Transit Committee

Agenda

Thursday, May 28, 2015
9:00 a.m. – 11:30 a.m.
La Cite Francophone – Hall Jean-Louis Dentinger
8627 Rue-Marie Gaboury (91 Street), Edmonton

Agenda Items

1. **Call to Order** – Councillor Wes Brodhead, Chair
2. **Chair Opening Remarks**
3. **Approval of Agenda** – Councillor Wes Brodhead, Chair
4. **Approval of Minutes of March 13, 2015** – Councillor Wes Brodhead, Chair
5. **2015 Household Travel Survey** – Councillor Wes Brodhead, Chair
   5.1 Overview of Project – Howaida Hassan, City of Edmonton
   **Motion:** That the Transit Committee receive the 2015 Household Travel Survey overview presentation for information.
6. **CRB Transportation Needs Assessment 2015** – Councillor Wes Brodhead, Chair
   6.1 Final Report Presentation – Dr. Bonnie Dobbs, University of Alberta
   **Motion:** That the Transit Committee recommends the Capital Region Board receive the Capital Region Board Transportation Needs Assessment 2015 Report for information.
7. **CRB/CRP Transit Policy Workshop – March 26, 2015** – Councillor Wes Brodhead, Chair
   7.1 Workshop Meeting Notes
   **Motion:** That the Transit Committee receive the March 26, 2015 CRB/CRP Transit Policy Workshop meeting notes for information.
8. Committee Meeting Schedule – Councillor Wes Brodhead, Chair

8.1 Proposed cancelling of July 30, 2015 meeting and rescheduling of September 24, 2015 meeting

**Motion:** That the Transit Committee cancel the July 30, 2015 Committee meeting and reschedule the September 24, 2015 meeting to September 3, 2015.

9. Adjournment – Councillor Wes Brodhead, Chair
1. Call to Order

Chair, Wes Brodhead called the meeting to order at 9:00 a.m.

2. Chair Opening Remarks
3. Approval of Agenda

Motion: That the Transit Committee agenda of March 13, 2015 be approved, as amended to add discussion item “Park & Ride Strategy”.
Moved by: Councillor Michael Walters, City of Edmonton
Decision: Carried unanimously

4. Approval of Minutes, October 16, 2014

Motion: That the Transit Committee minutes of October 16, 2014 be approved.
Moved by: Councillor Dana Smith, City of Leduc
Decision: Carried unanimously

5. Transit Committee 2015/2016 Project Summary

It was agreed by unanimous consensus that the Transit Committee receive the Transit Committee 2015/2016 Project Summary presentation as information.

6. Project Updates

6.1 CRB Transportation Needs Assessment

Dr. Bonnie Dobbs from the University of Alberta presented the preliminary survey results of the CRB Transportation Need Assessment for the northeast subregion consisting of Bruderheim, Lamont, Lamont County and Redwater for the Committee's information.

6.2 Intermunicipal Transit Governance Study

Motion: That the Transit Committee accept the CRB Transportation Needs Assessment and Intermunicipal Transit Governance Study project updates as information.
Moved by: Mayor Gale Katchur, City of Fort Saskatchewan
Decision: Carried unanimously

7. Municipal Finance Aspects of Capital Region Growth Plan

It was agreed by unanimous consensus that the Transit Committee receive the Municipal Finance Aspects of Capital Region Growth Plan as information.
8. CRB/CRP Transit Policy Workshop – March 26, 2015

It was agreed by unanimous consensus that the Transit Committee receive the CRB/CRP Transit Policy Workshop information as presented.

9. Reschedule September 24, 2015 Committee meeting

It was agreed by unanimous consensus that the CRB Administration be directed to survey the Transit Committee with proposed dates to reschedule the September 24, 2015 Committee meeting.

10. Adjournment

It was agreed by unanimous consensus that the Transit Committee meeting be adjourned.

Meeting adjourned at 10:32 a.m.

Next Meeting: May 28, 2015 at 9:00 a.m., La Cite Francophone – Hall Jean-Louis Dentinger

Transit Committee Chair, Wes Brodhead
2015 Edmonton Household Travel Survey

Project Background

The Edmonton Household Travel Survey is the largest and most comprehensive source of personal travel data for the Edmonton region and provides the basis for travel forecasting and transportation planning. Data from the last household travel survey conducted in 2005 helped to inform the development of the City’s Transportation Master Plan – *The Way We Move*, planning for the LRT expansion, and prioritizing and designing new road infrastructure throughout the region, including Anthony Henday Drive.

1.1 Project Purpose

The purpose of the 2015 Edmonton Household Travel Survey is to obtain the data necessary to update the Edmonton Regional Travel Model (RTM), support planning in the city and region, illustrate travel trends and patterns and provide an update to the Overall Mode Split department progress measure.

The final products of the survey will be a database of survey data and related dictionaries, summary and technical reports that will be shared with the project partners, Alberta Transportation (AT) and the Capital Region Board (CRB). The anticipated delivery of the database and reports is April 2016.

1.2 Project Benefits

The beneficiaries of the project will be the citizens of Edmonton and the region, City decision-makers and administrators, regional partners, developers and institutions who depend on the outputs of the Regional Travel Model or the trending data from the survey.

For the City of Edmonton, the data provides the basis for the development and update of the Edmonton RTM. The RTM is a tool used by city administration, developers and consultants to forecast future travel and for evidence-based decision-making for transportation services and infrastructure in Edmonton. The detailed data is also used by other City business areas to inform decision-making and strategies. Current household travel data is one of the important pieces in ensuring that accurate and robust data is produced from the RTM.

As a contributor on the project, the Capital Region Board (CRB) will use the data from the household travel survey to support the ongoing implementation of the Capital Region Growth Plan priorities: Land Use Plan, Intermunicipal Transit Plan, Housing Plan, and GIS. The comprehensive travel pattern data and information collected by the survey informs future transportation, transit, land use, and infrastructure planning undertaken by the CRB on behalf of the entire region. Further, the survey data is critical to measuring the success of the Growth Plan.

Alberta Transportation, also a contributor on the project, will use the data to gain a complete picture of all trip making and how travel patterns change over time; build and calibrate a proposed provincial model for Edmonton and Region area; and update the existing Edmonton Regional Transportation Model and the province-wide economic model.
1.3 Project Description

The Edmonton Household Travel Survey is a substantial data collection exercise that is undertaken by the Transportation Planning Branch of the City of Edmonton every ten years. Most large Canadian and American cities collect household travel survey data and use it as the primary source of information to update travel and economic models as well as to illustrate the pattern and intensity of travel in a defined geographic area.

Nearly a quarter of a million Edmonton region households are expected to be contacted in late August 2015 to participate in the fall Edmonton Household Travel Survey. It is estimated that travel data will be collected from approximately 10,000 of those households. Management of the project will involve collaboration from all groups within the Policy Implementation and Evaluation section of the City of Edmonton’s Transportation Planning branch, with the lead project manager residing in the Transportation Master Plan group. The survey execution and data delivery will be completed by an external consultant selected through a competitive RFP process. Success of the project will also be dependent on cooperation between the City of Edmonton and the Capital Region Board. The total expected cost of the project is approximately $1.5 million, with the City of Edmonton being the primary funder and Alberta Transportation and the Capital Region Board making contributions.

1.4 Project Schedule

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Capital Region Board Transportation Needs Assessment 2015 Report

Recommended Motion

*That the Transit Committee recommends the Capital Region Board receive the Capital Region Board Transportation Needs Assessment 2015 Report for information.*

Background

- On June 20, 2014, Dr. Bonnie Dobbs, Professor, Department of Family Medicine, and Director, Medically At-Risk Driver Centre at the University of Alberta gave a presentation to the Transit Committee – “Exploring the Need for Alternate Transportation for Seniors in the Capital Region” – to create awareness of the issue of transportation services for rural and urban municipalities.

- On September 19, 2014, the Transit Committee approved the following motion:

  “That the Transit Committee approve the proposal for conducting a Needs Assessment Pilot for Specialized Transit for implementation in 2015, subject to budget approval.”

  The objectives of the Pilot were to assess the need for 1) specialized transportation services for seniors; 2) specialized transit services for persons with disabilities; and 3) the need for intermunicipal transit services to major centres in the Capital Region.

- On October 9, 2014, the Board approved a revised 2014 Business Plan and Budget, which was extended to March 31, 2015, including allocation of funding for a study – “Needs Assessment – Specialized Transit”.

- On March 13, 2015, Dr. Bonnie Dobbs presented the preliminary survey results of the CRB Transportation Need Assessment for the northeast sub-region consisting of Bruderheim, Lamont, Lamont County and Redwater for the Committee's information.

Rationale

- The Intermunicipal Transit Network Plan includes the following guiding principles for Specialized Services for persons with disabilities:

  - *Enables equitable, barrier-free access to mass transit for persons with disabilities.*
  - *Available to persons with disabilities, where warranted and practical.*

  The Transportation Needs Assessment Report is the first step in evaluating the need for specialized transportation services in the Capital Region. Based on the information presented in the Report the CRB can begin exploring the range of possible service options that provide a level of intermunicipal specialized transit service that satisfies community requirements and expectations in a cost effective manner.
Next Steps

- The approved 2015/16 Business Plan and Budget includes funding to carry out transportation needs assessments for the remaining sub-regions of the Capital Region. However, the project was included in the Priority “B” Project list, which is dependent on matching funding from the Province. At this time, the status of the matching funding is unknown.

Attachments:

Understanding the Transportation Needs of Seniors and Persons with Disabilities:

Results from a Transportation Needs Assessment in a Sub-Region of the Capital Region

May, 2015
ACKNOWLEDGEMENTS

Funding for this study was provided by the Capital Region Board (CRB). The authors wish to acknowledge and thank Wes Brodhead (Chair – CRB Transit Committee, Nolan Crouse (Chair – CRB), Doug Lagore (Former CEO – CRB), and Sharon Shuya (Project Manager – CRB) for their initial and ongoing support for this study, as well as their review and feedback on drafts of the survey instruments. A thank-you also is extended to Malcolm Bruce (CEO – CRB) and Brendan Pinches (Project Manager – CRB) for their support over the past few months. We also wish to acknowledge and thank Donna Fong (Research Administrator), Dave Odynak (Demographic Research Analyst), and Tracy Kennedy (Research Coordinator) from the University of Alberta’s Population Research Laboratory. Their expertise and efforts throughout the development of the surveys, during the data collection process, and delivery of the data are very much appreciated. Finally, we wish to acknowledge, with deep appreciation, all of the individuals who participated in this study.

AVAILABILITY

An electronic copy of this report is available from www.mard.ualberta.ca or from www.capitalregionboard.ab.ca

CONTACT INFORMATION

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# Capital Region Board Transportation Needs Assessment 2015 FINAL REPORT (For CRB Review)

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Executive Summary

Introduction

- Transportation mobility is critical for the health and mobility of seniors and persons with disabilities (PWD). The lack of access to responsive forms of transportation often results in an inability to access health care services, essential services such as grocery shopping, and an inability to meet social and religious needs.

- Canada’s population is aging, with the percentage of seniors projected to increase from 15.3% in 2013 to 24.2% by 2040. The proportion of seniors aged 80 years of age among the total senior population aged 65 years and over also is projected to increase from 26.6% in 2013 to 35.9% by 2040.

- The percentage of individuals with a disability also is increasing, in part because of the strong association between disability and age. That is, the percentage of individuals with a disability increases from 4.4% for Canadians 15–24 years of age, to 16.1% for those aged 45–64, with a further increase to 26.3% for those aged 65–74.

- Similar demographic changes are occurring in the Capital Region.

- The rapid aging of the senior and disabled populations has resulted in an increased awareness of and need for the provision of ‘age-friendly’ services that will allow seniors and PWD to ‘age in place’.

- The aging of the population, accompanied by the ‘aging in place’ movement, have widespread implications in many areas of service delivery, including transportation to seniors and PWD.

- Within Alberta’s Capital Region, the 2009 Intermunicipal Network Plan has identified the provision of “specialized public transit services to seniors and persons with disabilities” as one of its mandates (p. 58), as well as the provision of “special transit for persons with disabilities” (p. 15). In this same report, improvement of regional delivery of specialized intermunicipal transit (IMT) services also has been identified as a need.
Objective of this Study

- The primary objective of the study was to assess the transportation needs for two vulnerable segments of the population – seniors and PWD – in a subregion of the Alberta Capital Region. The targeted subregion for the Transportation Needs Assessment was Lamont County\(^1\) and the Town of Redwater.

- The Transportation Needs Assessment was focused on 3 targeted areas: 1) Alternate transportation for seniors (ATS) services; 2) Specialized transit (ST) services for PWD; and Intermunicipal transit (IMT) service to major centres in the Capital Region.

Methodology

- Survey methodology, with Random digit dialing (RDD) used to generate the sampling frames.

- The data were collected by the Population Research Laboratory (PRL) at the University of Alberta, under contract to the Medically At-Risk Driver (MARD) Centre. Trained PRL interviewers conducted the interviews to individuals in the general population; 2) living in the identified subregion of the Capital Region; 3) 45 years of age and older without a disability (Sample One), and; 4) those 18 years of age and older with a disability (Sample Two).

- The Health Research Ethics Board (Panel B) at the University of Alberta approved the study questionnaires and procedures.

- Two survey instruments were developed with the first survey instrument used for data collection on ATS services. ATS services were defined as *modes of transportation that exist outside of public transportation programs and include both for-profit and not-for-profit transportation by a service provider* (i.e., private vehicles, buses, handivans, minivans). The second survey instrument was used for data collection on ST services for PWD. ST services were defined as *transportation services designed to accommodate individuals with mobility restrictions that make it difficult or impossible to take conventional transit service; this type of service is typically equipped to accommodate persons with disabilities*. There also were questions related to the need for IMT service to major centres in the Capital Region. IMT service was defined as *transit service that operates between municipalities, or across municipal boundaries*.

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\(^1\) Specifically, the County of Lamont includes the communities of Bruderheim, Lamont, Mundare, Andrew, Chipman, Hilliard, St. Michael, Star, Whitford, and Wostok.
The main survey data collection started on January 29, 2015, with data collection completed February 25, 2015 for a total of 27 days ‘in the field’. The overall response rate was 35.9%.

For data analyses purposes, three ‘sub-samples’ were created. Sample One consisted of 379 participants aged 45–64 and 65+ without a disability and who completed the ATS survey. Sample Two consisted of 30 PWD participants who completed the ST services for PWD survey. Sample Three consisted of 40 non-drivers (6 aged 45–64, 4 aged 65+, and the 30 PWD).

Results

Sample as a Whole

- Overall, 413 individuals aged 27 to 98 were interviewed, with an average age of 65 years. Two-thirds of those interviewed were female.
- All participants were living in the community, with one-third living on a farm or in the County of Lamont, with the remainder living in towns, villages, or hamlets.
- 90% of participants were currently driving, with the remaining 10% non-drivers.

Sample One (ATS Services)

- A total of 379 individuals participated in the ATS survey, with 181 (47.8%) of the participants 45–64 years of age (e.g., adult children of seniors) and 198 (52.2%) of the participants 65 years of age and older.
- The average age of participants aged 45–64 was 56.3 (SD = 5.6), with 65.2% female. The average age of the 65+ participants was 73.1 (SD = 6.4), with 61.6% female.
- Almost half (45.8%) of participants aged 45–64 and slightly more than half (52.5%) of participants aged 65+ indicated that their physical health interfered with their ability to carry out everyday activities (e.g., shopping, dressing, preparing meals) ‘sometimes’ or ‘all the time’.
- The majority of participants aged 45–64 and 65+ currently drove, with participants aged 45–64 indicating that they drove 5.1 (SD = 2.0) days per week compared to 3.9 (SD = 2.2) days per week for those aged 65+, a difference that was statistically significant ($p < .000$).
- Despite the high percentage of drivers in both samples, from 8% to 16% of participants aged 45–64 and 65+ indicated that they had been unable to go to medical appointments,
shop for groceries, get together with family, or attend social functions or religious activities because they did not have a ride.

