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Identifying Transit Needs and Opportunities in Mid-Sized Nebraska Cities

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Executive Summary

Many Nebraska residents who live in mid-sized communities (population 8,000-50,000) perceive an insufficient supply of transit services to meet their "needs". This perception is incongruent to a recent transit study that found "the existing intra-county public transportation systems in rural Nebraska are providing sufficient services to meet the present demand in most rural areas.[20] However, a moderate expansion of some of these systems would enhance the quality of the existing services ...". The following report took on the challenge of analyzing what are the perceived transit needs in mid-sized Nebraska cities and what opportunities exist to resolve these needs.

This study used a mixed-method research strategy to analyze the transit needs of mid-sized Nebraska cities. Mid-sized Nebraska cities include: Alliance, Beatrice, Columbus, Fremont, Gering, Grand Island, Hastings, Kearney, Lexington, Norfolk, North Platte, Scottsbluff, and York. Research tasks in this study included an inventory of current transit services in the thirteen mid-sized communities; key informant survey of the thirteen mid-sized communities, focus group research in three mid-sized communities (Kearney/ Grand Island, Norfolk, Scottsbluff/ Gering); and a national transit survey of innovative transit services in other medium sized communities.

The following findings were generated in this study:

1) Most communities feel a need for increased transit service hours;

2) There is a general lack of transit coordination in cities, which if addressed could resolve some transit problems;

3) There is a need for increased awareness of transit;

4) There are opportunities to meet many of the perceived needs.

The study concludes that perceived need for transit services is greater than previously documented in the Moussavi et al. study.[20] What is considered "sufficient" transit services is only barely adequate for Nebraska residents who live in mid-sized communities. However, additional State transit funding is not always necessary to bolster the supply of transit services in these communities. This report identifies innovative transit policies and practices that can be utilized to improve the quantity and quality of transit services in mid-sized Nebraska communities.

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The findings expressed in this report reflect the author's analysis of the data. The findings do not reflect the official view or policy of the Nebraska Department of Roads or the University of Nebraska.

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Chapter 1 - Introduction

1.1 Background

The recent growth in population and continued geographic dispersion of mid-sized Nebraska cities makes the need for transit services more pronounced. Currently, the ability to transport people is a challenge. The Moussavi et al. transit study found that existing transit services in mid-sized cities in Nebraska adequately meet the demand.[20] Contrary to this study, many people who live in mid-sized communities in Nebraska still perceive the need for expanded transit opportunities.[13] This raises the question, what are Nebraska's mid-sized cities' transit needs? Further, what opportunities are available to meet any perceived needs?

1.2 Objective

The objective of this project is to develop an aggregated, statewide assessment of transit needs in mid-sized Nebraska cities. For this report, mid-sized Nebraska cities are defined as having a population between 8,000 and 50,000 and are not suburban communities of metropolitan areas are excluded. The thirteen cities that are classified as mid-sized for the purposes of this study include: Alliance, Beatrice, Columbus, Fremont, Gering, Grand Island, Hastings, Kearney, Lexington, Norfolk, North Platte, Scottsbluff, and York. (Suburbs of metropolitan Omaha and Sioux City are excluded.) Additionally, ways to respond to the needs, including an identification of innovative programs outside of Nebraska, are discussed. Given limited resources at the local, state, and federal levels, we analyzed ways that mid-sized cities can effectively and economically coordinate and augment transit resources to best satisfy their need

for public transportation. The expected benefits of this study are an increased transit awareness, coordination and availability in mid-sized Nebraska cities. This report is geared for both the Nebraska Department of Roads and the thirteen mid-sized cities. It is anticipated that this document can serve as both a report and a resource manual for these constituents.

1.3 Methodology

"A need is a value judgement that some group has a problem that can be solved."[19] "Broad estimates of need are often established by collecting the opinions of a group of experts, observing the actual amount of service demanded by certain groups taken as the norm, or determining a target group's perceived need for the services that they would require."[20] Soriano notes five commonly used needs assessment methods: secondary data, interview, key informants, small groups, and forecasting.[35] This project combines secondary data, key informants, and small groups to identify perceived transit needs in mid-sized Nebraska cities. The previous Moussavi et al. study used forecasting to estimate transit demand.[20]

The determination of transit needs and opportunities in mid-sized Nebraska cities has been based upon findings from the previous study, transit providers, and transit users.[20] This study uses a mixed-method research design, which involves the use of multiple methods (including both quantitative and qualitative methods) and sources of data in the investigation of a single phenomenon.[9]

Six tasks were performed to gather and organize this data. First, a review of literature provided a frame of reference for the research. Second, building upon existing data, an inventory of current transit services in the thirteen mid-sized Nebraska cities was created.[20][25] Third, key informants, including transit agency staff members, transportation committee members,

Chamber of Commerce members, and city officials in each of the thirteen cities, were surveyed to identify perceived transit needs. Fourth, focus group sessions were conducted in Kearney, Norfolk, and Scottsbluff to better identify the needs of transit users. Grand Island transit users were also invited to the Kearney focus group meeting. Fifth, the transit/transportation planning divisions of other states were surveyed to identify innovative transit services. Sixth, available funding sources at the federal, state, and local levels were identified with the intention of reviewing the possibilities of coordinating resources. Also, barriers to coordination of resources were identified.

Chapter 2 - Literature Review

2.1 Introduction

To provide a frame of reference for the research, a literature review focusing on data pertinent to transit needs and practices of mid-sized cities[1] was conducted. Literature relating to the needs of the general population and the transit dependent, which include the elderly, mentally and physically disabled, and youth, are examined and discussed in this chapter. Innovative programs focusing on these target populations are identified, and detailed case studies of successful transit models are offered. Finally, resources are identified to guide transit providers in assessing appropriate services and in developing effective and efficient transit that meets the needs and goals of the community.

2.2 General Transit Concerns

Although there are special needs of the transit dependent, general concerns that apply to all transit users are noted here (Table 2.1). These concerns deal with scheduled bus frequency, staff attitude and behavior, and the location and condition of bus stops.[10] A general concern of transit systems is that scheduled bus frequency is inadequate.[10] Specific complaints noted that scheduled operating periods are often too short, and more buses are needed that provide early morning and late evening services. It was also reported that transit vehicle frequency and running times are too slow. The attitude and behavior of bus crews are often the focus of concerns by riders.[10] One issue is that drivers are sometimes unhelpful and disrespectful towards members of transit dependent groups. Another issue is that drivers are often responsible

[1] Mid-sized cities in Nebraska are Alliance, Beatrice, Columbus, Fremont, Gering, Grand Island, Hastings, Kearney, Lexington, Norfolk, North Platte, Scottsbluff, and York. (Suburbs of metropolitan Omaha and Sioux City are not included.)

for causing irregularities in the running times of the vehicles. Further, some drivers operate the vehicle poorly which puts the passengers in danger. Finally, concerns about drivers failing to pick up passengers are also noted in the literature. Another category of concern addresses the location and physical characteristics of transit stops.[10] It was noted that sites for transit stops are occasionally dangerous or inconvenient to the riders. Further, many stops lack adequate shelter, and those stops which do have shelter may be in a state of disrepair.

Table 2.1 General Population Transit Concerns

Category	Concerns
Scheduled Bus Frequency	Operating periods are too short Early morning and late evening services are needed Frequency and running times are too slow
Driver Attitude and Behavior	Unhelpful and disrespectful Bad drivers Cause irregularities in running times Fail to pick up intending passengers
Location and Conditions of Stops	Poor location Inadequate shelter Dangerous In state of disrepair

Source: Goodwin, P.B. et al. 1983. *Subsidized public transport and the demand for travel* (p. 164). England: Glower Publishing Company Limited.

2.3 Transit Dependent

As stated before, the transit dependent are those who cannot own and/or operate a car. This population is dependent on other people and/or transit systems for their mobility. This study focuses on three overlapping groups of people: the elderly; handicapped; and youth. While everyone shares the need to travel to basic needed services and destinations, each of the three groups of transit dependent has unique needs and particular barriers.

2.3.1 Elderly

The most frequent users of transit systems, as identified in the literature, are the transit dependent.[14] The elderly are an important segment of this population requiring services.[14] The major uses of transportation by the elderly are for shopping, visiting, church, medical visits, social, and recreational trips.[14]

2.3.1.1 Travel Barriers for the Elderly

Many elderly face barriers when they use a transit system (Table 2.2). The three primary barriers the elderly face, in terms of accessing and using transit, are (1) physical, (2) operational limitations of the vehicles and stops within a transit system and (3) the fares of transit systems which create financial barriers for many elderly persons.[14] These barriers limit the mobility of the elderly.

Table 2.2 Travel Barriers for the Elderly

Barrier	Mobility Limitations	Transit Needs
Physical	High steps on vehicle Hand rails that are difficult to reach Lack of storage on vehicle for packages Insufficient/Lack of shelter at stops Inadequate posting of information	Lower steps on vehicles Well spaced hand rails Extra storage space Stops with benches and shelter Well posted information
Operational	Frequency of service is slow Lack of driver assistance Stops are inconvenient and dangerous	Drivers trained in limitations/needs Door-to-door service
Financial	Cost of service is too expensive	Subsidized travel

Source: Falcocchio, J.C., and E.J. Cantilli. 1974. *Transportation and the disadvantaged: The poor, the young, the elderly, and the handicapped (p. 114).* Lexington, MA: D.C. Heath and Company.

The physical barriers associated with transit vehicles are numerous. The steps into a transit vehicle often are too high for the elderly to use safely, and an extra lower step is often needed.[54] Another barrier is hand rails that are difficult to reach.[5] Elderly need well-

spaced hand rails for mounting steps and maneuvering themselves within the vehicle.[54] As was stated before, many elderly use the transit system for shopping, and a lack of places on the vehicle to put packages creates another travel barrier.[5]

Characteristics associated with transit stops also create physical travel barriers for the elderly. Often the transit stops have insufficient shelter or no shelter at all.[10] Sheltered benches are needed to provide locations where the elderly can wait in comfort for the transit vehicle.[5] Another barrier is inadequate posting of information at the stops. This can confuse elderly people and discourage them from using the transit system and ultimately limit their mobility.[5] Barriers associated with transit stops usually pertain to fixed-route service.

Operational barriers significantly limit the ability of elderly persons to access transit services. Transit vehicles can create many operational travel barriers for the elderly. The frequency of service is often slow, and the elderly find waiting for the vehicle a difficult task.[45] Unhelpful drivers and drivers with poor attitudes also create travel barriers for the elderly.[10] Drivers who understand the limitations of the elderly are needed to increase the mobility of this population. Some elderly riders may need additional help with information concerning their destination.

Characteristics of transit stops also create operational barriers for the elderly. The location and number of the stops can be a barrier.[14] If a poor location for safety and/or convenience exists, it may be difficult and time consuming for many elderly to reach. If the number of stops is limited, many elderly will have to travel longer distances on foot to reach their destinations and to return home.

Finally, financial barriers limit the mobility of the elderly.[11] Many elderly persons live on limited fixed incomes. Often elderly persons need subsidies to enable their use of a transit system.

2.3.1.2 Removing Travel Barriers for the Elderly

Travel barriers confronting the elderly can be alleviated. Transit vehicles can be designed to improve the ease of entrance and exit for elderly passengers.[5] This includes front door step risers which do not exceed 8 inches in height.[54] Drivers can be trained to accommodate the specific limitations of the elderly.[5] Fares can be reasonably priced so that the existing transit systems are affordable.[5] Finally, door-to-door service should be provided.[36] This would alleviate many of the barriers associated with transit stops. (Opportunities for funding these innovations are discussed in Chapter 6.)

In addition, there are ways to improve a transit system to better meet the needs of elderly riders. One simple example of how a community can provide a more personalized service to meet the needs of the elderly is by modifying a fixed-route system to meet the special needs of elderly riders. Hailing of buses is currently used in some locations to reduce the distance the elderly have to walk to a stop.[14] Another possibility is a fixed-route service where drivers occasionally deviate from their route to take elderly passengers to their homes.[14]

A hybrid version of the demand-responsive and fixed-route systems, called point deviation, is one model that can meet elderly transit needs.[14] Transit vehicles stop at fixed sites, but they are not required to follow a specific path from stop to stop. Users can hail the vehicle, board at designated sites, or call for a pickup. Travelers who board at a designated stop may request doorstep delivery or travel to another stop. This model provides a greater coverage than a fixed-route service and increases capacity over a purely demand-responsive system.[14]

General models can be modified to address the issues at hand, and more innovative tactics can be implemented by transit providers. Two noteworthy innovative models that meet elderly transit needs are the "Whistlestop Wheels" program operating in California and the "OATS" program operating in Missouri. Depending on the specific needs of the elderly riders in a community, appropriate services may be created by combining approaches that have been successful in other communities along with new and innovative ideas.

