding was identified as a way to improve service by 18 service providers.
"Would like more funding so [we] could open new programs"
"...longer funding terms so program can be more efficient"
"...need more funding to increase advertising"
3. Increase number of vehicles
Five service providers would like to add more vehicles to their fleet.
"Need more vehicles and additional drivers"
"...get a transportation van"
4. More types of vehicles
Eighteen service providers would like to operate different types of vehicles.
"...need a vehicle that is equipped for wheelchairs"
"Buy a lift-equipped bus"
"Would like a van to be able to accommodate group trips"
5. Staffing
The need for more staff/volunteers was identified by 21 providers.
"...need more volunteers so [we] can increase service"
"Have more active/able drivers and then could accommodate more clients"
"If had more volunteer drivers [we] wouldn't have to turn someone down"

6. Expansion of service area/Hours of operation
 Nine service providers indicated that they could improve their services by offering service to more areas and during more hours.
“...be available more days per week”
“...expand service area north”
7. Increase ridership
 Three service providers indicated that they could improve their service by increasing ridership.
“Finding new clients and providing more trips”
“Need to increase capacity”

A review of the responses generated by service providers indicates that the majority of comments were related to ‘Availability’ of service provision.

Suggestions for Improvements from Clients

Service providers also were asked an open ended question on suggestions for improvements that they had received from clients. Thirty-two of the 99 (32%) service providers responded to this open ended question, with some service providers providing multiple responses. The suggestions for improvement from clients were categorized into seven themes using content analysis, with those themes and descriptions of the suggestions for improvements provided below. One provider indicated that clients “were completely satisfied with [their] services”.

1. Increased service
 Eleven of the service providers have had clients suggest they need to increase their service levels.
“...think the transportation service should be more available ...offer every day of the week, service to more locations, more drivers, be able to transport beyond community borders more often”
“More weekend service to social events”
2. Increased advertising and information
 Improvements in advertising and improvements in the information available were mentioned by three of the providers as suggestions from clients.
“More advertising and more explanation as to what programs are available”
“[You] don’t advertise enough”
3. Costs/Fees
 Five service providers indicated that clients have indicated that costs and associated fees have room for improvement.
“Some clients have complained and are reluctant to pay the cost to receive the personalized service”
“Lower rates to bring more business”
4. Vehicle improvement
 Increases in the number and variety of vehicles were mentioned as requests by the clients of five service providers.
“[You] need a bigger car with more room”
“Should have a wheelchair accessible van or vehicle”

5. Service outside jurisdiction
Jurisdictional boundary issues were reported by four service providers as suggestions from clients.

“...be able to transport beyond community borders more often”

“...would like to have service from Vancouver Island to Vancouver”

6. Staffing
Two service providers had clients who suggested that they needed more staff/volunteers.

“...have more drivers for consistency in the availability of service”

“...would like there to be an administrative person that [I] can talk to rather than having to leave messages”

7. Group outings and trips
The ability to provide groups outings and trips was mentioned by three service provider as suggestions from clients.

“...organize day trips to Prince George”

“Group outings/group passenger service”

A review of the suggestions conveyed from clients to the service providers indicates that the comments addressed aspects of service related to three of the 5 A's of service provision (Availability, Accessibility, and Affordability). It is interesting to note that there were no suggestions related to Acceptability, particularly with respect to timelines for scheduling rides given that this is an aspect of service provision that often is mentioned as being important to clients.

Limitations of Transportation Services in the Community

Service providers also were asked to provide suggestions for improvement in seniors' transportation services in the *community*. Ninety-six of the 99 service providers (97%) responded to this open-ended question, with some service providers providing more than one suggestion. The suggestions for improvement were categorized into eight themes using content analysis. The themes, as well as examples relevant to each theme, are listed below.

1. Limited area of transit provision
Fifteen of the service providers indicated that the area of service provision was a concern for their senior clients.

“Some areas are more remote, handyDART doesn't go there”

“Not many choices for people living in the country”

“Most routes travel to only downtown and not outskirts or other areas”

2. Limited schedule/hours of service
Nineteen service providers mentioned the need for increased scheduling and longer hours of service.

“handyDART only runs 3 days a week”

“Local bus does not run after 6 PM”

“...fewer buses running, only run during the AM hours”

3. Vehicle accommodations
 Nine of the service providers mentioned the need for vehicle accommodations.
“...need to increase the numbers of wheelchair accessible vehicles”
“...hard to get walkers on buses, buses can’t always wait for seniors to get on”
4. Decreased mobility/Increased need for assistance
 The mobility issues of clients were identified by 20 of the service providers.
“Seniors often need escorts and public transit does not offer this”
“Few options especially to seniors who are isolated or who can’t walk to the bus stop”
“Taxi companies don’t help load/unload walkers or grocery bags”
5. Costs
 Twenty one providers identified cost as a concern of seniors.
“Private companies charge a lot”
“Concerns of the cost of transportation and keeping seniors mobile”
“Not enough affordable transportation”
6. Advance booking notice/Wait times
 Concerns about advance booking and wait times were mentioned 24 times.
“handyDART scheduling and availability are not always great”
“...have to book in advance, are often late”
“...have to request far in advance, not always feasible”
7. Inclusive of all seniors
 Four of the service providers did not feel that the services provider were inclusive of all seniors.
“...major inequities in the system”
“Have to qualify and apply for handyDART, can be a hard process for seniors”
“...not all seniors are disabled and are then not allowed to use handyDART... then they have even more limited options available to them...”
8. Difficult terrain
 Problems with the terrain of the landscape were identified by 11 service providers.
“...they are on a hill, thus accessibility of bus stops and being able to safely get on and off public transit is a concern”
“...lack of sidewalks getting to bus stops”
“Sidewalks are cracked and uneven and not conducive or easy to use for those with wheelchairs”

A review of the suggestions from service providers related to limitations of alternate transportation service provision in the community indicates that the comments addressed aspects of service related to all 5 A's of service provision (Availability, Acceptability, Accessibility, Adaptability, and Affordability).

C.2. ATS Service Provision (For-Profit and Not-For-Profit)

ATS service providers can operate under the 'for-profit' umbrella or the 'not-for-profit' umbrella. It is not unreasonable to assume that differences in service provision may exist as a function of funding orientation. In this section of the report, we compare data on demographics, study measures related to the 5 A's of Senior Friendly Transportation (The Beverly Foundation, 2008), and organizational features of service providers as a function of funding (for-profit and not-for-profit).

Due to the small sample size and the large number of comparisons that could be made overall, comparisons were restricted to demographic variables only to reduce the risk of a Type 1 error. Significance level was set to an alpha of .05. For continuous variables, independent sample *t*-tests were used to examine if significant differences existed between the for-profit and not-for-profit service providers, with Chi-square analyses used for categorical variables.

C.2.1. Demographics

Demographic information for the 99 service providers in the province who participated in structured full length interviews is presented below, with the information presented based on funding stream (for-profit/not-for-profit). Fifty-three of the 99 service providers (54%) were for-profit, with the remaining service providers not-for-profit (see Table 10). There were significant differences in the number of years in operation, with the for-profit service providers having been in operation a significantly shorter period of time. Specifically, the for-profit service providers had been in operation in the province for 6.1 years on average (SD = 6.3 years; Range 0.5–25 years) compared to an average of 12.7 years (SD = 11.1 years; Range 0.5–40 years) for the not-for-profit services providers ($p < .05$).

Significant differences exist between the two types of service providers (for-profit and not-for-profit) in terms of the organization's location ($p < .001$). The vast majority (87%) of for-profit service providers were located in centres with a population greater than 50,000, whereas only 30% of not-for-profit service providers interviewed reported that they were located in centres with the same population. A higher percentage of not-for-profit service providers were located in centres with populations less than 10,000 versus the for-profit service providers (37% vs. 13%, respectively). Over half of for-profit and not-for-profit service providers, (63% and 54%, respectively), reported that the clients who used their transportation services were from within city/town/village limits, however, this difference was not statistically significant ($p > .12$). An equal percentage (37%) of both for-profit and not-for-profit service providers reported that they provided transportation service to clients in both types of areas.

An examination of the data for clients served per month and the number of one-way rides provided per month indicated that there were outliers in the data. That is, for both measures, a number of service providers reported serving a significantly higher number of clients and offering a higher number of one-way rides than other service providers. To eliminate skewing of the data (artificially increasing the average because of the presence of one or more values that are distinctly different [higher or lower] than other values in the set), we eliminated the outliers prior to data analyses. Thus, the results presented for clients served per month and one-way rides per month are reported with outliers removed.

As can be seen in Table 10, the number of clients served per month was similar between the two types of service providers (Average = 23 [SD = 37; Range 2–200] for the for-profit and Average = 27 [SD = 33; Range 2–160] for the not-for-profit service providers), with the difference not statistically significant ($p > .65$). The number of one-way rides per month also was similar for the for-profit (Average = 55 [SD = 53; Range 4–200]) and the not-for-profit (Average = 75 [SD = 66; Range 6–256]) service providers, a difference that was not statistically significant ($p > .39$). Two (2%) of the for-profit organizations reported having a wait list, with four (9%) of the not-for-profit ATS service providers reporting that they had a wait list.

Unlike number of clients served or rides provided per month, differences existed between the two types of service providers in terms of funding stream and focus of service provision. The vast majority (96%) of for-profit service

providers interviewed relied on a sole source of funding (i.e., client [rider] fees), with the majority (74%) of not-for-profit service providers having relied on a blended source of funding (e.g., government grants, philanthropic grants, membership/client fees, fundraising, donations), a difference that was statistically significant ($p < .001$). In terms of focus of service provision, alternate transportation service provision was the *primary* focus for close to one-third (28%) of for-profit service providers. Conversely, 89% of not-for-profit service providers interviewed rated alternate transportation service provision as a *secondary* focus, with their primary focus the delivery of or provision of programs, resources, and services to community members of all ages (i.e., community resource agencies). The difference in focus of service provision was statistically significant ($p = 0.03$).

Table 10 – Overview of ATS Service Providers (For-Profit and Not-for-Profit)

Service Provision	n (%) or Mean (SD); Range	
	For-Profit	Not-for-Profit
Operating Time Average Years	(n = 53) 6.1 (6.3); Range 0.5–25	(n = 45)* 12.7 (11.1); Range 0.5–40
Location of Service Providers Pop. < 10,000 Pop. 10,000–49,999 Pop. > 50,000	(n = 53) 7 (13%) 14 (27%) 32 (60%)	(n = 46) 17 (37%) 15 (33%) 14 (30%)
Client Location Within City/Town/Village Limits Outside of City/Town/Village Limits Both	(n = 52)** 33 (63%) 0 (0%) 19 (37%)	(n = 46) 25 (54%) 4 (9%) 17 (37%)
Number of Clients+ Per Month	(n = 39) 23 (37); Range 2–200	(n = 34) 27 (33); Range 2–160
Number of Rides Provided+ One-Way Rides per Month	(n = 15) 55 (53); Range 4–200	(n = 29) 75 (66); Range 6–256
Wait List Organizations with a Wait List	(n = 53) 1 (2%)	(n = 46) 4 (9%)
Funding Stream Sole Source Blended Source	(n = 53) 51 (96%) 2 (4%)	(n = 46) 12 (26%) 34 (74%)
Focus of Service Provision Primary Focus Secondary Focus	(n = 53) 15 (28%) 38 (72%)	(n = 46) 5 (11%) 41 (89%)

* One service provider was unsure of the operating time/average years of operation for their organization.

** One service provider did not respond to this question.

+ Outliers have been removed to prevent skewing of the data. Outliers are values that are very different (in this case higher) from other values in the data set.

An examination of the data as a function of whether the service provider was for-profit or not-for-profit is instructive in that there clearly are differences on a number of features. The higher percentage of for-profit service providers identified in the province was unanticipated. As shown in Table 10, the not-for-profit service providers have been in operation for approximately twice as long as the for-profit service providers, on average. Yet, the number of clients served per month and number of rides provided per month are similar between the two types of service providers. However, there are important qualifications to the data. First, as can be seen by the sample size (n's), a substantial

number of service providers were either unwilling or unable to provide these data. Specifically, 37% of the for-profit providers and 33% of the not-for-profit service providers provided data on number of clients served per month, with 53% of the for-profit and 66% of the not-for-profit service providers providing data on number of rides given per month. Second, some service providers did not know how many clients they had served or the number of rides they had provided in the last month, and as such, provided their 'estimates' for both questions. Thus, caution is advised in interpreting or drawing conclusions from these data.

Funding orientation clearly impacts on source of funding and focus of service provision, with more for-profit service providers relying on client fees as their sole source of funding, with a greater percentage of for-profit service providers having transportation service provision as their primary focus. Conversely, the not-for-profit service providers are more likely to rely on a blended source of funding and have transportation service provision as a secondary focus. The differences in source of funding and focus between the two types of providers clearly will affect cost of service delivery and the responsiveness of service. Specifically, for-profit service providers are likely to offer more responsive service but that responsiveness is associated with a higher cost. Conversely, not-for-profit services providers are more likely to offer rides at a lower price but at the expense of responsiveness of service.

C.2.2. The 5 A's of Senior Friendly Transportation

Availability

Availability refers to transportation service provision that is available, with the service available during the day and evening, and on weekdays and weekends. As shown in Table 11, the majority (85%) of for-profit service providers offered service during both daytime and evening hours compared to only 30% of not-for-profit service providers having offered service during this same time period. A similar trend existed for 'days that service provision is available'. The vast majority (94%) of for-profit service providers offered service on both weekdays and weekends, whereas 57% of not-for-profit service providers offered service on both weekdays and weekends. Twenty-four of the 53 (45%) for-profit service providers had jurisdictional limits for service provision, with ten (22%) of the not-for-profit service providers reporting limitations in service provision due to jurisdictional boundaries. The jurisdictional boundaries for the for-profit service providers were a condition of a franchise agreement, with the boundaries most often reflective of which service provider was eligible to transport the client as opposed to where the client could be taken. In comparison, jurisdictional boundaries for the not-for-profit service providers were often reflective of funding agreements (e.g., regional district funding, community tax payer contributions).

Table 11 – *Availability of Services (For-Profit and Not-for-Profit)*

Availability of Services	n (%)	
	For-Profit	Not-for-Profit
Daytime/Evening Service	(n = 53)	(n = 46)
Daytime Only (Until 1800 Hours)	8 (15%)	32 (70%)
Daytime and Evening (Past 1800 Hours)	45 (85%)	14 (30%)
Weekdays/Weekend Service	(n = 53)	(n = 46)
Weekdays Only	3 (6%)	20 (43%)
Weekdays and Weekend	50 (94%)	26 (57%)
Jurisdictional Limitations	(n = 53)	(n = 45)*
Yes	24 (45%)	10 (22%)

* One service provider did not respond to this question.

A comparison of service providers indicates that service provision from for-profit service providers is likely to be more responsive in that more of the for-profit service providers are able to provide services over a greater period of time (evenings and on weekends) than the not-for-profit service providers. The differences in jurisdictional limitations are

unlikely to affect service provision at the client level for the for-profit service providers in that the jurisdictional limitation always was the result of already having a service provider in the area. However, for the not-for-profit service providers, jurisdictional limits may affect service provision in that clients that live in the immediate outskirts of a defined jurisdiction may not have a service provider in their area, thus limiting their access to the services in the area where there are service providers (e.g., rural residents living outside the defined municipal boundaries).

Acceptability

Acceptability refers to components of service provision such as advance scheduling, as well as having drivers knowledgeable about issues related to seniors (e.g., mental health issues, aging issues, etc.). As shown in Table 12, slightly more than half (56%) of for-profit service providers and the majority (87%) of not-for-profit service providers required advance notification for a ride. Notably, 66% of for-profit and 97% of not-for-profit service providers required 24 hours or greater advance notification for a ride.

In terms of driver training, for twenty-six of the 53 for-profit service providers (49%), this question was not applicable in that their drivers already had training on all of the identified areas of interest (e.g., mental health issues, disability training, etc.). Of the 27 for-profit service providers who did not have 'previously trained' drivers, sixteen (59%) indicated that they provided driver training to their staff. The most common type of training provided by for-profit services providers was cardiopulmonary resuscitation (81%), followed by training on aging/seniors' issues (69%), while just over half provided training on mental health and disability issues (63% and 56%, respectively). Conversely, close to two-thirds (61%) of the not-for-profit service providers offered driver training, with disability training and training related to aging and seniors' issues being the most common (61% and 57%, respectively). Of those not-for-profit service providers who provided training, over one-third (39% and 43%, respectively) provided training on mental health and cardiopulmonary resuscitation. Finally, overall, few of the 99 service providers, irrespective of profit orientation, provided any 'other' type of training to their drivers. Only 2 (13%) of for-profit service providers interviewed who provided training to their drivers offered training in other areas, with this training related to transferring clients in and out of the vehicle properly and client specific health issues. Ten (36%) of the not-for-profit service providers interviewed offered their drivers 'other' types of training. This training included how to properly volunteer, driver specific workshops, and client specific training with respect to different health issues.

Table 12 – Acceptability of Services (For-Profit and Not-for-Profit)

Acceptability of Services	n (%)	
	For-Profit	Not-for-Profit
Advance Notification Required Yes	(n = 52)* 29 (56%)	(n = 45)* 39 (87%)
Advance Notification Timeline	(n = 29)	(n = 39)
< 24 Hours	10 (34%)	1 (3%)
24 Hours	13 (45%)	13 (33%)
48 Hours	2 (7%)	12 (31%)
48+ Hours	4 (14%)	13 (33%)
Driver Training Provided Yes	(n = 27)** 16 (59%)	(n = 46) 28 (61%)
Type of Driver Training Provided+	(n = 16)	(n = 28)
Mental Health Issues	10 (63%)	11 (39%)
Disability Training	9 (56%)	17 (61%)
Cardiopulmonary Resuscitation	13 (81%)	12 (43%)
Aging/Seniors' Issues	11 (69%)	16 (57%)
Other	2 (13%)	10 (36%)

* One service provider did not respond to this question

** Twenty-six of the service providers had drivers who had already received training in the areas we had identified independent of their role as a driver.

+ Percentages total more than 100% as some service providers offered more than one type of driver training.

In reviewing the results related to acceptability of services, a greater percentage of not-for-profit service providers require advance notification for a ride, and, when advance notification is required, the timeline for notification is greater. Specifically, 64% of not-for-profit service providers require 48 hours or greater advance notification, compared to only 21% of the for-profit service providers. What this means is that clients who rely on not-for-profit service providers for transportation will have less flexibility when it comes to meeting their mobility needs (e.g., attending a social function, going for coffee with friends, etc.) than those who utilize the services offered by the for-profit service providers. A similar percentage of for-profit and not-for-profit service providers offer driver training in the identified areas. However, the type of training offered does differ between the two types of service providers. For example, a greater percentage of for-profit service providers offer driver training on mental health issues, cardiopulmonary resuscitation, and aging/senior's issue than their not-for-profit counterparts. However, a similar percentage of service providers offer disability training. It may be that more comprehensive driver training does result in more 'senior friendly' service, with a corresponding advantage to the for-profit service providers. Further study on assessing the impact of driver training on service provision in this area is needed given the time and costs associated with its delivery, and to determine if training does improve the responsiveness of service delivery.

Accessibility

Accessibility of service provision was assessed through questions related to 'door-to-door' and 'door-through-door' service, as well as provision of transportation to essential and non-essential activities. As shown in Table 13, the vast majority of both for-profit (94%) and not-for-profit (85%) service providers offered door-through-door service. The remainder of the for-profit service providers offered door-to-door service. Of the remaining seven not-for-profit service providers, six (13%) offered door-to-door service, with only one (2%) offering curb-to-curb service only (see Appendix A for definitions).

When examining the data by individual trip purpose, all for-profit and not-for-profit service providers provided transportation for medical needs. There was variability, however, between the two types of service providers with respect to the other types of trip purposes. The majority (94%) of for-profit service providers provided rides for

essential trips, with 96% offering rides for social purposes and 92% offering rides for religious trip purposes as well. Of the not-for-profit service providers, 70% provided rides for essential activities, whereas only 50% offered transportation for social activities and fewer (37%) offered rides for religious purposes. In terms of trip comprehensiveness (e.g., offering rides for medical, essential, social, and religious activities), the vast majority (93%) of for-profit service providers offered rides for all four trip purposes, while only 37% of not-for-profit service providers offered rides for all four trip purposes.

In terms of who was eligible to receive transportation services, there again were differences between for-profit and not-for-profit service providers. As shown in Table 13, a greater percentage (22%) of not-for-profit service providers provided services to seniors only, while only two (4%) of for-profit service providers limited service to the senior population only. Conversely, for-profit service providers were more likely to provide transportation services to 'individuals of all ages and abilities' (64%) and to 'seniors and/or persons with disabilities and their companions' (17%). None of the for-profit or not-for-profit service providers offered their transportation services specifically to persons with disabilities.