- When asked about how well the transportation needs of seniors in their community were being met for different types of trips (e.g., health-related appointments, essential trips such as grocery shopping and banking, visiting with family and friends, social activities, and for religious activities), between 29.0% to 52.0% of participants aged 45–65+ indicated that the transportation needs of seniors in their community were ‘not being met at all well’, with a similar pattern of ratings across the five types of trips (e.g., health, essential, visiting with family/friends, and for social and religious activities).

- When asked how well the transportation needs of seniors in their community were being met overall, less than 10.0% of participants aged 45–64 (3.7%) and 65+ (8.4%) indicated that the transportation needs of seniors in the community were being met ‘very well’, with the majority of participants in both age categories indicating that the transportation needs for seniors were being met either ‘somewhat well’ or ‘not at all well’.

- Participants also were asked about the availability, importance, and use of ATS for seniors in the community. In terms of availability of ATS services, 40.3% of participants aged 45–64 and 44.9% of participants aged 65+ indicated that there were these types of services, with community buses and/or vans for seniors, volunteer drivers, handivan services, for-profit transportation services such as Driving Miss Daisy, and services offered by community organizations such as the Lions Club and Pioneer Club identified. When asked about the importance of having ATS services available for seniors in their community, the majority of participants aged 45–64 and 65+ rated the availability of these services as ‘very important’ (84.4% and 81.1%, respectively). When asked about the likelihood of use of ATS services by seniors in their community if those services were available, the majority of participants aged 45–64 and 65+ indicated that seniors would be ‘very likely’ to use the service (71.6% and 66.8%, respectively).

- A majority of participants aged 45–64 and 65+ indicated that the most likely time periods of use by seniors would be Weekday mornings (93.9% and 87.9%, respectively) and Weekday afternoons (87.8% and 76.3%, respectively).

- Participants also were asked to provide feedback on the importance of different features of ATS services if those services were to be made available for seniors in the community. Features included booking rides, the importance of multiple stops, and knowledgeable drivers. The vast majority of participants aged 45–64 and 65+ indicated that having to book a ride at least 24 hours in advance was ‘somewhat/very reasonable’
(95.0% and 94.4%, respectively). The majority of participants aged 45–64 and 65+ also indicated that having ATS services that allow for multiple stops during the trip was ‘somewhat/very important’ for seniors in the community (93.9% and 86.3%, respectively). Having a driver who was knowledgeable on health issues of seniors was deemed as ‘somewhat/very important' by the vast majority of participants aged 45–65 and 65+ (97.8% and 96.9%, respectively).

- In terms of the importance of ATS services for different types of transportation needs (e.g., health-related trips such as medical appointments, essential trips such as grocery shopping and banking, social activities, visiting with family and friends, and for religious activities), all trip purposes were rated highly, with transportation for health-related and essential services rated by the vast majority (90.0% or higher) of participants aged 45–64 and 65+ as ‘somewhat/very important’.

- When participants were asked about how much they thought seniors in their community could afford to pay and how much seniors in the community were willing to pay for a one-way ride of approximately 10.0 km, both the 45–64 and the 65+ participants thought that seniors could afford to pay more than they were willing to pay, with all estimates under $10.00. The preferred method of payment identified by participants was ‘pay per ride’, with approximately half of the 45–64 and the 65+ participants identifying this as the preferred method (52.4% and 58.0%, respectively).

- Participants also were asked how they would prefer to find out about transportation services in their community. The top two preferences amongst participants aged 45–64 and 65+ were the community newspaper (54.7% and 59.6%, respectively) and by mail (e.g., Canada Post) (14.5% and 12.3%, respectively).

- Finally, all participants were asked how important it was to have municipal funding available for ATS services in their community. The vast majority of participants aged 45–64 and 65+ (97.2% and 97.5%, respectively) indicated that it was ‘somewhat/very important' to have this type of funding available to offset the cost of providing ATS services in the community.

**Sample Two (ST Services for PWD)**

- Thirty individuals participated in the ST Services survey. The average age of PWD participants was 64.9 years (SD = 18.4), with 66.7% female.
• More than two-thirds (85.7%) of PWD participants indicated that their physical health interfered with their ability to carry out everyday activities (e.g., shopping, dressing, preparing meals) ‘sometimes’ or ‘all the time’.
• All PWD participants were non-drivers.
• Overall, almost half of the PWD participants indicated that they had been unable to go to medical appointments, shop for groceries, get together with family, or attend social functions or religious activities ‘sometimes/often’ because they did not have a ride.
• When asked about how well their transportation needs were being met of PWD were being met for different types of trips (e.g., health-related appointments, essential trips such as grocery shopping and banking, visiting with family and friends, social activities, and for religious activities), almost half indicated that their transportation needs for health-related services, visiting with family/friends, and for social and religious activities were ‘not being met at all well’. Slightly more than one-third indicated that their transportation needs for essential services were ‘not being met at all well’.
• When asked how well the transportation needs of PWD in their community were being met overall, less than 10% indicated that these needs were being met ‘very well’.
• Participants also were asked about the availability, importance, and use of ST services for PWD in the community. In terms of availability of ATS services, 80.0% of PWD participants indicated that there were no ST services for PWD available in the community. When asked about the importance of having ST services for PWD available in their community, all PWD participants indicated that it was important.76.7% of PWD participants rated the availability of these services as ‘very important’, with the same percentage of PWD participants indicating that they would be ‘very likely’ to use these services.
• When asked about time of use, the majority of PWD participants indicated that the ‘most likely’ time periods of use would be Weekday mornings and afternoons (83.3% and 76.7%, respectively).
• PWD participants also were asked to provide feedback on the importance of different features of ST services if those services were to be made available in the community. Features included booking rides, the importance of multiple stops, and knowledgeable drivers. The vast majority (89.6%) of PWD participants indicated that having to book a ride at least 24 hours in advance was ‘somewhat/very reasonable’. Majority (83.4%) of PWD participants indicated that having ST services that allow for multiple stops during the trip was ‘somewhat/very important’. Having a driver who was knowledgeable about
health issues (e.g., disabilities, illnesses) was deemed as ‘somewhat/very important’ by the majority of PWD participants (90.0%).

- With respect to the importance of ST services for PWD for different types of transportation needs (e.g., health-related trips such as medical appointments, essential trips such as grocery shopping and banking, social activities, visiting with family and friends, and for religious activities), health-related trips and trips for essential services were rated as ‘somewhat/very important’ by a higher percentage of PWD participants (93.3% and 86.6%, respectively), with trips for the remaining activities rated as being ‘somewhat/very important’ by about two-thirds of PWD participants.

- When PWD participants were asked about how much they could afford to pay and how much they were willing to pay for a one-way ride of approximately 10.0 km, they indicated that they could afford to pay $10.10 but were willing to pay $13.13. The preferred method of payment identified by PWD participants was ‘pay per ride’, with approximately 41% identifying this as the preferred method.

- PWD participants also were asked how they would prefer to find out about transportation services in their community. The top two preferences were the community newspaper (40.0%) and by mail (e.g., Canada Post) (24.0%).

All PWD participants were asked how important it was to have municipal funding available for ST services for PWD in their community. The vast majority (89.6%) indicated that this type of funding was ‘somewhat/very important’ to offset the cost of providing ST services for PWD in the community.

Sample Three (Non-Driver)

- Sample Three consisted of 34 individuals who indicated that they did not drive. Thirty of the 34 non-drivers (88.2%) were PWD, with the remaining four non-drivers (11.8%) 65 years of age and older. The average age of the 34 non-driving participants was 66.4 years (SD = 18.0), with 67.6% female.

- In terms of physical health and mobility, more than three-quarters (81.3) of the non-driver participants indicated that their physical health interfered with their ability to carry out everyday activities (e.g., shopping, dressing, preparing meals) ‘sometimes’ or ‘all the time’.

- Because the vast majority of non-drivers were PWD, the pattern of results for this sample of 34 non-drivers is very similar to the results from the 30 PWD participants.
presented above. As such, we elected not to duplicate the presentation of those findings by re-presenting those data here or in the body of the report.

**Intermunicipal Transit (IMT) Service**

- All 413 participants responded to questions related to the importance and use of IMT service and the importance of funding for IMT service.
- Overall, 93.1% of the Sample as a Whole indicated that having IMT service available in the Capital Region was 'somewhat/very important'.
- When asked about the their likelihood of using IMT service if that service was in place in their community, more than half (59.2%) of the Sample as a Whole indicated that they would 'somewhat/very likely' use IMT service if it was available.
- In terms of time of use, the majority indicated that they would mostly likely use IMT service Weekday mornings (over 80.0%) and Weekday afternoons (between 70.0–80.0%) followed by Weekend mornings (between 30.0–45.0%) and afternoons (between 30.0–45.0%).
- All participants were asked about how important it was to have municipal funding available for IMT service in their community. Overall, the vast majority of participants interviewed (95.0% of the Sample as a Whole) indicated that having municipal funding available for IMT was 'somewhat/very important'.

SECTION A. INTRODUCTION, PROJECT OBJECTIVES, AND METHODOLOGY

INTRODUCTION

Transportation mobility is critical for the health and mobility of seniors and persons with disabilities (1-5). The lack of access to responsive forms of transportation often results in an inability to access health care services (1,2,5-13). Lack of access to responsive transportation services also results in reduction of access to essential services and an inability to meet social and religious needs (9,14). Not surprisingly, these unmet transportation needs often are associated with decreases in quality of life, reductions in or loss of independence, and social isolation (2,15-17).

Canada, like other developed countries, is undergoing a number of demographic shifts. The shift most relevant to this study is the aging of the population. Based on the medium growth scenario, the Canadian population 65 years of age and older will increase from 15.3% in 2013 to 24.2% by 2040 (18). It also is the case that the senior population itself is aging. That is, the proportion of seniors aged 80 years of age among the total senior population aged 65 years and over is projected to increase from 26.6% in 2013 to 35.9% by 2040 (18). In Alberta, the proportion of seniors also is expected to increase significantly, from 11.2% in 2013 to 18.5% by 2038\(^2\). The proportion of older seniors aged 80 and older also is projected to increase from 26.0% in 2013 to 31.9% by 2038 (18). A similar change in demographics is occurring within the Capital Region. Based on Edmonton Census data, the population 65 years of age and older is projected to increase from 11.5% in 2013 to 18.2% by 2041\(^2\) (19). Unfortunately, data on the change in the proportion of older seniors (e.g., 80 years of age and older population) between the two identified time periods in the Capital Region are unavailable.

The disabled population also is aging. In 2012, almost 14.0% of Canadians reported living with a hearing, vision, speech, cognitive and/or motor disability (20). The percentage of individuals with a disability increases dramatically with age, from 4.4% for Canadians 15–24 years of age, to 16.1% for those aged 45–64, with a further increase to 26.3% for those aged 65–74 (21). Almost half (42.5%) of Canadians 75 years of age and older are living with a disability (21).

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\(^2\) Projections for 2040 are not available, hence the inconsistent comparison time periods.
Results from a recent survey by Mattson and colleagues indicate that disability is “the most important individual characteristic influencing travel behavior, mobility, and problems with transportation” (p. 3) (22). The results from this same survey also indicate that persons with disabilities (PWD) are less likely to drive themselves, are more likely to say that transportation is a limiting factor for trip making ability, and are less likely to indicate that there are adequate transportation options available in the community. Given the results above, it is not surprising that PWD “fare far worse than their nondisabled counterparts across a broad range of health indicators” (p. S201), including delays in or failure to receive health care as well as access to other needed services (23). Research also indicates that PWD often have reductions in transportation mobility due to increased difficulties with public transportation when it is available and to a decreased likelihood of appropriate transportation options (1). As with seniors, responsive transportation options for PWD often are limited or absent, and particularly so in rural areas. For PWD, accessible forms of transportation serve to facilitate access to health care services, access to essential services, and promote socialization and engagement in other community activities.

The rapid aging of the senior and disabled populations has resulted in an increased awareness of and need for the provision of ‘age-friendly’ services that will allow seniors and PWD to ‘age in place’ (e.g., receive access to home-based medical equipment, home care, caregiver support). Discussions on ‘aging in place’ have resulted in recognition of the need for creation of supportive environments at the community level (e.g., accessible and affordable housing, safe and walkable neighbourhoods, access to services). Building and maintaining ‘age-friendly communities’ increasingly is regarded as core to addressing the challenges associated with the aging of the population (24, 25).

The aging of the population will have widespread implications in many areas of service delivery, including transportation. Although the majority of seniors drive, licensing rates and driving status (driver/non-driver) are affected by many factors including age, gender, place of residence, and the presence of illnesses and disabilities. In terms of licensing rates, the probability of holding a valid driver's license with age decreases significantly. In Canada, almost 80.0% of seniors 65 to 74 years of age hold a valid driver's license, with this percentage decreasing to less than 20.0% for those aged 90 and older (4). Gender also affects licensing rates in the senior population, with men 65 years of age and older more likely to have a valid driver’s license than are same aged women. Older men are more likely to be active drivers as compared to their same-aged female counterparts. Of older participants who held a driver's license, 86.4% of men aged 65
and older drove in the last month compared to only 56.1% of same-aged women (4). What this means is that overall, as one gets older, the probability of having to rely on other forms of transportation (e.g., being driven by someone else, relying on public transportation) increases significantly, with older women more vulnerable to being transportation dependent than older men of the same age. Of interest, older women often are in ‘double jeopardy’ in that they are not only more likely to ‘not drive’, but also are more likely to be widowed than their same-aged male counterparts. Specifically, based on 2011 Census data, more than 70.0% of senior men in Canada lived ‘as a couple’ while only 44.0% of senior women ‘lived as a couple’ (26). The primary reason for this difference is that, on average, women live longer than men, and as such are more likely to outlive their spouses.

The decline in licensing rates with age (and corresponding increase in reliance on other forms of transportation) also is due to the presence of one or more medical conditions. A number of chronic illnesses, many of them age-associated, negatively impact the functional abilities (e.g., sensory, motor, cognitive) needed for driving. In Canada, 89.0% of seniors have one chronic illness, with 37.0% having four or more chronic illnesses (27). Medications also are an important factor. Two-thirds of Canadian seniors are taking five or more medications for their illnesses, with more than a quarter of seniors taking 10 or more medications (28). Often, these drugs have side effects that also affect functional abilities needed for driving. Unfortunately, many individuals 65 years of age and older continue to drive past their ‘safe’ driving years. Results from a study published by Statistics Canada in 2012 indicated that 10.0% of seniors who were ‘unable to see’ and 27.0% of seniors who were ‘very forgetful or couldn’t remember anything at all’ drove in the previous month (4). Similar to seniors, persons with disabilities often are not licensed to drive and as such, are transportation dependent. Based on a 2006 report, 16.0% of adult Albertans have a disability, with a significant percentage of this population 65 years of age and older (29).

The aging of the population, accompanied by the ‘aging in place’ movement, have widespread implications in many areas of service delivery, including transportation for seniors and PWD. Within Alberta’s Capital Region, the 2009 Intermunicipal Network Plan has identified the provision of “specialized public transit services to seniors and persons with disabilities” (p. 58) as one of its mandates (30). In addition, the Capital Region Board (CRB) Regulation, created by the Province of Alberta, mandates “the provision for special transit for persons with disabilities” (p. 15) (31). In this same report, the authors note the need to improve the regional delivery of specialized intermunicipal transit services, with guiding principles and service attributes.
articulated to assist in meeting the mobility needs of seniors and persons with disabilities at the present time and in the future (see p. 60). This Transportation Needs Assessment was designed to assist the CRB in achieving that goal.