Whistlestop Wheels

The "Whistlestop Wheels" program is an innovative model of a transit system for the elderly, created and used in Marin County, California.[33] "Whistlestop Wheels" has program components: a medical transportation program, transportation support to a variety of service and charitable organizations, and a senior citizens program. The Marin County Transit District is the primary sponsor of this program, financing over 64% of its operating expenses. In addition, the Volunteer Bureau and Senior Coordinating Council contribute additional funds to the operating expenses. Volunteer drivers and vehicles, along with fund raising, add to the revenues. Title III money from the Older Americans Act has enabled complete and comprehensive program management.

The Volunteer Bureau's medical service provides free transportation for medical purposes to ill and handicapped persons of all ages. Passengers must be referred by doctors or by qualified staff at hospitals, clinics, or county agencies. Trip requests are grouped by geographic area and appointment time. Group schedules are then submitted to the Senior Coordinating Council which operates the vehicles accordingly.

The senior citizens program provides free transportation for shopping, banking, medical appointments, educational programs, as well as free transportation to evening meals at senior

centers within the county. A group shopper shuttle service is offered, picking up groups at various designated housing projects, and individually picking up those who cannot meet at the designated group location. This service is available to specified towns on specified days, as is the educational and recreational transportation.

Older Adults Transportation Services, Inc. (OATS)

OATS has been providing transportation to persons 55 years and older and to handicapped persons of all ages in 84 counties in Missouri since 1971.[33] OATS began as a cooperative and then switched to a membership based nonprofit corporation so they could receive donations and tax deductions. OATS offers demand-responsive transportation, charging a fare, to the elderly and handicapped regardless of income level or employment status, provided they are members of OATS. Priority is given to medical trip needs; otherwise, the service is offered on a first-come, first-served basis. Members needing transportation are encouraged to call at least a week or more in advance.

2.3.2 Handicapped

While the handicapped population overlaps several other population categories, this literature review focused on the general needs, concerns, and policy objectives of the handicapped population. Special needs of the handicapped elderly and youth, and the blind are also noted. The needs identified for each group were often identical.

2.3.2.1 Travel Barriers for the Handicapped

Similar to the elderly, the handicapped population face three travel barriers which limit their mobility: (1) physical barriers, (2) operational barriers, and (3) financial barriers (Table 2.3).[5]

Physical barriers limit access to services and reduce the mobility of handicapped transit users. Safety is a major concern when considering transportation options for handicapped riders.[32]

Falcocchio and Cantilli identify seven improvements in the physical characteristics of transit vehicles that would alleviate many of the barriers and improve safety for handicapped riders. First, hand rails and stanchions need to be improved so that handicapped riders can get on and off the vehicle safely. Second, nonslip flooring should be installed to ensure personal stability on the vehicle. Third, lighting in the bus step well should be provided so that riders can accurately judge the height of the step. Fourth, there should be priority seating for the handicapped. Fifth, the front door step risers should not exceed 8 inches so that handicapped riders can access the vehicle. Sixth, transit vehicles should have a wheelchair accessible package which includes a lift or ramp, and sufficient front door and passageway clearance to allow wheelchairs to reach a securement location in the bus and a securement device to hold the chair in place.[31] Seventh, there needs to be space available for guide animals on the vehicle.[48] Finally, it was noted that a secure place for oxygen tanks must be provided to ensure safe transportation.[48] These improvements would increase the accessibility and mobility of handicapped transit users.

Table 2.3 Travel Barriers for the Disabled

Barriers	Mobility Limitations	Transit Needs
Physical	Physical characteristics of vehicle	Improved hand rails and stanchions Nonslip flooring Adequate lighting in vehicle Priority seating Low front steps on vehicle Wheelchair accessible package Space for guide animals Securement for oxygen tanks
Operational	Service	Door-to-door service Trained drivers in limitations/needs Orientation information and mobility training for disabled
Financial	Fares are too expensive	Financial aid

Source: Falcocchio, J.C., & Cantilli, E.J. 1974. *Transportation and the disadvantaged: The poor, the young, the elderly, and the handicapped* (p. 12). Lexington, MA: D.C. Heath and Company.

Operational barriers present problems to handicapped transit patrons. Door-to-door service is highly valued by handicapped transit riders.[36] Further, handicapped riders have special service needs, and drivers should be trained to deal with them.[31] Some riders need help learning how to operate wheelchair lifts and others need help actually operating them.[46] Some handicapped riders need orientation guidance to know where they are and when to exit.[48] Also, like the elderly transit riders, many handicapped patrons live on fixed incomes. Limited financial resources prevent handicapped patrons from readily accessing existing transit services.

2.3.2.2 Removing Travel Barriers for the Handicapped

In developing transit policies to meet transit needs for handicapped persons, six policy objectives should be kept in mind (Table 2.4).[11] First, transit policies should strive to enable independent disabled persons to use private transport. This can be achieved through advice services, parking provisions, and financial aid. Second, the physical needs of the handicapped should be accommodated by the transit system. This includes alleviating the physical barriers which limit this population's mobility. Third, financial barriers need to be reduced through subsidies and aid (see Chapter 6). Fourth, the transit system needs to stimulate innovation in special transport services. This includes coordination among existing providers. Fifth, door-to-door services should be provided. Finally, policy objectives should provide for escorted and specialized services for hospital attendance.

Specific problems and needs of handicapped transit users discussed in this chapter can be easily addressed by existing transit services. Orientation and mobility training can be implemented to teach handicapped persons how to use a transit system.[18] Also, training sessions for transit personnel can be designed to help them aid their blind and handicapped

passengers.[31] Regular inspections would keep buses up to safety and maintenance standards and prevent some breakdown problems.[32] Announcements of stops and locations of major intersections and transfer points made by drivers as they travel the route can help orient disabled riders.[48]

Table 2.4 Policy Objectives Addressing Handicapped Transit Issues

Objective	Meeting the Objective
To enable the independent disabled to use private transport	Advice services, parking provisions, and financial aid(*)
The physical needs of the handicapped should be facilitated by the transit system	Alleviate the physical barriers which limit handicapped population's mobility
Reducing the financial barriers	Subsidized travel(*)
Transit systems need to simulate innovation in special transport services	Coordinating existing providers
Services to meet mobility limitations	Door-to-door services should be provided
Provide for escorted and specialized services for hospital attendance	Coordinating existing providers

Source: Grant, R. 1992. Transport for the disabled. *Geography*, January, 77, pg. 88-91. (*) Financing is discussed in Ch. 6.

In addition, new and modified transit services can be adopted to improve transit services for handicapped patrons. Two innovative approaches that improve transit services for the handicapped are the "transportation brokerage program" and the Specialized Transportation Enhancement Program (STEP) program.

Transportation Brokerage Program

Pittsburgh, Pennsylvania's urban transit agency, the Port Authority of Allegheny County has successfully been using a transportation brokerage program since 1978.[2] This program addresses the paratransit needs of individuals. A transportation broker is used to create a

network of transit services covering a county using the existing paratransit providers.[2] Providers bid annually on the zones they would like to cover, and, to qualify for consideration, they have to have previous paratransit experience and the proper insurance. With providers decided, the broker acts as a go-between, matching up eligible riders with transit providers, and contacts local social services agencies to fill their paratransit needs. Matched with a provider, the riders contact the carrier directly for services. The riders are issued color coded passes, designating the funding source and allowing the determination of ridership passengers for various contacts. Transporation brokerage programs can be funded by transit agencies, rider costs, grant money, or governmental allocation.

Specialized Transportation Enhancement Program (STEP)

STEP was created in Blair County, Pennsylvania to increase communication between local transit providers, human service agencies, and the community about transit issues.[46] STEP increases communication among these groups by operating a hotline and distributing a newsletter along with other publications. Based on research and observations from STEP's earlier work, program administrators note that lack of knowledge about operating wheelchair lifts prevented handicapped people from using accessible vehicles. Armed with this knowledge, they created and implemented programs aimed at educating potential riders who are disabled. They invited potential riders to a training session on using lift-equipped transit vehicles. They showed them how the lift and securement systems operated. Riders then practiced using the lift in a stress free environment. Working with the Altoona Metropolitan Transportation Association (AMTRAN), Altoona, Pennsylvania's bus system serving Blair County, STEP developed a video, in "Getting Moving: An AMTRAN Guide for Persons Who Use Wheelchairs", and made it available in the library and at the local video store. In addition, the lift-equipped vehicles were taken out into the

community and instructors demonstrated how to operate them. The program was a success in that the number of handicapped riders increased.

2.3.3 Youth

The youth population, an increasing segment of the transit dependent population, uses transit for several purposes (Table 2.5).[10] The most frequent use is transportation to and from school. Transit allows youth mobility and frees them from dependence on their parents, while at the same time relieves parents of chauffeuring duties.[14]

2.3.3.1 Youth Transit Issues

Two frequent issues associated with youth transportation are safety and transit fares (Table 2.5). Transit safety concerns focus on preschoolers and disabled students who ride the school bus.[30] One problem is that some drivers do not have the training needed to handle these groups. Further, it is known that more training for children and drivers concerning bus safety and procedures, plus changes in the design of the school buses, reduce the number of loading zone fatalities.

Table 2.5 Youth Transit Issues

Youth Transit Issues	Transit Needs
Safety	Driver Training in special population needs Restraining devices for preschoolers Driver and children training in loading/unloading safety practices Vehicle design changes
Financial	Inexpensive fares

Source: Goodwin, P.B., Baily, J.M., Brisbourne, R.H., Clarke, M.I., Donnison, J.R., Render, T.E., & Whiteley, G.K. 1983. *Subsidized public transport and the demand for travel.* England: Glower Publishing Company Limited.

Financial barriers often dampen the mobility of the youth population.[5] This population is dependent on transit services for a variety of purposes. They use transit to travel to school, work, shopping, and recreational events.[14] Lack of money, combined with inflation and rising fares, often removes youth from the transit market.[5]

2.4 Successful Models

One goal of this project is to identify innovative practices used to meet transit needs in mid-sized cities. A recent study published by the Transit Cooperative Research Program [TCRP] , *Report 6: Users' Manual for Assessing Service-Delivery Systems for Rural Passenger Transportation*, identifies several mid-sized cities that have developed successful services to meet their transit needs.[40] It is important to note that mid-sized cities (population 8,000-50,000) have different needs and opportunities than do larger urban areas. The TCRP report identifies how successful transit providers have fashioned unique responses to meet their local needs.[40] These cities have set transit goals and objectives based on their values, determined types of service based on the constraints on their resources, and have changed their services to better meet their goals, objectives, and constraints.[40]

TCRP Report 6 cites several innovative transportation programs operating in mid-sized cities. The authors of the case studies ask that the reader review "these cases from the perspective of gaining lessons on how to tailor services to your own community".[40] In particular, the authors ask that the reader compare his or her city's transit characteristics and resources to those described to find a successful model that can be emulated or tailored to meet their specific needs.

2.4.1 Alma, Michigan: Dial-A-Ride Transportation

Overview

An overview of this system is presented in Table 2.6 to show the general characteristics of the service area, services provided, and major points to be noted. The service area of this system includes the town of Alma, which covers six square miles and serves a population of 9,034. It should be noted that 15 percent of the population is 65 years of age and older. The service provided is an on-call demand-responsive service. The six operating vehicles provided 70,000 annual one-way passenger trips. Lessons to note for other communities are the benefits of a rapid response in a small town service area, a strong focus on employee relations, and the strong effect budgetary considerations have on service levels.

Transportation Services

The City of Alma Transportation Center, a department of the city government, operates a dial-a-ride public transit service, locally known as DART. DART began operating in 1975 and has been partially financed through a local tax millage. DART's services focus on demand-responsive and subscription trips. Contractual services are also offered on a limited basis. DART's services are curb-to-curb. The door-to-door services are provided by the Handicapped Information Council/Patient Equipment Locker (HIC/PEL), which focuses on seniors, the handicapped, and medical services.

Services Provided

Operating hours are 7:30 a.m. to 5:30 p.m. on weekdays. Six vehicles operate during peak hours, which are those times when children are traveling to and from school. Three to four vehicles travel during the off-peak hours. Services are available on a 15-minute notice, but

shorter response times are possible. The service is basically a publicly sponsored shared-ride taxi operation within the city limits. DART does not provide trips to persons in the surrounding rural communities due to the lack of financial assistance from those townships.

Table 2.6 City of Alma Dial-A-Ride - Alma, Michigan

Service Area:	Six square miles 9,034 residents One small town in central Michigan
Services Provided:	On-call demand responsive service Fleet of 6 vehicles 70,000 annual one-way passenger trips
Lessons for other Communities:	Shows benefits of a rapid response in a small service area. Strong focus on good employee relations. Budgetary considerations have a strong effect on service levels.

Source: TCRP. 1995. *Report 6: Users' Manual for Assessing Service-Delivery Systems for Rural Passenger Transportation*, p. 48.

Services Consumed

The system reports an annual ridership of 70,000, of which 47,000 are demand-responsive and the remainder are subscription passengers. Sixteen percent are full fare general public riders, 25 percent are school children, 29 percent are seniors, 24 percent are persons with disabilities, 14 percent are contract fares, and 8 percent are fare-free riders. The subscription trips are generally school children.

Personnel and Administration

The system's managers believe that long-term employees make a significant contribution to efficient operations; as a result, the system works to maintain stable employment for its employees. Competitions, tests, employee inputs, hands-on training, and annual awards are an active part of employee relations. Further, employee-generated system changes are encouraged.