Table 13 – Accessibility of Services (For-Profit and Not-for-Profit)

Accessibility of Services	n (%)	
	For-Profit	Not-for-Profit
Type of Service	(n = 53)	(n = 46)
Curb-to-Curb	0 (0%)	1 (2%)
Door-to-Door	3 (5%)	6 (13%)
Door-through-Door	50 (94%)	39 (85%)
Trip Purpose (Individual Purpose)*	(n = 53)	(n = 46)
Medical	53 (100%)	46 (100%)
Essential	50 (94%)	32 (70%)
Social	51 (96%)	23 (50%)
Religious	49 (92%)	17 (37%)
Trip Purpose (Comprehensiveness)	(n = 53)	(n = 46)
All 4 Purposes	49 (93%)	17 (37%)
3 Purposes	0 (0%)	4 (9%)
2 Purposes	3 (5%)	13 (28%)
Only 1 Purpose	1 (2%)	12 (26%)
Eligible to Receive Services	(n = 53)	(n = 46)
Seniors Only	2 (4%)	10 (22%)
Seniors and Persons with Disabilities	6 (11%)	5 (11%)
Seniors and/or Persons with Disabilities and Companions	9 (17%)	2 (4%)
All Ages and Abilities	34 (64%)	18 (39%)
Other	2 (4%)	11 (24%)

* Percentages total more than 100% as some service providers offered rides for more than one type of trip purpose.

A comparison of the two types of service providers on accessibility of services indicates that there are differences in accessibility across the two types of service providers. In terms of type of service, both are 'very accessible' in that they provide door-to-door and door-through-door service. For many seniors, this type of service advances their mobility *and* safety in that what 'drives them from behind the wheel' also may prevent them from using public transportation (e.g., seniors with physical and mental impairment). Not unexpectedly, the transportation services provided by for-profit service providers is more comprehensive in scope, with rides provided for not only medical and essential purposes, but also for social and religious purposes. As noted in Section C.1.2. (Accessibility section), this means that clients who use the services provided by for-profit service providers may have an enhanced quality of life and well-being as a result of being able to satisfy their higher order needs (e.g., socializing, recreation, worship).

Finally, for-profit service providers are able to reach more segments of the population in need of alternate transportation (e.g., seniors only, seniors and persons with disabilities, individuals of all ages and abilities, etc.) than not-for-profit service providers. However, opening the service to individuals of all ages may mean restricted availability to the senior population (e.g., competition for services from the other age groups). Thus, having a great percentage of not-for-profit service providers offering service to seniors only may be advantageous for this segment of the population.

Adaptability

Adaptability refers to transportation service that can accommodate the needs of riders (e.g., clients wanting to make multiple stops on one trip [trip chaining]); service that allows for different types of routes (fixed vs. client response); and passenger service (e.g., single vs. group); service provision that can accommodate wheelchairs and walkers; and the availability of escorts. As shown in Table 14, the vast majority (96%) of for-profit service providers were able to accommodate trip chaining, while 76% of not-for-profit service providers were able to accommodate multiple stops during a single trip. The majority (96%) of both for-profit and not-for-profit service providers provided transportation to 'where the client wanted to go' (client response routes). Very few of for-profit and not-for-profit service providers (2%, respectively) offered fixed route transportation only. The same percentage of for-profit and not-for-profit service providers were able to accommodate both client response and fixed route transportation. Just over half (53%) of for-profit service providers were able to accommodate both single and group passenger service, while slightly more than one-third (39%) of not-for-profit service providers offered both types of passenger service. Only 2% of for-profit service providers and not-for-profit service providers interviewed restricted their service to group passenger service only.

All the for-profit service providers were able to accommodate a walker, with all but one (98%) of the not-for-profit service providers not able to accommodate a walker. This inability was because of the service provider's concerns for safety of its volunteer drivers. The majority of for-profit and not-for-profit service providers (85% and 84%, respectively) were able to accommodate wheelchairs. However, a greater percentage of not-for-profit service providers (29%) were able to accommodate scooters, while only 13% of the for-profit service providers were able to accommodate this type of mobility aid. The vast majority (91%) of for-profit service providers assisted the client in transferring in and out of the vehicle, while less than three quarters (73%) of not-for-profit service providers provided the same type of service. Differences were observed between for-profit and not-for-profit service providers in regards to the provision of escorted transportation services. Ninety-six percent of for-profit service providers provided escorted services to clients (e.g., accompanying the client to an appointment), with 71% of not-for-profit service providers having provided escorted service.

Table 14 – *Adaptability of Services (For-Profit and Not-for-Profit)*

Adaptability of Services	n (%)	
	For-Profit	Not-for-Profit
Trip Chaining Allowed Yes	(n = 53) 51 (96%)	(n = 45)* 34 (76%)
Route Fixed Routes Only Client Response Routes Only Both	(n = 53) 1 (2%) 51 (96%) 1 (2%)	(n = 46) 1 (2%) 44 (96%) 1 (2%)
Passenger Service Single Passenger Service Only Group Passenger Service Only Both Single and Group Passenger Service	(n = 53) 24 (45%) 1 (2%) 28 (53%)	(n = 46) 27 (59%) 1 (2%) 18 (39%)
Mobility Aids Wheelchairs Accommodated Walkers Accommodated Scooters Accommodated	(n = 53) 45 (85%) 53 (100%) 7 (13%)	(n = 45)* 38 (84%) 44 (98%) 13 (29%)
Driver Aids in Transferring Yes	(n = 53) 48 (91%)	(n = 45)* 33 (73%)
Escorted Service Yes	(n = 53) 51 (96%)	(n = 45*) 32 (71%)

*One service provider did not respond to this question.

A review of the results in Table 14 indicates that both for-profit and not-for-profit service providers are very responsive in terms of taking seniors to where they want to go (client response routes) and in accommodating mobility aids. For-profit service providers are, however, more responsive on the remaining four of the six measures of adaptability. Specifically, a greater percentage of for-profit service providers offer trip chaining, offer both single and group passenger service, aid the client in transferring, and provide escorted services. Of all the adaptability measures, the ability to ‘make multiple stops’ and ‘go where the client wants to go’ are likely the two that are most important to the majority of clients who use alternate transportation service provision. Specifically, measures of public transportation that are deemed as unresponsive to seniors include long walks to bus stops, long wait times, difficulty getting on and off buses, difficulty in transporting parcels, and concerns about personal safety. Given these barriers, it is not surprising that less than 10% of the senior population use public transit as a means of getting where they want to go (Rosenbloom, 1988).

Affordability

Affordability refers to transportation services that are affordable to seniors. To assess affordability, service providers were asked questions related to membership fees, rider fees, charges for parking, and the use of coupons to offset or reduce the cost of a ride. In terms of annual membership fees, none of the for-profit and only 15% of the not-for-profit service providers interviewed charged an annual membership fee (see Table 15). For the seven not-for-profit service providers charging a membership fee, the fee was mandatory for three (43%) of the service providers and voluntary for the remaining four service providers. In terms of rider fees, all of the for-profit service providers charged a rider fee, with less than half (43%) of the not-for-profit service providers charging a rider fee. Of the different types of rider fees, there was more variability in the type of fee charged by the for-profit service providers. As shown in Table 15, the three most common types of fees charged by the for-profit service providers were flat rate plus mileage (23%), sliding fees (43%), and an hourly rate charge (34%). On the other hand, sliding fees were by far the most common type of rider fee for the not-for-profit service providers, with 80% of those interviewed charging a sliding fee. For the

remaining 20%, 10% charged a flat rate only and 10% charged the client for mileage only. On average, the flat rate was \$5.00 per trip (SD \$4.24; Range \$2–\$8), with the average ‘mileage only’ charge being \$0.36 per kilometer (SD \$0.23; Range \$0.20–\$0.52). As noted above, both for-profit and not-for-profit service providers charged a sliding fee, with the fee based on distance, location, services required (e.g., wheelchair accommodation), and/or income. The fee varied across service providers, with no clear pattern evident. For the for-profit service providers that charged an hourly rate only, the rate per hour was \$42.00 on average (SD \$14.64; Range \$22–\$60 per hour).

Few service providers, irrespective of funding orientation, accepted donations as a method of client payment for their service, with none of the for-profit and only 28% of the not-for-profit service providers having accepted donations as a form of payment for the ride. The majority of both for-profit and not-for-profit service providers (71% and 57%, respectively) held the client responsible for paying parking fees related to their transportation. Finally, 32% of for-profit service providers accepted coupons, while only 8% of the not-for-profit service providers accepted coupons for rides.

Table 15 – Affordability of Services (For-Profit and Not-for-Profit)

Affordability of Services	n (%)	
	For-Profit	Not-for-Profit
Annual Membership Fee	(n = 53)	(n = 46)
Yes	0 (0%)	7 (15%)
Type of Annual Membership Fee	(n = 0)	(n = 7)
Yes, Mandatory	n/a	3 (43%)
Yes, Voluntary	n/a	4 (57%)
Rider Fees	(n = 53)	(n = 46)
Yes	53 (100%)	20 (43%)
Type of Rider Fee	(n = 53)	(n = 20)
Flat Rate Only	0 (0%)	2 (10%)
Mileage Rate Only	0 (0%)	2 (10%)
Flat Rate plus Mileage	12 (23%)	0 (0%)
Sliding Fee	23 (43%)	16 (80%)
Hourly Rate	18 (34%)	0 (0%)
Accept Donations	(n = 53)	(n = 46)
Yes	0 (0%)	13 (28%)
Payment of Parking*	(n = 51)	(n = 37)
Client	36 (71%)	21 (57%)
Provider	15 (29%)	16 (43%)
Coupons**	(n = 53)	(n = 25)
Yes	17 (32%)	2 (8%)

* For some service providers, this question was not applicable.

** This question was not applicable to those service providers who did not charge rider fees to their clients and to those organizations who only accepted client donations as a method of rider payment.

A comparison of for-profit and not-for-profit service providers on measures related to affordability indicates, not surprisingly, that there is variability across the majority of measures. For example, all for-profit service providers charge a rider fee given that this is the sole source of their income. However, 44% of the not-for-profit service providers also charge a rider fee, with a sliding fee the most common type of rider fee for the vast majority of not-for-profit service providers. As noted above, charges for service provision are more variable for the for-profit service providers. The majority of for-profit and not-for-profit service providers charge the client for parking, a practice that does not seem to be unreasonable given that this is an additional cost to the service provider. It is interesting to note

that coupons are rarely used, and mostly used by the for-profit service providers. Although not questioned specifically, the coupons most likely are used as a means of promoting their service.

Summary of Findings Across the 5 A's of Senior Friendly Transportation

A summary of the findings across the 5 A's of Senior Friendly Transportation (The Beverly Foundation, 2008) is presented in Table 16. The findings are presented in the table for the *Province as a Whole* (third column) (for comparative purposes) and by *Type of Service Provider* (For-Profit and Not-for-Profit, fourth and fifth columns, respectively). Bolded items in the third column indicate responsiveness of service provision in the province from all 99 service providers on questions assessing Availability, Acceptability, Accessibility, Adaptability, and Affordability. As noted previously, to determine 'responsiveness' of service provision, we arbitrarily set a cut point of having 80% or higher of the service providers meeting the criterion (e.g., providing both weekday and weekend service). Bolded items in columns four and five compare responsiveness of service provision between the for-profit and not-for-profit service providers across the 5 A's of Senior Friendly Transportation service provision. Our arbitrary cut point of 80% or higher again is used to determine responsiveness of transportation service provision. Importantly, portrayal of the data in this fashion is not designed to 'pit' the for-profit and not-for-profit service providers against each other. Rather, the comparison is done to advance understanding of the strengths and gaps of service provision, and to inform on the development of policies and procedures as well as the promotion of initiatives that will assist in the facilitation of ATS service provision in the province of British Columbia.

As can be seen in Table 16, when examining service provision for all service providers in the province based on funding orientation (for-profit or not-for-profit), service provision is most responsive for for-profit service providers with respect to Availability, Acceptability, Accessibility, and Adaptability (The Beverly Foundation, 2008). Specifically, responsiveness, as measured by a higher percentage of service providers offering the service), was greater for the for-profit service providers on 15 of the 23 outcomes (see bolded items in the fourth and fifth columns of Table 16). That is, a greater percentage of for-profit service providers are able to offer transportation services in both the daytime and evening hours and on weekdays and weekends (Availability); have shorter advance notification timelines (Acceptability); are able to provide door-through-door service, and offer transportation for all four trip purposes (medical, essential, social, and religious) (Accessibility); and allow for trip chaining, aid the client in transferring, and offer escorted service (Adaptability).

The greater responsiveness of service provision from the for-profit service providers however, comes at a cost and that cost is a higher price for service provision. The overall trend in the data indicates that the cost of service provision *to the client* is higher for the for-profit service providers. This increased cost may place the service outside the reach of a significant number of seniors. Notably, the cost of service delivery *for the service provider* also is likely to be higher. Costs that often are incurred by for-profit service providers and not by *some* not-for-profit service providers include infrastructure (e.g., office space, telephones, computers, vehicles), personnel (paid drivers), and operational costs (e.g., commercial liability insurance).

It also is notable that both for-profit and not-for-profit service providers are not as responsiveness as they could be on one of the 5 A's of Senior Friendly Transportation services (Acceptability). As shown in Table 16, the majority of service providers, irrespective of funding orientation, require advance notification for a ride and less than two-thirds of for-profit and not-for-profit service providers (59% and 61%, respectively) offer any kind of training to their drivers.

Finally, results also indicate that for three of the 23 outcomes examined, the percentage of for-profit and not-for-profit service providers was similar (e.g., providing rides for medical trip purposes, offering client response route transportation, and the ability to accommodate wheelchairs).

As noted above, that a greater percentage of for-profit service providers are able to provide a more comprehensive level of service is not unexpected, given that the charge for service is greater. However, it is important to note that a number of seniors may be unable to afford the services provided by the for-profit service providers. It also is the case

that not all seniors need the full range of services provided by the for-profit service providers (e.g., transportation for essential, social, or religious trips; assistance in transferring, etc.). Given that the senior population is a very heterogeneous population, having a family of transportation service is essential if we are to meet the mobility needs of this growing and diverse segment of the population. Thus, policies, as well as community-based efforts that promote and support the availability of all types of ‘senior-friendly’ transportation, are essential.

Table 16 – Summary of the Findings Across the 5 A’s of Senior Friendly Transportation (Province as a Whole; For-Profit and Not-for-Profit)

The 5 A’s of Senior Friendly Transportation	Services	Province as a Whole	For-Profit and Not-for-Profit	
		All Providers (n = 99)	For-Profit (n = 53)	Not-for-Profit (n = 46)
Availability of Services	Daytime and Evening (Past 1800 hours)	60%	85%	30%
	Weekdays and Weekends	77%	94%	57%
Acceptability of Services	No Advance Notification Required	30%	44%	13%
	Advance Notification Timeline \geq 48 Hours	46%	21%*	64%
	Driver Training Provided	60%	59%	61%
Accessibility of Services	Type of Service (Door-through-Door)	90%	94%	85%
	Medical Trip Purpose	100%	100%	100%
	Essential Trip Purpose	83%	94%	69%
	Social Trip Purpose	75%	96%	50%
	Religious Trip Purpose	67%	92%	37%
	Trip Purpose (Comprehensiveness) All 4 Purposes	67%	93%	37%
	Focus on Seniors; Seniors and Persons with Disabilities; and Seniors and Persons with Disabilities and Companions	34%	32%	37%
All Ages and Abilities Eligible to Receive Services	53%	63%	40%	
Adaptability of Services	Trip Chaining Allowed	86%	96%	76%
	Client Response Routes Only	96%	96%	96%
	Both Single and Group Passenger Service	47%	53%	39%
	Mobility Aids Accommodated (Wheelchair)	85%	85%	84%
	Driver Aids in Transferring	83%	91%	73%
	Escorted Service	85%	96%	71%
Affordability of Services	No Annual Membership Fee	93%	100%	85%
	No Rider Fees	26%	0%	57%
	Donations	13%	2%	28%
	Coupons	24%	32%	8%

* A lower percentage indicates more responsive service.

C.2.3. Organizational Features

In this section, we present the results related to organizational features of service (e.g., type of drivers, screening of drivers, vehicles owned, insurance coverage, etc.) for the for-profit and not-for-profit service providers. As shown in Table 17, all of the for-profit service providers employed paid drivers while 87% of the not-for-profit service providers interviewed relied on volunteer drivers, with 11% employing paid drivers and 2% employing both volunteer and paid

drivers. The question on reimbursement for volunteer drivers was applicable only to the not-for-profit service providers. Of those service providers who did reimburse their drivers, the majority (64%) provided volunteer mileage reimbursement as the most common form of reimbursement.

In relation to driver screening, 14 of the 99 service providers interviewed had drivers who were the sole operator/owner of the vehicles. As such, these service providers (13 for-profit and one not-for-profit service provider) indicated that they did not conduct driver screening. The overwhelming majority of for-profit and not-for-profit service providers (95% and 98%, respectively) conducted screening prior to driver employment or driver volunteering. The most common type of screening, irrespective of funding orientation, was a criminal background check (95% for both types of service providers), followed by screening for driving records/abstracts (92% and 86%, respectively). The majority of service providers, again irrespective of funding orientation, checked for insurance coverage (84% and 77%, respectively). Few (16% and 9%, respectively) conducted road tests to assess driving competency. Only four of the for-profit service providers screened drivers for drug use, with none of the not-for-profit service providers having conducted this type of screening.

It is important to note that some for-profit organizations owned their own vehicles as well as having drivers who used their own vehicles to provide transportation service provision. As well, some not-for-profit organizations owned their own vehicles and had volunteers who used personal vehicles to provide transportation services. Over half (51%) of the for-profit service providers owned their own vehicles, owning three vehicles on average (Range 1–21). In comparison, less than one-third (30%) of not-for-profit organizations owned their own vehicles, with an average of two vehicles owned (Range 1–5). Ninety-three percent of for-profit service providers stated that they had enough drivers for their vehicles, with an average of three drivers available to drive (SD = 4; Range 1–16). Unlike their for-profit counterparts, only 79% of the not-for-profit service providers who owned their own vehicles reported having had enough drivers, with the average number of drivers higher than for-profit service providers (Mean = 6; SD = 5; Range 1–20).

Differences also existed with respect to drivers who used personal vehicles to provide transportation services to clients. In terms of use of personal vehicles for transportation service provision, a greater percentage of not-for-profit service providers (80%) reported having drivers who used their own personal vehicles compared to slightly more than one half (55%) of the for-profit service providers interviewed with drivers using their own personal vehicles. The average number of drivers using personal vehicles differed across service providers on the basis of profit orientation, with for-profit service providers indicating that they had 11 vehicles on average (SD = 11; Range 1–40) and not-for-profit service providers indicating that they had 14 vehicles on average (SD = 10; Range 1–41).

For those service providers that had drivers using their personal vehicles, 69% of the for-profit service providers required volunteer drivers to carry extra insurance compared to only 22% of the not-for-profit service providers. The question on vehicle inspections was limited to only those service providers with drivers who used their own vehicles to provide transportation in that it was assumed that service providers who used company vehicles would, routinely, conduct vehicle inspections. Where applicable, the majority of service providers, irrespective of funding orientation, did not conduct vehicle inspections, with only 31% of for-profit service providers and 17% of not-for-profit service providers having indicated that they conducted vehicle inspections.

Table 17 – Organizational Features of ATS Providers (For-Profit and Not-for-Profit)

Organizational Feature	n (%) or Mean (SD); Range	
	For-Profit	Not-for-Profit
Type of Driver	(n = 53)	(n = 46)
Volunteer	0 (0%)	40 (87%)
Paid	53 (100%)	5 (11%)
Both	0 (0%)	1 (2%)
Volunteer Driver Reimbursement*	(n = 53)	(n = 33)
Honorarium Only	n/a	4 (12%)
Volunteer Mileage	n/a	21 (64%)
Volunteer Gas	n/a	4 (12%)
Volunteer Mileage and Gas	n/a	3 (9%)
Other	n/a	1 (3%)
Driver Screening**	(n = 40)	(n = 45)
Yes	38 (95%)	44 (98%)
Type of Driver Screening+	(n = 38)	(n = 44)
Driving Records/Abstracts	35 (92%)	39 (86%)
Insurance Coverage	32 (84%)	34 (77%)
Road Tests	6 (16%)	4 (9%)
References	36 (95%)	34 (77%)
Criminal Background Check	36 (95%)	42 (95%)
Drug Test	4 (11%)	0 (0%)
Vehicles	(n = 53)	(n = 46)
Organization Owns Vehicles	27 (51%)	14 (30%)
Vehicles Owned	(n = 27)	(n = 14)
Number of Vehicles Owned	3 (4); Range 1–21	2 (1); Range 1–5
Number of Drivers	3 (4); Range 1–16	6 (5); Range 1–20
Have Enough Drivers (Yes)	25 (93%)	11 (79%)
Drivers Using Personal Vehicles	(n = 53)	(n = 46)
Drivers Use Personal Vehicles	29 (55%)	37 (80%)
How Many Personal Vehicles**	11 (11); Range 1–40	14 (10); Range 1–41
Insurance for Personal Vehicles	(n = 29)	(n = 36)•
Personal Insurance	9 (31%)	28 (78%)
Extra Insurance	20 (69%)	8 (22%)
Vehicle Inspections	(n = 29)	(n = 36)•
Yes	9 (31%)	6 (17%)

* Not all organizations who rely on volunteers to provide transportation reimburse their drivers.