PROJECT OBJECTIVES

The primary objective of the study was to assess the transportation needs for two vulnerable segments of the population – seniors and persons with disabilities – in a subregion of the Alberta Capital Region. The Alberta Capital Region is a conglomerate of 24 municipalities that surround the provincial capital (Edmonton) of Alberta. The targeted subregion for the Transportation Needs Assessment, identified in consultation with the members of the CRB Transit Committee, was Lamont County and the Town of Redwater. Lamont County, which consists of 5 hamlets, 2 villages, 3 towns, and surrounding farms, is situated 62 kilometers (38 miles) northeast of Edmonton. Based on Census data, the population of Lamont County has a population of 3,872, with 18.5% of the population 65 years of age and older (33). The Town of Redwater, which borders Lamont County to the northwest, has a population of 2,116, with 16.0% of its population 65 years of age and older (33,34). Census data on persons with disabilities (PWD) in the County of Lamont and in the Town of Redwater are lacking. Provincial data indicate that 12.5% of Alberta’s population 15 years of age and older have a disability, with the prevalence increasing from 9.4% for those 15 to 64 years of age to 35.7% for those 65 years of age and older (21).

For this Transportation Needs Assessment, we focused on 3 targeted areas:

- Alternate transportation for seniors (ATS) services;
- Specialized transit (ST) services for PWD; and
- Intermunicipal transit (IMT) service to major centres in the Capital Region.

METHODOLOGY

Target Populations

The target populations for the Transportation Needs Assessment consisted of: 1) Individuals in the general population; 2) Living in the identified subregion of the Capital Region; and 3) 45 years of age and older without a disability (Sample One) and; 4) Those 18 years of age and

3 Specifically, the County of Lamont includes the communities of Bruderheim, Lamont, Mundare, Andrew, Chipman, Hilliard, St. Michael, Star, Whitford, and Wostok.
4 Regional data are unavailable.
older with a disability (Sample Two). Disability, for the purposes of this Transportation Needs Assessment, was defined as a long-term or recurring impairment (e.g., physical, mental, sensory, psychiatric, or learning) that limits the individual’s ability to get around out of their home (35) and having to rely on others for their transportation (e.g., having never driven or currently not driving).

Survey Design

Two survey instruments were developed by research staff at the University of Alberta’s Medically At-Risk Driver (MARD) Centre. The first survey instrument was used for data collection on ATS services. ATS services were defined as modes of transportation that exist outside of public transportation programs and include both for-profit and not-for-profit transportation by a service provider (i.e., private vehicles, buses, handivans, minivans) (36). The ATS services survey was administered to individuals in the general population aged 45 years and older living in the target region (Sample One). Individuals who provided responses to this survey included adult children of seniors (individuals aged 45–64) and seniors (individuals aged 65 and older) who were currently driving. The second survey instrument was used for data collection on specialized transit (ST) services for Persons with Disabilities (PWD). ST services were defined as transportation services designed to accommodate individuals with mobility restrictions that make it difficult or impossible to take conventional transit service; this type of service is typically equipped to accommodate persons with disabilities (30, p. 100). There also were questions related to the need for intermunicipal transit (IMT) service to major centres in the Capital Region. IMT service was defined as transit service that operates between municipalities, or across municipal boundaries (30, p. 99). The questions on IMT service were embedded in each of the two survey instruments identified above (i.e., all participants in the study answered the questions on IMT service).

Each final survey instrument consisted of the following sections: 1) A standardized introduction with contact information of the Principal Investigator and the Population Research Laboratory (PRL) at the University of Alberta; 2) Assurance that the information was voluntary, confidential, and anonymous and protected under the Freedom of Information and Protection of Privacy (FOIPP) Act; 3) Eligibility questions for participation; 4) Collection of participant information on transportation needs and deficiencies (e.g., driving status, presence of impairment[s], awareness and use of existing transportation services, satisfaction with those services, ratings of specific features of currently existing or projected transportation services, costs including
willingness to pay for transportation services, need for IMT service, and general questions about transportation); and 5) Participant demographics.

Data Collection

The data were collected by the PRL at the University of Alberta, under contract to the MARD Centre. The PRL is a research centre specializing in survey research in areas including social policy, health, education, labour markets, and public opinion. PRL staff assisted in the development of the sampling frames and telephone introductory scripts, refinement of the draft survey instruments developed by MARD Centre researchers (with input from CRB Transit Committee members), general training of telephone interviewers, piloting the survey instruments, and training on data collection using the Computer Assisted Telephone Interview (CATI) system. With the CATI system, each question appears on the screen of the interviewer’s computer and the interviewer keys in the answer. PRL interviewers also were trained on FOIPP requirements, general guidelines related to data collection, overarching ethical considerations, as well as the objectives of the survey and survey content.

Before data collection for the main survey began, piloting of the survey was conducted by PRL interviewers using a sample of 12 household participants in the County of Lamont and the Town of Redwater. Minor revisions were made to the survey based on the pilot data collected. To promote engagement and encourage participation in the Transportation Needs Assessment, one-quarter page newspaper advertisements were placed in the Fort Saskatchewan Record, the Lamont Farm ‘N’ Friends, the Lamont Leader, and the Redwater Review two weeks and one week prior to initiation of data collection for the main survey.

The main survey data collection started on January 29, 2015, with data collection completed February 25, 2015 for a total of 27 days ‘in the field’. Interviews were conducted between 0900 to 1400 hours and 1630 to 2000 hours Monday through Friday; 1000 to 1400 hours on Saturdays; and 1400 to 2000 hours on Sundays. If the interviewers were unsuccessful in establishing contact on their first call, a maximum of eight call-back attempts were made before declaring a telephone number as ‘no contact’.

Upon making contact, interviewers identified themselves, verified the telephone number, and asked the screening questions to confirm eligibility. Only one eligible adult per household was selected as a potential respondent. Before administering the questionnaire, interviewers informed individuals that their participation was entirely voluntary, their responses would be kept
completely confidential, that they could terminate the interview at any time, and that the information was being collected in conformity with the FOIPP Act. In total, 413 telephone interviews were completed. The average length of the interview after screening was 22.0 minutes (Standard Deviation [SD] = 8.3).

Ethics

The Health Research Ethics Board (Panel B) at the University of Alberta approved the study questionnaires and procedures.

Generating the Samples and Sample Criteria

Sample One (ATS Services)

Random digit dialing (RDD) methodology was used to generate the sampling frame for Sample One participants. Specifically, telephone numbers were generated using a telephone landlines databank with the last two digits randomly generated by computer for those who resided in one of the areas: Hamlet, village, town, or farm in the County of Lamont; or within the Town of Redwater. All respondents were initially screened by PRL interviewers for eligibility in the study. Specifically, interviewers asked structured questions from their script to determine an individual’s eligibility based on pre-defined criteria.

To be eligible for participation for the ATS services survey, an individual had to be 45 years of age and older, English speaking, and a resident of either the County of Lamont or the Town of Redwater. The rationale for including individuals 45 years of age and older was that many adult children become transportation service providers to their parents and, as such, have insight into the transportation needs of seniors. All individuals eligible for participation in the ATS services survey responded to questions related to ATS services as well as questions related to IMT service. In terms of quota sampling for this segment of the study, the intent was to recruit approximately 20.0% or greater of individuals aged 65 and older who did not drive. Despite focused attempts by PRL staff, they were successful in recruiting only four individuals 65 years of age and older without a disability who did not drive.

Sample Two (ST Services for PWD)

To be eligible for the ST services for PWD survey, an individual had to be 18 years of age or older, have a long-term or recurring impairment (e.g., physical, mental, sensory, psychiatric, or learning) that limited their ability to get around outside of their home, and be a non-driver. With the exception of one individual, the methodology for developing the sampling frame for ST
services was identical to that for Sample One (e.g., RDD). In one instance, the contact information of a PWD who did not drive and who had volunteered their information was provided to PRL staff by the study team. That person was screened as eligible to participate and completed the telephone survey. As with Sample One, all individuals who were eligible and who responded to the questions related to ST services also completed the questions on IMT service.

**Response Rate**

The response rate was calculated by using the number of individuals who participated in the survey divided by the number of completed interviews, refusals, incompletes, and language problems.

As shown below, the overall response rate was 35.9%.

\[
\text{Response Rate} = \frac{\text{Number of complete interviews}}{\text{Number of completed interviews} + \text{Incomplete Interviews}} \times 100
\]

\[
= \frac{\text{Number of completed interviews} + \text{Incomplete Interviews}}{(\text{Refusals} + \text{Incomplete} + \text{Language problems})} \times 100
\]

\[
= \frac{413}{(413 + [716 + 15 + 6])} \times 100
\]

\[
= \frac{413}{413 + 747} \times 100
\]

\[
= \frac{413}{1160} \times 100
\]

\[
= 35.9
\]

On average, two call attempts were needed to obtain the final sample of 413 participants.
Overview of the Sample as a Whole

Four hundred and thirteen (N = 413) individuals participated in the Transportation Needs Assessment. As shown in Table A1-1, the average age of the Sample as a Whole was 65.1 years (SD = 11.1). Two-thirds (63.7%) of these participants were female. In terms of driving status, 90.3% of participants indicated that they drove. Slightly more than three-quarters (85.7%) of participants in the overall sample lived either in the County of Lamont, Mundare, Bruderheim, Town of Lamont, Town of Redwater, or on a farm. The remaining participants resided in Andrew, Chipman, Hilliard, Star, or St. Michael. Two-thirds (66.7%) of participants were married or living common-law, with the remainder single/never married (8.3%), separated or divorced (8.0%), or widowed (17.0%). Almost three-quarters (71.8%) of participants indicated that they lived with family or friends, one-quarter (24.8%) lived alone, and 3.4% reported living in a group setting (e.g., seniors lodge, group home). The vast majority (91.3%) of participants lived a single detached or mobile home, with the rest indicating that they lived in an apartment, townhouse, or semi-detached home (2.9%), lodge or apartment for seniors (4.9%), or assisted living facility (1.0%). Slightly more than half (51.1%) of participants indicated that they were retired, 4.4% were on long-term disability, 2.0% were unemployed and not looking for work, 1.0% were unemployed and looking for work, 10.0% were employed part-time (less than 30 hours per week), 18.3% were employed full-time, 4.2% indicated that they were homemakers, and 9.0% reported ‘other’ in terms of employment status (e.g., contract or seasonal employment, self-employed, etc.). The majority (85.8%) of participants indicated that their annual household income was equal to or greater than $20,000.

See Table AB-1 in Appendix B for a more detailed breakdown of place of residence for the Sample as a Whole.
### Table A1-1. Demographics of the Sample as a Whole 6,7

<table>
<thead>
<tr>
<th></th>
<th>Total Sample (N = 413)</th>
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<tbody>
<tr>
<td><strong>Average Age</strong></td>
<td>65.1 (SD = 11.1)</td>
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<tr>
<td><strong>n (%)</strong></td>
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<tr>
<td><strong>Sex</strong></td>
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<tr>
<td>Female</td>
<td>263 (63.7)</td>
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<tr>
<td>Male</td>
<td>150 (36.3)</td>
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<tr>
<td><strong>Place of Residence</strong></td>
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<tr>
<td>Town</td>
<td>218 (52.8)</td>
</tr>
<tr>
<td>Village</td>
<td>53 (12.8)</td>
</tr>
<tr>
<td>Hamlet</td>
<td>6 (1.5)</td>
</tr>
<tr>
<td>Farm</td>
<td>85 (20.3)</td>
</tr>
<tr>
<td>County</td>
<td>51 (20.6)</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
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<tr>
<td>Married/common-law</td>
<td>274 (66.7)</td>
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<tr>
<td>Separated/divorced</td>
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<tr>
<td>Widowed</td>
<td>70 (17.0)</td>
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<tr>
<td>Single (never married)</td>
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<td><strong>Living Arrangements</strong></td>
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<td>Live alone</td>
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<td>Group setting (lodge/group home)</td>
<td>14 (3.4)</td>
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<tr>
<td><strong>Dwelling</strong></td>
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<tr>
<td>Single detached home/mobile home</td>
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<tr>
<td>Apartment/townhouse/semi-detached condominium</td>
<td>12 (2.9)</td>
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<tr>
<td>Lodge/apartment for seniors</td>
<td>20 (4.9)</td>
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<tr>
<td>Assisted living facility</td>
<td>4 (1.0)</td>
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<tr>
<td><strong>Employment Status</strong></td>
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<tr>
<td>Retired</td>
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<tr>
<td>Employed (full-time)</td>
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<tr>
<td>Employed (part-time)</td>
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<tr>
<td>Unemployed looking for work</td>
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<tr>
<td>Unemployed not looking for work</td>
<td>8 (2.0)</td>
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<tr>
<td>Long-term disability/disability leave</td>
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<tr>
<td>Homemaker</td>
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<tr>
<td>Other</td>
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<td><strong>Income</strong></td>
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<tr>
<td>&lt; $20,000</td>
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<td>≥ $20,000</td>
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<tr>
<td>Non-Driver</td>
<td>40 (9.7)</td>
</tr>
</tbody>
</table>

6 The total n of the category does not always match the n for the total sample due to missing data in selected instances (e.g., non-responses).
7 Percentages within each category do not always total 100% due to rounding.
Breakdown of the Sample as a Whole

The breakdown of the Sample as a Whole is provided in Figure A1-1. Of the 413 individuals who participated in the Transportation Needs Assessment, 383 completed the ATS services survey and 30 completed the ST services for PWD survey. Of the 383 completing the ATS services survey, one hundred and eighty-one (n = 181) were 45–64 years of age, with the remaining 202 participants 65 years of age and older (65+). Thirty (n = 30) participants completed the ST services for PWD survey.

Because of the relevance of driving in this study, we also stratified participants on the basis of driving status (drivers vs. non-drivers). As shown in Figure A1-1, of the 181 participants aged 45–64, 175 (96.7%) indicated that they currently drove. Of the 202 participants aged 65+, all but four (98.0%) indicated that they currently drove. All 30 of the PWD participants were non-drivers.

Figure A1-1. Overview and breakdown of the Sample as a Whole.
Creation and Description of Three Sub-Samples

For data analyses purposes, three ‘sub-samples’ were created. Sample One consisted of 379 participants aged 45–64 and 65+ without a disability and who completed the ATS services survey. Sample Two consisted of 30 PWD participants who completed the ST services for PWD survey. Sample Three consisted of 40 non-drivers (6 aged 45–64, 4 aged 65+, and the 30 PWD). Ten of the 40 participants completed the ATS services survey, with the remaining 30 participants answering the ST services for PWD survey (see Figure A1-1). Importantly, for the most part, questions on the ATS services survey paralleled those on the ST services for PWD survey.

Sample One (ATS Services)

All 181 participants aged 45–64, irrespective of driving status (driver/non-driver), answered questions related to senior’s transportation needs in terms of the seniors in their community (e.g., How important is it for seniors in your community to…). For the participants aged 65+, 198 of the 202 participants who currently drove also answered the questions related to senior’s transportation needs in terms of the seniors in their community (e.g., How important is it for seniors in your community to…). The four participants aged 65+ who did not drive answered the questions related to senior’s transportation needs from their own perspective (e.g., How important is it to you…).

Our rationale for structuring the ATS survey in this way was based on responses to a previous survey on senior’s transportation needs. Specifically, results from a provincial survey of 901 seniors in rural and urban Alberta in 2011 indicated that when participants 65 years of age and older were asked about how well their transportation needs were being met, 14.0% responded ‘not at all’ or ‘somewhat well’. However, when asked how well the transportation needs of seniors in the community were being met overall, 60.9% of participants responded ‘not at all well’ or ‘somewhat well’ (37). In this same provincial survey, we also found a similar pattern of results when comparing drivers versus non-drivers. That is, a lower percentage of drivers (12.6%) indicated that their transportation needs were being met ‘not at all’ or ‘somewhat well’ compared to non-drivers (24.0%). When asked how well the transportation needs of seniors in the community were being met overall, a high percentage (≥ 58.0%) of both drivers and non-drivers responded ‘not at all well’ or ‘somewhat well’. Because one the goals of this Transportation Needs Assessment was to better understand the transportation needs of seniors
in the community, we asked the participants aged 45–64 (drivers and non-drivers) and participants aged 65+ who drove to respond from the perspective of ‘seniors in the community’.