Finances

An unusual aspect of DART's financing is that annual budgets are established with the aim of returning a surplus to a capital fund. In the fiscal year July 1992 to June 1993, the system reported total annual revenues of $376,000 and expenses of $351,800. DART has established an objective of adding $20,000 per year to the accumulated surplus; about $750,000 has been accumulated so far. This capital now generates annual interest in excess of $20,000, which puts the system in a sound financial position [40].

Assessment

The system in Alma is atypical for many reasons. The city is a small, older, densely populated community with a senior population which is larger than average. The public transit system resembles a taxi or school bus operation more than a traditional transportation system. The system provides short response times in a limited geographic area. The government and citizens support the system with their patronage and tax dollars. Children are also encouraged to use the system and establish transit usage habits early in life. The focus on building a financial security fund is a rare practice.

This system has been in operation for over 20 years, and the manager is aware of lessons learned over this period of time. DART offers a number of features worth noting. These include the focus on service, the system operating in a business-like manner, the local support, and the low staff turnovers. "This is a highly successful and stable operation that is strongly service-oriented".[40]

2.4.2 Laredo (Webb County), Texas: El Aguila

Overview

Table 2.7 provides an overview of this system, showing the general characteristics of the service area, services provided, and major points to be noted. The service area of this system is Webb County, which covers 3,357 square miles and serves a population of 10,728. The service provided is a fixed-route and fixed-schedule service. The agency operates six vehicles which provide 150,000 annual one-way passenger trips. Lessons to note for other communities are the long distance fixed-route work trips from outlying rural areas to a major urban center, which operate near capacity, and the various cost saving techniques which are employed.

There are characteristics of the population which are important to note. First, the salaries and standard of living are very low throughout Webb County. In 1990, 38 percent of the population was below the poverty level. In addition, 33 percent of all families were below the poverty level. Of the occupied housing units 16 percent had no vehicle available and 14 percent were without a telephone. The extremely poor tend to live outside the city of Laredo in the rural area served by El Aguila, the transportation program operated by the Webb County Community Action Agency. Also, the population in this county is very young. The median age is 25.2 for men and 28.5 for women. Less than 8 percent of the population is 65 years old or older.

Table 2.7 Laredo Webb County Community Action Agency (El Aguila) - Laredo, Texas

Service Area:	3,357 square miles 10,728 residents One large rural county in south Texas
Services Provided:	Fixed route, fixed schedule service Fleet of six vehicles $343,527 annual operating expenses 150,000 annual one-way passenger trips
Lessons for other Communities:	Long-distance fixed-route work trips from outlying rural areas to a major urban center operate near capacity. Various cost saving techniques employed.

Source: TCRP. 1995. *Report 6: Users' Manual for Assessing Service-Delivery Systems for Rural Passenger Transportation*, p. 61.

Transportation Services

El Aguila transportation service is run by the Laredo Webb County Community Action Agency. It is a fixed-route service that links the rural parts of Webb County with the urbanized area of Laredo. The service has been in operation since 1988 and is primarily financed through the Federal Section 5311 (formerly Section 18) program, local county funds, and passenger fares.

There are other agencies that provide transportation services in this county. The City of Laredo operates El Metro an urban bus system within the city limits. The Society of Saint Vincent de Paul provides transportation for Medicaid clients using Title XIX funds. In addition, the South Texas Development Corporation provides services for the elderly and handicapped through a network of neighborhood community centers, using Section 5310 (formerly Section 16) funds.

El Aguila's services focus on transporting people from the outlying rural areas into the city. The services are provided through a network of six routes, operating seven days a week. The system also provides a limited paratransit service to those who are unable to use the fixed-route

service. The service provided within the city is very limited; stops are made only at medical facilities and at the central square in the downtown area. Passengers wishing to travel within Laredo must transfer to the El Metro city bus system.

Services Provided

The El Aguila system provided a total of 122,752 one-way trips and an estimated 8,008 hours of service from 1992 to 1993. Demand-responsive services began in 1993, with a total of 38 passengers during the first month. Almost all of the service provided during this time period was in the form of fixed-route trips. This service operates from 6:00 to 11:00 a.m. and 1:00 to 7:30 p.m., seven days a week. Demand-responsive service is offered Monday through Friday.

Services Consumed

Ridership has steadily increased since the system was established in 1988. Passengers have been grouped into the following categories for the purpose of analysis: elderly, other; paid fare, free fare; and persons with disabilities. In fiscal year 1992 to 1993, 10 percent of the riders were elderly, and 16 percent traveled paying no fare. Thirty-eight people with disabilities were transported. The fare-free passengers include people who qualify for Head Start or Community Services Block Grant programs.

As the demand has increased, the service has expanded. The addition of the demand-responsive service, which uses two vehicles full time, is one example of meeting the demand. The Community Action Agency has also built a new facility in which all services are coordinated.

Administration and Personnel

Coordination of services is a large part of the system's success. The Community Action Agency is very instrumental in the transportation program. Agency clients who receive subsidized transportation use El Aguila as their major transportation resource. The agency's vehicles are stored at the El Aguila facility, and the transportation program's resources serve to improve the agency's ability to meet and respond to the needs of the community.

Finances

The total cost of service in fiscal year 1992 to 1993 was $343,527. Revenues came from passenger fares, Federal Section 5311 (formerly Section 18) allocations administered through the Texas Department of Transportation, and local and interagency in-kind support. The total revenues for fiscal year 1992 to 1993 were $375,234.

Performance

The El Aguila system was chosen as a case study because of its high volume of service at an exceptionally low cost. El Aguila has reduced its costs through the provision of efficient service, due to the concentration of trips that have the same origins and destinations.

Assessment

The success of El Aguila is due to a number of factors. The most important aspect is the emphasis on efficient fixed routes. El Aguila has trained its riders to schedule their activities around the service schedule. In effect, vehicles run at capacity. Levels of income, wages, and cost of living are very low in this area. Thus, the staff can be hired inexpensively. Concentrated origins are also an important factor in the success of this system. The land use pattern in this area is well suited for line haul routes. After riders are picked up in the outlying areas, there are no route-deviation trips needed because Laredo is the center of all activity. The cooperation and

coordination between El Aguila and the city bus system, add to the success of transportation services in this area. This system specializes in one kind of transportation; thus, it is less flexible and more specialized than many other systems. These characteristics make this model especially useful in areas that are rapidly developing, especially in areas that have a centralized employment area.

2.4.3 City of Soledad System, California

Overview

Table 2.8 provides an overview of this system, showing the general characteristics of the service area, services provided, and major points to be noted. The City of Soledad provides an example of an effective and efficient single-bus system that is open to the general public. The service area of this system is a rural township which covers 9.5 square miles and serves a population of 9,000. The service provided is on-call demand-responsive. Lessons to note for other communities are that short response times can increase ridership and costs can be lowered through the donation of administrative services by other agencies.

Demographics

In 1990 the City of Soledad had a population of 7,146, with per capita income of $6,889 and a median household income of $27,078. Ninety percent of the population is Hispanic, and 6 percent is Swiss.

Transportation Services

The transportation service is run by city employees. The system is demand-responsive and functions like a taxi in that passengers call the city radio operator to request services when they want a ride. The operator contacts the driver and finds out how long it will take to reach the

Table 2.8 City of Soledad - Soledad, California

Service Area:	9.5 square miles 9,000 residents One rural township in northern California
Services Provided:	On-call demand-responsive Fleet of one vehicle $49,093 annual operating expenses 15,029 fare-paying passengers
Lessons for other Communities:	Short response times increase ridership within a community. Some administrative services donated by other agencies.

Source: TCRP. 1995. *Report 6: Users' Manual for Assessing Service-Delivery Systems for Rural Passenger Transportation*, p. 70.

pickup point. Typically, service is provided within 10 to 15 minutes. Five minutes is the minimum advance reservation time reported by the system. The service is funded through federal and state assistance, as well as passenger fares. The vehicle operates within the city and the area within two to three miles of Soledad. The system does not provide contract services, but it does transport seniors to the YMCA-operated nutrition site as fare-paying customers. The system also provides transportation from the two hotels to the state prison located on the outskirts of Soledad.

Services, Hours, & Fares

The general fare is $.75. Children and the disabled pay $.25. The elderly pay $.25 in town and $1.50 for up to 2.5 miles. Services are offered from 8:10 a.m. to 5:00 p.m. There are no other transit providers in the area.

Assessment

This system shows that there is no minimum number of passengers required for a public transportation system to operate, as long as the level and type of service is appropriate to the

needs of the community. Costs can be decreased by sharing administrative duties with another agency. In this case the administrative duties are performed by the city's bookkeeper [40].

2.4.4 Pulaski County Transit System, Hawkinsville, Georgia

Overview

Table 2.9 provides an overview of this system, showing the general characteristics of the service area, services provided, and major points to be noted. Pulaski County is a primarily rural county in Georgia. In 1990, the total population in the county was 8,106. The largest town in the county is Hawkinsville, which has a population of 3,526. The Commissioner of Pulaski County operates the public transit system, which is an on-call demand-responsive service consisting of one vehicle. The Heart of Georgia Community Action Council, Inc., is the third party operator of the system.

Finances

Operating and administrative costs are financed by federal Section 5311 (formerly Section 18) funds, with matching funds provided by the County. The Georgia Department of Transportation also provides part of the local match for capital expenses. Fares and contract services add to the revenue.

Services Provided

The service is demand-responsive. Riders are asked to make reservations three days in advance, or at least 24 hours in advance of their trip. Last-minute medical trips are worked into the schedule for the same day if possible. Services are provided 8:00 a.m. to 5:00 p.m., Monday

Table 2.9 Pulaski Transit - Hawkinsville, Georgia

Service Area:	247 square miles 8,106 residents One rural county in western Georgia
Services Provided:	On-call demand-responsive service Fleet of one vehicle $26,280 annual operating expenses 8,700 annual one-way passenger trips
Lessons for other Communities:	The use of scheduled service zones and the focus on the elderly riders helps in increase productivity. Voluntary drivers cut costs.

Source: TCRP. 1995. *Report 6: Users' Manual for Assessing Service-Delivery Systems for Rural Passenger Transportation*, p. 74.

through Friday. The county is divided into four zones; each is served one day a week. The vehicle is used to provide home-delivered meals for homebound persons, and to deliver the Salvation Army Christmas packages. The system also provides some Medicaid transportation.

Fares & Services Consumed

The fare is $1.00, but if passengers are unable to pay (generally determined by qualification for public assistance), they are allowed to ride for free. Riders include low and moderate-income persons, elderly, and the general public.

2.5 General Assessment of the Single Bus Systems

The Pulaski Transit and the City of Soledad systems are in different parts of the United States, yet they are similar in several ways:

- Operate demand-responsive services
- Serve populations of similar size (8,000-9,000)
- Similar costs per rider trip

- Have limited administrative costs, with these functions performed as one of a number of various responsibilities
- Operate a single vehicle
- Serve the general public, with no restrictions on rider eligibility or trip purpose
- Operate on weekdays
- Utilize available Section 5311 (formerly Section 18) and state funds for capital and operating expenses

In these case studies a situation exists in which the use of one vehicle is appropriate to the demand and size of the population. In addition, the driver and the vehicle are productively used to meet a variety of transit needs. These systems use zones and scheduled service patterns in order to concentrate service to designated areas at designated times, in order to allow for the grouping of trips. They also save money by allocating administrative duties to persons who have other responsibilities.

2.6 Overall Lessons

From these case studies several lessons should be noted.[40] The first is to take advantage of local geographic and demographic patterns. In Alma and Soledad, the systems are demand-responsive and function like taxi services, responding usually within 15 minutes of the call for a ride. This high level of responsiveness is possible because they serve limited geographic areas characterized by high population densities.

Tailoring service types to the area is important in creating a successful transit system. The fixed-route work trips shown in the Laredo-Webb County case study provide a good example of using a system that is ideally suited for the area. The spatial concentration of origins and

destinations benefit the Laredo-Webb system. The temporal concentration of origins and destinations allows the Pulaski County system to concentrate services in particular areas, at designated times, to provide for the grouping of trips.

Aggressively managing costs is an important lesson to learn from these case studies. Alma uses part-time personnel as a means of providing services without paying salaries or providing benefits. The Laredo-Webb County system operates in an area that is characterized by low wages, thus reducing personnel costs. The budgetary program Alma uses to produce a surplus each year has created a large reserve fund, which pays yearly interest money to the system. Soledad uses nontransit personnel to perform many administrative functions, which reduces transit employee costs.

Focusing on customer and employee needs is another lesson to note. Alma does this by providing a high level of responsiveness. The Alma case study also shows the importance of good employee relations. Laredo-Webb County widely publicizes trip schedules in the communities where services are offered. These systems focus their services on the general needs of their riders.

The result of the techniques used by these systems is an increasing demand for services. Soledad and Laredo-Webb County have experienced substantial ridership growth in recent years. On the other hand, Alma discourages growth to keep the demand for trips within the limits that the transit system can afford and manage. Adopting the approaches shown in these case studies may improve the cost-effectiveness of many mid-sized transit providers in Nebraska.