** Fourteen of the 99 service providers interviewed had drivers who were sole operators/owners of the vehicles, and as such, indicated that they did not conduct driver screening.

+ Percentages total more than 100% as some service providers screen their drivers in more than one area.

++ Outliers have been removed to prevent the skewing of data. Outliers are values that are very different (in this case higher) from other values in the data set.

• One service provider did not respond to this question.

Less than one half of both for-profit and not-for-profit service providers (44% and 40%, respectively) conducted an annual customer survey (see Table 18). Only a small percentage of for-profit and not-for-profit service providers

utilized scheduling software to assist with ride scheduling or for data collection on the number of clients served or rides provided (30% and 15%, respectively).

The vast majority (98%) of service providers, irrespective of funding orientation, relied on ‘word-of-mouth’ advertising to promote their services. Both types of service providers relied on other types of advertising as well. Specifically, a greater percentage of not-for-profit service providers utilized medical services (83% compared to 76%, respectively), community centres (85% compared to 76%, respectively), and newspapers (57% compared to 41%, respectively) as a mechanism of advertising. Finally, although both for-profit and not-for-profit service providers utilized ‘other’ forms of advertising including websites, seniors’ fairs/functions, and vehicle decals, a greater percentage of for-profit service providers (71% compared to 54%, respectively) reported using other forms of advertising to promote their services.

Table 18 – Organizational Features of ATS Providers, Continued (For-Profit and Not-for-Profit)

Organizational Feature	n (%)	
	For-Profit	Not-for-Profit
Customer Survey	(n = 53)	(n = 46)
Yes	24 (44%)	18 (40%)
Scheduling Software Utilized	(n = 53)	(n = 46)
Yes	16 (30%)	7 (15%)
Advertising	(n = 51)*	(n = 46)
Word of Mouth	50 (98%)	45 (98%)
Social Services	34 (67%)	29 (63%)
Medical Services	39 (76%)	38 (83%)
Newspaper Advertisement	21 (41%)	26 (57%)
Newsletter	30 (59%)	24 (52%)
TV/Radio	10 (20%)	8 (17%)
Community Centres	39 (76%)	39 (85%)
Other	36 (71%)	25 (54%)

* Two service providers did not respond to this question.

A comparison of service providers in terms of organizational features indicates that there is considerable variability between the two types of service providers. Those differences were expected. Specifically, all for-profit service providers interviewed rely on paid drivers for service provision, with the vast majority of not-for-profit service providers relying on volunteer drivers. Interestingly, the majority of service providers (both for-profit and not-for-profit) conduct driver screening. The most notable difference between the two types of service providers, in terms of type of screening, is the higher percentage of for-profit service providers who check driver records, abstracts, and references before the employment of drivers compared to their not-for-profit counterparts. A higher percentage of for-profit service providers own their own vehicles, with three the average number of vehicles compared to two vehicles owned on average by the not-for-profit service providers. The findings on drivers using their own personal vehicles are not unexpected, with a greater percentage of not-for-profit service providers having drivers who use their own vehicles. The reliance on volunteer drivers explains this finding. It is surprising that few for-profit and not-for-profit service providers conduct vehicle inspections. The reason for this finding is unclear. An interesting finding is that a greater percentage of for-profit service providers carry extra insurance for personal vehicles (69% compared to 22%, respectively). The regulatory environment (e.g., need for commercial general liability insurance) in the province may account for this finding.

A similar percentage of for-profit and not-for-profit service providers conduct customer surveys. Few service providers utilize software to assist in scheduling rides or assisting with data capture (e.g., number of clients, number of rides provided in a given time period). Until recently, affordable software for use by alternate transportation service providers was not available, which likely accounts for this finding. Finally, both types of service providers rely on word

of mouth advertising, with similar percentages utilizing social service agencies and newsletters for dissemination of information related to their service. Not-for-profit service providers are, however, more likely to use community centres and medical services for advertising their transportation services, a finding that is not unexpected in that a number of the service providers interviewed are affiliated with community centres or provide transportation for medical purposes only. Few of the for-profit and not-for-profit service providers use TV/Radio, with cost the most likely barrier.

C.2.4. Problems with and Limitations of Service Provision

Given the similar pattern of findings across service providers, the reader is referred to Section C.1.4. for an overview of problems with and limitations of service provision for the province as a whole.

C.3. ATS Service Provision (Across the Five Regions)

It is reasonable to assume that differences in service provision exist across the five Regional Health Authorities in the province of British Columbia. In this section of the report, we compare data on demographics, measures related to the 5 A's of Senior Friendly Transportation (The Beverly Foundation, 2008), and organizational features of service providers as a function of provincial region. Due to the small sample sizes in each region and the large number of comparisons that could be made overall, statistical comparisons were restricted to demographic variables only to reduce the risk of a Type 1 error. Significance level was set to an alpha of .05. For continuous variables, independent sample *t*-tests were used to examine if significant differences exist between provincial regions, with Chi-square analyses used for categorical variables.

C.3.1. Demographics

Demographic information for the 99 service providers in the province who participated in structured full length interviews is presented below, with the information presented based on Regional Health Authority (i.e., Interior, Fraser, Vancouver Coastal, Vancouver Island, and Northern) (see Table 19). There were significant differences ($p < .05$) in the number of years in operation, with service providers in the Vancouver Island region in operation for the longest period of time (Average = 11.4 years; SD = 10.6 years; Range 1–40 years) and service providers in the Interior region having been in operation the shortest period of time (Average = 6.7 years; SD = 6.2; Range 0.5–20 years). Length of operation for service providers in the remaining three regions was 7.9 years (Fraser), 9.8 years (Vancouver Coastal), and 10.6 years (Northern) (see Table 19).

Variability existed across the five regions as to where service providers in each of the regions were located. An examination of the results indicated that a greater percentage of service providers in the Fraser and Vancouver Island regions were located in areas with populations greater than 50,000. In the Vancouver Coastal region, however, the percentage of service providers was evenly distributed with 50% of service providers located in areas with populations between 10,000 and 49,999 and in areas with populations of 50,000 or greater. For the two remaining regions (Interior and Northern), the majority of service providers were located in areas with populations less than 10,000. This pattern of findings is not surprising given the population distribution in the regions (e.g., greater concentrations of the population in a smaller land mass on the south western tip of the mainland and on the island, and lower population concentrations over a large land mass in the Interior and Northern regions).

As shown in Table 19, few service providers in each of the five regions were willing or able to provide information on the number of clients served per month and the number of one-way rides provided per month. An examination of the data for these two questions also indicated that there were outliers in the data. That is, for both measures, some service providers in each region reported serving a significantly higher number of clients and offering a higher number of rides than other service providers. To eliminate skewing of the data (artificially increasing the average because of the presence of one or more values that are distinctly different [higher or lower] than other values in the

set), we eliminated the outliers prior to data analyses. Thus, the results presented for clients per month and one-way rides per month are reported with outliers removed.

As can be seen in Table 19, the average number of clients served per month was similar across four of the five regions (Interior, Fraser, Vancouver Coastal, and Vancouver Island, respectively). Notably, the Northern region reported the lowest average number of clients served per month (Average = 15; SD = 11; Range 4–33). Service providers in the Interior region reported the highest number of one-way rides, on average, provided per month (Average = 84; SD = 67; Range 6–230), followed by Vancouver Coastal and then Vancouver Island (see Table 19 for the Average, SD, and Range for each of these regions). Service providers in the Fraser region reported the lowest number of one-way rides provided per month (Average = 58; SD = 50; Range 4–170). On the other hand, irrespective of region, a small percentage of service providers interviewed reported having a wait list. In all regions, very few service providers (two or less) had a wait list for the provision of transportation services.

In three of the five regions (Fraser, Vancouver Coastal, and Vancouver Island) over half of service providers interviewed were for-profit (62%, 60%, and 63%, respectively). Conversely, the vast majority (89%) of service providers interviewed in the Northern region were not-for-profit, with approximately half of the service providers interviewed in the Interior region for-profit (46%) and half (54%) not-for-profit.

Consistent with funding orientation, a higher percentage of service providers in the Fraser, Vancouver Coastal, and Vancouver Island regions relied on a sole source of funding (e.g., membership or client fees). On the other hand, 78% of service providers in the Northern region relied on a blended source of funding, with more of a balance in funding stream for service providers in the Interior region (58%-sole and 42%-blended). For those service providers relying on a blended source of funding (irrespective of region), funding was received from government grants, philanthropic grants, membership/client fees, fundraising, or donations, with the mix of funding varying across the service providers in each of the regions.

Finally, for the majority of service providers across all five of the Regional Health Authorities, transportation service provision was a secondary focus, with more than three quarters of service providers in four of the five regions (Interior, Fraser, Vancouver Coastal, and Vancouver Island) and 67% in the remaining region (Northern) reporting that alternate transportation service provision was not their primary focus (see Table 19). Rather, the service providers' primary focus was on provision of services related to independent living in the home (e.g., Home care companies), health services (e.g., Home health care services), or in the provision of programs, resources, and services not only to seniors but to any community member (e.g., Community resource agencies).

Table 19 – Overview of ATS Service Providers (Across the Five Regions)

Service Provision	n (%) or Mean (SD); Range				
	Interior	Fraser	Vancouver Coastal	Vancouver Island	Northern
Operating Time Average Years	(n = 24) 6.7 (6.2); Range 0.5–20	(n = 25)* 7.9 (8.4); Range 1.0–38	(n = 10) 9.8 (12.5); Range 1.5–40	(n = 30) 11.40 (10.6); Range 1.0–40	(n = 9) 10.6 (10.8); Range 1.0–29
Location of Service Providers Pop. < 10,000 Pop. 10,000–49,999 Pop. > 50,000	(n = 24) 11 (46%) 7 (29%) 6 (25%)	(n = 26) 1 (4%) 7 (27%) 18 (69%)	(n = 10) 0 (0%) 5 (50%) 5 (50%)	(n = 30) 5 (17%) 10 (33%) 15 (50%)	(n = 9) 5 (56%) 2 (22%) 2 (22%)
Client Location Within City/Town/Village Limits Outside of City/Town/Village Limits Both	(n = 24) 9 (38%) 1 (4%) 14 (58%)	(n = 25)* 17 (68%) 1 (4%) 7 (28%)	(n = 10) 10 (100%) 0 (0%) 0 (0%)	(n = 30) 18 (60%) 1 (3%) 11 (37%)	(n = 9) 4 (44%) 1 (11%) 4 (44%)
Number of Clients** Per Month	(n = 20) 25 (44); Range 2–200	(n = 20) 25 (38); Range 2–160	(n = 6) 23 (2); Range 4–60	(n = 20) 28 (33); Range 3–120	(n = 7) 15 (11); Range 4–33
Number of Rides Provided** One-Way Rides per Month	(n = 9) 84 (67); Range 6–230	(n = 13) 58 (50); Range 4–170	(n = 3) 73 (110); Range 8–200	(n = 14) 67 (45); Range 12–162	(n = 5) 63 (107); 10–256
Wait List Organizations with a Wait List	(n = 24) 2 (8%)	(n = 26) 0 (0%)	(n = 10) 1 (10%)	(n = 30) 1 (3%)	(n = 9) 1 (11%)
Funding Orientation For-Profit Not-for-Profit	(n = 24) 11 (46%) 13 (54%)	(n = 26) 16 (62%) 10 (38%)	(n = 10) 6 (60%) 4 (40%)	(n = 30) 19 (63%) 11 (37%)	(n = 9) 1 (11%) 8 (89%)
Funding Stream Sole Source Blended Source	(n = 24) 14 (58%) 10 (42%)	(n = 26) 16 (62%) 10 (38%)	(n = 10) 7 (70%) 3 (30%)	(n = 30) 24 (80%) 6 (20%)	(n = 9) 2 (22%) 7 (78%)
Focus of Service Provision Primary Focus Secondary Focus	(n = 24) 4 (17%) 20 (83%)	(n = 26) 5 (19%) 21 (81%)	(n = 10) 2 (20%) 8 (80%)	(n = 30) 6 (20%) 24 (80%)	(n = 9) 3 (33%) 6 (67%)

* One service provider was unsure of the operating time/average years of operation for their organization.

** Outliers have been removed. Outliers are values that are very different (in this case higher) from other values in the data set.

C.3.2. The 5 A's of Senior Friendly Transportation

Availability

Availability refers to transportation service provision that is available, with the service available during the day and evening, and on weekdays and weekends. As shown in Table 20, there was variation in the availability of services across the five regions in the province. In terms of the availability of services, more than three quarters (78%) of service providers in the Northern region offered service during both daytime and evening hours; with approximately two-thirds of service providers in the Fraser and Vancouver Island regions (69% and 63%, respectively) also offering

this type of service. A greater percentage of service providers in the Vancouver Coastal (60%) and the Interior (54%) regions offered transportation during the daytime hours only (until 1800 hours). The majority of service providers in each region offered transportation service on both weekdays and weekends, with 81% of service providers in the Fraser region and 93% of service providers in the Vancouver Island region providing transportation across all days of the week.

Less than half of service providers, irrespective of region, had jurisdictional limits for service provision. Forty percent of service providers in the Fraser region reported having jurisdictional boundaries for transportation service provision while only 30% of service providers in the Vancouver Coastal region reported the same. The jurisdictional boundaries were often a condition of a franchise agreement, with the boundaries most often reflective of which service provider was eligible to transport the client as opposed to where the client could be taken.

Table 20 – Availability of Services (Across the Five Regions)

Availability of Services	n (%)				
	Interior	Fraser	Vancouver Coastal	Vancouver Island	Northern
Daytime/Evening Service	(n = 24)	(n = 26)	(n = 10)	(n = 30)	(n = 9)
Daytime Only (Until 1800 hours)	13 (54%)	8 (31%)	6 (60%)	11 (37%)	2 (22%)
Daytime and Evening (Past 1800 hours)	11 (46%)	18 (69%)	4 (40%)	19 (63%)	7 (78%)
Weekdays/Weekend Service	(n = 24)	(n = 26)	(n = 10)	(n = 30)	(n = 9)
Weekdays Only	8 (33%)	5 (19%)	4 (40%)	2 (7%)	4 (44%)
Weekdays and Weekend	16 (67%)	21 (81%)	6 (60%)	28 (93%)	5 (55%)
Jurisdictional Limitations	(n = 24)	(n = 25)*	(n = 10)	(n = 30)	(n = 9)
Yes	9 (38%)	10 (40%)	3 (30%)	10 (33%)	2 (22%)

* One service provider did not respond to this question.

The results presented above indicate that differences exist in the availability of services across the five regions. For three of the five regions (Fraser, Vancouver Island, and Northern), the majority of service providers offer services during both daytime and evening hours. It is unclear why these differences exist across the five regions. There was more consistency across the five regions for availability of transportation on weekdays and weekends, with the majority of service providers in all five regions offering service during both segments of the week. However, with the exception of the Vancouver Island region, a significant number of service providers provide service during the daytime only and on weekdays only. What this means is that a number of seniors who rely on alternate transportation service provision for transportation may have unmet needs (e.g., inability to attend social events in the evening or attend religious functions on the weekend).

Acceptability

Acceptability refers to components of service provision such as advance scheduling, as well as having drivers knowledgeable about issues related to seniors (e.g., mental health issues, aging issues, etc.). As shown in Table 21, a greater percentage of service providers in the Interior (96%) and the Northern (89%) regions required advance notification for transportation service provision, with one half of service providers in the Vancouver Island region to two-thirds of service providers in the Fraser and Vancouver Coastal regions requiring advance notification. The majority of service providers across all five regions required at least 24 hours or greater advance notification for a ride, with a higher percentage of service providers in the Fraser region (94%) and the Northern region (87%) requiring at least 24 hours notification. A significant percentage of service providers in the Interior, Fraser, and Vancouver Island regions (30%, 25%, and 40%, respectively) required greater than 48 hours notice for a ride.

As noted in section C.1.2. (Acceptability section), 26 service providers interviewed across the province had drivers with training on all of the identified areas of interest (e.g., mental health issues, disability training, etc.) as a condition of their employment. A high percentage of service providers in the Fraser, Vancouver Coastal, and Northern regions who did not have 'previously trained' drivers indicated that they provided driver training to their staff (65%, 71%, and 89%, respectively), while 50% of service providers in the Interior region and 47% of service providers in the Vancouver Island region indicated that they also provided training to their drivers. Almost two-thirds of service providers across the Interior, Fraser, Vancouver Coastal, and Vancouver Island regions (67%, 69%, 60%, and 67%, respectively) offered training on aging/seniors' issues. Notably, in the Northern region, only 38% of service providers indicated that they offered their drivers training on aging/seniors' issues. The majority of service providers interviewed in the Fraser, Vancouver Coastal, and Northern regions (85%, 80%, and 75%, respectively) provided their drivers with training on cardiopulmonary resuscitation, while a lower percentage of service providers in the Interior and Vancouver Island regions (33% and 11%, respectively) provided this type of training to their drivers.

Table 21 – Acceptability of Services (Across the Five Regions)

Acceptability of Services	n (%)				
	Interior	Fraser	Vancouver Coastal	Vancouver Island	Northern
Advance Notification Required Yes	(n = 24) 23 (96%)	(n = 25)* 16 (68%)	(n = 10) 6 (60%)	(n = 29)* 15 (52%)	(n = 9) 8 (89%)
Advance Notification Timeline < 24 Hours 24 Hours 48 Hours 48+ Hours	(n = 23) 5 (22%) 8 (35%) 3 (13%) 7 (30%)	(n = 16) 1 (6%) 6 (38%) 5 (31%) 4 (25%)	(n = 6) 1 (17%) 3 (50%) 2 (33%) 0 (0%)	(n = 15) 3 (20%) 3 (20%) 3 (20%) 6 (40%)	(n = 8) 1 (13%) 6 (74%) 1 (13%) 0 (0%)
Driver Training Provided** Yes	(n = 18) 9 (50%)	(n = 20) 13 (65%)	(n = 7) 5 (71%)	(n = 19) 9 (47%)	(n = 9) 8 (89%)
Type of Driver Training Provided+ Mental Health Issues Disability Training Cardiopulmonary Resuscitation Aging/Seniors' Issues Other	(n = 9) 3 (33%) 6 (67%) 3 (33%) 6 (67%) 4 (44%)	(n = 13) 8 (62%) 8 (62%) 11 (85%) 9 (69%) 1 (8%)	(n = 5) 2 (40%) 2 (40%) 4 (80%) 3 (60%) 1 (20%)	(n = 9) 6 (67%) 5 (56%) 1 (11%) 6 (67%) 5 (56%)	(n = 8) 2 (25%) 5 (63%) 6 (75%) 3 (38%) 1 (13%)

* One service providers did not respond to this question.

** Twenty-six of the service providers had drivers who had already received training in the areas we had identified independent of their role as a driver.

+ Percentages total more than 100% as some service providers offered more than one type of driver training.

The results presented in Table 21 indicate that, overall, the acceptability of service provision could be improved by having more service providers offering rides without advance notification and shortening the timelines for those service providers who do require advance notification. Those changes would allow clients greater flexibility and spontaneity with respect to attendance at/or participation in activities that occur outside the home or within close proximity to home. Acceptability also could be improved by having a greater percentage of service providers trained on issues relevant to seniors, with the intent that that training would make their drivers more responsive to the needs of seniors. The three areas that are likely to make the greatest differences in terms of responsiveness are training on mental health issues, disability, and aging/seniors' issues (e.g., dementia, visual impairments, motor impairments) given the prevalence of these conditions in the senior population and their impact on day to day functioning, including the use of transportation services.

Accessibility

Accessibility of service provision was assessed through questions related to 'door-to-door' and 'door-through-door' service, as well as provision of transportation to essential and non-essential activities. As shown in Table 22, across the five regions, the vast majority of service providers, 80% or higher, offered their clients door-through-door service. Very few service providers, irrespective of region, offered their clients door-to-door service only, and notably, only one of the 99 service provider offered clients curb-to-curb service only (See Appendix A for definitions).