As noted above, the participants aged 65+ who did not drive (n = 4) responded from their own perspective. Because of the small number of these non-drivers and because they answered the questions differently (e.g., from their own perspective), we elected to remove them from Sample One, with their results included in the sample of non-drivers (Sample Three). Thus, Sample One consisted of 379 participants. The demographics and overall results for Sample One participants are presented in Section B.1 of this report.

**Sample Two (ST Services for PWD)**

Thirty individuals 18 years of age and older met our criteria for PWD and participated in the ST services for PWD survey. Specifically, 30 individuals indicated that they had a long-term or recurring disability (e.g., physical, mental, sensory, psychiatric, or learning) that limited their ability to get around outside of their home and they did not drive. The demographics and overall results for Sample Two are presented in Section B.2 of this report.

**Sample Three (Non-Drivers)**

Forty of the 413 participants (9.7%) indicated that they did not drive. Thirty of the 40 non-drivers (75.0%) were PWD. Of the remaining 10 non-drivers, six were aged 45–64 years and four were 65 years of age and older. All six of the non-drivers in the 45–64 age range answered the questions from the perspective of seniors in the community, with the remaining 34 of the 40 non-drivers answering questions from their own perspective. It is reasonable to assume that there may be differences in responses from the participants aged 45–64 who do not drive (and who answered ‘in thinking about seniors…’) as compared to participants aged 65+ and PWD participants who do not drive (and who answered from their own perspective). For this reason, we elected not to include the six participants aged 45–66 in the analyses of non-drivers, leaving a sample of 34 non-drivers. This left a small sample size of non-drivers within each of these sub-samples (e.g., 30 PWD and 4 non-drivers aged 65+). Because of these two small samples, we elected to combine the two samples, with the results for all of the non-drivers presented for ‘Non-drivers as a Whole’ in Section B.3 of this report.
Statistical Analyses

Data analyses were done by MARD Centre researchers. Descriptive statistics (means [averages], standard deviations, frequencies) were used to describe the samples and the ratings on different features of the transportation service under investigation. In terms of inferential statistics, we were selective in the number of overall comparisons that were done because, as the number of comparisons increase, there is an increased probability of making what is called a ‘Type 1’ error. A Type 1 error, which also is known as a ‘false positive’, is ‘finding that there is a difference between two groups when in fact no statistically significant difference exists’ on your measure of interest (e.g., Rejecting the null hypothesis that posits that there is no difference between your two groups on your measure of interest when the null hypothesis is true). For the comparisons that were done, a Chi-square or t-test was used, with the level of statistical significance set at $p < .05$. 


SECTION B. RESULTS

SECTION B.1: ATS (Sample One)

B.1.1. Demographics

A total of 379 individuals participated in the ATS services survey. One hundred and eighty-one (47.8%) of the participants were 45–64 years of age (e.g., adult children of seniors) and 198 (52.2%) were participants 65 years of age and older. The average age of participants aged 45–64 was 56.3 (SD = 5.6; Range = 44–90 years old), with 65.2% of this sample female (see Table B1-1). The average age of the 65+ participants was 73.1 (SD = 6.4; Range = 65–95 years old), with 61.6% of this sample female. Almost two-thirds (65.8%) of participants aged 45–64 resided in either a town (52.5%), village (11.6%), or hamlet (1.7%), with the remaining one-third residing on a farm (16.6%) or in Lamont County (17.7%). For participants aged 65+, almost two-thirds (64.6%) resided in a town (50.5%), village (13.1%), or hamlet (1.0%), with these percentages similar to participants aged 45–64. However, compared to participants aged 45–64, a greater percentage of participants 65+ resided on a farm (26.8%) with a lower percentage (8.6%) of 65+ participants residing in Lamont County. In terms of marital status, over three-quarters (77.2%) of participants aged 45–64 were married or living common-law, with slightly fewer (62.9%) of the 65+ participants married or living common-law. Few of the participants were separated/divorced (8.9% of participants aged 45–64 and 4.6% of participants aged 65+ respectively). Not unexpectedly, a greater percentage of participants aged 65+ were widowed (26.9%) compared to participants aged 45–64 (2.8%). A greater percentage of participants aged 45–64 were single (11.1%), compared to only 5.6% of those participants aged 65+.

There also were differences in living arrangements between the two groups, with a greater percentage of participants aged 65+ living alone (29.9%) compared to 17.1% of participants aged 45–64. Conversely, a greater percentage of participants aged 45–64 were living with family/friends compared to participants aged 65+ (81.8% vs. 66.5%, respectively). In terms of dwelling, almost all of the participants aged 45–64 lived in a single detached house or mobile home (96.1%) with fewer, but still the majority, of participants aged 65+ living in this same type

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8 Recall that 4 participants aged 65+ who were non-drivers and answered the questions differently were removed from the analyses.
9 On initial recruitment, one individual indicated that he met the age criteria (e.g., aged 45 years of age or older). At the end of the interview, individual participants were asked to provide their exact age. At this time, the individual indicated that he was 44 years of age. Given the participant’s closeness of age to our age criterion, we elected to include this participant’s data.
of dwelling (89.8%). A similar percentage of participants aged 45–64 and 65+ lived in a
townhouse, semi-detached condominium, or apartment (2.2% and 2.5%, respectively). Not
unexpectedly, a greater percentage of participants aged 65+ lived in a lodge or apartment for
seniors (7.6%) versus 1.1% of those aged 45–64. Only one participant lived in an assisted living
facility and that participant was in the 45–64 age category.

There also were differences in employment status and income between the two age groups.
Few of the participants aged 45–64 were retired (20.0%) compared to the vast majority (77.9%)
of participants aged 65+. Conversely, slightly more than half (51.1%) of participants aged 45–64
were either employed full- or part-time compared to only 11.8% for those aged 65+. Few
(10.6%) participants aged 45–64 were either unemployed and looking for work, unemployed but
not looking for work, or on long-term disability, with no participants aged 65+ indicating these
choices as an employment category. Few participants from either age grouping selected
‘homemaker’ as an employment category (6.7% of participants aged 45–64 and 2.1% of
participants aged 65+). The majority of participants aged 45–64 and 65+ indicated that their
annual household income was greater than or equal to $20,000 (91.9% and 85.2%,
respectively) (See Table B1-1).
Table B1-1. Demographics of Participants Aged 45–64 and Participants Aged 65+

<table>
<thead>
<tr>
<th>Category</th>
<th>45–64 Age Group (n = 181)</th>
<th>65+ Age Group (n = 198)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age</td>
<td>56.3 (SD = 5.6)</td>
<td>73.1 (SD = 6.4)</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>118 (65.2)</td>
<td>122 (61.6)</td>
</tr>
<tr>
<td>Male</td>
<td>63 (34.8)</td>
<td>76 (38.4)</td>
</tr>
<tr>
<td>Place of Residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Town</td>
<td>95 (52.5)</td>
<td>100 (50.5)</td>
</tr>
<tr>
<td>Village</td>
<td>21 (11.6)</td>
<td>26 (13.1)</td>
</tr>
<tr>
<td>Hamlet</td>
<td>3 (1.7)</td>
<td>2 (1.0)</td>
</tr>
<tr>
<td>Farm</td>
<td>30 (16.6)</td>
<td>53 (26.8)</td>
</tr>
<tr>
<td>County</td>
<td>32 (17.7)</td>
<td>17 (8.6)</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married/common-law</td>
<td>139 (77.2)</td>
<td>124 (62.9)</td>
</tr>
<tr>
<td>Separated/divorced</td>
<td>16 (8.9)</td>
<td>9 (4.6)</td>
</tr>
<tr>
<td>Widowed</td>
<td>5 (2.8)</td>
<td>53 (26.9)</td>
</tr>
<tr>
<td>Single (never married)</td>
<td>20 (11.1)</td>
<td>11 (5.6)</td>
</tr>
<tr>
<td>Living Arrangements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Live alone</td>
<td>31 (17.1)</td>
<td>59 (29.9)</td>
</tr>
<tr>
<td>Living with family/friends</td>
<td>148 (81.8)</td>
<td>131 (66.5)</td>
</tr>
<tr>
<td>Group setting (lodge/group home)</td>
<td>2 (1.1)</td>
<td>7 (3.6)</td>
</tr>
<tr>
<td>Dwelling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single detached home/mobile home</td>
<td>174 (96.1)</td>
<td>177 (89.8)</td>
</tr>
<tr>
<td>Apartment/townhouse/semi-detached condominium</td>
<td>4 (2.2)</td>
<td>5 (2.5)</td>
</tr>
<tr>
<td>Lodge/apartment for seniors</td>
<td>2 (1.1)</td>
<td>15 (7.6)</td>
</tr>
<tr>
<td>Assisted living facility</td>
<td>1 (0.6)</td>
<td>--</td>
</tr>
<tr>
<td>Employment Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retired</td>
<td>36 (20.0)</td>
<td>152 (77.9)</td>
</tr>
<tr>
<td>Employed (full-time)</td>
<td>67 (37.2)</td>
<td>7 (3.6)</td>
</tr>
<tr>
<td>Employed (part-time)</td>
<td>25 (13.9)</td>
<td>16 (8.2)</td>
</tr>
<tr>
<td>Unemployed looking for work</td>
<td>4 (2.2)</td>
<td>--</td>
</tr>
<tr>
<td>Unemployed not looking for work</td>
<td>5 (2.8)</td>
<td>--</td>
</tr>
<tr>
<td>Long-term disability/disability leave</td>
<td>10 (5.6)</td>
<td>--</td>
</tr>
<tr>
<td>Homemaker</td>
<td>12 (6.7)</td>
<td>4 (2.1)</td>
</tr>
<tr>
<td>Other</td>
<td>21 (11.7)</td>
<td>16 (8.2)</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; $20,000</td>
<td>12 (8.1)</td>
<td>24 (14.8)</td>
</tr>
<tr>
<td>≥ $20,000</td>
<td>137 (91.9)</td>
<td>138 (85.2)</td>
</tr>
<tr>
<td>Driving Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driver</td>
<td>175 (96.7)</td>
<td>198 (100.0)</td>
</tr>
<tr>
<td>Non-Driver</td>
<td>6 (3.3)</td>
<td>--</td>
</tr>
</tbody>
</table>

10 The total n of the category does not always match the total n for each of the 45–64 and 65+ samples due to missing data in selected instances (e.g., non-responses).
11 Percentages within each category do not always total 100% due to rounding.
Physical Health and Mobility
When asked about their physical health and mobility, almost half (45.8%) of participants aged 45–64 and slightly more than half (52.5%) of participants aged 65+ indicated that their physical health interfered with their ability to carry out everyday activities (e.g., shopping, dressing, preparing meals) ‘sometimes’ or ‘all the time’ (see Figure B1-1).

![Figure B1-1](image)

*Figure B1-1. Percentage of participants aged 45–64 and 65+ who indicated that their physical health interfered with their ability to carry out everyday activities (‘Never’, ‘Sometimes’, ‘All the Time’).*

In terms of use of mobility aids, less than one-quarter (10.5%) of participants aged 45–64 used any form of mobility aid (e.g., walker, cane, wheelchair, electric scooter, and/or crutches). In contrast, more than one-quarter (27.2%) of participants aged 65+ indicated that they used some form of mobility aid, a difference that was statistically significant ($p < .000$). A cane was the most common form of mobility aid used for both participants aged 45–64 and 65+. As shown in Figure B1-2:

- Less than 10.0% of participants in either age group used a walker as a mobility aid, with 2.8% of participants aged 45–64 and 7.6% of participants aged 65+ indicating that they used this mobility aid ($p = .04$).
- A greater percentage (25.8%) of participants aged 65+ indicated that they used a cane to assist with their mobility, compared to 9.4% of those participants aged 45–64, a difference that was statistically significant ($p < .000$);
- Few participants in either age category used a wheelchair, electric scooter, or crutches.
B.1.2. Getting Around

Participants also were asked how they ‘get around’ in a typical week. As noted earlier, the vast majority of participants aged 45–64 and 65+ indicated that they currently drove (96.7% and 100%, respectively). Results indicated that:

- On average, participants aged 45–64 drove 5.1 (SD = 2.0) days per week compared to 3.9 (SD = 2.2) days per week for those aged 65+, a difference that was statistically significant ($p = < .000$).

When asked about the number of days that they relied on family members to ‘get to where they wanted to go’:

- Less than one-quarter of participants aged 45–64 (21.5%) and 65+ (23.2%) indicated that they relied on family for transportation one or more times per week, a difference that was not statistically significant ($p > .05$).

Similarly, when asked about the number of days that they relied on friends to ‘get to where they wanted to go’:

- 13.5% of participants aged 45–64 and 14.1% of participants aged 65+ indicated that they relied on friends for transportation one or more times per week, with this difference not statistically significant ($p > .05$).
B.1.3. Unmet Transportation Needs

All participants were asked how often in the last six months they were unable to go to medical appointments, shop for groceries, get together with family, or attend social functions or religious activities because they did not have a ride. As shown in Figure B1-3:

- 15.8% of participants aged 45–64 and 12.2% of participants 65+ indicated that they had ‘sometimes/often’ been unable to get to medical appointments in their community because they did not have a ride;
- 16.1% of participants of aged 45–64 and 12.1% of participants aged 65+ indicated that they had ‘sometimes/often’ been unable to get to medical appointments outside of their community because they did not have a ride;
- 13.0% of participants aged 45–64 indicated that within the last six months they had been ‘sometimes/often’ unable to shop for groceries because they did not have a ride compared to 7.7% of participants aged 65+;
- A similar percentage of participants aged 45–64 and 65+ indicated that in the last six months they had ‘sometimes/often’ been unable to get together with family because they did not have a ride (10.0% and 10.2%, respectively);
- A similar percentage of participants aged 45–64 and 65+ indicated that they had ‘sometimes/often’ been unable to attend social functions because they did not have a ride (13.8% and 12.4%, respectively);
- 14.8% of participants aged 45–64 indicated that they had ‘sometimes/often’ been unable to attend religious activities because they did not have a ride compared to 8.6% of participants aged 65+.
Figure B1-3. Percentage of participants aged 45–64 and 65+ who had been unable to go to different appointments/activities in the last six months because they did not have a ride (‘Sometimes/Often’) as a function of age group.

B.1.4. Current Satisfaction of Transportation Needs of Seniors

Satisfaction of Transportation Needs of Seniors for Different Types of Trips

Participants also were asked how well the transportation needs of seniors in their community were being met for different types of trips (e.g., health-related appointments, essential trips such as grocery shopping and banking, visiting with family and friends, social activities, and for religious activities). As can be seen in Figure B1-4, compared to participants aged 65+, a higher percentage of participants aged 45–64 responded that the transportation needs of seniors in their community were ‘not being met at all well’ across all five trip categories (e.g., health-related, essential, visits with family/friends, social, and religious).