2.7 Conclusion

This chapter has provided a frame of reference for the research project. The review of the current literature relevant to transit issues has focused on transit needs of the general population and the transit dependent, the poor, young, handicapped, and elderly. Innovative models of successful transit systems have been identified. These models assume availability of new funds or a restructuring of existing funds to subsidize them. The information provided in this chapter provides context for the assessment of transit availability and needs in mid-sized Nebraska cities discussed in the following chapters.

Chapter 3 - Mid-Sized Nebraska Cities' Transit Profiles & Perceived Needs

3.1 Introduction

Building upon existing data, a profile of current transit services in the thirteen mid-sized Nebraska cities[2] was created.[20] In this chapter we present demographic characteristics and an inventory of the existing transit systems and services for each Nebraska mid-sized city. Additionally, in the city-by-city profile, we identify the perceived needs that emerged from the survey of transit providers. This city-by-city profile provides the opportunity to delineate what exists in the community and what is perceived to be needed.

3.2 Transit Providers Survey Methodology

Questionnaires were sent to key informants, in transit agencies, transportation committees, Chambers of Commerce, and city governments in each mid-sized city to identify perceived transit needs. Key informants were selected to participate in this study based on his or her knowledge of the subject rather than by random sampling.[41] Key informants are able to make comparisons between communities of a county and therefore, were able to provide information concerning the transit characteristics of the populations in question.[41]

Key informants responded to questionnaires concerning: (1) general background information; (2) transit clientele and special services; (3) scheduling and routing characteristics; (4) transit conditions; (5) coordination of services; (6) and perceived strengths and needs of the system. A complete questionnaire is presented in Appendix 1. Sixty-two questionnaires were sent to key informants identified by the Nebraska Department of Roads. Table 3.1 lists the

[2] Mid-sized cities include Alliance, Beatrice, Columbus, Fremont, Gering, Grand Island, Hastings, Kearney, Lexington, Norfolk, North Platte, Scottsbluff, and York.

persons who were sent questionnaires, the number of questionnaires sent to each mid-sized city, and the number returned. A total of 24 completed questionnaires were returned.

Table 3.1 Transit Providers Survey

City Name and Key Informants Who Were Sent Questionnaires	Number Questionnaires Sent	Number Questionnaires Returned
Alliance	2	1
Mr. Lyle J. Stephens, Box Butte County Handi-bus		
Mr. Dan Guenther, Good Samaritan Village		
Beatrice	3	2
Mr. Larry Ossowski, Blue Rivers AAA Director		
Mr. James L Goracke, Martin Luther Homes		
Mr. Ron Hippen, Yellow Cab Co.		
Columbus	3	1
Ms. Gloria Laudenklos, Columbus Senior Center/Transit System		
Mr. Mike Oglevie, Personnel Director City of Columbus		
Mr. Tom Meek, Director Rainbow Center		
Fremont	3	1
Mr. Tom Anderson, Superintendent of Public Services		
Mr. Randy Reyzlik, Director of Budget Personnel City of Fremont Handi-bus		
Mr. Jack Sutton, City Administrator City of Fremont		
Scottsbluff/Gering	6	2
Mr. Bernard Sibal, Director Scotts Bluff Hand-bus Service		
Cirrus House, Inc.		
Ms. Lori Cape, CABCO, Inc.		
Ms. Virginia Torrey, Homestead Halfway House		
Mr. Victor Walker, Director Aging Office of Western Nebraska		
Ms. Linda Redfern, Panhandle Developmental Disabilities Service, Inc.		
Grand Island	8	4
Ms. Karon Smith, Hall County Handi-bus		
Ms. Lois Stienike, Senior Citizens Industries		

Ms. Tammy Stelk, Hall County Board of Supervisors		
Ms. Ellen Merrill, Hall County Board Assistant		
Ms. Alice Barlett, Mid-Nebraska Mental Retardation Services		
Ms. Peggy Harl-Ezell, Bethphage at Grand Island		
Leo and Deta Lindahl, City Cab and Transit Co.		
Ms. Kris Nolan Brown, Central Nebraska Goodwill Industries		
Hastings	**8**	**1**
Ms. Ardella Rold, Director Adams County Senior Services		
Mr. Gale Klawonn, 80-Taxi Line		
Lou Wissing, Good Samaritan Village		
Ms Leota Rolfs, Mary Lanning Hospital Association		
Ms. Bonnie Chamberlain, Opportunity House		
Mr. Jerry Ryan, Director Midland Area Agency on Aging		
Ms. Alice Barlett, Mid-Nebraska Individual Services		
Mr. John Quirk , Rural Development Commission		
Kearney	**9**	**3**
Ms. Karen Lueck, Executive Director Mid Nebraska Community Services		
Ms. Donna K Hammack, Good Samaritan Hospital Foundation		
Mr. Steven Miles, St John's Center		
Ms. Deborah Lyons, Administrator Mount Carmel Home		
Dr. Robert Rosenlof		
Ms. Donna Mayo, Director South Central Nebraska Area Agency on Aging		
Ms. Nancy Prescott, Mother Hull Home		
Mr. Kevin Moriarty, St Luke's Good Samaritan Village		
Ms. Denise Zwiener, Assistant Director, Kearney Chamber of Commerce		
Lexington	**2**	**0**
Ms. Barbara Rae Lind-Hollenbeck, Dawson County Handi-bus		
Mr. Gerald Andre, Taxi Cab Service of LaPlacita		
Norfolk	**8**	**2**
Ms. Jean Atwood, Norfolk Handi-bus office		
Ms. Mary Kay Uhing, Liberty Centre Services, Inc.		
Mr. William Christian, Improved Living		

Ms. Connie Cooper, Executive Director Northeast Nebraska Area Agency on Aging		
Mr. Glenn Zobel		
Ms. Judy Roam, Department of Social Services Northeast District Office		
Ms. Lind Carey, League of Human Dignity		
Robert & Diann Nichols, Checker Cab		
North Platte	**8**	**5**
Ms. Sandra J Miller-James, City of North Platte		
Mr. Darrel Mueller, Parks and Recreation Director		
The Honorable G. Keith Richardson, Mayor of North Platte		
Ms. Ruth Hoffman, North Platte Opportunity Center		
Ms. Deb Hyde, Foundation for Emotional Enrichment Inc		
Mr. Merlyn Haight, Director West Central Nebraska AAOA		
Mr. Arthur J. Giesenhagen, Yellow Cab Company		
Ms. Kathy Sanchez, Manager Job Training of Greater Nebraska		
York	**2**	**2**
Ms. Pam Phillippe, Epworth Village, Inc.		
Ms. Carol Barr, Senior Information Center		
Totals	**62**	**24**

Source of Contact Persons: Nebraska Department of Roads

3.3 City-By-City Profile and Needs

The following sections provide city-by-city details on demographics, transit services, and perceived transit needs. Chapter 4 provides an aggregated profile of the transit needs survey.

3.3.1 Alliance, Nebraska

3.3.1.1 Demographic Characteristics

The estimated 1994 population of Alliance was 9,602 (Table 3.2).[21] Alliance is the largest city in Box Butte County. Table 3.2 also contains the 1990 socio-economic and demographic data for Box Butte County. According to the 1990 census data, the total population of Box Butte

County was 13,130. Of this population, 13.6 percent were 65 years and older. Of the population under the age of 65, 9.71 percent had incomes below the poverty level. There were 56 persons between the ages of 16 and 64 who had a mobility limitation. Of those with mobility limitations, 37 persons over the age of 15 were employed. This compares to a total of 8,045 persons who were employed in the entire county. Further, 296 households in this county did not have a personal vehicle. It is also worth noting that the population in Box Butte County increased 30.8 percent between the years 1970 and 1990.[8]

Table 3.2 1990 Socio-Economic and Demographic Data for Alliance & Box Butte County, Nebraska

County/ City	Persons Aged 65 and Older in County	Total Population: 1990 County/ 1994 City	Homes with Zero Vehicles in county	1989 Income < Poverty Level and < 65 Years Old in County	Total Number of Employed Persons in County	Persons with Mobility Limitation in County Aged 16-64	Persons with Mobility Limitation in County Employed, Age > 15
Box Butte/ Alliance	1782	13,130/ 9,602	296	1,275	8,045	56	37

Source: Moussavi, M., J. Albeck, M. Al-Turk. 1995. *Nebraska's Non-Urbanized Public Transportation Needs Assessment*, Table 3.4, pg. 20. 1994 estimated population for Alliance from Nebraska Bureau of Business Research, NU Onramp, UNL.

3.3.1.2 The Box Butte County Handi-Bus Program

Box Butte County is served by the Box Butte County Handi-Bus Program.[25] This system provides a demand-responsive service to the communities of Alliance and Hemingford. Handi-Bus service is available to the general public, elderly, and disabled, Monday through Friday, between 7:15 a.m. and 4:30 p.m.

The rates for the elderly and disabled are $.50 per round trip when traveling to congregate meals, and $1.00 for other round trips. The rate for the general public is $1.00 per round trip.

The Box Butte County Handi-Bus Program operates three vehicles. The program has one lift-equipped, seven-passenger van; one 15-passenger van; and one 12-passenger van.

According to estimates made by Moussavi et al., passenger boardings on the Box Butte Handi-Bus will increase between the years of 1995 and 2015 if the miles each vehicle travels increases.[20] However, ridership is expected to remain the same if there is no increase in vehicle miles.

3.3.1.3 Survey Findings

The transit provider who responded to the survey supplied further information about services offered by the Box Butte Handi-Bus. According to the respondent, two vehicles have priority seating for the elderly and handicapped. Assistance with shopping is a special transit service available to the elderly. Further, drivers are trained by the Nebraska Association of Transportation Providers (NATP) to meet the special needs of the elderly and handicapped.

The respondent indicated that the most frequent users of the transit system are, in order of use, the elderly, adults, physically disabled, youth, and the mentally disabled.

The Box Butte Handi-Bus system provides direct service five days a week to the following destinations: medical offices, dental office, hospital, central business district, grocery stores, retail stores, post office, social service providers, city offices, nursing homes, senior center/agency on aging, and the recreation center. Customers must request a ride within one hour of service.

According to the transit providers survey respondents, the following groups have transit vehicles to accommodate the transportation of their clientele: senior center/area agency on aging,

community action agency, school district, nursing homes/retirement homes, YMCA/YWCA, and churches. However, the survey respondent indicated that there is no coordination among these transit services, because each program has its own priorities.

Perceived Needs

The survey respondent reported that the greatest weakness of the existing system is the lack of funds to provide longer service days. The most frequent complaint about the existing system is that it does not operate on the weekend (Table 3.3).

Table 3.3 Perceived Transit Needs in Alliance, Nebraska

1. Funds for longer service hours
2. Weekend service

Source: Transit Providers Survey, n=1

3.3.1.4 Summary

The information provided suggests transit needs in Alliance, Nebraska, may not be fully met. While Moussavi et al. suggest that ridership may not increase between the years of 1995 and 2015 if vehicle miles do not increase (therefore, potentially mitigating the need for increased service), there is a current perception of transit need.[20] The survey respondent reported that longer service days and weekend service hours are needed by the community (Table 3.3).

3.3.2 Beatrice, Nebraska

3.3.2.1 Demographic Characteristics

The estimated 1994 population of Beatrice was 12,329 (Table 3.4).[21] Beatrice is the largest city in Gage County. Beatrice is home to the Blue Rivers Area Agency on Aging and the main office for the Blue Rivers Transportation System. This transit provider serves five counties in southeast Nebraska which are Gage, Jefferson, Nemaha, Otoe, and Thayer. Table 3.4 also

contains the 1990 socio-economic and demographic data for Gage, Jefferson, Nemaha, Otoe, and Thayer Counties. According to the 1990 census data, the total population of the five counties was 60,420. Of this population 21.9 percent were 65 years and older. Of the under 65 population, 9.8 percent had incomes below the poverty level. There were 620 persons between the ages of 16 and 64 who had a mobility limitation. Of those with mobility limitations, 171 of those over the age of 15 were employed. This compares to a total of 39,708 persons who were employed in the five counties. Further, 1,787 households in these counties did not have a personal vehicle. It is also worth noting that the total population of Gage, Jefferson, Nemaha, Otoe, and Thayer Counties decreased 11.78 percent between the years 1970 and 1990.[8]

Table 3.4 1990 Socio-Economic and Demographic Data for Beatrice and Gage, Jefferson, Nemaha, Otoe, and Thayer Counties

Counties/ City	Persons Aged 65 and Older in Counties	Total Population: 1990 Counties/ 1994 City	Homes with Zero Vehicles in Counties	1989 Income < Poverty Level and < 65 Years Old in Counties	Total Number of Employed Persons in Counties	Persons with Mobility Limitation (Counties) Aged 16-64	Persons with Mobility Limitation in Counties Employed, Age > 15
Gage, Jefferson, Nemaha, Otoe, Thayer/ Beatrice	12,740	60,420/ 12,329	1,787	5,959	39,708	620	171

Source: Moussavi, M., J. Albeck, M. Al-Turk. 1995. *Nebraska's Non-Urbanized Public Transportation Needs Assessment*, Table 3.4, pg. 20. 1994 estimated population for Beatrice from Nebraska Bureau of Business Research, NU Onramp, UNL.