When examining the data by individual trip purpose, all service providers, irrespective of region, provided transportation for medical needs. More than three quarters of service providers across the five regions provided rides for essential trips, with service providers in the Vancouver Coastal region reporting the highest percentage (100%) and service providers in the Vancouver Island region reporting the lowest percentage (77%). There was more variability, however, across the regions with respect to the other types of trip purposes. In the Vancouver Coastal region, 80% of service providers provided rides for social purposes compared to the Fraser region where only 69% of service providers offered rides for social purposes. Fewer service providers across the regions offered their clients trips for religious purposes. In the Northern region, 78% of service providers interviewed were able to accommodate this type of trip purpose, while 63% of service providers in both the Interior and Vancouver Island regions provided trips for religious purposes.

The majority of service providers across all regions offered clients rides for all four trip purposes (Interior 63%; Fraser 70%; Vancouver Coastal 70%; Vancouver Island 63%; and Northern 78%). Very few service providers across the five regions offered transportation for only one type of trip purpose. In the Vancouver Coastal and Northern regions, no service providers interviewed offered clients transportation for only one trip purpose. However, in the Vancouver Island region, 20% of service providers provided transportation for only one trip purpose, with 15% of service providers in the Fraser region offering their clients the same.

In terms of who was eligible to receive transportation services, differences were observed between the five regions. As shown in Table 22, a greater percentage of service providers in all of the five regions offered transportation service to 'individuals of all ages and abilities' compared to the other eligibility categories. Specifically, more than half of the service providers in three of the regions (Interior, Fraser, and Vancouver Island) provided transportation to 'individuals of all ages and abilities'. However, in the other two regions (Vancouver Coastal and Northern), less than half of the service providers interviewed offered this same type of service (30% and 45%, respectively). Fewer service providers, irrespective of region, offered transportation service to the senior population only (see Table 22). Very few service providers in each of the five regions restricted their service to seniors and persons with disabilities, with even fewer restricted their service to individuals who have difficulty riding public transit due to mental or physical impairment (Other category).

Table 22 – Accessibility of Services (Across the Five Regions)

Accessibility of Services	n (%)				
	Interior	Fraser	Vancouver Coastal	Vancouver Island	Northern
Type of Service	(n = 24)	(n = 26)	(n = 10)	(n = 30)	(n = 9)
Curb-to-Curb	0 (0%)	0 (0%)	0 (0%)	1 (3%)	0 (0%)
Door-to-Door	2 (8%)	1 (4%)	2 (20%)	3 (10%)	1 (11%)
Door-through-Door	22 (92%)	25 (96%)	8 (80%)	26 (87%)	8 (89%)
Trip Purpose (Individual)*	(n = 24)	(n = 26)	(n = 10)	(n = 30)	(n = 9)
Medical	24 (100%)	26 (100%)	10 (100%)	30 (100%)	9 (100%)
Essential	19 (79%)	22 (85%)	10 (100%)	23 (77%)	8 (89%)
Social	19 (79%)	18 (69%)	8 (80%)	21 (70%)	8 (89%)
Religious	15 (63%)	18 (69%)	7 (70%)	19 (63%)	7 (78%)
Trip Purpose (Comprehensiveness)	(n = 24)	(n = 26)	(n = 10)	(n = 30)	(n = 9)
All 4 Purposes	15 (63%)	18 (70%)	7 (70%)	19 (63%)	7 (78%)
3 Purposes	2 (8%)	0 (0%)	1 (10%)	1 (4%)	0 (0%)
2 Purposes	4 (17%)	4 (15%)	2 (20%)	4 (13%)	2 (22%)
Only 1 Purpose	3 (12%)	4 (15%)	0 (0%)	6 (20%)	0 (0%)
Eligible to Receive Services	(n = 24)	(n = 26)	(n = 10)	(n = 30)	(n = 9)
Seniors Only	3 (13%)	4 (15%)	2 (20%)	2 (7%)	1 (11%)
Seniors and Persons with Disabilities	2 (8%)	3 (12%)	2 (20%)	1 (3%)	3 (33%)
Seniors and/or Persons with Disabilities and Companions	4 (17%)	3 (12%)	2 (20%)	2 (7%)	0 (0%)
All Ages and Abilities	14 (58%)	14 (53%)	3 (30%)	17 (56%)	4 (45%)
Other	1 (4%)	2 (8%)	1 (10%)	8 (27%)	1 (11%)

* Percentages total more than 100% as some service providers offered rides for more than one trip purpose.

A review of the findings presented in Table 22 indicates that alternate transportation service provision across the five regions is relatively responsiveness in terms of accessibility. The vast majority of service providers in all five regions offer door-through-door service and offer rides for all trip purposes. However, a significant percentage of service providers in each of the five regions do not provide transportation for social or religious activities, which can result in unmet needs for those seniors who rely on alternate transportation service provision for satisfaction of these needs. As noted previously, satisfaction of higher order needs (e.g., socializing, worship, etc.) is associated with both quality of life and overall well-being (Carp, 1988). Thus, restricting transportation services to medical and essential activities may result in satisfaction of basic needs but not of higher order needs.

Adaptability

The adaptability of service provision was assessed by responses to questions on trip chaining (multiple stops during a trip), trip routing (fixed routes vs. client response routes), passenger service (single vs. group), accommodation of mobility aids (e.g., wheelchairs), assistance in transferring, and provision of escorted service. As shown in Table 23, the majority of service providers, irrespective of region, were able to accommodate trip chaining for their clients. The Vancouver Island region had the highest percentage (90%) of service providers able to accommodate multiple stops during a trip, while in the Vancouver Coastal region, 60% of service providers were able to accommodate trip chaining.

The vast majority of service providers, in all five of the regions, provided transportation to 'where the client wants to go' (client response routes). In the Fraser and Vancouver Island regions, all service providers were able to accommodate this type trip routing, followed by 96% of service providers in the Interior region, 80% in the Vancouver

Coastal region, and 89% in the Northern region. Ten percent of service providers interviewed in the Vancouver Coastal and 11% of service providers interviewed in the Northern region offered their clients fixed route transportation services only. Notably, only two service providers overall provided transportation on both fixed and client response routes (one service provider in the Interior region and one service provider in the Vancouver Coastal region).

Differences existed across the five regions as to what kind of passenger service was available to clients. In three of the regions (Fraser, Vancouver Coastal, and Northern), the majority of service providers were able to accommodate both single and group passenger service. In the Northern region, 78% of service providers interviewed said they could accommodate both single passengers and groups requiring transportation, followed by 60% of service providers in the Vancouver Coastal region, and 54% of service providers in the Fraser region, with approximately one-third of service providers in the Interior and Vancouver Island regions offering both types of services (38% and 33%, respectively). The majority of service providers in the Interior and Vancouver Island regions offered only single passenger service to their clients (63% and 67%, respectively). Only two of the 99 service providers (one service provider in the Vancouver Coastal region and one service provider in the Northern region) offered group passenger service only.

The vast majority of service providers, irrespective of region, were able to accommodate walkers in their vehicles, with only one service provider overall unable to accommodate walkers and this was the result of company policy for safety to protect volunteer drivers. The majority of service providers across the five regions also were able to accommodate wheelchairs. However, differences existed across the regions in regards to service providers that were able to accommodate scooters. The majority of service providers in the Northern region (67%) were able to accommodate scooters, while less than one quarter of service providers across the other four regions were able to accommodate this type of mobility aid (Interior 17%; Fraser 15%; Vancouver Coastal 20%; and Vancouver Island 14%).

Across the four of the five regions (Interior, Fraser, Vancouver Coastal, and Northern), the vast majority (62% to 100%) of service providers indicated that their drivers assisted clients in transferring in and out of vehicles. With the exception of service providers in the Northern regions, the majority of service providers in the Interior (88%), Fraser (92%), Vancouver Coastal (80%), and Vancouver Island (97%) regions were able to provide their clients with escorted service if needed (e.g., accompanying the client to an appointment). Notably, only 22% of service providers in the Northern region offered their clients escorted transportation service.

Table 23 – *Adaptability of Services (Across the Five Regions)*

Adaptability of Services	n (%)				
	Interior	Fraser	Vancouver Coastal	Vancouver Island	Northern
Trip Chaining Allowed Yes	(n = 24) 22 (92%)	(n = 26) 23 (88%)	(n = 10) 6 (60%)	(n = 29)* 26 (90%)	(n = 9) 8 (89%)
Route Fixed Routes Only Client Response Routes Only Both	(n = 24) 0 (0%) 23 (96%) 1 (4%)	(n = 26) 0 (0%) 26 (100%) 0 (0%)	(n = 10) 1 (10%) 8 (80%) 1 (10%)	(n = 30) 0 (0%) 30 (100%) 0 (0%)	(n = 9) 1 (11%) 8 (89%) 0 (0%)
Passenger Service Single Passenger Service Only Group Passenger Service Only Both Single and Group Passenger Service	(n = 24) 15 (63%) 0 (0%) 9 (38%)	(n = 26) 12 (46%) 0 (0%) 14 (54%)	(n = 10) 3 (30%) 1 (10%) 6 (60%)	(n = 30) 20 (67%) 0 (0%) 10 (33%)	(n = 9) 1 (11%) 1 (1%) 7 (78%)
Mobility Aids Walkers Accommodated Wheelchairs Accommodated Scooters Accommodated	(n = 24) 23 (96%) 21 (88%) 4 (17%)	(n = 26) 26 (100%) 21 (81%) 4 (15%)	(n = 10) 10 (100%) 8 (80%) 2 (20%)	(n = 29)* 29 (100%) 24 (83%) 4 (14%)	(n = 9) 9 (100%) 9 (100%) 6 (67%)
Driver Aids in Transferring Yes	(n = 24) 21 (88%)	(n = 26) 24 (92%)	(n = 10) 9 (90%)	(n = 29)* 18 (62%)	(n = 9) 9 (100%)
Escorted Service Yes	(n = 24) 21 (88%)	(n = 26) 24 (92%)	(n = 10) 8 (80%)	(n = 29)* 28 (97%)	(n = 9) 2 (22%)

* One service provider did not respond to this question.

A review of the results in Table 23 indicates that service providers across the five regions are, for the most part, very responsive in term of taking seniors to where they want to go (client response routes), in providing single and group passenger services, in accommodating mobility aids, and in assisting the client in transferring in and out of the vehicle. Of all the 'adaptability' features, the ability to 'go where the client wants to go' and 'make multiple stops' are likely the two that are most important to clients who use alternate transportation service provision. With the exception of service providers in Vancouver Coastal, where less than two-thirds of service providers allow trip chaining, the vast majority of service providers in the other four regions are able to accommodate clients on these two aspects of service provision.

Affordability

Affordability, the last of the 5 A's of Senior Friendly Transportation (The Beverly Foundation, 2008), addresses the cost of alternate transportation and is defined broadly as transportation that is affordable. To assess affordability of service provision, service providers were asked about membership, rider, and parking fees, as well as the availability of coupons (e.g., tickets or documents that could be used to obtain a discount on their services). As can be seen in Table 24, few service providers, in any of the five regions, charged an annual membership fee (three service providers in the Interior region and two service providers in each of the Fraser and Northern regions). Of those service providers charging an annual membership fee, the fee was voluntary for all service providers in the Interior region, mandatory for both service providers in the Fraser region, and mandatory for one service provider and voluntary for the other service provider in the Northern region.

Across the five regions, rider fees were charged by the majority of service providers. The pattern of results is not surprising in that in three of the regions, the majority of service providers are for-profit (Fraser, Vancouver Coastal,

and Vancouver Island), and one would expect that rider fees would be charged as this is the sole source of income for these service providers. In the Interior and Fraser regions, the majority (79% and 96%, respectively) of service providers interviewed charged clients a rider fee, while 44% of service providers in the Northern region charged their clients a fee for transportation services. Differences existed across the regions as to what type of rider fee service providers charged their clients. Of those service providers who charged rider fees, a small percentage of service providers in the Interior (5%) and Northern (25%) regions charged clients a flat rate for transportation service provision, whereas no service providers interviewed in the Fraser, Vancouver Coastal, and Vancouver Island regions charged clients a flat rate. In four of the five regions (Fraser, Vancouver Coastal, Vancouver Island, and Northern), no service providers charged a mileage rate only for transportation service provision, whereas in the Interior region, a small percentage (11%) of service providers interviewed charged a mileage rate for transportation service provision. Almost half of the service providers interviewed, irrespective of region, charged clients a sliding fee, meaning that the fee was based on distance, location, services required (e.g., wheelchair accommodation), and/or income. Seventy-five percent of service providers in the Northern region reported charging clients a sliding fee, while 42% of service providers in the Vancouver Island region reported charging clients this type of fee for transportation service provision. A smaller percentage of service providers across the five regions charged clients a flat rate plus mileage or an hourly rate for transportation service provision. In the Fraser region, 24% of service providers reported charging their clients a flat rate plus mileage, where 42% of service providers in the Vancouver Island region and 17% of service providers in the Vancouver Coastal region charged clients an hourly rate for transportation service provision.

Differences were apparent across the regions as to whether service providers accepted donations as a form of client payment (i.e., whatever amount the client wished to donate). A significant percentage of service providers in both the Vancouver Coastal (40%) and Northern (44%) regions reported accepting donations for transportation service provision. Fewer service providers in the Fraser (4%) and Vancouver Island (13%) regions reported accepting donations, and no service providers interviewed in the Interior region reported accepting donations from clients as a form of payment for the provision of transportation services.

If parking fees were accrued in the course of service provision, the majority of service providers in four of the five regions (Interior 59%; Fraser 88%; Vancouver Coastal 63%; and Vancouver Island 58%) charged that cost back to the client. Less than half of service providers across all of the five regions offered coupons or accepted coupons⁸ for their service. The highest percentage of service providers who offered coupons to reduce the costs associated with transportation service provision were located in the Vancouver Coastal (40%) and Northern (50%) regions. Fewer service providers in the Interior (11%) and Vancouver Island (16%) regions offered coupons to their clients.

⁸ For example, a number of service providers accepted the Taxi Saver Coupons sold by B.C. Transit.

Table 24 – Affordability of Services (Across the Five Regions)

Affordability of Services	n (%)				
	Interior	Fraser	Vancouver Coastal	Vancouver Island	Northern
Annual Membership Fee Yes	(n = 24) 3 (13%)	(n = 26) 2 (8%)	(n = 10) 0 (0%)	(n = 30) 0 (0%)	(n = 9) 2 (22%)
Type of Annual Membership Fee	(n = 3)	(n = 2)	(n = 0)	(n = 0)	(n = 2)
Yes, Mandatory	0 (0%)	2 (100%)	0 (0%)	0 (0%)	1 (50%)
Yes, Voluntary	3 (100%)	0 (0%)	0 (0%)	0 (0%)	1 (50%)
Rider Fees Yes	(n = 24) 19 (79%)	(n = 26) 25 (96%)	(n = 10) 6 (60%)	(n = 30) 19 (63%)	(n = 9) 4 (44%)
Type of Rider Fee	(n = 19)	(n = 25)	(n = 6)	(n = 19)	(n = 4)
Flat Rate Only	1 (5%)	0 (0%)	0 (0%)	0 (0%)	1 (25%)
Mileage Rate Only	2 (11%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Flat Rate plus Mileage	2 (11%)	6 (24%)	1 (17%)	3 (16%)	0 (0%)
Sliding Fee	10 (52%)	14 (56%)	4 (66%)	8 (42%)	3 (75%)
Hourly Rate	4 (21%)	5 (20%)	1 (17%)	8 (42%)	0 (0%)
Accept Donations Yes	(n = 24) 0 (0%)	(n = 26) 1 (4%)	(n = 10) 4 (40%)	(n = 30) 4 (13%)	(n = 9) 4 (44%)
Payment of Parking*	(n = 22)	(n = 26)	(n = 8)	(n = 26)	(n = 6)
Client	13 (59%)	23 (88%)	5 (63%)	15 (58%)	1 (17%)
Provider	9 (41%)	3 (22%)	3 (37%)	11 (42%)	5 (83%)
Coupons** Yes	(n = 19) 2 (11%)	(n = 26) 8 (31%)	(n = 10) 4 (40%)	(n = 19) 3 (16%)	(n = 4) 2 (50%)

* For some service providers, this question was not applicable, as in their community there was no paid parking.

** This question was not applicable to those service providers who did not charge rider fees to their clients and to those organizations who only accepted client donations as a method of rider payment.

As can be seen in Table 24, the majority of service providers across the five regions rely on rider fees as source of funding. The exception to this is the Northern region, with only 44% of the providers relying on rider fees as a source of income. Service providers in the Northern region also have a higher percentage of service providers that accept donations for rides, pay for parking, and accept coupons for rides. In a review of the service providers in the Northern region, five of the service providers utilize buses for transportation services and two service providers rely on vans (minivan and a handivan). Thus, group transportation is the most frequent mode of service provision in this region, with funding for the buses most often coming from provincial, regional, or municipal sources. The large geographic area and low population density also may mean that group transportation is more efficient from an economic and human resource perspective.

Summary of Findings Across the 5 A's of Senior Friendly Transportation

A summary of the findings across the 5 A's of Senior Friendly Transportation (The Beverly Foundation, 2008) are presented in Table 25. The findings are presented in the table for the Province as a Whole (All Providers: third column) and by Regional Health Authority (Across the Five Regions, columns four through eight, respectively). To determine 'responsiveness' of service provision, we arbitrarily set a cut point of having 80% or higher of the service providers meeting the criterion (e.g., providing both weekday and weekend service). Bolded items in the third column indicate responsiveness of service provision in the province from all 99 service providers on questions assessing Availability, Acceptability, Accessibility, Adaptability, and Affordability. Bolded items in columns four through eight

compare responsiveness of service provision between service providers in each of the five regions in British Columbia (Interior, Fraser, Vancouver Coastal, Vancouver Island, and Northern) across the 5 A's of Senior Friendly Transportation service provision (The Beverly Foundation, 2008). Our arbitrary cut point of 80% or higher again is used to determine responsiveness of transportation service provision. Importantly, portrayal of the data in this fashion is not designed to 'pit' service providers in each Regional Health Authority against each other. Rather, the comparison is done to advance understanding of the strengths and gaps of service provision, and to inform on the development of policies and procedures as well as the promotion of initiatives that will assist in the facilitation of ATS service provision in the province.

First, a review of the findings in Table 25 indicates the following patterns for the 23 outcomes measured for the 5 A's of Senior Friendly Transportation (The Beverly Foundation, 2008):

- For 'All Providers' in the province (Column 3), nine of the 23 outcomes (39%) measured were met by the majority of the service providers (with 'majority' defined as articulated above)
- For the Interior Region (Column 4), eight of the 23 (35%) outcomes measured were met by the majority of the service providers
- For the Fraser Region (Column 5), ten of the 23 (43%) outcomes measured were met by the majority of the service providers
- For the Vancouver Coastal Region (Column 6), nine of the 23 (39%) outcomes measured were met by the majority of the service providers
- For the Vancouver Island Region (Column 7), eight of the 23 (35%) outcomes measured were met by the majority of the service providers
- For the Northern Region (Column 8), nine of the 23 (39%) outcomes measured were met by the majority of the service providers

Second, when looking across the 5 A's of Senior Friendly Transportation, a greater percentage of service providers across the five regions were more responsive when it came to Adaptability of services, followed by Accessibility of services. Conversely, very few regions had a majority of its service providers meeting one or more of the criteria on measures of Availability, Acceptability, and Affordability, a finding that was relatively consistent across the five regions. The exception to this was for Affordability where few service providers in any of the five regions charged an annual membership fee for their services.