Specifically:

- More than one-third (38.9%) of participants aged 45–64 indicated that the health-related transportation needs of seniors in their community were ‘not being met at all well’ whereas 28.1% of participants aged 65+ rated these transportation needs as ‘not being met at all well’ \( (p = .04) \);

- Almost half (42.7%) of participants aged 45–64 indicated the transportation needs of seniors in their community for essential services (i.e., grocery shopping, banking) were ‘not being met at all well’ compared to 31.0% of participants aged 65+ \( (p = .03) \);
- Over half (51.4%) of participants aged 45–64 indicated that the transportation needs of seniors in their community for visiting with family/friends were ‘not being met at all well’ whereas less than half (39.8%) of participants aged 65+ rated these transportation needs as ‘not being met at all well’ ($p = .04$);
- A greater percentage of participants aged 45–64 indicated that the transportation needs of seniors in their community for social activities were ‘not being met at all well’ compared to participants aged 65+ (44.5% and 30.6%, respectively) ($p = .01$);
- Almost half (47.3%) of participants aged 45–64 indicated that the transportation needs of seniors in their community for religious activities were ‘not being met at all well’ compared to 28.7% of participants aged 65+ ($p = .001$).

![Figure B1-4. Percentage of participants aged 45–64 and 65+ who indicated that the transportation needs of seniors for various appointments or events were ‘Not Being Met at all Well’ as a function of age group.]

**Satisfaction of Transportation Needs of Seniors Overall**

Participants also were asked how well the transportation needs of seniors in their community were being met overall. As can be seen in Figure B1-5:

- More than one-third (39.5%) of participants aged 45–64 and almost one-third (31.1%) of participants aged 65+ indicated that the transportation needs of seniors in their community were ‘not being met at all well’;
- 56.8% of participants aged 45–64 and 60.5% of participants aged 65+ indicated that the transportation needs of seniors were being met ‘somewhat well’;

![Figure B1-5.](image)
Less than 10.0% of participants aged 45–64 and 65+ (3.7% and 8.4%, respectively) indicated that the transportation needs of seniors in the community were being met ‘very well’.

**Figure B1-5.** Percentage of participants aged 45–64 and 65+ who indicated that the transportation needs of seniors in the community were ‘Not Being Met at all Well’ as a function of age group.

**B.1.5. ATS Services in the Community – Availability, Importance, and Use**

Participants aged 45–64 and participants aged 65+ were asked if there were ATS services in their community and whether seniors in their community used those services. **Alternate transportation for seniors (ATS) service** was defined as modes of transportation that exist outside of public transportation programs and include both for-profit and not-for-profit transportation by a service provider (i.e., private vehicles, buses, handivans, minivans) (36). When asked if there were any ATS services for seniors provided in the participant’s community, 40.3% of participants aged 45–64 and 44.9% of participants aged 65+ responded ‘yes’. Some of the ATS services identified included community buses and/or vans for seniors, volunteer drivers, handivan services, Driving Miss Daisy, and services offered by community organizations such as the Lion’s Club and Pioneer Club.
Importance of ATS Services in the Community

When asked about the importance of having ATS services available for seniors in their community:

- Very few (2.3%) of the participants aged 45–64 and none of the participants aged 65+ rated the availability of these services as 'not at all important';
- Few participants aged 45–64 and 65+ rated the availability of these services as 'somewhat important' (13.3% and 18.9%, respectively);
- The majority of participants aged 45–64 rated the availability of these services as 'very important' (84.4%) with a similar percentage of participants aged 65+ rating the availability of these services as 'very important' (81.1%) (see Figure B1-6).

Figure B1-6. Percentage of participants aged 45–64 and 65+ who indicated that having ATS services available in their community was important ('Not at all Important', 'Somewhat Important', or 'Very Important') as a function of age group.

Use of ATS Services

When asked about the likelihood of use of ATS services by seniors in their community if those services were available:

- Few participants aged 45–64 and 65+ indicated that seniors would be 'not at all likely' (2.3% and 1.5%, respectively);
- 26.1% of participants aged 45–64 and 31.6% of participants 65+ indicated that seniors would be 'somewhat likely' to use the service;
- The majority of participants aged 45–64 and 65+ indicated that seniors would be 'very likely' to use the service (71.6% and 66.8%, respectively) (see Figure B1-7).
Figure B1-7. Percentage of participants aged 45–64 and 65+ who indicated that seniors were likely to use ATS services if those services were available in the community (‘Not at all Likely’, ‘Somewhat Likely’, or ‘Very Likely’) as a function of age group.

**Times Most Likely to Use ATS Services**

The final question in this section of the survey pertained to when seniors would most likely use ATS services if those services were available in the communities. As can be seen in Figure B1-8:

- A majority of participants aged 45–64 and 65+ indicated that the most likely time periods of use by seniors would be Weekday mornings (93.9% and 87.9%, respectively) and Weekday afternoons (87.8% and 76.3%, respectively);
- Less than one-quarter of participants aged 45–64 and 65+ indicated that seniors would be likely to use ATS services on Weekday evenings (23.2% and 17.2%, respectively);
- Fewer participants aged 45–64 and 65+ indicated that ATS services would be used on the weekend, with Weekend mornings and afternoons identified by participants aged 45–64 and 65+ as the time periods that seniors would be most likely to use ATS services (56.9% and 44.9% for Weekend mornings, respectively and 59.7% and 49% for Weekend afternoons, respectively);
- Less than one-quarter of participants aged 45–64 and 65+ indicated that ATS services would be used Weekend evenings (23.2% and 19.2%, respectively).
B.1.6. Ratings of Features of ATS Service Provision, Paying for Services, and Preferences for finding out about ATS Services

In the final section of the survey, participants were asked to rate the importance of different features of ATS services for seniors if those services were available in their community. Specifically, participants were asked to provide input on booking rides, the availability of ATS services for different types of transportation needs, and costs, willingness to pay, as well as mode of payment for ATS services.

**Booking Rides and Multiple Stops**

In terms of thinking about seniors in their community and options for booking rides:

- The vast majority of participants aged 45–64 and 65+ indicated that having to book a ride at least 24 hours in advance was ‘somewhat/very reasonable’ (95.0% and 94.4%, respectively);
- The majority of participants aged 45–64 and 65+ (77.2% and 74.5%, respectively) also indicated that having to book a ride at least 48 hours in advance was ‘somewhat/very reasonable’;
- Less than half of participants aged 45–64 and 65+, however, indicated that having to book a ride more than 48 hours in advance was ‘somewhat/very reasonable’ (42.5% and 44.7%, respectively);
Almost two-thirds (65.9%) of participants aged 45–64 and 65+ (63.5%) indicated that not having to book a ride in advance was ‘somewhat/very reasonable’ (see Figure B1-9).

![Bar chart showing percentage of participants aged 45–64 and 65+ who indicated it was 'somewhat/very reasonable' to have to book a ride 24 hours, 48 hours, or 48+ hours in advance, and not having to book in advance as a function of age group.]

Participants also were asked about how important it was for seniors in their community to have ATS services that allow for multiple stops during the trip (e.g., stopping at the bank and then the grocery store on the way home from doctor’s office). As can be seen in Figure B1-10:

- Few participants aged 45–64 and 65+ indicated that having this type of service was ‘not at all important’ (6.1% and 13.7%, respectively);
- The majority of participants aged 45–64 and 65+ indicated that having ATS services that allow for multiple stops during the trip was ‘somewhat/very important’ for seniors in the community (93.9% and 86.3%, respectively).
Figure B1-10. Percentage of participants aged 45–64 and 65+ who indicated that having ATS services in their community that would allow for multiple stops during the trip was important (‘Not at all Important’ and ‘Somewhat/Very Important’) as a function of age group.

Knowledgeable Drivers

Participants also were asked about how important it was for seniors in their community to have drivers of ATS services to have additional knowledge about health issues (e.g., disabilities, illnesses/conditions that affect mental health functioning such as a head injury, dementia). The vast majority of participants aged 45–64 and 65+ (97.8% and 96.9%, respectively) indicated that having drivers who were knowledgeable on these issues was ‘somewhat/very important’.

Importance of ATS Services for Different Types of Transportation Needs

Participants next were asked about how important it was for seniors in their community to have ATS services available for different types of transportation needs (e.g., health-related trips such as medical appointments, essential trips such as grocery shopping and banking, visiting with family and friends, social activities, and for religious activities). All types of transportation needs were rated as being important, with a trend for higher ratings for health-related and essential trips. As shown in Figure B1-11:

- The vast majority of participants aged 45–64 and 65+ indicated that having ATS services available for seniors in the community for health-related appointments was ‘somewhat/very important’ (100% and 99.5%, respectively);
- The vast majority of participants aged 45–64 and 65+ also indicated that having ATS services available for essential appointments was ‘somewhat/very important’ (98.3% and 92.9%, respectively);
The majority of participants aged 45–64 (86.7%) and participants aged 65+ (74.7%) indicated that having ATS services available to provide rides to seniors in their community for visiting with family and friends was 'somewhat/very important';

The majority of participants aged 45–64 and 65+ indicated that having ATS services available for seniors in the community for rides to recreation/leisure activities was ‘somewhat/very important’ (91.2% and 84.8%, respectively);

The majority of participants aged 45–64 and 65+ also indicated that having ATS services available for attending religious activities was ‘somewhat/very important’ (88.9% and 86.2 %, respectively).

Figure B1-11. Participants aged 45–64 and 65+ ratings of importance of ATS services (‘Somewhat/Very Important’) for different types of trips as a function of age group.

Paying for Services

Participants were asked how much they thought seniors in their community could afford to pay and how much seniors in the community were willing to pay for a one-way ride of approximately 10.0 km. On average:

- Participants aged 45–64 indicated that they thought seniors could afford to pay $7.18 (SD = $4.82) but they would be willing to pay $6.88 (SD = $6.04);
- Participants aged 65+ indicated that they thought seniors could afford to pay $8.87 (SD = $7.03) and would be willing to pay $8.08 (SD = $6.79).
In terms of method of payment:

- ‘Pay per ride’ was identified as the preferred method with this option identified by both participants aged 45–64 and 65+ (52.4% and 58.0%, respectively);
- ‘Purchasing a book of passes in advance’ was the second most preferred method of payment, with 25.8% of participants aged 45–64 and 26.8% of the participants aged 65+ responding in this fashion;
- The least preferred options for payment of services identified by participants aged 45–64 and 65+ consisted of ‘setting up an account with the service provider with an automatic deduction of the cost of the ride’ (19.1% and 12.6%, respectively) and ‘being invoiced for your ride’ (2.7% and 2.6%, respectively).

Finding out About Transportation Services
Participants also were asked how they would prefer to find out about transportation services in their community. In terms of preference:

- The top two preferences amongst participants aged 45–64 and 65+ were the community newspaper (54.7% and 59.6%, respectively) and by mail (e.g., Canada Post) (14.5% and 12.3%, respectively);
- Fewer participants aged 45–64 and 65+ identified health care referral (6.4% and 4.1%), family (1.9% and 2.3%), radio (1.0% and 1.8%), television (1.0% and 2.3%), senior’s centre (4.1% and 8.2%), friends (2.3% and 2.9%), or the internet (14.1% and 6.5%) as preferred sources for finding out about transportation services in their community.

Importance of Municipal Funding
All participants were asked about how important it was to have municipal funding available for ATS services in their community. The vast majority of participants aged 45–64 and 65+ (97.2% and 97.5%, respectively) indicated that it was ‘somewhat/very important’ to have this type of funding available to offset the cost of providing ATS services in the community. As shown in Figure B1-12:

- Few participants aged 45–64 and 65+ rated the availability of municipal funding for ATS services as ‘not at all important’ (2.8% and 2.5%, respectively);
- 27.8% of participants aged 45–64 and 37.6% of participants aged 65+ rated the availability of this type of funding as ‘somewhat important’;
- 69.4% of participants aged 45–64 rated the availability of municipal funding for ATS services as ‘very important’, with 59.9% of participants aged 65+ having indicated that it was ‘very important’, with this difference not statistically significant ($p > .05$).
Figure B1-12. Percentage of participants aged 45–64 and 65+ who rated the availability of municipal funding for ATS services in the community as ‘Not at all Important’, ‘Somewhat Important’, or ‘Very Important’.
SECTION B.2: Specialized Transit (ST) Services for Persons with Disabilities (PWD) (Sample Two)

B.2.1. Demographics

Thirty individuals 18 years of age and older met our criteria for PWD. Specifically, 30 individuals indicated that they had a long-term or recurring disability (e.g., physical, mental, sensory, psychiatric, or learning) that limited their ability to get around outside of their home and they did not drive. As shown in Table B2-1, the average age of PWD participants was 64.9 years (SD = 18.4; Range 27 to 98 years), with 66.7% female. The vast majority (93.2%) of PWD participants lived in a town, village, hamlet, or on a farm (see Table B2-1 for individual percentages), with the remaining of participants (6.7%) residing in the Lamont County.

Overall, one-third (33.3%) of PWD participants were married or living common-law, with the remainder separated or divorced (23.3%), widowed (33.3%), or single/never married (10.0%). In terms of living arrangements, one-third (33.3%) of PWD participants indicated that they lived alone, 50.0% indicated that they lived with a family member (e.g., spouse/partner, children) or friend, and 16.7% lived in a group setting (e.g., a lodge, group home). With respect to dwelling, 73.3% lived in a single detached or mobile home, 10.0% lived in an apartment, townhouse, or semi-detached condominium, 10.0% lived in a lodge or apartment for seniors, and 6.7% lived in an assisted living facility. Slightly more than half (56.7%) of the PWD participants were retired, 3.3% were employed full-time, with 10.0% unemployed and not looking for work. Slightly more than one-quarter (26.7%) were on long-term disability. One person (3.3%) selected ‘homemaker’ as an ‘employment’ category. Twenty-two of the 30 (73.3%) PWD participants responded to the question on income. For those responding, 45.5% indicated that their annual household income was less than $20,000 with the remaining participants (54.5%) indicating that their annual household income was equal to or greater than $20,000. By definition, none of the PWD participants drove.
Table B2-1. Demographics of PWD Participants $^{12,13}$

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<th>Total Sample (N = 30)</th>
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<td>Male</td>
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<th><strong>Place of Residence</strong></th>
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<td>Town</td>
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<td>Hamlet</td>
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<td>Farm</td>
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<td>County</td>
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<th><strong>Marital Status</strong></th>
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<td>Married/common-law</td>
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<th><strong>Living Arrangements</strong></th>
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<tr>
<td>Live alone</td>
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<td>Living with family/friends</td>
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<td>Group setting (lodge/group home)</td>
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<tr>
<th><strong>Dwelling</strong></th>
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<td>Lodge/apartment for seniors</td>
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<td>Assisted living facility</td>
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<td>Long-term disability/disability leave</td>
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<td>Homemaker</td>
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<th><strong>Income</strong></th>
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<td>≥ $20,000</td>
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<th><strong>Driving Status</strong></th>
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<tr>
<td>Driver</td>
</tr>
<tr>
<td>Non-Driver</td>
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</table>

$^{12}$ The total n of the category does not always match the n for the total sample due to missing data in selected instances (e.g., non-responses).

$^{13}$ Percentages within each category do not always total 100% due to rounding.
Physical Health and Mobility

When asked about their physical health and mobility:

- 14.3% of the PWD participants indicated that their physical health ‘never’ interfered with their ability to carry out everyday activities;
- 35.7% indicated that that their physical health interfered with their ability to carry out everyday activities ‘sometimes’;
- 50.0% indicated that their physical health interfered with their ability to carry out everyday activities (e.g., shopping, dressing, preparing meals) ‘all the time’ (see Figure B2-1).

![Figure B2-1](image)

*Figure B2-1. Percentage of PWD participants who indicated that their physical health interfered with their ability to carry out everyday activities (‘Never’, ‘Sometimes’, or ‘All the Time’).*

In relation to use of mobility aids, 22 of the 30 PWD participants (73.3%) indicated that they did not use a mobility aid. As shown in Figure B2-2, for the eight who indicated that they used a mobility aid:

- 50.0% indicated that they used a walker;
- 36.7% indicated that they used a cane;
- 20.0% indicated that they used a wheelchair;
- 10.0% indicated that they used a scooter;
- 6.7% indicated that they used crutches.
B.2.2. Getting Around

PWD participants were asked how they ‘get around’ in a typical week. None of the PWD participants drove which meant that they were reliant on others for meeting their transportation needs. Thirty percent of the 30 PWD participants indicated that, in a typical week, they received rides from family members at least once a week and 20.0% of PWD participants indicated that they received rides from friends at least once per week to ‘get to where they wanted to go’.