3.3.2.2 Blue Rivers Transportation System

Beatrice is the largest of the 61 communities served by the Blue Rivers Transportation System.[25] This transportation system serves the counties of Gage, Jefferson, Nemaha, Otoe, and Thayer. The Blue Rivers Transportation System operates in these counties on a demand-

response, portal-to-portal, 24-hour advance reservation basis. Vehicles are stationed in county seat communities and offer regular routed transportation services once or twice a week to all 61 communities within the area. Irregular routes are scheduled into Hastings and Omaha on an as needed, once-a-week, basis. The system contracts with private cab companies in Beatrice and Nebraska City for all off-hour or peak-time transportation service. Two inter-city routes provide transportation to Lincoln three days per week.

Fares for the elderly and disabled are $.80 per one-way trip within a community, $1.60 per one-way trip between communities, $4.00 per one-way trip to Lincoln, Omaha, and Hastings, and $1.75 per one-way taxi trip (fare established by contract) within city limits. The general public fares are $3.25 per one-way trip in Beatrice and $3.00 per one-way trip in Nebraska City.

The Blue Rivers Transportation System has 18 operating vehicles. Twelve of the vans are lift-equipped and each of the five county seats have vans stationed in their community. The center of operations is in Beatrice, with branch offices in Wymore, Gage County; Fairbury, Jefferson County; Hebron, Thayer County; Auburn, Nemaha County; Syracuse, Otoe County; and Nebraska City, Otoe County.

According to estimates made by Moussavi et al., passenger boardings on the Blue Rivers Transportation System will increase between the years of 1995 to 2015 if the miles each vehicle travels increases.[20] However, they estimated that ridership demand would decrease if there was no growth in miles traveled. The estimated average fare would also increase from $0.55 in 1995 to $.84 in 2015.

3.3.2.3 Beatrice Yellow Cab Co.

The City of Beatrice is also served by the Yellow Cab Company.[25] This taxi service operates two vehicles in Beatrice and the vicinity, from 7:00 a.m. to 10:00 p.m., seven days a week, with no service on holidays. The fare is $2.00 for the first 1/8 of a mile and $.20 for each additional 1/8 of a mile. The fare is $.25 for additional passengers over five years of age, and $.25 is added for each minute of waiting time. The delivery of small packages is priced according to the meter. Out of town trips are $1.25 per mile.

3.3.2.4 Martin Luther Homes

In addition to Blue Rivers Transportation System and Yellow Cab Company, Martin Luther Homes provides service for its residents. Martin Luther Homes operates six vehicles, which include two small buses, two vans, one mini-van, and one station wagon.

3.3.2.5 Survey Findings

The transit providers survey respondents supplied further information about transit in Beatrice. The Blue Rivers Transportation System provides direct service five days a week to the following destinations in Beatrice: medical offices, dental offices, hospital, central business district, grocery stores, retail stores, post office, social service providers, city offices, nursing homes, senior center/agency on aging, junior/senior high school, and the city pool. Respondents indicated that the elderly are the most frequent users of the transit system and the taxi cabs.

According to the transit providers survey results, door-to-door assistance is a special transit service available to the elderly, physically disabled, and mentally disabled. Drivers of the Blue Rivers Transportation System are trained in passenger assistance, wheelchair lift operations, passenger relations, vehicle maintenance, blood borne pathogens, and drug awareness.

According to the transit providers survey results, the following groups have transit vehicles to accommodate the transportation of their clientele: senior center/area agency on aging, community action agency, school district, nursing homes/retirement homes, churches, and taxi company. Respondents noted that it is difficult to coordinate, due to restrictive regulations, as well as inadequate funding sources, staff, and vehicles.

Perceived Needs

The survey respondents indicated that Beatrice needs transit on a set schedule, early/later hours of operation, weekend service, adequate medical transportation, and a pass-through service to other cities (for example, Greyhound Bus Lines) (Table 3.5). It was noted that the barrier to meeting these needs is inadequate funding. One survey respondent reported that the transit needs of the non-elderly adults and youth/children are not being met due to restrictive fares, and service is not always available for the physically disabled.

Table 3.5 Perceived Transit Needs in Beatrice, Nebraska

1. Transit with a set schedule
2. Earlier/later hours of operation
3. Weekend service
4. Adequate medical transportation
5. Pass-through service to other cities

Source: Transit Providers Survey, n=2

3.3.2.6 Summary

The information provided suggests transit needs in Beatrice may not be fully met. While Moussavi et al. suggest that demand may decrease if vehicle miles do not increase, there are current perceived needs that should be addressed.[20] Transit needs of the non-elderly adults and youth/children are not being met, it is believed, because potential riders cannot use the system

due to their inability to pay the fare, and service is not always available for the physically disabled. Survey respondents report that Beatrice needs transit on a set schedule, early/later hours of operation, weekend service, adequate medical transportation, and a pass-through service to other cities. It was noted that a primary barrier to meeting these needs is inadequate funding.

3.3.3 Columbus, Nebraska

3.3.3.1 Demographic Characteristics

The estimated 1994 population of Columbus was 20,514 (Table 3.6).[21] Columbus is the largest city in Platte County. Table 3.6 also contains the 1990 socio-economic and demographic data for Columbus. According to 1990 census data, the total population of Columbus was 19,480. Of this population 14.4 percent were 65 years and older. Of the under 65 population, 6.9 percent had incomes below the poverty level. There were 428 persons between the ages of 16 and 64 who had a mobility limitation. Of those with mobility limitations, 76 persons over the age of 15 were employed. This compares to a total of 9,901 persons who were employed in the city of Columbus. It is also worth noting, that the population in Columbus was estimated to increase 5.31 percent between the years of 1990 and 1994.[8]

Table 3.6 1990 Socio-Economic and Demographic Data for Columbus, Nebraska

Mid-Sized City	Persons Aged 65 and Older	Total Population 1990/1994	Homes with Zero Vehicles	1989 Income < Poverty Level and < 65 Years Old	Total Number of Employed Persons	Persons with Mobility Limitation Aged 16-64	Persons with Mobility Limitation Employed, Age > 15
Columbus	2,811	19,480/ 20,514	N/A	1,187	9,901	428	76

Source: Moussavi, M., J. Albeck, M. Al-Turk. 1995. *Nebraska's Non-Urbanized Public Transportation Needs Assessment*, Table 3.5, p. 22. 1994 estimated population for Columbus from Nebraska Bureau of Business Research, NU Onramp, UNL.

3.3.3.2 Columbus Area Transit System

Columbus is served by the Columbus Area Transit System.[25] Transportation service is provided on a demand-responsive basis within the city limits of Columbus. A minimal, set fee is charged per boarding for transportation anywhere within the city limits. Advanced registrations are encouraged. The rate for elderly and disabled persons is $.75 per boarding. The boarding cost is $4.00 for the general public. The Columbus Area Transit System operates one vehicle. It is a 12-passenger Dodge van with lift equipment.

According to estimates made by Moussavi et al., passenger boardings will increase between the years of 1995 and 2015 if the miles each vehicle travels increases.[20] Ridership will remain stable if there is no growth in miles traveled. The estimated average fare will increase from $.78 in 1995 to $1.18 in 2015 .

3.3.3.3 Columbus TAXI

Columbus is also served by Columbus TAXI.[25] This taxi service operates two vehicles in Columbus and the vicinity from 6:00 a.m. to 10:00 p.m. every day except Sundays and holidays. The fare is $1.75 for the first 1/6 of a mile and $.25 for each additional 1/6 of a mile within the city. Trips outside the city limits are $1.25 per mile. A $.10 fee is added for each minute of waiting time. TAXI will delivery small packages for $1.00.

3.3.3.4 Other Agencies Which Provide Transportation

In addition to TAXI and the Columbus Area Transit, two other agencies provide transportation services in Columbus. The Columbus Senior Center/Transit System and the Rainbow Center each operate one vehicle.

3.3.3.5 Survey Findings

The transit provider who responded to the survey supplied additional information about transit in Columbus. The respondent indicated that the most frequent users of the transit system are, in order of use, adults, elderly, and the mentally disabled.

Further, according to the transit providers survey respondent, the following groups have transit vehicles to accommodate the transportation of their clientele: Columbus Area Transit System, Columbus TAXI, senior center/area agency on aging, school district; nursing homes/retirement homes, group homes/halfway house, YMCA/YWCA, and churches. The survey respondent reported that there is no transportation coordination among these agencies. However, the respondent believes that several agencies could coordinate vehicle usage.

Perceived Needs

The survey respondent reported that the greatest weakness of the system in Columbus is a lack of cooperation among the agencies. The respondent indicated that mass transit traveling to different areas of town is needed. A lack of money and a sponsor are barriers to meeting this need. In addition lower fares, evening service, increased number of transit vehicles, increased number of wheelchair-accessible vehicles, and an increased awareness of transit availability, are transit needs in Columbus (Table 3.7).

Table 3.7 Perceived Transit Needs in Columbus, Nebraska

1. City wide transit
2. Lower fares
3. Evening service
4. Increased number of transit vehicles
5. Increased awareness of transit availability

Source: Transit Providers Survey, n=1

3.3.3.6 Summary

The information provided suggests that transit needs in Columbus may not be fully met. Results of the transit providers survey reported that Columbus needs lower fares, evening service, increased number of transit vehicles, increased number of wheelchair accessible vehicles, and an increased awareness of the availability of transit (Table 3.7). The respondent also indicated that mass transit traveling to different areas of town is needed. A lack of money and a sponsor are barriers to meeting this need. Additional funding and/or innovations in service approaches will be required to meet the needs of the community.

3.3.4 Fremont, Nebraska

3.3.4.1 Demographic Characteristics

The estimated 1994 population of Fremont was 23,755.[21] Fremont is the largest city in Dodge County. Table 3.8 contains the 1990 socio-economic and demographic data for Dodge County. According to the 1990 census data, the total population of Dodge County was 34,500. Of this population, 17.3 percent were 65 years and older. Of the under 65 population, 6.5 percent had incomes below the poverty level. There were 307 persons between the ages of 16 and 64 with mobility limitations. Of those with mobility limitations, 49 persons over the age of 15 were employed. This compares to a total of 16,468 persons who were employed in the entire county. It is also worth noting that the population in Dodge County slightly decreased 0.81 percent between the years of 1970 and 1990.[8]

Table 3.8 1990 Socio-Economic and Demographic Data for Fremont and Dodge County, Nebraska

County / City	Persons Aged 65 and Older in County	Total Population : 1990 County/ 1994 City	1989 Income <Poverty Level and < 65 Years Old in County	Total Number of Employed Persons in County	Persons with Mobility Limitation in County Aged 16-64	Persons with Mobility Limitation in County Employed, Age > 15
Dodge/ Fremont	5,974	34,500/ 23,755	n/a	16,468	307	49

Source: Nebraska Bureau of Business Research, NU Onramp, UNL. 1994 estimated population for Fremont from Nebraska Bureau of Business Research, NU Onramp, UNL.

3.3.4.2 Fremont Transit Line

The city of Fremont is served by the Fremont Transit Line.[25] This transit service is a city-owned and-operated fixed route system. There are two routes, with service on each route commencing every two hours of operation from the origination point at 6th and Main Streets. Fremont's system is unique in that it is the only fixed-route system in a mid-sized Nebraska city.

The fare for elderly and disabled persons is $.25 per one-way trip. The general public is charged $.50 per one-way trip. Children under the age of six are free. The Fremont Transit Line operates two vehicles. Each vehicle is a small bus with lift equipment.

3.3.4.3 City Cab

The city of Fremont is also served by City Cab.[25] This taxi service operates two vehicles in Fremont and the vicinity Monday through Saturday from 7:00 a.m. to 7:00 p.m. There is no service on Sundays and holidays. The fare is $2.00 for the first 1/7 of a mile and $.20 for each additional 1/7 of a mile for all trips. There is no additional charge for extra passengers. Deliveries are billed at meter fare plus $.50, and waiting time is $.30 per minute. After-hours trips can be arranged by appointment.

3.3.4.4 Eastern Nebraska Office on Aging (ENOA) Transportation System

In addition to the Fremont Transit Line and City Cab, Fremont is served by the Eastern Nebraska Office on Aging Transportation System (ENOA).[25] The system is demand-responsive and operates Monday through Friday. The service is limited to rural areas of Cass, Dodge, Douglas, Sarpy, and Washington Counties. No service is provided within or between points in Bellevue, LaVista, Omaha, Papillion, or the portion of northeast Sarpy County that is designated urban. ENOA provides service to 31 communities including Fremont. The fare for elderly and disabled passengers ranges from $4.00 to $7.00 per one-way trip and $8.00 to $14.00 per round trip. The charge is dependent on the length of trip. The general public pays $8.00 per one-way trip and $16.00 per round trip, and the length of trip does not affect this rate. The Eastern Nebraska Office on Aging Transportation System operates four lift-equipped vans.