Table 25 – Summary of the Findings Across the 5 A's of Senior Friendly Transportation (Province as a Whole, Across the Five Regions)

The 5 A's of Senior Friendly Transportation	Services	Province as a Whole	Across the Five Regions				
		All Providers (n = 99)	Interior (n = 24)	Fraser (n = 26)	Vancouver Coastal (n = 10)	Vancouver Island (n = 30)	Northern (n = 9)
Availability of Services	Daytime and Evening (Past 1800 hours)	60%	46%	69%	40%	63%	78%
	Weekdays and Weekends	77%	67%	81%	60%	93%	55%
Acceptability of Services	No Advance Notification Required	30%	4%	32%	40%	48%	11%
	Advance Notification Timeline \geq 48 Hours	46%	43%	56%	33%*	60%	13%*
	Driver Training Provided	60%	50%	65%	71%	47%	89%
Accessibility of Services	Type of Service (Door-through-Door)	90%	92%	96%	80%	87%	89%
	Medical Trip Purpose	100%	100%	100%	100%	100%	100%
	Essential Trip Purpose	83%	79%	85%	100%	77%	89%
	Social Trip Purpose	75%	79%	69%	80%	70%	89%
	Religious Trip Purpose	67%	63%	69%	70%	63%	78%
	Trip Purpose (Comprehensiveness) All 4 Purposes	67%	63%	70%	70%	63%	78%
	Focus on Seniors; Seniors and Persons with Disabilities; and Seniors and Persons with Disabilities and Companions	34%	38%	39%	60%	17%	44%
All Ages and Abilities Eligible to Receive Services	53%	58%	53%	30%	56%	45%	
Adaptability of Services	Trip Chaining Allowed	86%	92%	88%	60%	90%	89%
	Client Response Routes Only	96%	96%	100%	80%	100%	89%
	Both Single and Group Passenger Service	47%	38%	54%	60%	33%	78%
	Mobility Aids Accommodated (Wheelchair)	85%	88%	81%	80%	83%	100%
	Driver Aids in Transferring	83%	88%	92%	90%	62%	100%
	Escorted Service	85%	88%	92%	80%	97%	22%
Affordability of Services	No Annual Membership Fee	93%	87%	92%	100%	100%	78%
	No Rider Fees	26%	21%	4%	40%	37%	54%
	Donations	13%	0%	4%	40%	13%	44%
	Coupons	24%	11%	31%	40%	16%	50%

* A lower percentage indicates more responsive service.

C.3.3. Organizational Features

In this section, we present the results related to organizational features of service (e.g., type of drivers, screening of drivers, vehicles owned, insurance coverage, etc.) across the five Regional Health Authorities in British Columbia. As shown in Table 26, the majority of service providers in the Fraser (62%), Vancouver Coastal (80%), and Vancouver Island (63%) regions employed paid drivers. In comparison, more service providers in the Interior (50%) and Northern (56%) regions employed volunteer drivers. Notably, 4% of service providers in the Interior region employed

both paid and volunteer drivers. The question on reimbursement for volunteer drivers was applicable only to service providers who relied on drivers who used personal vehicles to provide transportation service provision. Not all service providers who had volunteers providing clients with transportation were able to reimburse their drivers. Of those service providers across the five regions who did reimburse their drivers, the most common form was the reimbursement of mileage.

Fourteen of the 99 service providers interviewed had drivers who were the sole operator/owner of the vehicles, and as such, indicated that they did not conduct driver screening. All of the remaining service providers in the Interior, Fraser, Vancouver Coastal, and Northern regions conducted screening prior to driver employment or driver volunteering, while 89% of service providers in the Vancouver Island regions conducted driver screening prior to driver employment or driver volunteering. The vast majority of service providers, irrespective of region, completed a criminal background check (Interior 95%; Fraser 100%; Vancouver Coastal 100%; Vancouver Island 92%; and Northern 89%). Across the five regions, the vast majority of service providers also conducted a reference check and screened driving records/abstracts. Variability existed across the regions in regards to screening for insurance coverage. All service providers interviewed in the Fraser region checked their drivers for insurance coverage, while 33% of service providers in the Northern region did the same. A small percentage of service providers across the five regions required a road test to assess driving competency. In the Vancouver Island region, 8% of service providers conducted road tests whereas 33% of service providers in the Northern region conducted road tests prior to driver employment or volunteering. Requiring drivers to undergo a drug test was a less common screening practice across all of the five regions. In the Vancouver Coastal and Vancouver Island regions, no service providers interviewed required their drivers to have a drug test prior to employment or volunteering while variability existed across the other three (Interior, Fraser, and Northern, respectively) regions as to the percentage of service providers who did employ this screening practice.

Differences were observed in regards to whether service providers owned their own vehicles. It is important to note that some organizations owned their own vehicles as well as having volunteer drivers who used their own vehicles to provide transportation services. The majority of service providers in the Vancouver Coastal (60%) and Northern (78%) regions owned their own vehicles, while about one-third of service providers in the Interior (38%), Fraser (35%), and Vancouver Island (33%) regions reported that they owned their own vehicles. Variability existed across the regions as to the average number of vehicles owned. Service providers in the Vancouver Island region reported that on average, they owned four vehicles (SD = 6; Range 1–21) while service providers in the Fraser region reported on average that they owned one vehicle (SD = 1; Range 1–2). The vast majority of service providers who owned their own vehicles, irrespective of region, reported having enough drivers with both the Vancouver Coastal and Northern regions reporting on average that they had six drivers.

Across the five regions, variability existed as to the percentage of service providers who reported having drivers who used their own personal vehicles to provide transportation services. In the Interior, Fraser, and Vancouver Island regions, the majority of service providers interviewed reported having drivers who used their own personal vehicles (79%, 73%, and 70%, respectively). Half of the service providers interviewed in the Vancouver Coastal and 22% of service providers in the Northern region reported having drivers who used their own personal vehicles. Across the five regions, the average number of drivers using personal vehicles to provide transportation service provision was similar. Service providers in the Vancouver Coastal region reported that on average they had 15 drivers using personal vehicles (SD = 8; Range 5–20), while service providers in both the Interior and Northern regions reported on average that they had 12 drivers using personal vehicles to provide service provision.

For those service providers with drivers driving their own vehicles, across the five regions, a high percentage allowed drivers to drive with insurance coverage provided through their personal insurance. Sixty-eight percent of service providers in the Interior region and 80% of service providers in the Vancouver Coastal region that had volunteer drivers using personal vehicles allowed their drivers to use personal insurance coverage, whereas at least half of service providers in the Fraser, Vancouver Island, and Northern regions (50%, 52%, and 50%, respectively) required their volunteer drivers to obtain extra insurance.

Less than one-third of service providers, across any of the five regions, conducted vehicle inspections of their volunteer drivers' vehicles. Twenty-eight percent of service providers interviewed in the Fraser region conducted vehicle inspections. No service providers in the Northern region reported that they conducted vehicle inspections of volunteer drivers' vehicles.

Table 26 – Organizational Features of ATS Service Providers (Across the Five Regions)

Organizational Feature	n (%) or Mean (SD); Range				
	Interior	Fraser	Vancouver Coastal	Vancouver Island	Northern
Type of Driver	(n = 24)	(n = 26)	(n = 10)	(n = 30)	(n = 9)
Volunteer	12 (50%)	10 (38%)	2 (20%)	11 (37%)	5 (56%)
Paid	11 (46%)	16 (62%)	8 (80%)	19 (63%)	4 (44%)
Both	1 (4%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Volunteer Driver Reimbursement*	(n = 11)	(n = 10)	(n = 2)	(n = 8)	(n = 2)
Honorarium Only	3 (27%)	1 (10%)	0 (0%)	0 (0%)	0 (0%)
Volunteer Mileage	4 (37%)	6 (60%)	2 (100%)	7 (87%)	2 (100%)
Volunteer Gas	3 (27%)	1 (10%)	0 (0%)	0 (0%)	0 (0%)
Volunteer Mileage and Gas	1 (9%)	2 (20%)	0 (0%)	0 (0%)	0 (0%)
Other	0 (0%)	0 (0%)	0 (0%)	1 (13%)	0 (0%)
Driver Screening**	(n = 20)	(n = 21)	(n = 8)	(n = 27)	(n = 9)
Yes	20 (100%)	21 (100%)	8 (100%)	24 (89%)	9 (100%)
Type of Driver Screening+	(n = 20)	(n = 21)	(n = 8)	(n = 24)	(n = 9)
Driving Records/Abstracts	16 (80%)	20 (95%)	7 (88%)	22 (92%)	9 (100%)
Insurance Coverage	18 (90%)	21 (100%)	5 (63%)	19 (79%)	3 (33%)
Road Tests	2 (10%)	2 (10%)	1 (13%)	2 (8%)	3 (33%)
References	17 (85%)	18 (86%)	6 (75%)	22 (92%)	7 (78%)
Criminal Background Check	19 (95%)	21 (100%)	8 (100%)	22 (92%)	8 (89%)
Drug Test	1 (5%)	2 (10%)	0 (0%)	0 (0%)	1 (11%)
Vehicles	(n = 24)	(n = 26)	(n = 10)	(n = 30)	(n = 9)
Organization Owns Vehicles	9 (38%)	9 (35%)	6 (60%)	10 (33%)	7 (78%)
Vehicles Owned	(n = 9)	(n = 9)	(n = 6)	(n = 10)	(n = 7)
Number of Vehicles Owned	2 (1); Range 1–5	1 (1); Range 1–2	2 (1); Range 1–4	4 (6); Range 1–21	3 (4); Range 1–11
Number of Drivers	3 (2); Range 1–7	2 (1); Range 1–4	6 (7); Range 1–20	5 (5); Range 1–16	6 (4); Range 3–14
Have Enough Drivers (Yes)	8 (89%)	8 (100%)	5 (83%)	9 (90%)	6 (86%)
Drivers Using Personal Vehicles	(n = 24)	(n = 26)	(n = 10)	(n = 30)	(n = 9)
Drivers Use Personal Vehicles	19 (79%)	19 (73%)	5 (50%)	21 (70%)	2 (22%)
How Many Personal Vehicles++	12 (11); Range 1–41	14 (7); Range 2–30	15 (8); Range 5–20	14 (13); Range 3–40	12 (n/a); Range 12–12
Insurance for Personal Vehicles	(n = 19)	(n = 18)•	(n = 5)	(n = 21)	(n = 2)
Personal Insurance	13 (68%)	9 (50%)	4 (80%)	10 (48%)	1 (50%)
Extra Insurance	6 (32%)	9 (50%)	1 (20%)	11 (52%)	1 (50%)
Vehicle Inspections	(n = 19)	(n = 18)•	(n = 5)	(n = 21)	(n = 2)
Yes	4 (21%)	5 (28%)	1 (20%)	5 (24%)	0 (0%)

* Not all organizations who rely on volunteers to provide transportation reimburse their drivers.

** Fourteen of the 99 service providers interviewed had drivers who were the sole operators/owners of the vehicles, and as such, indicated that they did not conduct driver screening.

+ Percentages total more than 100% as some service providers screened their drivers in more than one area.

+ One service provider did not respond to this question.

++ Outliers have been removed to prevent the skewing of data. Outliers are values that are very different (in this case higher) from other values in the data set.

• One service provider did not respond to this question.

Across the five regions, less than half of service providers in each region reported that they conducted an annual customer survey for service improvement (see Table 27). A small percentage of service providers, irrespective of region, utilized scheduling software to assist with ride scheduling or for data collection on the number of clients serviced or rides provided. A higher percentage of service providers (47%) in the Vancouver Island region reported that they used scheduling software compared to 22% or less in the remaining regions.

The vast majority of service providers, across all five regions, relied on 'word-of-mouth' advertising to promote their services. Service providers, irrespective of region, relied on other types of advertising as well. Specifically, a greater percentage of service providers across the regions utilized community centres, social services, and medical services as a mechanism of advertising. Fewer service providers across the regions relied on television or radio as a method to advertise their transportation services. Finally, service providers in every region utilized other forms of advertising including websites, seniors' fairs/functions, and vehicle decals (data not shown).

Table 27 – Organizational Features of ATS Service Providers, Continued (Across the Five Regions)

Organizational Feature	n (%)				
	Interior	Fraser	Vancouver Coastal	Vancouver Island	Northern
Customer Survey	(n = 24)	(n = 26)	(n = 10)	(n = 30)	(n = 9)
Yes	11 (46%)	14 (54%)	4 (40%)	9 (30%)	4 (44%)
Scheduling Software Utilized	(n = 24)	(n = 26)	(n = 10)	(n = 30)	(n = 9)
Yes	1 (4%)	4 (15%)	2 (20%)	14 (47%)	2 (22%)
Advertising	(n = 24)	(n = 24)*	(n = 10)	(n = 30)	(n = 9)
Word of Mouth	24 (100%)	24 (100%)	10 (100%)	28 (93%)	9 (100%)
Social Services	13 (54%)	17 (71%)	7 (70%)	20 (67%)	6 (67%)
Medical Services	22 (92%)	19 (79%)	8 (80%)	22 (73%)	6 (67%)
Newspaper Advertisement	11 (46%)	13 (54%)	4 (40%)	15 (50%)	4 (44%)
Newsletter	9 (38%)	16 (67%)	6 (60%)	20 (67%)	3 (33%)
TV/Radio	6 (25%)	2 (8%)	2 (20%)	6 (20%)	2 (22%)
Community Centres	19 (79%)	20 (83%)	9 (90%)	24 (80%)	6 (67%)
Other	14 (58%)	15 (63%)	8 (80%)	21 (70%)	3 (33%)

* Two service providers did not respond to this question.

As shown in Tables 26 and 27, there was a pattern of consistency on a number of the questions related to organizational features across the five regions. Specifically, the majority of service providers in three of the regions (Fraser, Vancouver Coastal, and Vancouver Coastal) relied on paid drivers for service provision, with the majority of service providers in the remaining two regions (Interior and Northern) relying on volunteer drivers. The large geographic area combined with low population densities per square kilometres in both of these regions likely accounts for the greater reliance on volunteer drivers. Mileage reimbursement was the most common form of reimbursement for volunteer drivers by the majority of service providers in each of these regions.

Notably, the vast majority of service providers in each of the five regions conducted driver screening, an important risk management process for organizations offering these transportation services to seniors. A number of resources for managing risk are available on the world-wide web. Service providers and organizations that provide transportation to seniors are encouraged to access these resources. Examples include the *Volunteer Transportation Guide: A Screening Tool* (Volunteer Canada, 2002) and the *Volunteer Selection, Screening and Training* materials from the Insurance Bureau of Canada (2012a, 2012b) (links to the documents are provided in the Reference list [Section E of the report]).

In terms of vehicle ownership, in three of the regions (Interior 38%; Fraser 35%; and Vancouver Island 33%, respectively), the majority of service providers did not own their own vehicles but that trend reversed in the

Vancouver Coastal and Northern regions. Although there was a high percentage of for-profit service providers in the Vancouver Coastal region, a high percentage of those service providers were home care agencies with drivers who used their own personal vehicles to provide transportation services. Conversely, in the Vancouver Coastal region, there again was a high percentage of for-profit service providers but the majority of those for-profit service providers owned their own vehicles. Finally, in the Northern region, although there was a high percentage of not-for-profit service providers, many utilized buses that were owned by the not-for-profit organization.

There was consistency across regions in terms of number of vehicles owned, with a median of two vehicles owned by each organization, with a range of two to four. In each of the regions, there were service providers that had drivers who used their own personal vehicles for the provision of alternate transportation services. In two of the regions (Interior and Fraser), the majority of service providers relied on the drivers' personal insurance for coverage, with half of the service providers in the remaining three regions requiring the drivers to carry extra insurance. As noted previously, the requirement for the driver to carry extra insurance is likely predicated by the desire to manage risk for the organization and for the driver. However, it may be a barrier to recruitment of volunteer drivers. Of interest, a *Toolkit for the Voluntary Sector* has been developed to assist voluntary sector organizations "understand their insurance needs and navigate the complex process of finding the appropriate insurance coverage" (Alberta Voluntary Insurance Council, 2006, p. 4). A link to the toolkit is provided in the Reference list of this report (see Section E). It is interesting to note that few service providers conducted vehicle inspections. That few service providers conducted vehicle inspections is surprising, in that in a recent survey of 901 seniors in the province of Alberta, 82% of the respondents rated the cleanliness of vehicles for alternate transportation as 'very important', with only 1.2% of respondents indicating that vehicle cleanliness was 'not at all important' (Dobbs & Pidborochynski, 2011).

The percent of service providers that conducted annual customer surveys was relatively consistent across the five regions, with 54% or fewer service providers surveying clients on an annual basis. The cost of conducting a survey, as well as time demands, may account for this finding. In four of the five regions (Interior, Fraser, Vancouver Coastal, and Northern), few service providers (22% or less) utilized scheduling software to assist with ride scheduling or for data collection on the number of clients served or rides provided. The exception to this was service providers located in the Vancouver Island region, with almost half (47%) of the service providers in this region using scheduling software. It is interesting to note that across the five regions, service providers using scheduling software had used it for approximately the same length of time (4.8 years on average). Finally, there was consistency in advertising of services, with the majority of service providers across the five regions relying on 'word-of-mouth' advertising, as well as medical services and community centres, to promote their services. Despite this, the average number of clients served per month and the number of reported rides per month across the five regions is low indicating that other means of advertising are needed to reach seniors in need of alternate transportation services.

C.3.4. Problems with and Limitations of Service Provision

Due to the small sample sizes in some regions, data related to this area have not been analyzed separately. The reader is referred to Section C.1.4. for an overview of problems with and limitations of service provision for the province of British Columbia as a whole.

C.4. ATS Service Provision (By Rural and Urban Location)

It is reasonable to assume that differences in service provision may exist as a function of location or setting (i.e., rural vs. urban). In this section of the report, we compare data on demographics, study measures related to the 5 A's of Senior Friendly Transportation (The Beverly Foundation, 2008), and organizational features of service providers as a function of location (rural and urban). For continuous variables, independent sample *t*-tests were used to examine if significant differences exist between rural and urban service providers, with Chi-square analyses used for categorical variables. Again, due to the small sample size and the large number of comparisons that could be made overall, comparisons were restricted to demographic variables only to reduce the risk of a Type 1 error. Significance level was set to an alpha of .05.

C.4.1. Demographics

Demographic information for the 99 service providers who participated in structured full length interviews, based on the setting or location (rural or urban) of the organization, is presented below. A rural setting is characterized as having a population of less than 10,000 and an urban setting is characterized by having a population of greater than 10,000. Twenty-four of the 99 service providers (24%) were located in rural settings, with the remaining service providers (76%) located in urban settings. There were differences in the number of years in operation, with the rural service providers having been in operation a shorter period of time. Specifically, rural service providers had been in operation in the province for 6.6 years on average (SD = 6.1 years; Range 0.5–20 years) compared to an average of 9.9 years (SD = 10.2 years; Range 0.5–40 years) for urban services providers. However, these results were not statistically significant ($p = .06$).

The majority (67%) of service providers interviewed from rural locations reported that clients who utilized their transportation services were from both within city/town/village limits and from outside city/town/village limits. In comparison, 69% of service providers recognized as being from urban locations reported that clients using their transportation services were from within city/town/village limits rather than from outside city/town/village limits (4%) or from both types of areas (27%). The differences reported above were statistically significant ($p = .005$).

An examination of the data for clients served per month and the number of one-way rides provided per month indicated that there were outliers in the data. That is, for both measures, some service providers reported serving a significantly higher number of clients and offering a higher number of rides than other service providers. To eliminate skewing of the data (artificially increasing the average because of the presence of one or more values that are distinctly different [higher or lower] than other values in the set), we eliminated the outliers prior to data analyses. Thus, the results presented for clients per month and one-way rides per month are reported with outliers removed.

As can be seen in Table 28, there were significant differences in the number of clients served per month with service providers located in rural settings serving fewer clients per month than those in urban locations ($p < .05$). Specifically, service providers located in rural settings served an average 11 clients per month (SD = 8; Range 2–25) compared to an average of 29 clients per month (SD = 39; Range 2–200) for service providers located in urban settings. The number of one-way rides provided per month was similar for rural and urban service providers. On average, service providers located in rural setting provided 56 one-way rides per month (SD = 69; Range 6–256) compared to urban service providers who provide on average 73 one-way rides per month (SD = 59; Range 4–230), a difference that was not statistically significant ($p = .47$). Two service providers (8%) located in rural locations reported having a wait list, while 4% of service providers located in urban settings reported having a wait list.

Significant differences existed between rural and urban service providers in terms of funding orientation and funding stream. The majority of service providers (71%) located in rural settings were not-for-profit, whereas the majority of service providers (61%) located in urban settings were for-profit ($p = .02$). Consistent with the results reported in regards to funding orientation, the majority of service providers (58%) located in rural setting relied on a blended source of funding (e.g., government grants, philanthropic grants, membership/client fees, fundraising, donations), while the majority of service providers (71%) located in urban settings relied on a sole source of funding (i.e., client [rider] fees), a difference that was statistically significant ($p < .01$). The majority of service providers interviewed, irrespective of location (rural or urban) rated alternate transportation service provision as a secondary focus, with their primary focus the delivery of or provision of programs, resources, and services to community members of all ages (i.e., community resource agencies). Specifically, 79% of service providers located in rural settings rated alternate transportation service provision as a secondary focus, while 80% of service providers located in urban settings rated alternate transportation service provision as a secondary focus.