B.2.3. Unmet Transportation Needs

PWD participants were asked how often in the last six months they were unable to go to medical appointments, shop for groceries (essential), get together with family, or attend social functions or religious activities because they did not have a ride. As shown in Figure B2-3:

- One-half (50.0%) of PWD participants indicated that they ‘sometimes/often’ had been unable to go to a medical appointment in the community, with 51.8% indicating that they had ‘sometimes/often’ been unable to go to a medical appointment outside the community;
- Almost half of PWD participants indicated they had ‘sometimes/often’ been unable to shop for groceries (47.8%) or get together with family (48.0%) because they did not have a ride;

---

14 Percentages total more than 100% in that some participants use more than one mobility aid.
• More than one-half of PWD participants indicated that had ‘sometimes/often’ been unable to attend social functions (56.5%) or religious activities (47.8%) because they did not have a ride.

Figure B2-3. Percentage of PWD participants who had ‘Sometimes/Often’ been unable to go to different appointments/activities in the last six months because they did not have a ride.

B.2.4. Current Satisfaction of Transportation Needs of PWD Participants

Satisfaction of Transportation Needs of PWD for Different Types of Trips

PWD participants next were asked how well their transportation needs were being met for different types of trips (e.g., health-related appointments, essential trips such as grocery shopping and banking, visiting with family and friends, social activities, and for religious activities). As shown in Figure B2-4:

- Almost half (46.4%) of PWD participants indicated that their health-related transportation needs were ‘not being met at all well’;
- Almost one-third (32.0%) of PWD participants indicated that their transportation needs for essential services such as grocery shopping and banking were ‘not being met at all well’;
- One-half or more of PWD participants indicated that their transportation needs for visiting with family and friends (53.8%), social activities (50.0%), and for attending religious activities (52.2%) were ‘not being met at all well’.
Figure B2-4. Percentage of PWD participants who indicated that their transportation needs for various appointments or events were 'Not Being Met at all Well'.

Satisfaction of Transportation Needs of PWD Overall

PWD participants also were asked how well the transportation needs of PWD in their community were being met overall. As shown in Figure B2-5:

- More than three-quarters (76.2%) indicated that the transportation needs for PWD overall were 'not being met at all well';
- An additional 14.3% responded that the transportation needs for PWD overall were being met 'somewhat well';
- Few (9.5%) indicated that, overall the transportation needs of PWD in their community were being 'very well'.
Figure B2-5. Percentage of PWD participants who indicated that the transportation needs of PWD overall in the community were ‘Not Being Met at all Well’.

B.2.5. ST Services in the Community – Availability, Importance, and Use

In this section of the survey, PWD participants were asked if there were ST services in their community and whether they used those services. Specialized transit (ST) service was defined as transportation services that are designed to accommodate individuals with mobility restrictions that make it difficult or impossible to take conventional transit services, with this type of service typically equipped to accommodate persons with disabilities (38).

When asked if there were ST services for PWD provided in the participant’s community, the majority (80.0%) indicated that there were no ST services for PWD available in their community. For those responding other than ‘no’:

- Few (4.0%) PWD participants responded ‘yes’;
- 16.7% of PWD participants indicated that they ‘did not know’.

Importance of ST Services for PWD in the Community

When asked about the importance of having ST services for PWD available in the community, 100% of PWD participants indicated that it was important, with:

- 23.3% having rated it as ‘somewhat important’;
- 76.7% having rated it as ‘very important’ (see Figure B2-6).
Figure B2-6. Percentage of PWD participant who indicated that having ST services available in their community was ‘Somewhat Important’ or ‘Very Important’.

Use of ST Services for PWD

When asked about the use of ST services for PWD if those services were available in the community:

- Few (3.3%) PWD participants responded that they would be ‘not at all likely’ to use ST services if those services were available in the community;
- 16.7% of PWD participants indicated that they would be ‘somewhat likely’ to use ST services;
- Slightly more than three-quarters (76.7%) of PWD participants indicated that they would be ‘very likely’ to use ST services (see Figure B2-7).
Figure B2-7. Percentage of PWD participants who indicated that they were ‘Not at all Likely’, ‘Somewhat Likely’, or ‘Very Likely’ to use ST services if those services were available in their community.

**Times Most Likely to Use ST Services for PWD**

The final question in this section pertained to times that PWD would be *most likely* to use ST services if those services were available in the community. As can be seen in Figure B2-8:

- PWD participants indicated they would be *most likely* to use ST services during Weekday mornings (83.3%) and Weekday afternoons (76.7%);
- Fewer PWD participants indicated that they would be *most likely* to use ST services during the Weekday in the evening (16.7%);
- Fewer PWD participants indicated that they would *most likely* use ST services during Weekend mornings (30.0%), afternoons (33.3%), or evenings (13.3%).
Figure B2-8. Percentage of PWD participants ‘most likely’ to use ST services during ‘Weekday’ and ‘Weekend’ mornings, afternoons, and evenings.

B.2.6. Ratings of Features of ST Services Service Provision, Paying for Services, and Preferences for finding out about PWD Services

In the final section of the survey, PWD participants were asked to rate the importance of different features of ST services for PWD if those services were available in their community. Specifically, PWD participants were asked to provide input on booking rides, the availability of ST services for different types of transportation needs, costs, willingness to pay, as well as mode of payment for ST services.

Booking Rides and Multiple Stops

In terms of options for booking rides, and as can be seen in Figure B2-9:

- The majority (89.6%) of PWD participants indicated that having to book a ride at least 24 hours in advance was ‘somewhat/very reasonable’;
- The majority (82.1%) also indicated that having to book a ride at least 48 hours in advance was ‘somewhat/very reasonable’;
- Slightly more than half (51.8%) indicated that having to book a ride more than 48 hours in advance was ‘somewhat/very reasonable’;
- Close to two-thirds (65.5%) indicated that not having to book a ride in advance was ‘somewhat/very reasonable’. 
PWD participants also were asked about how important it was to them to have ST services that allow for multiple stops during the trip (e.g., stopping at the grocery store and then the bank on the way home from doctor's office). The majority (83.4%) of PWD participants indicated that having ST services that allowed for multiple stops was ‘somewhat/very important’. As shown in Figure B2-10:

- Less than 20% indicated that having ST services that allow for multiples stops during the trips was ‘not at all important’;
- More than one third (36.7%) of PWD participants indicated that this type of ST service was ‘somewhat important’;
- Almost half (46.7%) of PWD participants indicated that this type of service was ‘very important’.

*Figure B2-9.* Percentage of PWD participants who indicated it was ‘Somewhat/Very Reasonable’ to have to book a ride 24 hours, 48 hours, 48+ hours, and with no advance notice.
Figure B2-10. Percentage of PWD participants who indicated that having ST services that would allow for multiple stops during the trip was ‘Not at all Important’, ‘Somewhat Important’, or ‘Very Important’.

**Knowledgeable Drivers**

PWD participants also were asked about how important it was to them for drivers of ST services to have additional knowledge about health issues (e.g., disabilities, illnesses/conditions that affect mental health functioning such as a head injury, dementia). Ninety percent of PWD participants indicated that having drivers who were knowledgeable on these issues was ‘somewhat/very important’, with the majority (70.0%) rating is as ‘very important’.
Importance of ST Services for Different Types of Transportation Needs

PWD participants next were asked about the importance of ST services for different types of transportation needs (e.g., health-related appointments, essential services, visiting with family and friends, recreational/leisure activities, and for religious activities). As shown in Figure B2-11, all types of transportation needs were rated as being important, with:

- 93.3% of PWD participants indicated that having ST services available for health-related appointments was ‘somewhat/very important’;
- A high percentage (86.6%) of PWD participants also indicated that having ST services available for essential appointments was ‘somewhat/very important’;
- 66.7% and 69.0% of PWD participants indicated that having ST services for visiting with family/friends and for recreation/leisure, respectively, was ‘somewhat/very important’;
- Finally, 60.7% of PWD participants indicated that having ST services for attending religious activities was ‘somewhat/very important’.

*Figure B2-11. PWD participants’ ratings of importance of ST services (‘Somewhat/Very Important’) for different types of trips.*
Paying for Services
PWD participants were asked how much they could afford to pay and how much they were willing to pay for a one-way ride of approximately 10.0 km. On average, participants indicated that:

- They could afford to pay $10.10 (SD = 7.83), but were willing to pay $13.13 (SD = 11.26).

In terms of method of payment:
- ‘Paying per ride’ was the preferred method of payment (40.7%);
- ‘Purchasing a book of passes in advance’ (25.9%) and ‘being invoiced for the ride’ (18.5%) were the second and third most preferred methods;
- ‘Setting up an account with the service provider with an automatic deduction of the cost of the ride’ was the least preferred option.

Finding out About Transportation Services
PWD participants also were asked how they would prefer to find out about transportation services in their community. In terms of preference, PWD participants indicated that:

- The community newspaper (40.0%) and mail (e.g., Canada Post) (24.0%) were the top two preferences;
- Health care referral (12.0%), family (8.0%), radio (4.0%), senior’s centre (4.0%), friends (4.0%), or the internet (4.0%) were identified by fewer participants as a preferred source for finding out about transportation services in their community.

Importance of Municipal Funding
All PWD participants were asked about how important it was to have municipal funding available for ST services in their community:

- Few (10.3%) PWD participants indicated that having municipal funding available for ST services was ‘not at all important’;
- 17.2% of PWD participants rated the availability of this type of funding as ‘somewhat important’;
- Almost three-quarters (72.4%) of PWD participants rated the availability of this type of funding as ‘very important’ (see Figure B2-12).
Figure B2-12. Percentage of PWD participants who rated the availability of municipal funding for ST services in the community as ‘Not at all Important’, ‘Somewhat Important’, or ‘Very Important’.
SECTION B.3: Non-Divers (Sample Three)

B.3.1. Demographics

Sample Three consisted of 34 individuals who indicated that they did not drive (representing 8.2% of the Sample as a Whole. Thirty of the 34 non-drivers (88.2%) were PWD. The remaining four non-drivers (11.8%) were 65 years of age and older. As shown in Table B3-1, the average age of the 34 non-driving participants was 66.4 years (SD = 18.0; Range 27 to 98 years), with 67.6% female. Overall, the vast majority (94.0%) of non-drivers lived in a town, village, hamlet, or on a farm, with the remainder (5.9%) residing in Lamont County. Specifically, more than two-thirds (67.6%) lived in a town, 17.6% lived in a village, and 2.9% lived in hamlet. Of the remaining 11.8%, 5.9% lived on a farm and 5.9% lived in the County. One-third (32.3%) of the non-drivers were married or living common-law, with the remainder separated or divorced (23.6%), widowed (35.3%), or single/never married (8.8%). In terms of living arrangements, over one-third (35.3%) reported living alone, 50.0% indicated that they lived with a family member (e.g., spouse/partner, children) or friend, and 14.7% lived in a group setting (e.g., a lodge, group home). With respect to dwelling, 73.5% of the non-drivers lived in a single detached or mobile home, 8.8% lived in a townhouse, semi-detached condominium, or apartment, 8.8% lived in a lodge or apartment for seniors, and 8.8% lived in an assisted living facility. Almost two-thirds (61.8%) of the non-drivers were retired. Few (2.9%) were employed full-time, 8.8% were unemployed and not looking for work, and 23.5% were on long-term disability. One person (2.9%) selected ‘homemaker’ as an ‘employment’ category. Twenty-six of the 34 (76.5%) non-driver participants responded to the question on income. For those responding, 46.2% indicated that their annual household income was less than $20,000 with the remaining participants (53.8%) indicating that their annual household income was equal to or greater than $20,000.
Table B3-1. Demographics of Non-Driver Participants

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<td>8 (23.5)</td>
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<tr>
<td>Homemaker</td>
<td>1 (2.9)</td>
</tr>
<tr>
<td>Other</td>
<td>--</td>
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<tr>
<td><strong>Income</strong></td>
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<tr>
<td>&lt; $20,000</td>
<td>12 (46.2)</td>
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<tr>
<td>≥ $20,000</td>
<td>14 (53.8)</td>
</tr>
<tr>
<td><strong>Driving Status</strong></td>
<td></td>
</tr>
<tr>
<td>Non- Driver</td>
<td>34 (100%)</td>
</tr>
</tbody>
</table>

15 The total n of the category does not always match the n for the total sample due to missing data in selected instances (e.g., non-responses).  
16 Percentages within each category do not always total 100% due to rounding.
Physical Health and Mobility

In terms of physical health and mobility:

- 18.8% of non-drivers indicated that their physical health ‘never’ interfered with their ability to carry out everyday activities;
- 37.5% indicated that that their physical health interfered with their ability to carry out everyday activities ‘sometimes’;
- 43.8% indicated that their physical health interfered with their ability to carry out everyday activities (e.g., shopping, dressing, preparing meals) ‘all the time’ (see Figure B3-1).

![Figure B3-1](image)

*Figure B3-1. Percentage of non-drivers who indicated that their physical health interfered with their ability to carry out everyday activities ('Never', 'Sometimes', or 'All the Time').*

In relation to use of mobility aids, 17 of the 34 non-drivers (50.0%) indicated that they did not use any mobility aid. As can be seen in Figure B3-2, of the 17 participants who did use a mobility aid:

- 44.1% indicated that they used a walker;
- 32.4% used a cane;
- 17.6% used a wheelchair and 8.8% used a scooter;
- 5.9% indicated that they used crutches.
In terms of results from the non-drivers on ‘getting around’, ‘unmet transportation needs’ ‘features of service provision’, etc., the probability of the pattern of results for this sample of 34 non-drivers being different from the 30 PWD participants who all were non-drivers is very low. A cursory examination of the data indicated that this was the case. What this indicates is that the data that are presented in Section B.2. of this report are representative of the sample of the 34 non-drivers being discussed in this section. As such, we have elected not to duplicate the presentation of those findings by re-presenting those data here.
SECTION B.4: Intermunicipal Transit (IMT) Service

B.4.1. Demographics

All participants (n = 413) responded to questions related to the importance and use of IMT service and the importance of funding for IMT service. As such, the demographics for participants responding to IMT service questions are identical to the demographics of the Sample as a Whole presented in Table A1-1 (see page 10 of this report).

B.4.2. Importance of IMT Service in the Community

All 413 participants were asked questions about the importance of having IMT service available in their community. **Intermunicipal Transit (IMT) service** was defined as a transit service that operates between municipalities, or across municipal boundaries (e.g., transit service between the participant’s community to a major centre such as Edmonton) (30). Overall, 93.1% of the Sample as a Whole indicated that having IMT service available in the Capital Region was ‘somewhat/very important’. In terms of ratings for Sample One and Sample Two, and shown in Figure B4-1:

- The percentage of participants who indicated that having IMT service available in the Capital Region as being ‘not at all’ important in both Sample One and Sample Two was low (6.9% and 6.9%, respectively);
- The percentage of participants who indicated that having IMT service available in the Capital Region was ‘somewhat important’ was 31.6% of participants from Sample One (participants aged 45–64 and 65+) and 24.1% of Sample Two participants (PWD);
- Finally, the percentage of Sample One and Sample Two participants who indicated that having IMT service available in the Capital Region was ‘very important’ was 61.4% and 69.0%, respectively.
B.4.3. Likelihood of and Time Preference for Use of IMT Service

Participants also were asked about their likelihood of using IMT service if that service was in place in their community. More than half (59.2%) of the Sample as a Whole indicated that they would 'somewhat/very likely' use IMT service if it was available. With respect to Sample One and Sample Two and shown in Figure B4-2:

- Almost half (42.4%) of Sample One participants indicated that they would be 'not at all likely' to use the service, with fewer (20.0%) of the Sample Two participants responding in this fashion;
- Less than one-third of Sample One and Sample Two participants indicated that they would be 'somewhat' likely to use this IMT service (29.1% and 23.3%, respectively);
- 28.5% of Sample One and 56.7% of Sample Two participants indicated that they would be 'very likely' to use IMT service if it was available in their community.