3.3.4.5 Survey Findings

The transit providers survey identified additional information about transit in Fremont. According to the survey results, the Fremont Transit route covers more then 25 miles with an average running time of about 60 minutes. The system provides direct service five-and-a-half days a week to the following destinations: medical offices, hospital, central business district, grocery stores, retail stores, nursing homes, senior center/agency on aging, and the recreation center. Ten percent of the transit stops have shelters.

The survey respondent indicated that the most frequent users of the Fremont transit system, in order of use, are the elderly, adults, physically disabled, youth, and the mentally disabled. The survey respondent also point out that half-priced fares are offered to the elderly and disabled.

In addition, the vehicles have priority seating for the elderly and handicapped. Drivers are trained by the State of Nebraska and Nebraska Association of Transit Providers.

The survey respondent indicated that the following groups have transit vehicles to accommodate the transportation of their clientele: city, nursing homes/retirement homes, churches, and a taxi company. The respondent highlighted that all providers are sent an annual notice of the Fremont Transit Line operations with an offer to coordinate.

Perceived Needs

Increased awareness of transit availability was reported by the survey respondent as a potential transit need (Table 3.9). The greatest weakness of the system is its inflexibility and the cost of operation. The respondent indicated that Fremont needs portal-to-portal service, but such a service would be in direct competition with the taxi service. The most frequent complaint of the system is that there is no house service or evening hours.

Table 3.9 Perceived Transit Needs in Fremont, Nebraska

1. Increased awareness of transit availability
2. Portal to portal service
3. Evening hours

Source: Transit Providers Survey, n=1

3.3.4.6 Summary

The information provided suggests that transit needs in Fremont may not be fully met. The survey respondent indicated that Fremont needs portal-to-portal service, evening hours, and an increased awareness of transit availability (Table 3.9). The greatest weakness of the Fremont system is its inflexibility and the cost of operation. It appears that other funding sources and/or innovative solutions will be needed to meet the needs of the population.

3.3.5 Gering & Scottsbluff, Nebraska

Gering and Scottsbluff are both mid-sized cities in Nebraska. However, they are located approximately three miles apart and are both served by the Scotts Bluff County Handi-Bus Service. The demographic, socio-economic, and survey data available for these cities is consolidated. Therefore, they are combined in this report into one section and referred to as Gering/Scottsbluff.

3.3.5.1 Demographic Characteristics

In 1994, the estimated population of Scottsbluff was 14,070, and the population of Gering was 8,158 (Table 3.10).[25] Scottsbluff is the largest city in Scotts Bluff County, and Gering is the second largest. Table 3.10 also contains the 1990 socio-economic and demographic data for Scotts Bluff County. According to the 1990 census data, the total population of Scotts Bluff County was 36,025. Of this population 15.9 percent were 65 years and older. Of the under 65 population, 13.2 percent had incomes below the poverty level. There were 327 persons between the ages of 16 and 64 who had a mobility limitation. Of those with mobility limitations, 85 persons over the age of 15 were employed. This compares to a total of 22,803 persons who were employed in the entire county. Further, 826 households in this county did not have a personal vehicle. It is also worth noting that the population in Scotts Bluff County decreased 1.12 percent between the years of 1970 and 1990.[8]

3.3.5.2 Scotts Bluff County Handi-Bus Service

Scotts Bluff County is served by the Scotts Bluff County Handi-Bus Service.[25] The Scotts Bluff County system provides demand-response transportation to the entire county operating Monday through Friday, 8:00 a.m. to 4:30 p.m. This program serves the communities of Gering,

Table 3.10: 1990 Socio-Economic and Demographic Data for Gering, and Scottsbluff and Scotts Bluff County, Nebraska

County / Cities	Persons Aged 65 and Older in County	Total Population: 1990 County/ 1994 Cities	Homes with Zero Vehicles in County	1989 Income < Poverty Level and < 65 Years Old in County	Total Number of Employed Persons in County	Persons with Mobility Limitation in County Aged 16-64	Persons with Mobility Limitation in County Employed, Age > 15
Scotts Bluff/ Gering; Scotts-bluff	5,744	36,025/ 8,158 14,070	826	4,763	22,803	327	85

Source: Moussavi, M., J. Albeck, M. Al-Turk. 1995. *Nebraska's Non-Urbanized Public Transportation Needs Assessment*, Table 3.4, p. 21. 1994 estimated population for Gering and Scottsbluff from Nebraska Bureau of Business Research, NU Onramp, UNL.

Henry, Lyman, McGrew, Melbeta, Minatare, Mitchell, Morrill, and Scottsbluff. The Handi-Bus provides service to four congregate meal sites within the area of Scottsbluff, Gering, and Mitchell, Monday through Friday. Outlying areas are served Monday through Friday on an as-needed basis. It is requested that reservations be made 24 hours in advance.

The fare for the elderly and disabled is $.25 per one-way ride to congregate meals and $.75 per one-way trip to other destinations. The fare for the general public is $2.25 per boarding, plus $2.00 per mile.

Scotts Bluff County Handi-Bus Service has nine operating vehicles, including five station wagons and four vans. One van has a lift, two have been converted to be handicapped accessible, and one is a mini-van.

According to estimates made by Moussavi et al., passenger boardings will decrease between the years of 1995 and 2015 if the miles each vehicle traveled have no growth.[20] Ridership would only slightly increase with one percent growth, and the most increase was estimated to

occur with a three percent growth in vehicle miles traveled. Fares are estimated to increase from an average of $.43 in 1995 to $.65 in 2015.

3.3.5.3 Scottsbluff CABCO, Inc.

The cities of Gering and Scottsbluff are also served by the Scottsbluff CABCO, Inc.[25] This taxi service operates three vehicles in the Gering/Scottsbluff area. The vehicles are operated Monday through Thursday, 6:00 a.m. to 10:00 p.m., and Friday and Saturday, 6:00 a.m. to 1:00 a.m. The fare is $2.25 plus $.25 for every 1/8 of a mile. Outside of Gering and Scottsbluff the fare is $1.25 per mile. An additional charge of $.25 per minute is charged for waiting time. A courier and messenger service is also offered within the Panhandle for a $5.00 fee. Meters run on mileage and time.

3.3.5.4 Other Agencies Which Provide Transportation

In addition to the Scotts Bluff County Handi-Bus Service and CABCO, there are other agencies which provide a variety of transportation services in Scotts Bluff County and the surrounding area. The Cirrus House operates one van and one station wagon. The Homestead Halfway House operates one ADA-conversion van. In addition, the Panhandle Developmental Disabilities operates seven vans, three of which have lift equipment and one of which is ADA-converted, and one station wagon.

3.3.5.5 Survey Findings

The transit providers survey supplies additional information about transit services in Gering and Scottsbluff. According to the two transit providers survey respondents from Gering/Scottsbluff, the system provides direct service five days a week to the following

destinations: medical offices, dental offices, hospital, central business district, grocery stores, retail stores, post office, social service providers, city offices, nursing homes, senior center/ agency on aging, junior/senior high school, cemetery, recreation center, and nearby cities.

Further, according to the transit providers survey, the most frequent users of the transit system are the elderly, physically disabled, and mentally disabled.

The two survey respondents from Gering/Scottsbluff indicated that door-to-door assistance, assistance with groceries, and reduced fares, are special transit services provided for the elderly and disabled. They also indicated that a unique strength of the transit system is that it has plenty of vehicles.

The transit survey respondents report that the following groups have transit vehicles to accommodate the transportation of their clientele: city/county, school district, nursing homes/retirement homes, hospitals, group homes/halfway houses, churches, taxi company, developmental disabilities, veterans services, Head Start, and Department of Health and Human Services. According to the survey respondents, there is no coordination among these entities due to liability issues and the perception held by agency representatives that clients will not receive adequate services if provided by another agency.

Perceived Needs

Survey respondents reported that transit needs in Gering/Scottsbluff include increased public awareness of the system, weekend and evening service, and more service hours per day (Table 3.11). One respondent commented that the community under-utilizes existing vehicles, stating, "School buses and Head Start vehicles sit all summer long, yet parks and recreation summer programs have no transportation!" The respondents reported that availability of money, turf issues, and staff inconveniences, are barriers to meeting the communities' transit needs.

The focus group meeting conducted in Gering/Scottsbluff as part of this research identified perceived weaknesses in the Scotts Bluff County Handi-Bus system. Participants reported that the operating hours were inadequate, the steps on the bus were too high and narrow, and the ability of adults to travel with children was often financially difficult. Further information on findings from the focus group meetings in this research can be found in the Chapter 5.

Table 3.11: Perceived Transit Needs in Gering/Scottsbluff, Nebraska

1. Increased public awareness of the system
2. Weekend and evening service
3. Increased daily service hours

Source: Transit Providers Survey, n=2

3.3.5.6 Summary

The information provided suggests transit needs in Gering/Scottsbluff may not be met. Survey respondents reported that increased public awareness of the transit system is needed in Gering/Scottsbluff. Further, survey and focus group participants agreed that weekend and evening service, as well as more service hours per day, are needed (Table 3.11). Finally, focus group participants reported that the steps on the bus were too high and narrow, and the ability of adults to travel with children was often costly.

3.3.6 Grand Island, Nebraska

3.3.6.1 Demographic Characteristics

The estimated 1994 population of Grand Island was 41,147 (Table 3.12).[21] Grand Island is the largest city in Hall County. Table 3.12 also contains the 1990 socio-economic and demographic data for Hall County. According to the 1990 census data, the total population of Hall County was 48,925. Of this population 14.2 percent were 65 years and older. Of the

age 65 population, 9.0 percent had incomes below the poverty level. There were 390 persons between the ages of 16 and 64 who had a mobility limitation. Of those with mobility limitations, 90 persons over the age of 15 were employed. This compares to a total of 31,582 persons who were employed in the entire county. Further, 1,260 households in this county did not have personal vehicle. It is also worth noting that the population in Hall County increased 14.17 percent between the years of 1970 and 1990.[8]

Table 3.12: 1990 Socio-Economic and Demographic Data for Grand Island and Hall County, Nebraska

County / City	Persons Aged 65 and Older in county	Total Population: 1990 County/ 1994 City	Homes with Zero Vehicles in county	1989 Income < Poverty Level and < 65 Years Old in county	Total Number of Employed Persons in county	Persons with Mobility Limitation in county Aged 16-64	Persons with Mobility Limitation in county Employed, Age > 15
Hall/ Grand Island	6,955	48,925/ 41,147	1,260	4,389	31,582	390	90

Source: Moussavi, M., J. Albeck, M. Al-Turk. 1995. *Nebraska's Non-Urbanized Public Transportation Needs Assessment*, Table 3.4, p. 21. 1994 estimated population for Grand Island from Nebraska Bureau of Business Research, NU Onramp, UNL.

3.3.6.2 The Hall County Handi-Bus

Hall County is served by the Hall County Handi Bus.[25] This program serves the communities of Alda, Cairo, Doniphan, Grand Island, and Wood River. The Hall County Handi-Bus provides portal-to-portal service Monday through Friday, 8:00 a.m. to 5:00 p.m. Service is limited to Hall County. It is requested that trips be scheduled one day in advance.

The Hall County Handi-Bus operates four vehicles, including one 15-passenger van, one 14-passenger bus with lift equipment, and two 14-passenger vans with lift equipment.

The fare for elderly and disabled persons is $.50 per one-way ride, or a one-way cab ticket

can be purchased for $2.50. The general public pays a rate determined by distance traveled at a cost slightly higher than local cab fare. The Hall County Handi-Bus contracts with the City Cab and Transit Company for additional service for elderly and disabled riders.

According to estimates made by Moussavi et al., passenger boardings on the Handi-Bus will increase between the years of 1995 and 2015 if the miles each vehicle traveled were increased. Ridership will decrease with no growth in miles traveled.[20] The estimated average fare will increase slightly from $.29 in 1995 to $.44 in 2015 .

3.3.6.3 City Cab and Transit Company

Grand Island is served by the City Cab and Transit Company.[25] This taxi service operates four taxicabs in Grand Island and the vicinity, 24 hours a day, seven days a week. The fare is $2.00 for the first 1/6 of a mile and $.30 for each additional 1/5 of a mile within the city of Grand Island. The fare is $.75 for additional passengers over 12 years of age and $.30 for each minute of waiting time. Out-of-town trips cost $1.30 per mile.

3.3.6.4 Other Agencies Which Provide Transportation

In addition to the Hall County Handi-Bus and the City Cab and Transit Company, there are other agencies which provide a variety of transportation services in Grand Island and the surrounding area. Mid-Nebraska Mental Retardation Services, Bethpage at Grand Island, and Central Nebraska Goodwill Industries, Inc., provide the Grand Island area with nine additional vehicles.

3.3.6.5 Survey Findings

The transit providers survey supplied additional insight into the transit availability and needs in Grand Island. As the transit survey respondents note, the Handi-Bus system provides direct service five days a week to the following destinations: medical offices, dental offices, hospital,

social service providers, city offices, nursing homes, and the senior center/agency on aging. Service is provided for grocery shopping two days a week, retail shopping one day, and to nearby cities by appointment one day a week.