Table 28 – Overview of ATS Service Providers (By Rural and Urban Location)

Service Provision	n (%) or Mean (SD); Range	
	Rural	Urban
Operating Time Average Years	(n = 24) 6.6 (6.1); Range 0.50–20	(n = 74)* 9.9 (10.2); Range 0.50–40
Location of Service Providers Pop. < 10,000 Pop. 10,000–49,999 Pop. > 50,000	(n = 24) 24 (100%) 0 (0%) 0 (0%)	(n = 75) 0 (0%) 29 (39%) 46 (61%)
Client Location Within City/Town/Village Limits Outside of City/Town/Village Limits Both	(n = 24) 7 (29%) 1 (4%) 16 (67%)	(n = 74)** 51 (69%) 3 (4%) 20 (27%)
Number of Clients+ Per Month	(n = 18) 11 (8); Range 2–25	(n = 55) 29 (39); Range 2–200
Number of Rides Provided+ One-Way Rides per Month	(n = 12) 56 (69); Range 6–256	(n = 32) 73 (59); Range 4–230
Wait List Organizations with a Wait List	(n = 24) 2 (8%)	(n = 75) 3 (4%)
Funding Orientation For-Profit Not-for-Profit	(n = 24) 7 (29%) 17 (71%)	(n = 75) 46 (61%) 29 (29%)
Funding Stream Sole Source Blended Source	(n = 24) 10 (42%) 14 (58%)	(n = 75) 53 (71%) 22 (29%)
Focus of Service Provision Primary Focus Secondary Focus	(n = 24) 5 (21%) 19 (79%)	(n = 75) 15 (20%) 60 (80%)

* One service provider was unsure of the operating time/average years of operation for their organization.

** One service provider did not respond to this question.

+ Outliers have been removed.

An examination of the data as a function of whether the service provider was located in a rural or urban setting indicates that there are clear differences on a number of features, a finding that is not surprising. Service providers located in urban areas have been in operation longer, provide transportation services, on average, to more clients per month, provide more rides per month, and are more likely to be for-profit service providers, with those service providers relying on a sole source of funding. Finally, the service providers located in urban locations are more likely to have transportation service provision as a secondary focus. There are a number of reasons for the pattern of findings. First, older adults living in rural areas are more likely to hold a driver's licence and are more likely to drive than their urban counterparts (Bess, 1999). In addition, seniors in rural areas often are embedded in a close-knit social network, with friends, families, and neighbours who can assist with transportation. For example, as seen by data from a national survey of older rural Canadians, the majority of seniors reported having social networks of 5–13 people, with the majority (96%) reporting social networks of close kin, distant kin, and non-kin (see Dobbs et al., 2004). The proximity of social networks is relevant to the older rural adult in that it increases the likelihood that the

senior will have access to one or more people who can assist with transportation. However, there is evidence that seniors living in rural areas may have more unmet needs than seniors in urban areas because of transportation deficiencies. For example, reductions in access to medical services (Arcury, Preisser, Gesler, & Powers, 2005a; Arcury et al., 2005b), to stores and services (Arcury, Quandt, Bell, McDonald, & Vitolins, 1998), and reductions in participation in social activities (Glasgow & Blakely, 2000) are more common for seniors in rural areas compared to their urban dwelling counterparts, particularly for those seniors who do not drive. Those seniors most at-risk for unmet needs due to transportation deficiencies are rural residents who are “older, female, single/widowed, of lower socioeconomic status, and/or in poor health” (Dobbs & Strain, 2008, p. 95). Because seniors living in rural areas are more likely to have limited access to transportation (Turcotte, 2006), the availability of alternate transportation increases in prominence, particularly for at-risk seniors.

Challenges to provision of transportation for seniors in rural areas in general include lack of funding, finding sustainable funding, clients not used to paying for transportation services, decreasing availability of volunteers, lack of consumer and provider knowledge of existing services, insurance costs, large geographic areas and a sparse population (see Herold, Gordon, Kaye, Brockie, & Fuller, 2002). However, the need for alternate transportation for seniors in rural areas is greater than in urban areas given the paucity of public transportation services, lack of medical and other essential services, as well as an increased number of seniors in rural areas. Specifically, “Canada’s rural population is older than the urban population” (p. 1), with 15% of the rural population 65 years of age and over compared to 13% in the predominantly urban regions in Canada (Dandy & Bollman, 2008).

C.4.2. The 5 A’s of Senior Friendly Transportation

Availability

Availability refers to transportation service provision that is available, with the service available during the day and evening, and on weekdays and weekends. As shown in Table 29, over half (63%) of service providers located in rural settings offered service during daytime hours only (until 1800 hours) while over half (67%) of service providers located in urban settings provided service during both daytime and evening hours. However, in terms of days that service provision was available, the majority of both rural and urban service providers offered service on both weekdays and weekends (67% and 80%, respectively). Five of the 24 (21%) rural service providers had jurisdictional limits for service provision, with 29 (39%) of the urban service providers also reporting limitations in service provision due to jurisdictional boundaries. The jurisdictional boundaries often were a condition of a franchise agreement, with the boundaries most often reflective of which service provider is eligible to transport the client as opposed to where the client can be taken.

Table 29 – Availability of Services (By Rural and Urban Location)

Availability of Services	n (%)	
	Rural	Urban
Daytime/Evening Service	(n = 24)	(n = 75)
Daytime Only (Until 1800 hours)	15 (63%)	25 (33%)
Daytime and Evening (Past 1800 hours)	9 (37%)	50 (67%)
Weekdays/Weekend Service	(n = 24)	(n = 75)
Weekdays Only	8 (33%)	15 (20%)
Weekdays and Weekend	16 (67%)	60 (80%)
Jurisdictional Limitations	(n = 24)	(n = 74)*
Yes	5 (21%)	29 (39%)

* One service provider did not respond to this question.

A comparison of service providers in rural and urban locations indicates that service provision is more likely to be responsive in urban areas than in rural areas in terms of availability. Specifically, seniors in urban areas are more likely to have alternate transportation services that are available during the daytime *and* evening, and on weekdays *and* weekends compared to their rural counterparts. What this means is that a number of seniors in rural areas who rely on alternate transportation for their mobility may have unmet needs (e.g., inability to attend social events in the evening or attend religious functions on the weekend).

Acceptability

Acceptability refers to components of service provision such as advance scheduling, as well as having drivers knowledgeable about issues related to seniors (e.g., mental health issues, aging issues, etc.). As shown in Table 30, the majority of service providers, irrespective of location (rural or urban), required advance notification for a ride (71% and 70%, respectively). Notably, 94% of service providers located in rural settings required 24 hours or greater advance notification for a ride, with 81% of service providers located in urban settings requiring 24 hours or greater advance notification for a ride.

As noted in section C.1.2. (Acceptability section), 26 service providers interviewed across the province had drivers with training on all of the identified areas of interest (e.g., mental health issues, disability training, etc.). Of the 19 service providers located in rural settings who did not have 'previously trained' drivers, nine (47%) indicated that they provided driver training to their staff. The most common type of training provided by service providers located in rural settings was training in relation to disability issues (67%), followed by training on aging/seniors' issues (44%), while less than half provided training on mental health (33%) and cardiopulmonary resuscitation (22%). In comparison, over half (65%) of the service providers located in urban settings offered some type of driver training, with cardiopulmonary resuscitation and training related to aging and seniors' issues being the most common (66%, respectively). Of those service providers located in urban settings who provided training, over one-half provided training on mental health (51%) and disability issues (57%). However, it is important to note that the percentages provided above for different types of training for the service providers located in rural and urban settings are based on *the number of service providers who provided training*, and is not based on the total number of service providers located in each setting (i.e., Rural: n = 24; Urban: n = 75). Finally, overall, only 33% service providers located in rural settings provided any other type of training, with 26% of service providers located in urban settings providing any other type of training.

Table 30 – Acceptability of Services (By Rural and Urban Location)

Acceptability of Services	n (%)	
	Rural	Urban
Advance Notification Required Yes	(n = 24) 17 (71%)	(n = 73)* 51 (70%)
Advance Notification Timeline < 24 Hours 24 Hours 48 Hours 48+ Hours	(n = 17) 1 (6%) 10 (58%) 2 (12%) 4 (24%)	(n = 51) 10 (20%) 16 (31%) 12 (24%) 13 (26%)
Driver Training Provided** Yes	(n = 19) 9 (47%)	(n = 54) 35 (65%)
Type of Driver Training Provided+ Mental Health Issues Disability Training Cardiopulmonary Resuscitation Aging/Seniors' Issues Other	(n = 9) 3 (33%) 6 (67%) 2 (22%) 4 (44%) 3 (33%)	(n = 35) 18 (51%) 20 (57%) 23 (66%) 23 (66%) 9 (26%)

* Two service providers did not respond to this question.

** Twenty-six of the service providers had drivers who had already received training in the areas we had identified independent of their role as a driver.

+ Percentages total more than 100% as some service providers offered more than one type of training.

A review of the results related to acceptability of alternate transportation services as a function of location indicates that a similar percentage of service providers require advance notification for a ride across the two locations, but, not surprisingly, a higher percentage of service providers in rural locations require at least 24 hours or greater advance notification. Training of drivers is less common in rural areas, as is, training on mental health conditions, cardiopulmonary resuscitation, and aging and seniors' issues. The costs associated with preparing and delivering training programs, and the greater preponderance of for-profit service providers in urban locations, are likely to account for the differences.

Accessibility

Accessibility of service provision was assessed through questions related to 'door-to-door' and 'door-through-door' service, as well as provision of transportation to essential and non-essential activities. As shown in Table 31, a greater percentage of service providers located in urban settings (92%) offered door-through-door service to clients as compared to service providers located in rural settings (83%). A small percentage (13% and 8%, respectively) of service providers, irrespective of location, offered clients door-to-door service only, with 4% of service providers located in rural locations offering clients curb-to-curb service only (see Appendix A for definitions).

When examining the data by individual trip purpose, all rural and urban service providers provided transportation for medical needs. There were differences, however, between service providers in the two locations with respect to the other types of trip purposes. A greater percentage of urban service providers provided rides to clients for essential purposes (85%), social purposes (77%), and for religious purposes (71%) as compared to service providers located in rural settings. Across both locations, provision of transportation for social and religious purposes was reported by fewer service providers compared to the percentage of service providers reporting provision of transportation for medical and essential purposes. In terms of comprehensiveness (e.g., offering rides for medical, essential, social, and religious activities), a greater percentage of service providers in urban settings (71%) were able to accommodate all four trip purposes compared to 54% of service providers located in rural settings. A small percentage (17% and

12%, respectively) of service providers in both rural and urban locations were able to accommodate only one trip purpose and this one trip purpose was most often for medical needs.

In terms of who was eligible to receive transportation services, there were differences between service providers as a function of location (rural or urban). As shown in 31, a greater percentage (15%) of service providers located in urban settings provided services to seniors only, while only one (4%) service provider located in a rural setting limited transportation services to the senior population only. A comparable percentage of service providers in both rural and urban locations were more likely to provide transportation service to 'individuals of all ages and abilities' (50% and 53%, respectively). A greater percentage of service providers located in rural settings (21%) provided transportation to seniors and persons with disabilities whereas a greater percentage of service providers located in urban settings were able to accommodate seniors and/or persons with disabilities and their companions (12%). Service providers in both locations had specific criteria as to eligibility of transportation service provision (e.g., service provision to individuals who have difficulty riding public transit due to mental or physical impairment).

Table 31 – Accessibility of Services (By Rural and Urban Location)

Accessibility of Services	n (%)	
	Rural	Urban
Type of Service	(n = 24)	(n = 75)
Curb-to-Curb	1 (4%)	0 (0%)
Door-to-Door	3 (13%)	6 (8%)
Door-through-Door	20 (83%)	69 (92%)
Trip Purpose (Individual Purpose)*	(n = 24)	(n = 75)
Medical	24 (100%)	75 (100%)
Essential	18 (75%)	64 (85%)
Social	16 (67%)	58 (77%)
Religious	13 (54%)	53 (71%)
Trip Purpose (Comprehensiveness)	(n = 24)	(n = 75)
All 4 Purposes	13 (54%)	53 (71%)
3 Purposes	1 (4%)	3 (4%)
2 Purposes	6 (25%)	10 (13%)
Only 1 Purpose	4 (17%)	9 (12%)
Eligible to Receive Services	(n = 24)	(n = 75)
Seniors Only	1 (4%)	11 (15%)
Seniors and Persons with Disabilities	5 (21%)	6 (8%)
Seniors and/or Persons with Disabilities and Companions	2 (8%)	9 (12%)
All Ages and Abilities	12 (50%)	40 (53%)
Other	4 (17%)	9 (12%)

*Percentages total more than 100% as some service providers offered rides for more than one type of trip purpose.

As can be seen in Table 31, service providers in both rural and urban settings are relatively responsive in terms of accessibility of services in that the majority provide door-through-door service. All service providers, irrespective of location, provide transportation for medical needs, as well as transportation for essential and social purposes. The finding that all service providers in rural locations offer services for medical needs is noteworthy given the increased need for travel to more urban locations (e.g., for specialist visits, diagnostic testing, etc.) for seniors living in rural areas. Not unexpectedly, transportation provided by service providers in urban locations is more comprehensive in scope, with rides provided for not only medical and essential purposes, but also for social and religious purposes. This means that some seniors residing in rural regions may be unable to satisfy their higher order needs (e.g., socializing, recreation, etc.) compared to seniors in urban settings. However, the dense social networks of seniors in rural Canada (Dobbs et al., 2004) may help to accommodate transportation for attendance at church or for worship.

Adaptability

Adaptability refers to transportation service that can accommodate the needs of riders (e.g., clients wanting to make multiple stops on one trip [trip chaining]); service that allows for different types of routes (fixed vs. client response); and passenger service (e.g., single vs. group); service provision that can accommodate wheelchairs and walkers; and the availability of escorts. As shown in Table 32, the vast majority of service providers located in both rural (83%) and urban (88%) settings were able to accommodate trip chaining (e.g., making multiple stops on one trip). Ninety-six percent of service providers in both rural and urban locations provided transportation to 'where the client wanted to go' (client response routes). No service providers interviewed in rural locations limited their transportation service to 'fixed routes only' while 3% of service providers located in urban settings had transportation that was provided on a fixed route. In rural settings, 4% of service providers were able to accommodate both client response and fixed route transportation while 1% of service providers located in urban settings was able to accommodate both types of transportation routes.

A greater percentage of service providers located in urban settings (53%) were limited to 'single passenger service only' whereas a greater percentage (54%) of service providers located in rural settings reported that their transportation service was offered for both single and group passengers. None of the service providers located in rural settings limited their transportation services to groups only while two (3%) service providers in urban settings reported that they were able to provide transportation to group passengers only.

The vast majority (96% and 100%, respectively) of service providers, irrespective of rural or urban location, were able to accommodate walkers in their vehicles. The majority (96%) of service providers located in rural settings and the majority (81%) of service providers located in urban settings were able to accommodate wheelchairs. However, differences were observed between rural and urban service providers in their ability to accommodate clients' scooters. Notably, a greater percentage (46%) of service providers located in rural settings were able to accommodate scooters, while 12% of service providers located in urban settings were able to accommodate this type of mobility aid.

The majority (88% and 81%, respectively) of rural and urban service providers assisted the client in transferring in and out of the vehicle if needed. Differences existed between rural and urban service providers in their ability to provide their clients with escorted transportation service. In rural settings, 71% of service providers were able to provide their clients with escorted transportation service (e.g., accompanying the client to an appointment) while 81% of service providers interviewed in urban settings were able to offer the same type of service.

Table 32 – *Adaptability of Services (By Rural and Urban Location)*

Adaptability of Services	n (%)	
	Rural	Urban
Trip Chaining Allowed Yes	(n = 24) 20 (83%)	(n = 74)* 65 (88%)
Route Fixed Routes Only Client Response Routes Only Both	(n = 24) 0 (0%) 23 (96%) 1 (4%)	(n = 75) 2 (3%) 72 (96%) 1 (1%)
Passenger Service Single Passenger Service Only Group Passenger Service Only Both Single and Group Passenger Service	(n = 24) 11 (46%) 0 (0%) 13 (54%)	(n = 75) 40 (53%) 2 (3%) 33 (44%)
Mobility Aids Walkers Accommodated Wheelchairs Accommodated Scooters Accommodated	(n = 24) 23 (96%) 23 (96%) 11 (46%)	(n = 74)* 74 (100%) 60 (81%) 9 (12%)
Driver Aids in Transferring Yes	(n = 24) 21 (88%)	(n = 74)* 60 (81%)
Escorted Service Yes	(n = 24) 17 (71%)	(n = 74)* 66 (81%)

* One service provider did not respond to this question.

There is remarkable congruency in the responsiveness of service provision between rural and urban service providers when it comes to Adaptability of services. A review of the results in Table 32 indicates that service providers in both locations are very responsive in taking seniors where they want to go (client response routes), in accommodating mobility aids, in providing single and group passenger services, in assisting the client in transferring in and out of the vehicle, and in the provision of escorted services. Meeting the needs of seniors on features of adaptability is particularly important given that frailty increases exponentially with age, with the sharpest increases after the age of 65 (Rockwood, Song, & Mitnitski, 2011). The projected increases in the aging of the Canadian population over the next 20 years indicates that this aspect of transportation service provision will likely increase in importance for both urban and rural dwelling seniors.

Affordability

Affordability refers to transportation services that are affordable to seniors. To assess affordability, service providers were asked questions related to membership fees, rider fees, charges for parking, and the use of coupons to offset or reduce the cost of a ride. In terms of annual membership fees, only two (8%) service providers located in rural settings reported charging an annual membership fee, with the fee mandatory for 50% service providers (see Table 33). Five (7%) service providers located in urban settings reported charging an annual membership fee, with the fee mandatory for 60% of service providers. On the other hand, the majority (79% and 89%, respectively) of service providers located in rural and urban settings charged a rider fee. Of the different types of rider fees, sliding fees were the most common for service providers located in both locations. Almost two-thirds (69%) of service providers located in rural settings charged a sliding fee while almost half (49%) of service providers located in urban settings charged clients a sliding fee for transportation service provision. Sliding fees were based on distance, location, services required (e.g., wheelchair accommodation), and/or income, with the fees varying in amount across service providers. Thirteen percent of service providers located in rural settings reported charging clients an hourly rate while close to one-third (28%) of service providers located in urban settings reported an hourly rate charge for transportation

services. Due to the small number of service providers who reported this and because of the confidentiality of the data, rates for the two types of service providers are not provided. An equal percentage (13%) of service providers in both rural and urban locations accepted donations as a form of payment for the ride.

Differences were apparent between the locations (rural and urban) in terms of payment of parking charges accrued with transportation service provision. The majority (65%) of service providers located in rural settings covered the cost of parking for their clients whereas the majority (72%) of service providers located in urban settings charged the cost of parking back to the client. Finally, 27% of service providers located in urban settings and 13% of service providers located in rural settings accepted coupons for rides.

Table 33 – *Affordability of Services (By Rural and Urban Location)*

Affordability of Services	n (%)	
	Rural	Urban
Annual Membership Fee Yes	(n = 24) 2 (8%)	(n = 75) 5 (7%)
Type of Annual Membership Fee Yes, Mandatory Yes, Voluntary	(n = 2) 1 (50%) 1 (50%)	(n = 5) 2 (40%) 3 (60%)
Rider Fees Yes	(n = 24) 16 (79%)	(n = 75) 57 (89%)
Type of Rider Fee Flat Rate Only Mileage Rate Only Flat Rate plus Mileage Sliding Fee Hourly Rate	(n = 16) 1 (6%) 1 (6%) 1 (6%) 11 (69%) 2 (13%)	(n = 57) 1 (2%) 1 (2%) 11 (19%) 28 (49%) 16 (28%)
Accept Donations Yes	(n = 24) 3 (13%)	(n = 75) 10 (13%)
Payment of Parking* Client Provider	(n = 17) 6 (35%) 11 (65%)	(n = 71) 51 (72%) 20 (28%)
Coupons** Yes	(n = 16) 2 (13%)	(n = 62) 17 (27%)

* For some service providers, this was not applicable as in their community there was no paid parking.

** This question was not applicable to those service providers who did not charge rider fees to their clients and to those organizations that only accepted client donations as a method of rider payment.

A comparison of the rural and urban service providers on features related to affordability indicates that there are similarities on three of the outcomes (annual membership fee, type of membership fee, and the acceptance of donations for rides). On the other hand, a greater percentage of service providers in urban locations charge a rider fee, with sliding fees and hourly rate charges more common for urban service providers. A greater percentage of service providers in rural areas are more likely to pay for client parking and to accept coupons for their services. As noted previously, the greater percentage of for-profit service providers in urban locations are likely to account for this finding.