Figure B4-1. Percentage of participants who indicated that having IMT service available in their community was ‘Not at all Important’, ‘Somewhat Important’, or ‘Very Important’ as a function of sample.
The final question in this section pertained to participants’ feedback on when they would most likely use IMT service if that service was available in the community. Overall, (for the Sample as a Whole) participants indicated that they would mostly likely use IMT service Weekday mornings and Weekday afternoons followed by Weekend mornings and afternoons. In terms of the likelihood of use of IMT services as a function of sample:

- The majority of Sample One and Sample Two participants indicated that they would ‘most likely’ use IMT services Weekday mornings (80.7% and 83.3%, respectively) and Weekday afternoons (70.2% and 76.7%, respectively);
- Fewer participants from Sample One and Sample Two indicated that they would mostly likely use IMT service Weekday evenings (21.7% and 16.7%, respectively);
- In terms of Weekend service, as compared to Weekday morning, fewer participants from Sample One and Sample Two indicated that they would mostly likely use IMT service Weekend mornings (44.6% and 30.0%);
- A similar percentage of participants from both samples indicated that they would use Weekend IMT service during the afternoon as well (42.3% and 33.3%, respectively);
- However, fewer participants in both Sample One and Sample Two indicated that they would use IMT services during the evening on Weekends (19.8% and 13.3%, respectively) (see Figure B4-3).
B.4.4. Importance of Municipal Funding for IMT Service

All participants were asked about how important it was to have municipal funding available for IMT service in their community. Overall, the vast majority of participants interviewed (95.0% of the Sample as a Whole) indicated that having municipal funding available for IMT was ‘somewhat/very important’. As shown in Figure B4-4 below:

- Few Sample One and Sample Two participants indicated that it was ‘not at all important’ to have municipal funding available for IMT service (4.8% and 9.5%, respectively);
- 26.6% of Sample One participants and 4.8% of Sample Two participants indicated that having municipal funding available for IMT service was ‘somewhat important’;
- The majority of Sample One and Sample Two participants also indicated that having municipal funding available for IMT was ‘very important’ (68.6% and 85.7%, respectively).

*Figure B4-3. Percentage of participants ‘most likely’ to use IMT service during ‘Weekday’ and ‘Weekend’ mornings, afternoons, and evenings as a function of sample.*
Figure B4-4. Percentage of participants who rated the availability of municipal funding for IMT service in the community as 'Not at all Important', 'Somewhat Important', or 'Very Important' as a function of sample.
SECTION B.5: Validity and Generalizability of the Results

An important question is how well the responses from participants aged 45–64 and 65+ (all who drove) correspond to the responses from non-drivers aged 65+ and the non-driver PWD participants. That is, what is the ‘validity’ of the responses from the participants in our samples who drove and who answered questions on transportation needs from the perspective of seniors in their community? To assess this validity, we compared responses from the two samples of drivers (e.g., drivers aged 45–64 and 65+) to responses from the non-drivers (who answered the questions from their own perspective) in the following areas:

- How well the transportation needs of seniors are being met for the different trip purposes (e.g., health-related appointments, essential services, visiting with family and friends, social activities, and attending religious activities);
- How well the transportation needs of seniors are being met overall.

The results of these comparisons are presented in Section B.5.1 and Section B.5.2. The results for how well the transportation needs of seniors are being met for different trip purposes are presented first (Comparison One).

Section B.5.1. Comparison of Ratings on Transportation Needs of Seniors for Different Trip Purposes (Comparison One)

For Comparison One, we examined the responses from the two samples of drivers (e.g., drivers aged 45–64 and 65+) across the five types transportation needs (health-related appointments, essential trips such as grocery shopping and banking, visiting with family and friends, social activities, and for religious activities) to responses from senior non-drivers (four who participated in the ATS services survey and 17 PWD who were aged 65+ in our sample). As can be seen in Figure B5-1:

- The responses from participants aged 45–64 and from the 65+ non-drivers are very similar across 4 of the 5 categories. That is, a higher percentage of participants aged 45–64 (e.g., adult children of seniors) and 65+ non-driver participants rated the health-related transportation needs for seniors, as well as transportation for visits with family and friends, for social activities, and for religious activities as ‘not being met at all well’ as compared to drivers aged 65+;
The exception to the pattern of ratings described above was for transportation for seniors for essential services (i.e., shopping, banking, etc.). That is, the ratings for this category of trips across the three groups (drivers aged 45–64 and 65+ drivers, and 65+ non-drivers) are such that a greater percentage of the 65+ drivers rated transportation for seniors for essential trips as ‘not being met at all well’ as compared to the 65+ non-driver participants. As compared to the 45–64 and 65+ drivers, a higher percentage of the 45–64 drivers rated transportation for seniors for essential trips as ‘not being met at all well’, with this trend relatively consistent across all the five trip purposes.

![Figure B5-1. Percentage of participants who indicated that the transportation needs of seniors for various appointments or events were ‘Not Being Met at all Well’ as a function of group (45–64 drivers, 65+ drivers, and 65+ non-drivers).](image)

A statistical comparison of the results presented in Figure B5-1 indicates that the differences in ratings between drivers aged 45–64 and non-drivers are not significant (all $p$ values > .05), with the differences in ratings between the drivers aged 65+ and the non-drivers also not statistically significant (all $p$ values > .05). Thus, despite the apparent differences in ratings, this indicates that the ratings from drivers aged 45–64, from drivers aged 65+, and from non-drivers on unmet transportation needs can be considered to be the same. That is, their ratings are similar estimates of the unmet transportation needs of seniors in the community. As such, participants who are aged 45–64, with many of them likely to be adult children, and drivers 65+ can be considered as ‘proxies’ in terms of their assessment of unmet transportation needs of seniors in
their community. Having said that, further research, with a larger sample size of senior non-drivers, as well as paired ratings from adult children and their parent on unmet transportation needs, would be important to see if these trends continue to hold.

Section B.5.2. Comparison of Ratings on How Well Transportation Needs of Seniors are met (Comparison Two)

For Comparison Two, we again examined the responses from the two samples of drivers (e.g., drivers aged 45–64 and 65+) on how well, overall, the transportation needs of seniors in the community were being met to responses from senior non-drivers. As can be seen in Figure B5-2:

- The pattern of results across the three groups is similar, with a higher percentage of participants in all three groups indicating that the transportation needs of seniors were being met ‘somewhat/very well’;
- It also is evident that a higher percentage of the 65+ non-drivers rated the transportation needs of seniors as being met ‘not being met at all well’ as compared to the 45–64 and 65+ drivers.

![Figure B5-2](image-url)

*Figure B5-2. Percentage of participants who indicated that the transportation needs of seniors in the community were being ‘Not Being Met at all Well’, and ‘Somewhat/Very Well’ as a function of group (45–64 drivers, 65+ drivers, and 65+ non-drivers).*
An analysis indicates that the differences in ratings across the three groups are not statistically significant ($p > .05$). Thus, as with Comparison One, despite the apparent differences in ratings across the three groups, we can interpret these results as an indication that the ratings from drivers aged 45–64, from drivers aged 65+, and from non-drivers on unmet transportation needs of seniors overall can be considered to be the same. That is, their ratings are similar estimates of the overall unmet transportation needs of seniors in the community. As such, ratings of unmet transportation needs of seniors in the community from participants who are aged 45–64 and from drivers aged 65+ can be considered as ‘proxies’ in terms of the assessment of the overall unmet transportation needs of seniors in their community. Again, further research, with a larger sample size of senior non-drivers would be important to see if this trend continues to hold.
SECTION C. DISCUSSION and CONCLUSION

SECTION C.1: Discussion

The primary objective of the study was to assess the transportation needs for two vulnerable segments of the population – seniors and persons with disabilities – in a sub-region of the Alberta Capital Region. Although limited, existing literature indicates that seniors and PWD are two segments of the population with unmet transportation needs (1-6,9,14). The results from this Transportation Needs Assessment provide further evidence of these unmet needs.

In terms of transportation mobility, the majority (90.3%; n = 373) of the participants interviewed indicated that they were currently driving, with the remaining 40 participants indicating that they did not drive. Of the 40 non-drivers, 30 self-identified as having a disability. Of interest, half of the participants aged 45–64 and 65+ who did not self-identify as having a disability and who were all active drivers indicated that their physical health interfered with their ability to carry out everyday activities such as shopping, dressing, preparing meals ‘sometimes’ or ‘all the time’. Not surprisingly, the majority (86.0%) of PWD participants indicated that their physical health interfered ‘sometimes’ or ‘all the time’ with their ability to carry out everyday activities such as those described above. The high percentage of participants overall in this study reporting that their physical health interfered with their abilities to carry out everyday activities is a concern, particularly given that having a ‘disability’ has been identified as the most important individual characteristic influencing mobility, travel behavior, and difficulties with transportation (39).

Results from this Transportation Needs Assessment indicated that less than 25.0% of participants aged 45–64 and 65+ relied on family or friends to ‘get to where they want to go’. However, for PWD, reliance on others for transportation was more common with 30.0% of participants relying on family and 20.0% relying on friends ‘to get to where they want to go’. The high percentage of participants aged 45–64 and 65+ who were currently driving is likely to account for this pattern of findings.

In terms of unmet transportation needs, less than 15.0% of the participants aged 45–64 and 65+ indicated that they were unable to meet their transportation needs for medical appointments, shopping for groceries, visits with family, or for social or religious activities because they did not have a ride. Again, this is not surprising, given the combination of the high percentage of drivers, as well as reliance on family and friends for rides. A high percentage of PWD relied on family and friends for rides in order to access community services or engage in community-
based activities. Yet, about half of PWD in our sample (57.0% of whom were seniors) indicated that they ‘sometimes’ or ‘all the time’ were unable to access community services (medical, groceries, etc.) because they did not have a ride. In a landmark paper, Carp argued that well-being among older adults (and PWD) depends on the satisfaction of basic needs (e.g., food, clothing, attending medical appointments, etc.) (14). Success in satisfaction of these basic needs ultimately enables independent living, which in turn, positively influences well-being. The results presented here indicate that a significant percentage of PWD participants, and to a lesser extent, participants aged 45–64 and 65+ are at-risk in terms of satisfaction of both basic and higher order needs.

One of the main objectives of this Transportation Needs Assessment was to better understand the unmet transportation needs of seniors and PWD. As such, participants aged 45–64 and 65+, were asked how well the transportation needs of seniors in their community were being met overall. The pattern of results is informative in that less than 10.0% of participants aged 45–64 and 65+ indicated that the transportation needs of seniors in the community were being met ‘very well’. A similar pattern of results was evident for PWD, with only 9.5% of PWD participants indicating that the transportation needs of PWD in the community were being met ‘very well’. Of interest, when asked about the availability of specialized transportation (e.g., ATS services or ST services for PWD), 41.4% of participants 45–64; 41.9% of participants 65+; and 90.0% of PWD participants indicated that there were no services. Services that were identified included a senior’s van or bus, a community van, volunteer driver, taxi, or transportation from for-profit organizations. Given the pattern of findings described above, it is not surprising that the majority of participants surveyed rated the availability of ATS services and ST services for PWD as important. Specifically, 81.0% or more of participants aged 45–64 and 65+ rated having ATS services for seniors available in the community as ‘very important’, with the remaining 19.0% rating them as ‘somewhat important’. Similarly, 76.7% of PWD participants rated the availability of ST services for PWD in the community as ‘very important’, with the remaining 23.3% rating these services as ‘somewhat important’. What these results suggest is that there not only is awareness of the lack of transportation services outside of the private vehicle for seniors and PWD in these rural communities, but there also is recognition of the unmet transportation needs of these two segments of the population.

It also is interesting to note that the majority of participants indicated that, if specialized transportation services were available in the community, seniors and PWD would use those services. That is, the majority (69.5%) of participants aged 45–64 and 65+ indicated that if ATS
services were available in the community, that seniors would be ‘very likely’ to use those services, with 28.7% indicating ‘somewhat likely’. Similarly, 60.0% of PWD participants indicated that they would be ‘very likely’ to use ST services for PWD, with 20% indicating they would be ‘somewhat likely’ to use those services if they were available in the community.

As identified above, a primary objective of this Transportation Needs Assessment was to further our understanding of the transportation needs of seniors and PWD in a subregion of the Capital Region. Another primary objective was to obtain feedback on features of specialized transportation service delivery if those services were to be made available for seniors and PWD in the subregion. Specifically, participants were asked about the time that services would most likely be used; the type of transportation the service would be used for; preferences for booking and paying for the service; and the importance of other features of service delivery such as multiple stops and knowledgeable drivers. Notably, many of the features described above fall within the 5 A’s of Senior Friendly Transportation (Availability, Acceptability, Accessibility, Adaptability, and Affordability) (40). That is, to be considered as ‘senior friendly’, service must be available when needed (i.e., days, evenings; weekdays, weekends); be acceptable (i.e., scheduling times acceptable, drivers knowledgeable on senior’s issues); be accessible (i.e., provide rides to essential and non-essential services); accommodate the needs of seniors in the community); be adaptable (i.e., accommodate multiple stops); and be affordable (i.e., options for payment methods; fares that are acceptable to seniors). A similar conceptualization of supplemental transportation programs for seniors and persons with disabilities has been developed by the Beverly Foundation in 2001 based on these same 5 A’s (41).

Results from this Transportation Needs Assessment related to each of the 5 A’s are discussed below. In terms of Availability, the majority of participants indicated that ‘Weekday’ mornings and ‘Weekday’ afternoons were the times that seniors and PWD would be most likely to use the identified transportation services (e.g., ATS services and ST services for PWD) if those services were available in the communities. With respect to Acceptability, the vast majority of participants aged 45–64/65+ and PWD (76.0% and 82.1%, respectively) indicated that having to booking rides at least 48 hours or less was more reasonable, with having to book more than 48 hours in advance less reasonable. When asked about the importance of having drivers who are knowledgeable about health issues (i.e., disabilities, illnesses that affect mental health functioning such as dementia), the vast majority (97.4%) of participants aged 45–64 and 65+ indicated that having drivers who were knowledgeable on these issues were ‘somewhat/very important’. This pattern of ratings is consistent with the ratings from PWD in that 90.0%
indicated that having drivers who were knowledgeable on these issues was ‘somewhat/very important’. These results are useful to organizations and/or service providers who are wishing to deliver or who are delivering transportation services to these two segments of the population. Specifically, the results underscore the need for the implementation of a training program for volunteer and paid drivers in order to better meet the needs of these two segments of the transportation dependent populations.

Participants also were asked about the importance of multiple stops (Adaptability) during the trip (i.e., stopping at the grocery store on the way home from doctor’s office). This feature of service provision was rated as ‘somewhat/very important’ by the majority (90.1%) of participants aged 45–64 and 65+ with 83.4% of PWD participants rating this feature as ‘somewhat/very important’ for ST services for PWD.

When asked about paying for transportation services (Affordability), few participants indicated that that service should be ‘free’. Rather, most participants thought that seniors could afford and would be willing to pay for the services. On average, participants aged 45–64 thought that the amount that seniors could afford to pay was more than they would be willing to pay ($7.18 vs. $6.88). A similar pattern of findings was evident for participants aged 65+ in that they thought seniors could afford to pay $8.87 but would be willing to pay $8.08. Similarly, PWD participants indicated that they could afford to pay $10.10 but they would be willing to pay $13.13. These findings have important implications for the design and delivery of transportation services for seniors in that, often, the prevailing belief is that these transportation services should be available at no charge. Results from this Transportation Needs Assessment are consistent with the results from our previous provincial Transportation Needs Assessment (37) indicating that, in general, there is support for charging a modest price for the services. Importantly, having users pay at least some of the cost of these transportation services facilitates both the availability and sustainability of transportation services for seniors and PWD in the community.