Survey respondents indicated that the most frequent users of the transit system are the elderly, physically disabled, and mentally disabled. Respondents also noted that all of the Hall County Handi-Bus vehicles have priority seating for the elderly and disabled. Assistance with shopping is a special transit service available to elderly and disabled riders.

Some coordination of transit services in Grand Island exists, since the Hall County Handi-Bus contracts with the City Cab and Transit Company. According to the survey respondents, the following groups have transit vehicles to accommodate the transportation of their clientele: senior center/area agency on aging; community action agency; school district; nursing homes/retirement homes, YMCA/YWCA, churches, veterans, Goodwill, and Head Start. One survey respondent commented, "The Handi-Bus and Head Start agencies that have multiple vehicles that sit idle on evenings and weekends and during summer months could meet the community needs if a shared service system was developed. Other non-profits could benefit from the utilization of vehicles purchased with federal funds on a shared service agreement. Other Grand Island non-profits would provide: staffing, insurance, training, etc., if vehicles could be cross-utilized to meet community needs."

Perceived Needs

The survey respondents reported that lower fares, expanded service (which includes more frequent trips to rural Hall County), and weekend and evening service, are needed in the community (Table 3.13). Those who work odd hours and on weekends have unmet transit needs. Barriers to meeting these needs include funding, turf issues, a lack of staff, and a lack of vehicles.

Table 3.13: Perceived Transit Needs in Grand Island, Nebraska

1. Lower fares
2. Expanded service
3. Weekend service

Source: Transit Providers Survey, n=4

3.3.6.6 Summary

The information provided suggests transit needs in Grand Island may not be fully met. Survey respondents reported that lower fares, expanded service, and weekend and evening services are needed in the community (Table 3.13).

3.3.7 Hastings, Nebraska

3.3.7.1 Demographic Characteristics

The estimated 1994 population of Hastings was 22,956 (Table 3.14).[21] Hastings is the largest city in Adams County. Table 3.14 also contains the 1990 socio-economic and demographic data for Adams County. According to the 1990 census data, the total population of Adams County was 29,625. Of this population 16.7 percent were 65 years and older. Of the under 65 population, 7.5 percent had incomes below the poverty level. There were 174 persons between the ages of 16 and 64 who had a mobility limitation. Of those with mobility limitations, 33 persons over the age of 15 were employed. This compares to a total of 19,562 persons who were employed in the entire county. Further, 825 households did not have a personal vehicle. It is also worth noting that the population in Adams County decreased 3.04 percent between the years of 1970 and 1990.[8]

Table 3.14: 1990 Socio-Economic and Demographic Data for Hastings and Adams County, Nebraska

County/ City	Persons Aged 65 and Older in County	Total Population: 1990 County/ 1994 City	Homes with Zero Vehicles in County	1989 Income < Poverty Level and < 65 Years Old in County	Total Number of Employed Persons in County	Persons with Mobility Limitation in County Aged 16-64	Persons with Mobility Limitation in County Employed, Age > 15
Adams/ Hastings	4,948	29,625/ 22,956	825	2,238	19,562	174	33

Source: Moussavi, M., J. Albeck, M. Al-Turk. 1995. *Nebraska's Non-Urbanized Public Transportation Needs Assessment*, Table 3.4, p. 21. 1994 estimated population for Hastings from Nebraska Bureau of Business Research, NU Onramp, UNL.

3.3.7.2 The Adams County Transportation Program

Adams County is served by the Adams County Transportation Program.[25] This program serves the communities of Ayr, Hastings, Holstein, Juniata, Kenesaw, Prosser, and Roseland. The Adams County Transportation Program is a demand-responsive, portal-to-portal, service, operating 8:00 a.m. to 5:00 p.m., Monday through Friday. A 24-hour advance reservation is requested. Trips are scheduled to the local shopping center on Monday and Friday at 10:00 a.m. and 2:00 p.m. Regular service is provided to Kenesaw every Thursday. Outlying areas in county are served on a request basis.

The fare for elderly and disabled persons is $1.25 per one-way ride. A 10-ride pass can be purchased for $12.00. The general public pays by zone traveled. The first boarding rate is $3.00, plus $1.25 per zone traveled. Travel in the county environs is based on a per mile rate of $1.35.

The Adams County Transportation Program operates five vehicles, including one 15-passenger van, one eight-passenger van with lift equipment, one 11-passenger small bus with lift-equipment, one five-passenger car, and one 15-passenger van which is used as a back-up vehicle.

According to estimates made by Moussavi et al., passenger boardings will increase from 1995 to 2015 if the miles each vehicle traveled are increased.[20] Ridership will decrease with no growth in the number of miles traveled. The estimated average fare will increase from $.85 in 1995 to $1.28 in 2015 .

3.3.7.3 Hastings 80-Taxi Line

The city of Hastings is also served by the 80-Taxi Line.[25] This taxi service operates three taxicabs in Hastings and the vicinity, 24 hours a day, seven days a week, with no service on Thanksgiving and Christmas. The fare is $2.00 for the first 1/6 of a mile and $.20 for each additional 1/6 of a mile within the city of Hastings. The fare is $.75 for additional passengers over 12 years of age, and $.10 is added for each ½ minute of waiting time. Out-of-town trips are $1.30 per mile. There is no charge for additional passengers for out-of-town trips. In addition, the service will deliver small packages for $2.00.

3.3.7.4 Other Agencies Which Provide Transportation

Besides the Adams County Transportation Program, there are other agencies which provide a variety of transportation services in Hastings and the surrounding area. The Good Samaritan Village operates three small buses. One has 12 ambulatory seats and two wheelchair seats, another is able to carry 14 passengers, and the third has eight ambulatory seats and four wheelchair seats. The Good Samaritan Home intends to purchase one ADA conversion mini-van. In addition, the Mary Lanning Hospital Associates, the Opportunity House, and Mid-Nebraska Individual Services, each operates one van.

3.3.7.5 Survey Findings

According to the Hastings respondent to transit providers survey, the elderly and adults are the most frequent users of the transit service. The survey respondent also indicated that the following groups have transit vehicles to accommodate the transportation of their clientele: city, senior center/area agency on aging, community action agency, school district, nursing homes/retirement homes, and taxi company. The respondent indicated that the greatest barrier to coordinated transit is a general lack of business.

Perceived Needs

The survey respondent indicated that the greatest need is more business. If people want transit they need to use the services available to demonstrate a demand.

3.3.7.6 Summary

The information provided suggests transit needs in Hastings may be met, but that coordination and alternative transit opportunities may be considered.

3.3.8 Kearney, Nebraska

3.3.8.1 Demographic Characteristics

The 1994 population of Kearney was 26,216 (Table 3.15).[25] Kearney is the largest city in Buffalo County. Table 3.15 also contains the 1990 socio-economic and demographic data for Buffalo, Franklin, Gosper, and Kearney Counties. According to the 1990 census data, the total population of Buffalo, Franklin, Gosper, and Kearney Counties was 49,942. Of this population 14.3 percent were 65 years and older. Of the under 65 population, 10.7 percent had incomes below the poverty level. There were 434 persons between the ages of 16 and 64 who had a mobility limitation. Of the population with mobility limitations, 129 of those over the age of 15 were employed. This compares to a total of 33,226 persons who were employed in the counties.

counties. Further, 830 households in these counties did not have a personal vehicle. It is worth noting that the total population in Buffalo, Franklin, Gosper, and Kearney Counties increased 11.79% between the years 1970 and 1990.[8]

Table 3.15: 1990 Socio-Economic and Demographic Data for City of Kearney and Buffalo, Franklin, Gosper, and Kearney Counties

Counties/ City	Persons Aged 65 and Older in counties	Total Population: 1990 Counties/ 1994 City	Homes with Zero Vehicles in counties	1989 Income < Poverty Level and < 65 Years Old in counties	Total Number of Employed Persons in counties	Persons with Mobility Limitation in counties Aged 16-64	Persons with Mobility Limitation in counties Employed, Age > 15
Buffalo, Franklin, Gosper, Kearney/ Kearney	7,158	49,942/ 26,216	830	5,349	33,226	434	129

Source: Moussavi, M., J. Albeck, M. Al-Turk. 1995. *Nebraska's Non-Urbanized Public Transportation Needs Assessment*, Table 3.4, p. 21. 1994 estimated population for Kearney from Nebraska Bureau of Business Research, NU Onramp, UNL.

3.3.8.2 Senlow Transportation System

Buffalo, Franklin, Gosper, and Kearney Counties are served by the Senlow Transportation System, operated by Mid-Nebraska Community Services.[25] This system serves the communities of Amherst, Axtell, Bloomington, Campbell, Elm Creek, Elwood, Franklin, Gibbon, Heartwell, Hildreth, Johnson Lake, Kearney, Macon, Miller, Minden, Naponee, Newark, Norman, Odessa, Pleasanton, Poole, Ravenna, Riverdale, Riverton, Shelton, Smithfield, Upland, and Wilcox. Senlow is a demand-responsive service. All buses operate five days a week, except the Gosper County bus, which runs three days a week. Scheduled trips (certain towns on certain days) are used in addition to demand-responsive service. The hours of operation in Kearney are

8:00 a.m. to 5:00 p.m. on Monday, Wednesday, and Friday, and 8:00 a.m. to 11:00 a.m. on Tuesday and Thursday. A customer must request a ride within 24 hours for service, with exceptions. Services are offered for the disabled 8:00 a.m. to 4:30 p.m. Monday through Friday by appointment only. Senlow operates nine vehicles. They have two 15-passenger vans, six 12-passenger vans (each with two handicapped seats), and one eight-passenger station wagon.

According to estimates made by Moussavi et al., passenger boardings will increase between the years of 1995 and 2015 if the miles each vehicle traveled increase.[20] Ridership will remain the same if there is no growth in miles traveled. The estimated average fare will also increase from $.26 in the year 1995 to $.89 in the year 2015.

3.3.8.3 K & D Cab Company

The city of Kearney is also served by the K & D Cab Company.[25] This taxi service operates three taxicabs and one mini-van in Kearney and the vicinity, 24 hours a day, seven days a week. The fare is $2.00 for the first 1/5 of a mile and $.15 for each additional 1/5 of a mile within the city of Kearney. The fare is $.75 for additional passengers and baggage. In addition, $.30 is added for each ½ minute of waiting time.

3.3.8.4 Other Agencies Which Provide Transportation

In addition to the Senlow Transportation Program and the K & D Cab Company, there are other agencies which provide a variety of transportation services in Kearney and the surrounding area. Mid-Nebraska Community Services operates one small bus with 12 ambulatory and two wheelchair seats. In addition, Good Samaritan Hospital Foundation operates one ADA conversion van, and St. John's Center operates one van with a wheelchair lift.

3.3.8.5 Survey Findings

The transit survey respondents provided further information about transit availability. The Senlow system provides direct service five days a week to the following destinations in Kearney: medical offices, dental offices, senior center/agency on aging, and the hospital. Service is provided two days a week for grocery shopping, social services, and to the central business district; and one day a week to nearby cities.

According to the transit providers survey results, the elderly are the most frequent users of the transit service. Further, according to the transit providers survey, Senlow provides elderly, youth, and disabled riders with assistance to their homes. In addition, priority seating is available on all Senlow vehicles for the elderly and handicapped.

The following groups have transit vehicles to accommodate the transportation of their clientele: community action agency, school district, nursing homes/retirement homes, hospitals, group homes/halfway houses, churches, taxi, and motel/hotels. One respondent commented that there is a sufficiency of vehicles; they are just under-utilized due to a lack of coordination among the agencies. Respondents indicated that barriers to coordination include lack of funding (see Ch.6) and restrictions written into federal and state funding and service administration contracts.

Perceived Needs

Survey respondents reported that transit needs in Kearney include funding for coordination, more vehicles, and the need for some fixed routes (Table 3.16).

Table 3.16: Perceived Transit Needs in Kearney, Nebraska

1.Funding for coordination
2.More vehicles
3.Need some fixed routes

Source: Transit Providers Survey, n=3

The focus group held in Kearney identified two weaknesses in the Senlow transportation system. First, riders find it difficult to schedule appointments during the time period that Senlow is operating. Second, the service does not allow enough time for persons to get their shopping completed. Further information on this focus group discussion can be found in Chapter 5.

3.3.8.6 Summary

The information provided suggests transit needs in Kearney may not be fully met. The survey results indicate that coordination may be desirable and that more vehicles are needed. Focus group results indicated that the existing Senlow system could be strengthened. An increase in the number of vehicles operating during peak hours may allow persons to better schedule and travel to appointments. Second, riders need to be allowed more time to get their shopping completed. Additional funding and/or new approaches will be required to meet the transit needs of the community.