Summary of Findings Across the 5 A's of Senior Friendly Transportation

A summary of the findings across the 5 A's of Senior Friendly Transportation (The Beverly Foundation, 2008) are presented in Table 34. The findings are presented in the table for the *Province as a Whole* (third column) and by location (*Rural and Urban*, columns four and five, respectively). Bolded items in the third column indicate responsiveness of service provision in the province from all 99 service providers on questions assessing Availability, Acceptability, Accessibility, Adaptability, and Affordability, with bolded items in columns four and five comparing the responsiveness of service provision between service providers in rural and urban locations in the province across the 5 A's of Senior Friendly Transportation. To determine 'responsiveness' of service provision, we again arbitrarily set a cut point of having 80% or higher of the service providers meeting the criterion (e.g., providing both weekday and weekend service). Importantly, portrayal of the data in this fashion is not designed to 'pit' rural and urban service providers against each other. Rather, the comparison is done to advance understanding of the strengths and gaps of service provision, and to inform on the development of policies and procedures as well as the promotion of initiatives that will assist in the facilitation of ATS service provision in the province of British Columbia.

As can be seen in Table 34, a majority (80%, or greater) of service providers in rural areas met seven of the 23 outcomes (30%) of 'senior friendly transportation'. In comparison, 80% or greater of service providers in urban areas met 10 of the 23 outcomes (43%) of 'senior friendly transportation'. Specifically, a greater percentage of service providers in urban locations provided transportation on weekdays and weekends (Availability); provided transportation for essential trip purposes (Accessibility); and were more likely to offer escorted services (Adaptability). However, there was similarity in the responsiveness of service provision between rural and urban service providers for door-through-door service and for medical trip purposes (Accessibility); for trip chaining and providing transportation on client response routes, in the accommodation of mobility aids and in assisting in client transferring (Adaptability); and in *not* charging membership fees (Affordability). As noted in this section on rural and urban service providers, transportation services to seniors are most responsive for both rural and urban service providers in terms of Adaptability of services, followed by Accessibility of services. Results indicate that service providers interested in increasing the responsiveness of their service provision to seniors could devote more to attention to the measures of Availability, Acceptability, Accessibility and Affordability (see Table 34).

Table 34 – Summary of the Findings Across the 5 A's of Senior Friendly Transportation (Province as a Whole, by Rural and Urban Location)

The 5 A's of Senior Friendly Transportation	Services	Province as a Whole	By Rural and Urban Location	
		All Providers (n = 99)	Rural (n = 24)	Urban (n = 75)
Availability of Services	Daytime and Evening (Past 1800 hours)	60%	37%	67%
	Weekdays and Weekends	77%	67%	80%
Acceptability of Services	No Advance Notification Required	30%	29%*	30%
	Advance Notification Timeline \geq 48 Hours	46%	36%*	50%
	Driver Training Provided	60%	47%	65%
Accessibility of Services	Type of Service (Door-through-Door)	90%	83%	92%
	Medical Trip Purpose	100%	100%	100%
	Essential Trip Purpose	83%	75%	85%
	Social Trip Purpose	75%	67%	77%
	Religious Trip Purpose	67%	54%	71%
	Trip Purpose (Comprehensiveness) All 4 Purposes	67%	54%	71%
	Focus on Seniors; Seniors and Persons with Disabilities; and Seniors and Persons with Disabilities and Companions	34%	33%	35%
	All Ages and Abilities Eligible to Receive Services	53%	50%	53%
Adaptability of Services	Trip Chaining Allowed	86%	83%	88%
	Client Response Routes Only	96%	96%	96%
	Both Single and Group Passenger Service	47%	54%	44%
	Mobility Aids Accommodated (Wheelchair)	85%	96%	81%
	Driver Aids in Transferring	83%	88%	81%
	Escorted Service	85%	71%	81%
Affordability of Services	No Annual Membership Fee	93%	92%	93%
	No Rider Fees	26%	21%	11%
	Donations	13%	13%	13%
	Coupons	24%	13%	27%

* A lower percentage indicates more responsive service.

C.4.3. Organizational Features

In this section, we present the results related to organizational features of service (e.g., type of drivers, screening of drivers, vehicles owned, insurance coverage, etc.) for service providers as a function of location (rural and urban). As shown in Table 35, the majority (58%) of service providers located in rural settings employed volunteer drivers while the majority (65%) of service providers located in urban settings employed paid drivers. Only one service provider (4%) located in a rural setting reported that they employed both volunteer and paid drivers. Not all service providers, irrespective of location/setting, who employed volunteer drivers, were able to reimburse their drivers. Of those service providers in both rural and urban locations who did reimburse their drivers, the majority (50% and 70%, respectively) provided volunteer mileage reimbursement as the most common form of reimbursement.

Fourteen of the 99 service providers interviewed had drivers who were the sole operator/owner of the vehicles (one in rural locations, 13 in urban locations), and as such, indicated that they did not conduct driver screening. For the remaining sample, the vast majority (96% and 97%, respectively) of service providers in rural and urban locations conducted screening prior to driver employment or driver volunteering. For service providers located in rural settings, 95% reported that they conducted both screening for driving records/abstracts and screening for a criminal background check. Almost three quarters (73%) of rural service providers interviewed checked for insurance coverage and completed reference checks prior to driver employment or driver volunteering. A small percentage (14%) of service providers located in rural settings conducted road tests to assess driving competency while no service providers in this setting screened their drivers for drug use. Of service providers located in urban settings, 95% conducted criminal background checks, 88% checked driving records/abstracts, 83% screened for insurance coverage, and 90% screened references prior to driver employment or volunteering. Few service providers (12%) located in urban settings conducted road tests to assess for driving competency and only 7% screened their drivers for drug use.

It is important to note that some service providers, irrespective of location, owned their own vehicles as well as having volunteer drivers who used their own vehicles for service provision. Over half (54%) of service providers located in rural settings owned their own vehicles, owning on average, three vehicles (Range 1–21). In comparison, just over one-third (37%) of service providers located in urban settings owned their own vehicles, owning, on average, two vehicles (Range 1–11). The majority (77%) of service providers in rural locations stated that they had enough drivers for their vehicles, with an average of five drivers available to provide transportation (SD = 4; Range 1–16). Notably, 93% of service providers located in urban settings who owned their own vehicles reported having had enough drivers, with an average of three drivers able to provide transportation (SD = 4; Range 1–20).

More than one half (63%) of service providers interviewed in rural locations reported having drivers who used their own personal vehicles for the provision of transportation services, with an average of nine drivers using personal vehicles (SD = 7; Range 1–25). Comparably, 68% of service providers interviewed from urban locations reported having drivers who used their own personal vehicles to provide transportation services. Urban service providers reported, on average having more drivers using personal vehicles than their rural counterparts (Average = 24; SD = 10; Range 1–41). For those service providers in rural locations that had drivers using their personal vehicles, 50% of the required volunteer drivers to carry extra insurance compared to 41% of service providers located in urban settings.

The majority of service providers, irrespective of location (rural or urban), did not conduct vehicle inspections for those drivers using their own personal vehicles. Twenty-nine percent of service providers located in rural settings and 22% of service providers located in urban settings indicating that they conducted vehicle inspections.

Table 35 – Organizational Features of ATS Providers (By Rural and Urban Location)

Organizational Feature	n (%) or Mean (SD); Range	
	Rural	Urban
Type of Driver	(n = 24)	(n = 75)
Volunteer	14 (58%)	26 (35%)
Paid	9 (38%)	49 (65%)
Both	1 (4%)	0 (0%)
Volunteer Driver Reimbursement*	(n = 10)	(n = 23)
Honorarium Only	2 (20%)	2 (9%)
Volunteer Mileage	5 (50%)	16 (70%)
Volunteer Gas	2 (20%)	2 (9%)
Volunteer Mileage and Gas	0 (0%)	3 (13%)
Other	1 (10%)	0 (0%)
Driver Screening**	(n = 23)	(n = 62)
Yes	22 (96%)	60 (97%)
Type of Driver Screening+	(n = 22)	(n = 60)
Driving Records/Abstracts	21 (95%)	53 (88%)
Insurance Coverage	16 (73%)	50 (83%)
Road Tests	3 (14%)	7 (12%)
References	16 (73%)	54 (90%)
Criminal Background Check	21 (95%)	57 (95%)
Drug Test	0 (0%)	4 (7%)
Vehicles	(n = 24)	(n = 75)
Organization Owns Vehicles	13 (54%)	28 (37%)
Vehicles Owned	(n = 13)	(n = 28)
Number of Vehicles Owned	3 (6); Range 1–21	2 (2); Range 1–11
Number of Drivers	5 (4); Range 1–16	3 (4); Range 1–20
Have Enough Drivers (Yes)	10 (77%)	26 (93%)
Drivers Using Personal Vehicles	(n = 24)	(n = 75)
Drivers Use Personal Vehicles	15 (63%)	51 (68%)
How Many Personal Vehicles**	9 (7); Range 1–25	24 (10); Range 1–41
Insurance for Personal Vehicles	(n = 14)●	(n = 51)
Personal Insurance	7 (50%)	30 (59%)
Extra Insurance	7 (50%)	21 (41%)
Vehicle Inspections	(n = 14)●	(n = 51)
Yes	4 (29%)	11 (22%)

* Not all organizations who rely on volunteers to provide transportation reimburse their drivers.

**Fourteen of the 99 service providers interviewed had drivers who were the sole operators/owners of the vehicles, and as such, indicated that they did not conduct driver screening.

+ Percentages total more than 100% as some service providers screened their drivers in more than one area.

++ Outliers have been removed to prevent the skewing of data. Outliers are values that are very different (in this case higher) from other values in the data set.

● One service provider did not respond to this question.

Less than one half (42% and 43%, respectively) of service providers interviewed in both rural and urban locations conducted an annual customer survey for service improvement (see Table 36). Less than one quarter (24% and

21%, respectively) of service providers in both rural and urban locations utilized scheduling software to assist with ride scheduling or for data collection on the number of clients served or rides provided.

The vast majority (100% and 97%, respectively) of service providers, irrespective of location, relied on ‘word-of-mouth’ advertising to promote their services. Service providers in both locations (rural and urban) relied on other types of advertising as well. Specifically, a greater percentage of service providers located in rural settings utilized social services (71% compared to 63%, respectively), medical services (88% compared to 77%, respectively) and community centres (88% compared to 78%, respectively) as a mechanism of advertising compared to their urban counterparts. Notably, a greater percentage of service providers located in urban settings utilized newspapers (52% compared to 38%, respectively), newsletters (59% compared to 46%, respectively), and television or radio (22% compared to 8%, respectively) compared to service providers located in rural settings as methods in which to advertise their transportation services. Finally, over half (54% and 66%, respectively) of service providers in both locations (rural and urban) utilized other forms of advertising including websites, seniors’ fairs/functions, and vehicle decals (data not shown).

Table 36 – Organizational Features of ATS Providers, Continued (By Rural and Urban Location)

Organizational Feature	n (%)	
	Rural	Urban
Customer Survey	(n = 24)	(n = 75)
Yes	10 (42%)	32 (43%)
Scheduling Software Utilized	(n = 24)	(n = 75)
Yes	18 (24%)	5 (21%)
Advertising	(n = 24)	(n = 73)*
Word of Mouth	24 (100%)	71 (97%)
Social Services	17 (71%)	46 (63%)
Medical Services	21 (88%)	56 (77%)
Newspaper Advertisement	9 (38%)	38 (52%)
Newsletter	11 (46%)	43 (59%)
TV/Radio	2 (8%)	16 (22%)
Community Centres	21 (88%)	57 (78%)
Other	13 (54%)	48 (66%)

* Two service providers did not provide an answer for this question.

In summary, there are differences on a number of organizational features in rural and urban locations in the province, with the majority of the differences related to the greater percentage of not-for-profit service providers in rural locations and a greater percentage of for-profit service providers in urban locations. As a result, organizations (service providers) in urban locations have a higher percentage of paid drivers. There also are a greater percentage of organizations in urban areas that have drivers using their personal vehicles, a finding that appears counterintuitive given the greater majority of for-profit service providers. However, the results of our interviews with for-profit organizations in the province indicate that for many of the for-profit service providers, transportation is a secondary focus, with their primary focus the delivery of home and health care services, with their employees utilizing their own vehicles. The high percentage of organizations in rural areas that own their own vehicles is explained by ownership of community buses or vans for the provision of transportation services. In terms of reimbursement, organizations in rural areas are more likely to reimburse their drivers for gas, which is likely the result of the greater distances associated with service provision in rural areas. A higher percentage of organizations in rural areas also pay their volunteer drivers an honorarium only. This may be the result of the close knit nature of rural settings.

It is interesting to note that an equal percentage of organizations in rural and urban locations conduct driver screening. However, organizations in urban locations are more likely to conduct criminal background checks than those in rural locations. This finding also is likely explained by the high percentage of for-profit service providers in

urban locations engaged in the delivery of home care services, with criminal background checks conducted as a standard risk management procedure given their interaction with vulnerable populations. A similar percentage of organizations in rural and urban locations conducted vehicle inspections, although the percentages are low in both locations. It may be that costs associated with formal vehicles inspections and difficulty in recruitment of volunteer drivers, in general, helps to explain these findings. Noteworthy is the similarity in the percentage of organizations using scheduling software across the two locations, with approximately one quarter of organizations in rural and urban locations using software to schedule rides and/or manage client files. The increased availability of low-cost scheduling software in recent years may result in an increase in the number of service providers utilizing software in the near future. Finally, differences exist in forms of advertising used across the two locations, with a greater percentage of organizations in rural areas more likely to rely on social services, medical services, and community centres as a means of advertising. It is likely the case that cost and the closeness of rural communities account for this pattern of findings.

C.4.4. Problems with and Limitations of Service Provision

Due to the small sample size, data related to this area have not been analyzed separately. The reader is referred to Section C.1.4. for an overview of problems with and limitations of service provision for the province of British Columbia as a whole.

D. Conclusions

Similar to other developed countries, the Canadian population is aging. Transportation is critical for maintenance of mobility and independence for seniors today. The increase in the number of seniors over the next several decades will present challenges to families, service providers, and governments in meeting their transportation needs. Although the availability of transportation services for seniors is consistently identified as important for senior's mobility, health, and independence, there is a surprising paucity of alternative forms of transportation in our communities when driving one's own vehicle is no longer an option. There also is a paucity of research on the *responsiveness* of alternate transportation service provision in our communities. Results from our previous research (Dobbs et al., 2010) indicate that, although there are strengths associated with current forms of alternate transportation service to seniors, there are many gaps as well.

Results from interviews with 99 alternate transportation service providers in the province indicate that there are both strengths and gaps in alternate transportation service provision to seniors in the province of British Columbia. The results of the research can be used to inform on knowledge of what is working and on the development of new policies and practices that will enhance service delivery in this area. As such, we have identified three major themes and outlines strategies and/or activities that would enhance service delivery.

- *Coordination and Collaboration Between and Among Service Providers*
 - Development of a Resource 'Clearinghouse'
 - Central website listing of service providers in the community
 - Listing of funding resources for service providers
 - Support materials for orientation and training of volunteer and paid drivers; volunteer risk management and insurance procedures; standardized forms (e.g., job descriptions, background checks, codes of ethics, etc.)
 - Coordinated Advertising and Promotion of Services
 - Coordination and collaboration on promotional campaigns resulting in decreased costs and increased reach
- *Expansion of Service Provision*
 - Expansion of Service Provision by Existing Providers and/or Introduction of New Service Providers

- Targeted funding to assist with start up and/or ongoing infrastructure costs
 - Changes to policies that inhibit or hinder service provision
 - Development of partnerships with both public and private entities, enabling the availability of or the diversification of funding
 - Collaboration with community partners (e.g., senior's organizations, medical clinics, health service agencies, grocery stores, etc.) for expansion of market reach
 - Social marketing program to increase awareness and uptake of service provision
- *Increase in the Responsiveness of Service Provision*
 - Educational Initiatives
 - Training to existing and new service providers on the 5 A's of Senior Friendly Transportation
 - Training of office staff/support personnel
 - Needs Assessments
 - Needs assessment of seniors in the community to allow tailoring of service to meet identified needs
 - Funding
 - Dedicated streams of funding to assist in the delivery of alternate transportation services for seniors for the for-profit and not-for-profit service providers
 - Policy/Legislation
 - Changes to existing legislation and regulations to facilitate the delivery of more cost-effective services for the for-profit and not-for-profit service providers (e.g., changes to insurance requirements, etc.)
 - Technology
 - Use of software to assist in scheduling of rides and data capture (e.g., client profiles, clients served per month, rides provided per month) to improve efficiency and coordination of service delivery

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Appendix A – Operational Definitions

Operational Definitions

Acceptability⁸ refers to transportation service that is acceptable to seniors: Service quality is acceptable in terms of advance scheduling; vehicle cleanliness; driver sensitivity to seniors; and wait time.

Accessibility⁹ refers to transportation service that seniors can access: Service is easy to use because supportive services are offered (e.g., the service provider provides ‘door-to-door’ and ‘door-through-door’ transportation); and provides rides where the senior wants to go (e.g., provides transportation to essential and non-essential activities).

Adaptability⁸ refers to transportation service that can be adapted to seniors needs: Service provider accommodates riders wanting to make multiple stops (trip chaining); service provider allows for different types of routes (fixed vs. client response) and passenger service (single vs. group); service provider can accommodate wheelchairs and walkers; escorts can be provided.

Affordability⁸ refers to transportation service that is affordable for seniors: Service provider uses volunteer drivers, vouchers, or coupons to reduce costs.

Alternate transportation is transportation provided outside of the public (e.g., public buses, subways, light rail transit, trains) and private (e.g., taxis) transportation systems.

Alternate transportation for seniors (ATS) is transportation provided to seniors outside of the public (e.g., public buses, subways, light rail transit, trains) and private (e.g., taxis) transportation systems.

Availability⁸ refers to transportation services that are available to seniors and those services are available to seniors when needed (e.g., transportation is available during the day and evening, on weekdays and on weekends).

Blended source of funding refers to funding from a variety of sources including government grants, philanthropic grants, membership fees/rider fees, fundraising, and/or donations.

City is defined as a community with 10,000 people or greater.

Client fees are fees paid by clients in exchange for service provision.

Client-response route refers to a route that is flexible to the needs of the client accessing the ride.

Curb-to-curb transportation service refers to transportation services from curb-side of place of origin to curb-side of destination. This type of service is likely to be inappropriate for seniors with cognitive deficits such as dementia.

Disabled transportation is transportation service catering specifically to persons with a disability (defined as persons of any age with a qualifying disability).

Donations are gifts with monetary values attached from either the clients of a particular service provider or non-clients.

Door-through-door transportation service is transportation service that provides personal, escorted service from the point of origin (e.g., inside the clients’ home) to destination (e.g., waiting room of the doctor’s office).

⁹ The definitions are based on the Beverly Foundation’s (2008) definition of senior friendly transportation.

Door-to-door transportation service is transportation service from the door of place of origin to door of destination. Although this type of service is more appropriate for seniors with cognitive deficits such as dementia and for those with sensory or motor deficits, there also are safety concerns, particularly for those with a dementia.

Essential transportation is defined as transportation provided to facilitate the acquisition of necessary items or perform necessary tasks.

For-profit organization operates business ventures for the objective of gaining maximum profits for its owners or shareholders.

Fixed-route refers to a route that has predetermined initiation and termination points.

For-profit service provider is a service provider who depends on revenue generated from the sale of goods and services to customers or clients. The source of income typically is from a customer who purchases and utilizes the product/service, and pays for the product/service upon receipt. With the for-profit approach, the organization most often receives revenue after or on completion of providing a product/service for the customer or client.

Government grants are defined as funding from government agencies that support a cause beneficial to the community.

Hamlet is defined as a community with 299 people or less and the community has received the provincial status of hamlet.

Medical trip is defined as transportation provided to attend a medical appointment, and/or to secure medical services (e.g., blood tests, x-rays).

Membership fees are flat fees paid (annually, in the majority of instances) by clients who enjoy the privileges of accessing the services provided by an organization.

Not-for-profit organization provides goods or services for the objective of enhancing the lives of individuals in the community. While the majority of not-for-profit organizations rely on government funding to pay for their maintenance, some organizations generate revenues through the operation of businesses. Unlike that of the for-profit organizations, however, the owners of not-for-profit organizations do not profit from the surplus funds generated. Instead, the surplus funds are reinvested in the organizations to maximize the quality of their service provisions for the community.

Not-for-profit service provider is a service provider who relies on revenue from a variety of sources including funding from government, philanthropic organizations, and/or membership fees or donations from membership or sponsorship. The not-for-profit service provider often is affiliated with a not-for-profit organization.

Philanthropic grants are funds offered by non-government organizations dedicated to produce recognizable improvements in social conditions.

Primary focus of alternate transportation service provision refers to an organization or service provider that has the provision of transportation services as its primary focus.