When asked about method of payment, the preferred method of payment identified by both participants aged 45–64 and 65+, and PWD was ‘pay per ride’. The second most preferred method of payment identified by participants aged 45–64 and 65+ and PWD was ‘purchasing a book of passes in advance’.

All participants also were asked about the importance of having municipal funding available for ATS services or ST services in their community. The vast majority of participants aged 45–64 and 65+ (97.4%) indicated that it was ‘somewhat/very important’ to have this type of funding
available to offset the cost of providing ATS services in the community. The vast majority (89.6%) of PWD also indicated that having municipal funding available for ST services in their community was ‘somewhat/very important’ in offsetting the cost of ST services. These results, as well as the results on the ability and willingness to pay for rides, are informative in that options for implementation or expansion of rural transportation services for seniors and PWD often include user-pay programs, through funding from local or provincial governments, or a combination of the two. With respect to funding for IMT services, overall, 95.0% of participants rated the availability of municipal funding for this service as ‘somewhat/very important’.

One feature of specialized transportation services that is not identified in the 5 A’s of Senior Friendly Transportation or Supplemental Transportation (40,41) is awareness of the services in the community. When asked about the availability of ATS services or ST services in the community, 20.0% of participants indicated that they ‘didn’t know’. When asked about ‘finding out about services’, the top two preferences amongst participants aged 45–64 and 65+ and PWD were the community newspaper (54.7%, 59.6%, and 40.0%, respectively) and by mail (e.g., Canada Post) (14.5%, 12.3%, and 24.0%, respectively). These results are informative in that despite the ubiquitous use of the technology (e.g., internet, cell phones) conventional forms of communication are seen as the preferred source for finding out about transportation services in the community.

A limitation of this Transportation Needs Assessment is the small sample of seniors who do not drive as well as the small sample of PWD. First, the small sample of seniors who did not drive is important from three perspectives. First, the under-representation of the sample of non-drivers may mean that the findings presented herein are an under-representation of the transportation needs in this segment of the population. A larger sample size of non-driving seniors is needed to determine if the pattern of results from this larger sample of non-drivers is consistent with the results herein. Second, many of the results presented herein are based on responses from drivers aged 45–64 and drivers aged 65+. As such, it is reasonable to wonder about the ‘validity’ of the responses from these two segments of the population on the unmet transportation needs of seniors. To assess this validity, we compared responses from drivers aged 45–64 and 65+ to those of non-drivers aged 65+ on how well the transportation needs of seniors were being met for the different trip purposes, and how well the transportation needs of seniors were being met overall. Despite the apparent differences in ratings (e.g., differences in percentages for participants 45–64 and 65+ who were drivers vs. the 65+ non-drivers), these differences were not statistically significant. As such, participants who are aged 45–64, with
many of them likely to be adult children, and drivers 65+ can be considered as ‘proxies’ in terms
of their assessment of unmet transportation needs of seniors in their community. Having said
that, further research, again with a larger sample size of senior non-drivers, as well as paired
ratings from adult children and their parent on unmet transportation needs, would be important
to see if these trends continue to hold. Third, the difficulty in reaching this segment of the senior
population indicates that addition of methodologies (i.e, community based recruitment) in
addition to RDD will be needed in future studies. In addition, an expansion of the population
base to include the remaining regions in the Capital Region would likely yield a higher number
of older non-drivers, which in turn would lead to more reliable results. The limitation of a small
sample and relevance of this limitation as described above also applies to the sample of PWD.
Again, expansion of the population base and the addition of community-based recruitment
strategies would assist in addressing this limitation.

SECTION C.1: Conclusion

Canada’s population is aging, as is the population of the Capital Region. The percentage of
PWD also is increasing. These changes bring with them challenges to local government and
service providers. In general, older seniors wish to ‘age in place’. Yet, increasingly, due to the
regionalization of many services, residents in rural communities are required to travel to urban
centres. However, for those who do not drive, access to those services is hampered by the lack
of alternate forms of transportation. The same holds true for PWD. Transportation services that
are age and disability friendly are critical for the health and well-being of these two growing
segments of the population. This means that knowledge about the adequacy of current
transportation services, and, if inadequate, knowledge about the perceived needs is requisite to
meeting the mobility needs of these vulnerable populations.

The current study provides an important step toward understanding the adequacy and needs of
relevant transportation services for seniors and PWD. The research focused exclusively on rural
populations, where the challenges may the greatest and empirical evidence is least available. In
this initial research, three groups were administered questionnaires about transportation needs
of seniors and PWD. The large majority of participants aged 45–64 those 65+ (without
disabilities) responded that they perceived the transportation needs of seniors were not being
met. Those 45–64 and those 65+ also responded that it was important to meet those needs with
additional services, and if those services were available, they would be used. The findings from
this Transportation Needs Assessment also provide insights on features of service delivery that
are deemed to be responsive to seniors and PWD. Expansion of the *Transportation Needs Assessment* throughout the Capital Region would address the major limitations associated with the current needs assessment. Results of an expanded *Transportation Needs Assessment* could then be used to inform on policy and planning initiatives related to transportation needs of seniors who voluntarily or involuntarily stop driving and to PWD of any age in a rural setting.
## APPENDICES

### Appendix A: Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>ATS</td>
<td>Alternate transportation for seniors’</td>
</tr>
<tr>
<td>CATI system</td>
<td>Computer Assisted Telephone Interview system</td>
</tr>
<tr>
<td>CRB</td>
<td>Capital Region Board</td>
</tr>
<tr>
<td>FOIPP</td>
<td>Freedom of information and protection of privacy</td>
</tr>
<tr>
<td>IMT service</td>
<td>Intermunicipal Transit</td>
</tr>
<tr>
<td>MARD</td>
<td>Medically At-Risk Driver</td>
</tr>
<tr>
<td>P</td>
<td>p Value</td>
</tr>
<tr>
<td>PRL</td>
<td>Population Research Laboratory</td>
</tr>
<tr>
<td>PWD</td>
<td>Persons with Disabilities</td>
</tr>
<tr>
<td>RDD</td>
<td>Random digit dialing</td>
</tr>
<tr>
<td>SD</td>
<td>Standard deviation</td>
</tr>
<tr>
<td>ST</td>
<td>Specialized transit</td>
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Appendix B. Place of Residence for the Sample as a Whole

Table AB-1. *Place of Residence for the Sample as a Whole* ¹⁷

<table>
<thead>
<tr>
<th>Place of Residence</th>
<th>Total Sample (N = 413)</th>
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<tbody>
<tr>
<td>Town</td>
<td>218 (52.8)</td>
</tr>
<tr>
<td>Village</td>
<td>53 (12.8)</td>
</tr>
<tr>
<td>Hamlet</td>
<td>6 (1.5)</td>
</tr>
<tr>
<td>Farm</td>
<td>85 (20.3)</td>
</tr>
<tr>
<td>County</td>
<td>51 (20.6)</td>
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<table>
<thead>
<tr>
<th>Locality</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Town of Redwater</td>
<td>60 (14.5)</td>
</tr>
<tr>
<td>County of Lamont</td>
<td>51 (12.3)</td>
</tr>
<tr>
<td>Bruderheim</td>
<td>38 (9.2)</td>
</tr>
<tr>
<td>Town of Lamont</td>
<td>75 (18.2)</td>
</tr>
<tr>
<td>Andrew</td>
<td>32 (7.7)</td>
</tr>
<tr>
<td>Chipman</td>
<td>21 (5.1)</td>
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<td>Hilliard</td>
<td>1 (0.2)</td>
</tr>
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<td>Mundare</td>
<td>45 (10.9)</td>
</tr>
<tr>
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¹⁷ Percentages within each category may not total 100% due to rounding.
Appendix C. References


CRB/CRP Regional Transit Policy Workshop
March 26, 2015
Black Knight Inn, Red Deer, AB
10 am – 3 pm

Attendees:

**Calgary Regional Partnership**
Mayor John Borrowman, *Town of Canmore - Chair, Transportation Committee*
Councillor Dona Fluter, *Town of Turner Valley*
Alderman Candice Kolson, *City of Airdrie*
Councillor Gail Smith, *City of Chestermere*
Councillor Michel Jackson, *Town of Black Diamond*
Councillor Ray Watrin, *Town of Okotoks*
Councillor Jim Stevenson, *City of Calgary*
Mayor Bill Robertson, *Town of Okotoks – CRP Chair*

Ettore Iannacito, *Manager of Regional Transportation, CRP*
Ruby Gill, *Communications Advisor, CRP*

**Capital Region Board**
Councillor Wes Brodhead, *City of St. Albert – Chair, Transit Committee*
Councillor Michael Walters, *City of Edmonton*
Mayor Gale Katchur, *City of Fort Saskatchewan*
Councillor Glen Finstad, *City of Leduc*
Councillor Gilles Prefontaine, *City of St. Albert*
Alderman Searle Turton, *City of Spruce Grove*
Councillor Brian Botterill, *Strathcona County*
Councillor Susan Evans, *Sturgeon County*
Mayor Nolan Crouse, *City of St. Albert – Chair of CRB*

Malcolm Bruce, *CEO of CRB*
Neal Sarnecki, *Manager, Regional Projects*
Sharon Shuya, *Manager, Regional Projects*
Amanda Borman, *Executive Assistant, CRB*

**Alberta Transportation**
Shaun Hammond, *ADM, Safety, Policy and Engineering Division*
Ashley Bhatia, *A/Manager, Transportation Corridors, Strategy and Policy Branch*
Joan Mmbaga, *Alberta Transportation*

Prepared: March 30, 2015
Meeting Notes:

10 am    **Welcome**
CRB Chair, Mayor Nolan Crouse welcomed members from the CRB Transit Committee and CRP Transportation Committee to the workshop.

10:15 am  **Introductions**
CRB Transit Committee Chair, Councillor Wes Brodhead, and CRP Transportation Committee Chair, Mayor John Borrowman, introduced themselves as co-chairs of the workshop and then had the members around the table introduce themselves.

10:30 am  **Regional Transit Updates**
Sharon Shuya, Regional Projects Manager with the CRB provided a background and overview of the Intermunicipal Transit program at the Capital Region Board. Ettore Iannacito, Manager of Regional Transportation at the CRP presented an overview of transit activities and initiatives by the Calgary Regional Partnership.

12:45 pm  **Breakout Session**
Workshop members were divided into two breakout groups where they engaged in a facilitated discussion of ‘How our regional organizations should seek to influence the federal and provincial governments to better support regional transit priorities?’ The facilitators got the conversation going by asking three questions:
1. What are we, as a Region, trying to achieve with Intermunicipal Transit?
2. What are the challenges/barriers to Intermunicipal Transit?
3. What should be the priorities pursued with Provincial and Federal Governments?

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
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<tr>
<td><strong>Question 1 - What are we, as a Region, trying to achieve with Intermunicipal Transit?</strong></td>
<td><strong>Question 1 - What are we, as a Region, trying to achieve with Intermunicipal Transit?</strong></td>
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<td>Mobility:</td>
<td>Big picture reasons for intermunicipal transit tied to economic prosperity:</td>
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<td>- Social responsibility</td>
<td>- Employment opportunities</td>
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<td>- General public</td>
<td>- Tourism attraction</td>
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<td>- Workers</td>
<td>- Tied to land use:</td>
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<td>- Students</td>
<td>- Smart growth</td>
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<td>Reduce congestion</td>
<td>- Enticement for industrial growth</td>
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<td>Increase life of infrastructure</td>
<td>- Urban form and density</td>
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<td>Protect environment</td>
<td>- Social wellness – quality of life</td>
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<td>Affordability</td>
<td>- TOD</td>
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<td>Quality of health</td>
<td>Fundamental component of moving people</td>
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<td>Reduce isolation – all age groups</td>
<td>Aging in place – need mobility, connected communities</td>
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<td>Movement thru region</td>
<td>Need leadership from province – dialogue on regional transit – to have it in place</td>
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<td>Tourism &amp; recreation</td>
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<td>Regional Transit = Regionalization</td>
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<td>Community viability</td>
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| Needs of changing demographic | As a region we need to help create this narrative  
| As a region we need to plan our cities  
| Active transportation |
| Question 2 - What are the challenges/barriers to Intermunicipal Transit? | Question 2 - What are the challenges/barriers to Intermunicipal Transit? |
| Politics  
| Quality of life  
| Need to provide quality service, reliable  
| Economics of infrastructure (cost)  
| Need long term master plan – phased implementation  
| Getting people to value transit  
| Shift the road network plan paradigm  
| Land use bylaw need to change  
| Sprawling development  
| Define public transit in the future  
| Need long term planning in today’s thinking | Social acceptance – ie. Peoples negative experience using transit  
| Sharing and collaboration process among municipalities – sharing of assets  
| Lack of creativity  
| How to serve everyone  
| Borders are barriers  
| Lack of pain – easy for car drivers to move around  
| Real cost of transit vs car usage  
| Cost of regional transit vs benefit:  
| It takes a number of years for transit to take hold  
| User pay vs other services  
| Governance of a regional transit system  
| Connectivity is a challenge – routings  
| Better job collaborating  
| Cost sharing is challenge  
| Expectations |
| Question 3 - What should be the priorities pursued with Provincial and Federal Governments? | Question 3 - What should be the priorities pursued with Provincial and Federal Governments? |
| Sell to local councils that public transit is #1  
| Better distribution of taxes (Sustainable)  
| Lobby federal government  
| Need national transit plan  
| Leverage voice of public to advocate  
| Working together:  
| - CRB  
| - CRP  
| - AUMA  
| - AAMDC  
| - Etc  
| Use elections as opportunities for our priorities  
| Flexibility in provincial policies:  
| - Bus on Hwy shoulders  
| - MR at development level  
| - Offsite levies  
| Messaging to the public about value/cost of public transit vs alternatives | Need provincial policy on:  
| - Speaks to operational funding  
| - Infrastructure such as park and ride  
| - Taxation to help support transit operation  
| - Need tools and empowerment at regional and municipal level to achieve funding goals  
| Capital side for infrastructure just to set up transit systems  
| Specialized transit  
| GreenTRIP can be organized for regional systems  
| Gas tax as source to fund operations collected locally  
| Less conditions for grants  
| Make it tied to regional planning  
| Need smart growth plans that prevent obstacles in the future  
| Need to act like a region with common goals like intensification |
2 pm  **Transportation Strategy for Alberta**
Shaun Hammond, Alberta Transportation, presented the Draft Transportation Strategy for Alberta which represents the provincial vision for Alberta’s transportation system over the next 50 years. The session offered insight on the province’s direction to guide decisions on transportation investments, policies and programs.

The transit focused strategies within the Draft Transportation Strategy for Alberta identified two actions:
- Promote and improve public transportation services.
- Improve active transportation connections.

The actions will be developed based on three key focus areas:
- Enabling city and regional transit through strategic policies.
- Supporting rural transit strategies/plans.
- Enabling accessible, affordable and inclusive transit (i.e. for seniors and persons with disabilities, transit access for aboriginals, etc.).

2:45 pm **Call to action/Closing remarks**
CRB, CRP and Alberta Transportation agreed to establish a Fall 2015 date to meet again to review and provide input into the action areas and milestones of the Transportation Strategy for Alberta.

Mayor John Borrowman
CRP Committee Chair

Councillor Wes Brodhead
CRB Committee Chair
TRANSIT COMMITTEE SCHEDULE
July – September 2015

July 2015

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