Public transportation is defined as a form of transportation utilizing a system of vehicles such as buses and trains which operate at regular times, on fixed routes, and used by the public (Cambridge Dictionaries Online and US Legal). Further, public transportation refers to all service involved in the transportation of passengers for hire by means of street railway, elevated railway, subway, underground railroad, motor vehicles, or other means of

conveyance generally associated with or developed for mass surface or sub-surface transportation of the public, but does not include any service involved in transportation by taxicab, airport limousine, or industrial bus.

Religious transportation is defined as transportation provided for worship or participation in religious activities.

Revenue is the income which a service provider receives from its business operations.

Revenue from fundraising is income received from fundraising activities.

Secondary focus of alternate transportation service provision refers to an organization or service provider that has the provision of transportation services as its secondary focus (e.g., transportation service provision is offered as one element in a menu of services).

Senior refers to an individual who is 65 years of age or older.

Senior friendly refers to services or facilities that are designed to be accessible for the elderly (defined as individuals 65 years of age and older).

Social transportation is defined as transportation provided for social or recreational purposes.

Sole source of funding refers to the receipt of income from a single source (e.g., client service fees, government funding, or trust funds, etc.).

Supplemental transportation program (STP) is a term encompassing both formal and informal alternate transportation programs for seniors (The Beverly Foundation, 2001)¹⁰.

Town is defined as a community with between 1,000 and 9,999 people.

Trip chaining refers to a form of alternate transportation that allows for multiple stops for multiple tasks or chores in the same trip.

Village is defined as a community with at least 300 people and has received the provincial status of village.

Volunteer driver is an individual who altruistically dedicates time to aid in the transportation of other individuals.

¹⁰ The definition of STP is integrated into our definition of Alternate Transportation for Seniors (ATS).

Appendix B – Listing of ATS Providers

Province as a Whole

A Little Lift	250-890-0636
<hr/>	
1324 Anderson Road, Comox V9M 3Z2 www.alittlelift.ca	
Abbotsford Community Services	604-870-3776
<hr/>	
2420 Montrose Ave, Abbotsford V2F 3F9 www.abbotsfordcommunityservices.com	
Access Health Services	604-467-1135
<hr/>	
22337 Dewdney, Maple Ridge V2X 3J3 www.accesshealthservices.ca	
Always There For You Home Support	604-551-7347
<hr/>	
12031 2nd Avenue, Richmond V7E 3L6 www.atfy.ca	
Ann's Household Services	250-716-3263
<hr/>	
229 Victoria Road, Nanaimo V9R 4P7 No Website	
Beacon Community Services	250-656-5537 ext. 106
<hr/>	
10030 Resthaven Drive, Sidney V8L 3G4 www.beaconcs.ca	
Burnaby Community Connections	604-299-5778
<hr/>	
Suite 204 2101 Holdom Ave, Burnaby V5B 0A4 www.burnabyconnections.com	
Busy Helping Hands	250-851-8542
<hr/>	
Kamloops No Website	
Capilano Community Services Society – Seniors Hub	604-988-7115
<hr/>	
600 West Queens Road, North Vancouver V7N 2L3 www.capservices.ca	

Capital City Volunteers	250-380-0660
1004 North Park, Victoria V8T 1C6 www.capitalcityvolunteers.org	
CARE Transit	604-869-3396
Box 998 895 3rd Ave, Hope V0X 1L0 www.caretransit.org	
Care-One Medi Transport Ltd.	250-616-3206
Nanaimo No Website	
Carepanions	604-862-1414
1015 Ironwork Passage, Vancouver V6H 3R4 www.carepanions.ca	
Caring 4 U Home Support Services	250-765-8949
Unit 113 250 Briarwood Road, Kelowna V1X 2G3 www.caring4ukelowna.ca	
Castelgar and District Community Services Society – West Kootenay Volunteer Driver Program	250-304-2990
1007 2nd Street, Castelgar V1N 1Y4 www.cdcss.ca	
Chetwynd Legion/Royal Canadian Legion	250-788-4239
4511 S Access Road, Chetwynd V0C 1J0 No Website	
Chilliwack Community Services	604-847-2244
45938 Wellington Ave, Chilliwack V2P 2C7 www.comserve.bc.ca	
Claire's Home Care Services Ltd.	250-751-8114
E 3148 Barons Road, Nanaimo V9T 4B5 www.claireshomecareservices.com	

Comfort Keepers	604-530-9111
206 20621 Bulgan Ave, Langley V3A 7R3 www.comfortkeepers.com	
Comfort Keepers	604-689-8609
300 3665 Kingsway, Vancouver V5R 5W2 www.comfortkeepers.com	
Comfort Keepers	604-541-8654
14 1480 Foster Street, White Rock V4B 3X7 www.comfortkeepers.com	
Commitment to Care Resources	250-489-5300
Cranbrook www.ctcresources.ca	
Community Connector	250-756-2669
Nanaimo No Website	
Courtesy Care	250-803-0063
2251 12st Street NW, Salmon Arm V1E 1N2 No Website	
Daughter on Call	250-619-6600
2535 Glenar Drive, Nanaimo V9S 3R9 www.daughteroncall.ca	
DeltAssist Family and Community Services	604-946-9526 ext. 104
4891 Delta Street, Delta V4K 2T9 www.deltassist.com	
Dignity Home Care	604-569-0505
200 5050 Kingsway, Burnaby V5H 4H2 www.dignityhomecare.ca	
Diversified Transportation Ltd – Northern Health Connections Bus	250-564-7499
9122 Penn Road, Prince George V2N 5T6 www.pwt.ca	

DIVERSEcity Community Resources Society Surrey www.dcrs.ca	604-597-0205 Or 604-507-2266
Dolce Vista Concierge Salt Spring Island www.dolcevistaconcierge.ca	250-221-0887
Driving Miss Daisy 35157 Skeena Ave, Abbotsford V2S 7H5 www.drivingmissdaisy.net	604-855-7324
Driving Miss Daisy 7031A Brentwood Drive, Brentwood Bay V8M 1B4 www.drivingmissdaisy.net	250-507-2336
Driving Miss Daisy Chilliwack www.drivingmissdaisy.net	604-302-0479
Driving Miss Daisy 345 Seaforth Crescent, Coquitlam V3K 2M3 www.drivingmissdaisy.net	778-237-7433
Driving Miss Daisy Courtenay www.drivingmissdaisy.net	250-650-2010
Driving Miss Daisy 2 1550 Dickson Ave, Kelowna V1Y 9Y8 www.drivingmissdaisy.net	778-478-7576
Driving Miss Daisy 69 8089 209 Street, Langley V2Y 0B1 www.drivingmissdaisy.net	604-882-7654
Driving Miss Daisy 333 Departure Bay, Nanaimo V9T 1B7 www.drivingmissdaisy.net	250-714-5980

Driving Miss Daisy Apt 319 83 Star Crescent, New Westminster V3M 6X8 www.drivingmissdaisy.net	604-783-2965
Driving Miss Daisy Sooke www.drivingmissdaisy.net	250-813-0440
Driving Miss Daisy 305 E 27 Street, North Vancouver V7N 1B9 www.drivingmissdaisy.net	604-720-4030
Driving Miss Daisy South Delta www.drivingmissdaisy.net	778-886-3939
Driving Miss Daisy Surrey www.drivingmissdaisy.net	604-818-4142
Driving Miss Daisy 60-7760 Okanagan Landin Road, Vernon V1H 1Z4 www.drivingmissdaisy.net	250-540-0975
Driving Miss Daisy Vancouver (Downtown) www.drivingmissdaisy.net	604-290-8874
Driving Miss Daisy Vancouver www.drivingmissdaisy.net	604-441-0002
Driving Miss Daisy 3873 West 22nd Avenue, Vancouver V6S 1J8 www.drivingmissdaisy.net	604-723-7247
Driving Miss Daisy 10 Kalingh Lane, Victoria V9B 0A2 www.drivingmissdaisy.net	250-588-4638

Eagle Valley Community Resource Centre	250-836-3440
1214 Shushwap Ave, Sicamous V0E 2E0 www.eaglevalleyresourcecentre.ca	
ELITE Home Health Care Services	250-309-1350
Vernon No Website	
Emergency First Aid Services	250-893-3418
350 Dogwood Drive, Ladysmith V9G 1T6 www.efas.ca	
Esquimalt Volunteer Services	250-412-8532
527 Fraser Street, Esquimalt V9A 6H6 www.esquimalt.ca	
Family First Home Support Services	250-488-05263
184 Christie Mountain Lane, Okanagan Falls V0H 1R3 www.familyfirsthomesupport.ca	
Freedom Again – Seniors Errands and Outings	778-829-8313
9884 158 A Street, Surrey V4N 2A3 www.freedomagain.ca	
Full Spectrum Senior Services	604-616-8401
Suite/Room 202 6556 Marlboro Ave, Burnaby V5H 3M1 www.ssac.ca	
Granny Go Go	250-714-9715
1547 Stupich Road, Nanaimo V0R 1H0 www.grannygogo.ca	
Harmony Health Care	250-701-9990
2A 2785 Charlotte Road, Duncan V9L 5J2 www.harmonyhealthcare.ca	

Harmony Health Care 604-536-2445

Suite 104 1548 Johnson Road, White Rock
V4B 3Z8
www.harmonyhealthcare.ca

Hart Homecare 250-962-9622

Prince George Or 250-962-1537
No Website

Heart and Soul Home Care 250-231-1714

Box 416, Rossland
V0G 1Y0
No Website

Helping Hands Personal Support Services 250-881-0118

10041 Cotoneaster Place, Sidney
V8L 3N9
www.helpinghandspss.ca

Hollyburn Family Services 778-893-2204

210 255 West 1st Street, North Vancouver
V7M 3G8
www.hollyburn.ca

Home Help 250-616-0574

410 21 Prideaux Street, Nanaimo
V9R 5V7
No Website

Home Instead Senior Care 604-552-3324

200 2550 Shaughnessy Street, Port Coquitlam
V3C 3G2
www.homeinstead.com

Home Instead Senior Care 604-267-6742

Ste 1100 1200 West 73rd Avenue, Vancouver
V6P 6G5
www.homeinstead.com

Home James 604-928-7789

1758 Patricia Ave, Port Coquitlam
V3B 2G7
www.homejamesforseniors.ca

Home Sweet Home	250-542-0501
4830 Ploeger Road, Vernon V1B 3H9 No Website	
HoneyDo Lifestyle Assistant	604-809-7605
308 4885-53 Street, Delta V4K 2Z3 www.honeydolifestyle.com	
Hospital Helpers	604-269-9090
206 4660 West 10 Avenue, Vancouver V6R 2J6 www.hospitalhelpers.ca	
Houston Senior Citizens Association – Senior Citizens Van	250-845-2132
3250 14th Street, Houston V0J 1Z0 No Website	
In Home Care	250-851-0078
314 141 Victoria Street, Kamloops V2C 1Z5 No Website	
Interior Health Authority Community Integrated Services	250-980-1454
118 1835 Gordon Drive, Kelowna V1X 3H4 www.interiorhealth.ca	
James Bay Community Project – Assisted Medical Drives and Errands	250-388-7844 ext. 310
547 Michigan Street, Victoria V8V 1S5 www.jbcp.bc.ca	
Jewish Family Services	604-257-5151 ext. 217
305 1985 West Broadway, Vancouver V6J 4Y3 www.jfsa.ca	
Jupiter Concierge's Service	604-999-2936
506 720 7 Ave, New Westminster V3M 2I4 www.jupiterconciierge.com	

KARP Home Care	604-420-7800
9304 Salish Court, Burnaby V3J 7C5 www.karphomecare.com	
Kathy Hrenyk	250-951-0519
Parksville No Website	
Kelowna Elderly Services Home Support	250-868-3374
Kelowna No Website	
Keremeos Community Services	250-499-2352
Keremeos No Website	
Kirschner Home & Health Care Services	250-762-2233
Kelowna www.kirschnerhomecare.com	
Ladysmith Resources Centre Association	250-245-3079
630 2nd Avenue, Ladysmith V9G 1B2 www.lrca.bc.ca	
Lake Cowichan District Seniors Association	250-748-2133
Duncan No Website	
Lakes District Community Services Society	250-692-7577
870 Highway 16 West, Burns Lake V0J 1E0 www.ldcss.org	
Langley Seniors Centre	604-530-3020 ext. 302
20605 51B Ave, Langley V3A 9H1 www.lsr.ca	
Metchosin Community House – Volunteer Driver Program	250-478-5155
4430 Happy Valley Road, Victoria V9C 3Z3 www.metchosincommunityhouse.com	

Mission Community Services Society 33179 2nd Ave, Mission V2V 1J0 www.missioncommunityservices.com	604-826-3634
NeighbourLink Summerland www.summerland.net/neighbourlink	250-404-4673
NeighborLink 127 Stewart Street, Vanderhoof V0J 3A0 No Website	250-567-9007
Neighbourhood Nursing East and West Kootenays www.neighbourhoodnursing.ca	250-693-2299
Nelson and District Seniors Coordinating Society 719 Vernon Street, Nelson V1L 4G3 www.seniors.kics.bc.ca	250-352-6008
Northern Rockies Seniors Society Box 52, Fort Nelson V0C 1R0 No Website	250-774-3193
Nurse Next Door 108 7885 6 Street, Burnaby V3N 3N4 www.nursenextdoor.com	604-268-6262
Nurse Next Door Unit 1 5666 12 Avenue, Delta V4L 1C4 www.nursenextdoor.com	604-595-1680
Nurse Next Door 280 Victoria Street West, Kamloops V2C 1A4 www.nursenextdoor.com	250-377-0011

Nurse Next Door 250-667-0190
Nanaimo 250-748-4357
www.nursenextdoor.com 250-927-1895

Other numbers are for Cowichan Valley and Parksville and forwards to this office.

Nurse Next Door 250-488-8586
PO Biox 22090 Penticton Plaza RPO, Penticton
V2A 1L1
www.nursenextdoor.com

Nurse Next Door 604-468-2273
2943 Parana Place, Port Coquitlam
V3B 8A8
www.nursenextdoor.com

Nurse Next Door 250-752-2597
2175 Widgeon Road, Qualicum Beach 250-336-8606
V9K 1Y8 1-888-988-5880
www.nursenextdoor.com 250-724-2597

Other numbers are for Comox/Courtenay, Campbell River and Port Alberni and forwards to this office.

Nurse Next Door 604-644-5524
Suite 114 185 9040 Blundell Road, Richmond
V6Y 1K3
www.nursenextdoor.com

Nurse Next Door 250-590-1667
Saanich/Sooke
www.nursenextdoor.com

Nurse Next Door 604-613-7679
14326 28th Avenue, Surrey
V4P 2H1
www.nursenextdoor.com

Nurse Next Door 604-228-4357
Vancouver
www.nursenextdoor.com

Nurse Next Door 604-961-7883
Vancouver East
www.nursenextdoor.com

Nurse Next Door 604-856-5553
West Vancouver
www.nursenextdoor.com

Nurse Next Door	250-545-4455
Vernon www.nursenextdoor.com	
Nurse Next Door	250-590-5519
Victoria V8V 1E6 www.nursenextdoor.com	
Oak Bay Volunteer Services	250-595-1034
101 2167 Oak Bay Avenue, Victoria V8R 1G2 www.oakbayvolunteers.bc.ca	
Oceanside Volunteer Association	250-248-2637
Parksville www.oceansidevolunteer.org	
OmniCare for People at Home	250-890-7535
200A 1822 Comox Avenue, Comox V9M 3M7 www.ophco.com	
Osoyoos Seniors Centre – Casi Osoyoos	250-495-6925
17 Park Place Box 828, Osoyoos V0H 1V0 www.casiosoyoos.org	
Out and About Companion Services	250-218-5721
Courtenay www.outandaboutwithme.com	
Pacifi Care	604-535-0638
South Surrey www.pacificare.ca	
Pacific Companion	250-652-0400 or 1-877-617-0400
7083 Silverdale Place, Brentwood Bay V8M 1G9 www.pacificcompanion.com	
Peachland Wellness Centre Society	250-767-0141
4426 5th Street, Peachland V0H 1X6 www.peachlandwellnesscentre.ca	

Pender Islands Health Centre 250-629-3346

5715 Canal Road, Pender Island
V0N 2M1
www.penderislandhealth.ca

Prince George Council of Seniors 250-564-5888

1550 1055 5th Avenue, Prince George
V2L 5K7
www.pgcoc.ca

Retire-at-Home Services 604-299-4663

1708 4182 Dawson Street, Burnaby
V5C 0A2
www.retireathome.com

Retire-at-Home Services 250-370-0253

Victoria
www.retireathome.com

Revelstoke Seniors Centre 250-837-9456

603 Connaught Avenue, Revelstoke
V0E 2F0
No Website

Saanich Volunteer Services Society 250-595-8008 ext. 21

1445 Ocean View Road, Victoria
V8P 1J8
www.saanichvolunteers.org

Saint Elizabeth 250-385-0444

Victoria
No Website

Salmo Community Services 250-357-2277

311 Railway Avenue, Salmo
V0G 1Z0
www.scrs.ca

Salmon Arm Seniors Resource Centre 250-832-7000

320 A 2nd Avenue NE, Salmon Arm
V1E 1H1
www.seniorsresourcecentre.org

Salt Spring Seniors Services Society 250-537-4604

379 Lower Ganges Road, Salt Spring Island
V8K 2V4
www.saltspringcommunityservices.ca

Senior Citizens Special Services	604-925-7281
695 21 Street, West Vancouver V7V 4A7 No Website	
Senior Services Society	604-520-6621
209 800 McBride Boulevard, New Westminster V3L 2B8 www.seniorservicesociety.ca	
Seniors Activity Society	250-642-4662
Sooke No Website	
Seniors Connect Volunteer Driver – Ridge Meadows Seniors Society	604-467-4993
12150 224 Street, Maple Ridge V2X 3N8 No Website	
Seniors Helping Seniors	250-427-2449
395 Wallinger Avenue, Kimberley V1A 1Z3 www.summitfamily.ca	
Seniors Information and Resource Bureau	250-545-8572
3402 27th Avenue, Vernon V1T 1F1 www.socialplanning.ca	
Seniors Outreach Program – Maple Ridge/Pitt Meadows	604-467-6911
11907 228 Street, Maple Ridge V2X 8G8 www.comservice.bc.ca	
Silver Harbour Centre – North Shore Seniors Go Bus	778-230-1852
144 East 22 Street, North Vancouver V7L 4L5 www.silverharbourcentre.com	
Society of Organized Services (S.O.S.)	250-248-2093 ext. 0
245 West Hirst Avenue, Parksville V9P 2G9 www.sosd69.com	

Sooke Community Assistance Society 250-389-4661

Sooke
No Website

Sources 604-531-6226 ext.220

882 Maple Street, White Rock
V4B 4M2
www.sourcesbc.ca

Step Up'N Ride Society 250-782-7433

PO Box 2459, Dawson Creek
V1G 4T9
No Website

Super Services for Seniors 250-592-0029

Victoria
www.superservicesforseniors.com

The Island Chauffeur 1-877-954-9694

667 Temple Street, Parksville
V9P 1A9
www.islandchauffeur.com

The Wheels for Wellness 250-338-0196

Comox
www.wheelsforwellness.com

VIP Charter 250-307-6269

892 Mount Griffin Road, Vernon
V1B 3V5
No Website

Volunteer Driver Program 250-443-2162

7649 22st Street, Grand Forks
V0H 1H0
No Website

Volunteer Transportation Network 250-956-3151

1705 5A Campbell Way, Mount Waddington
V0N 2R0
No Website

We Care Home Health Services 1-866-792-2351

2291 B West Railway Street, Abbotsford
V2S 2E3
www.wecare.ca

We Care Home Health Services Comox Valley www.wecare.ca	250-334-8531
We Care Home Health Services Coquitlam www.wecare.ca	604-552-4378
We Care Home Health Services 2349 East Wellington Road, Nanaimo V9R 6V7 www.wecare.ca	250-740-0035
We Care Home Health Services North Vancouver www.wecare.ca	604-980-6350
We Care Home Health Services Prince George www.wecare.ca	250-563-3501
We Care Home Health Services Surrey www.wecare.ca	604-596-0772
We Care Home Health Services Vancouver www.wecare.ca	604-264-9003
We Care Home Health Services Vernon www.wecare.ca	250-542-9717
We Care Home Health Services 2631B Douglas Street, Victoria V8T 4M2 www.wecare.ca	250-389-0202 250-746-9224

Other number is for Duncan and forwards to this office.

West Vancouver Seniors' Activity Centre 695 21 Street, West Vancouver V7V 4A7 www.westvancouver.ca	604-925-7288
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160 2300 Carrington Road, West Kelowna (Westbank)

V4T 2N6

www.westsidehealthnetwork.com