3.3.9 Lexington, Nebraska

3.3.9.1 Demographic Characteristics

The 1994 estimated population of Lexington was 8,702 (Table 3.17).[21] Lexington is located in Dawson County. Table 3.17 also contains the 1990 socio-economic and demographic data for Dawson County. According to the 1990 census data, the total population of Dawson County was 19,940. Of this population, 17.4 percent were 65 years and older. Of the population under the age of 65, 8.2 percent had incomes below the poverty level. There were 139 persons between the ages of 16 and 64 who had a mobility limitation. Of those with mobility limitations, 73 of those over the age of 15 were employed. This compares to a total of 13,056 persons who were employed in the entire county. Further, 395 households in the county did not have a

personal vehicle. It is also worth noting that the population in Dawson County increased 2.43 percent between the years 1970 and 1990.[8]

Table 3.17: 1990 Socio-Economic and Demographic Data of Lexington and Dawson County

County/ City	Persons Aged 65 and Older in County	Total Population: 1990 County/ 1994 City	Homes with Zero Vehicles in County	1989 Income < Poverty Level and < 65 Years Old in County	Total Number of Employed Persons in County	Persons with Mobility Limitation in County Aged 16-64	Persons with Mobility Limitation in County Employed, Age > 15
Dawson/ Lexing-ton	3,463	19,940/ 8,702	395	1,639	13,056	139	73

Source: Moussavi, M., J. Albeck, M. Al-Turk. 1995. *Nebraska's Non-Urbanized Public Transportation Needs Assessment*, Table 3.4, pg. 21. 1994 estimated Lexington population is from the Nebraska Bureau of Business, NU Onramp, UNL.

3.3.9.2 Dawson County Handi Bus

Dawson County is served by the Adams County Transportation Program.[25] This program serves the communities of Cozad, Eddyville, Farnam, Gothenburg, Lexington, Overton, and Sumner. The Dawson County Handi-Bus is a demand-responsive service providing service to the residents of Dawson County, Monday through Friday, 8:00 a.m. to noon and 1:00 p.m. to 5:00 p.m. Outlying areas in the county are served on a request basis.

The fare for elderly and disabled persons is $1.00 per one-way ride. The general public pays $3.00 per one-way trip.

The Dawson County Handi Bus operates two buses that are wheelchair lift equipped. Both are 12-passenger vans, each with two handicapped seats.

According to estimates in the Moussavi et al. study, the number of passenger boardings on the Dawson County Handi-Bus will decline between 1995 and 2015 if vehicle miles do not increase.[20]

3.3.9.3 Taxi Cab Service of LaPlacita:

The city of Lexington is served by the Taxi Cab Service of LaPlacita.[25] This service operates one taxicab in Lexington and the vicinity, 24 hours a day, seven days a week.

3.3.9.4 Summary

It is not clear to what degree transit needs in Lexington are met. Because no surveys from Lexington were returned, we do not have information on perceived transit needs. The Handi-Bus service is available only during limited hours, but the taxi is available 24 hours a day.

3.3.10 Norfolk, Nebraska

3.3.10.1 Demographic Characteristics

The estimated 1994 population of Norfolk, the largest city in Madison County, was 22,435 (Table 3.18).[21] Table 3.18 also contains the 1990 socio-economic and demographic data for Norfolk. Reviewing the 1990 census data, 14.2 percent of Norfolk's population were 65 years and older. Of the under 65 population, 7.3 percent had incomes below the poverty level. There were 420 persons between the ages of 16 and 64 who had a mobility limitation. Of those with mobility limitations, 49 of those over the age of 15 were employed. This compares to a total of 11,039 persons who were employed in the entire city. It is worth noting that the population in Norfolk was estimated to increase 4.47 percent between the years of 1990 and 1994.[8]

3.3.10.2 Norfolk Handi-Bus

Norfolk is served by the Norfolk Handi Bus.[25] The Handi-Bus provides demand-responsive service within the city limits of Norfolk Monday through Friday 7:00 a.m. to 6:00 p.m. A customer must request a ride approximately 24 hours in advance for the Handi-Bus service. Additional service for the elderly and the disabled is contracted from the Checker Cab company, which operates seven days a week.

Table 3.18: 1990 Socio-Economic and Demographic Data of Norfolk, Nebraska

City	Persons Aged 65 and Older	Total Population 1990/1994	Homes with Zero Vehicles	1989 Income < Poverty Level and < 65 Years Old	Total Number of Employed Persons	Persons with Mobility Limitation Aged 16-64	Persons with Mobility Limitation Employed, Age > 15
Norfolk	3,042	21,476/ 22,435	N/A	1,568	11,039	420	49

Source: Moussavi, M., J. Albeck, M. Al-Turk. 1995. *Nebraska's Non-Urbanized Public Transportation Needs Assessment*, Table 3.4, pg. 22. 1994 estimated Norfolk population is from the Nebraska Bureau of Business, NU Onramp, UNL.

The fare for elderly and disabled persons is $1.00 per trip on the Handi-Bus, and $2.50 per trip in a cab. The general public is charged $2.00 to ride the Handi-Bus. The Norfolk Handi-Bus system has two vans. One van is lift-equipped and has 12 standard seats and two handicapped seats, the other is used as a back-up vehicle.

According to estimates made by Moussavi et al., passenger boardings will increase between the years of 1995 and 2015 if the miles each vehicle travel are increased by at least two percent.[20] Ridership will decrease with no growth or one percent increase in miles traveled. The estimated average fare will increase from $.52 in 1995 to $.78 in 2015.

3.3.10.3 Checker Cab:

Norfolk is also served by Checker Cab.[25] This taxi service operates three taxicabs in Norfolk and the vicinity, 6:00 a.m. to midnight, seven days a week, with service provided on holidays. The fare is $1.50 for the first 1/6 of a mile and $.20 for each additional 1/6 of a mile within the city of Norfolk. The fare is $.50 for additional passengers over 12 years of age. In addition, $.50 is added for each minute of waiting time. Checker Cab will deliver small packages for a cost of $1.00 within the city limits. Out-of-town trips are $1.25 per person per mile for a one-way trip. The fare is $.75 per mile per passenger outside the city limits for a return trip. Each additional passenger over 12 years of age is $.25 per mile outside the city limits. A customer must request a ride within one hour for service.

3.3.10.4 Other Agencies Which Provide Transportation

In addition to the Norfolk Handi-Bus and Checker Cab, there are other agencies which provide transportation services in Norfolk and the surrounding area. The Improved Living Program and the Liberty Centre Services each operate one van.

3.3.10.5 Survey Findings

The transit providers survey offered additional information about service availability and perceived needs. According to the transit providers survey, the Handi-Bus provides direct service five days a week to the following destinations: medical offices, dental offices, hospital, central business district, grocery shopping, retail shopping, post office, social service providers, city offices, nursing homes, senior center/agency on aging, and cemetery.

The transit providers report that the most frequent users of the transit system, in order of use, are the elderly, physically/mentally disabled. These respondents indicated that door-to-door assistance and reduced fares are special transit services available to the elderly and disabled.

Further, according to the transit providers survey results, the following groups have transit vehicles to accommodate the transportation of their clientele: city, school district, nursing homes/retirement homes, hospitals, YMCA/YWCA, churches, taxi company, vocational rehabilitation, regional center, and the Liberty Centre. The survey respondents report no coordination among these agencies due to lack of interest and legal issues.

Perceived Needs

The transit providers survey respondents reported that increased public awareness of the system, lower fares, expanded service, weekend and evening service, more daily service hours, increased number of transit vehicles, and increased number of wheelchair-accessible vehicles were unmet transit needs of the community (Table 3.19). Respondents also noted that the existing service was inadequate to meet the public transit need. Further, respondents perceive that city officials do not adequately support the system.

Table 3.19: Perceived Transit Needs in Norfolk, Nebraska

1. Increased public awareness of the system
2. Lower fares
3. Expanded service
4. Weekend and evening service
5. Increased daily service hours
6. Increased number of transit vehicles
7. Increased number of wheelchair-accessible vehicles

Source: Transit Providers Survey, n=2

The focus group conducted in Norfolk identified perceived weaknesses in the Norfolk Handi-Bus system. Participants reported that the schedule of operations and the availability of vehicles were inadequate. Further, the 16 focus group participants reported a need for weekend service and more transit services for all members of the community. Detailed information on the focus group discussion can be found in Chapter 5.

3.3.10.6 Summary

The information provided suggests transit needs in Norfolk may not be fully met. Both survey and focus group participants reported that expanded service, weekend and evening service, more daily service hours, increased number of transit vehicles, and increased public awareness of the transit system are needed in Norfolk (Table 3.19). In addition, survey respondents reported a need for lower fares and an increased number of wheelchair-accessible vehicles. Additional funding and/or new approaches will be required to meet the needs of the community.

3.3.11 North Platte, Nebraska

3.3.11.1 Demographic Characteristics

North Platte is the largest city in Lincoln County with a 1994 estimated population of 23,171 (Table 3.20).[21] Table 3.20 also contains the 1990 socio-economic and demographic data for the City of North Platte. In 1990, 15.9 percent of the population in North Platte were 65 years and older. Of the under 65 population, 12.3 percent had incomes below the poverty level. In addition, 699 persons between the ages of 16 and 64 had a mobility limitation. Of those with mobility limitations, 64 persons over the age of 15 were employed. This compares to a total of 10,310 persons who were employed in the entire city. It is worth noting that the population in North Platte was estimated to increase 2.5 percent between the years of 1990 and 1994 and the population of Lincoln County increased 10.05 percent between the years of 1970 and 1990.[8]

Table 3.20: 1990 Socio-Economic and Demographic Data for North Platte, Nebraska

City	Persons Aged 65 and Older	Total Population 1990/1994	Homes with Zero Vehicles	1989 Income < Poverty Level and < 65 Years Old	Total Number of Employed Persons	Persons with Mobility Limitation Aged 16-64	Persons with Mobility Limitation Employed, Age > 15
North Platte	3,590	22,605 23,171	N/A	2,789	10,310	699	74

Source: Moussavi, M., J. Albeck, M. Al-Turk. 1995. *Nebraska's Non-Urbanized Public Transportation Needs Assessment*, Table 3.4, p. 22. 1994 estimated North Platte population is from the Nebraska Bureau of Business, NU Onramp, UNL.

3.3.11.2 North Platte Public Transit System

North Platte is served by the North Platte Public Transit System.[25] This system provides demand-responsive transit service in the city, to the community college, and to the airport. A customer may request a ride within one to three hours for service, but a 24-hour reservation is preferred. The fare for elderly and disabled persons is $.50 per one-way trip. The general public is charged $3.00 per trip.

The North Platte Public Transportation System operates three vehicles, including one 14-passenger van which is lift-equipped, one 19-passenger bus, and one back-up van which is lift-equipped.

According to estimates made by Moussavi et al., passenger boardings will increase between the years of 1995 and 2015 if the miles each vehicle traveled are increased.[20] Ridership will decrease if there is no growth in vehicle miles. The estimated average fare will also increase from $.32 in 1995 to $.48 in 2015.

3.3.11.3 Yellow Cab Company

The city of North Platte is also served by the Yellow Cab Company.[21] This taxi service operates three taxicabs in North Platte and the vicinity, 6:00 a.m. to 1:30 a.m., seven days a week. The fare is $2.20 for the first 1/6 of a mile and $.20 for each additional 1/6 of a mile within the city of North Platte. The fare is $.10 for each additional passenger. The delivery of small packages is priced at $1.00 within the city limits. Out-of-town trips are $1.20 per mile and $.30 per additional person per mile.

3.3.11.4 Other Agencies Which Provide Transportation

In addition to the North Platte Public Transportation Program and the Yellow Cab Company, there are other agencies which provide a variety of transportation services in North Platte and the surrounding area. The North Platte Opportunity Center operates two ADA conversion vans, and the Foundation for Emotional Enrichment operates one mini-van.

3.3.11.5 Survey Findings

According to the survey respondents, the North Platte Public Transit System provides direct service 8:30 a.m. to 5:00 p.m., five days a week, to the following destinations: medical offices, dental offices, hospital central business district, grocery store, retail store, post office, social service providers, city offices, nursing homes, senior center/agency on aging, junior/senior high school, cemetery, recreation center, and city pool.

Survey respondents identified the most frequent users of the transit system as the elderly and the physically disabled. Further, according to the transit providers survey results, door-to-door assistance and reduced fares are special transit services available to the elderly and disabled.

The survey respondents indicated that the following groups have transit vehicles to accommodate the transportation of their clientele: city, school district, nursing homes/retirement homes, hospitals, group homes/halfway houses, churches, and taxi company. According to the transit providers survey results, the city needs a lead agency to coordinate these transit services.

Perceived Needs

According to the transit providers survey responses, North Platte's transit needs include increased public awareness of the system, a lead agency to coordinate transit, lower fares, expanded service area, and weekend and evening service (Table 3.21). The most frequent complaint made by riders was that they had to wait too long for a ride.

Table 3.21: Perceived Transit Needs in North Platte, Nebraska

1. Increased public awareness of the system
2. Lead agency to coordinate transit
3. Lower fares
4. Expanded service area
5. Weekend and evening service

Source: Transit Providers Survey, n=5

3.3.11.6 Summary

The information provided suggests transit needs in North Platte may not be fully met. Survey results report that North Platte's transit needs include increased public awareness of the existing system, lower fares, expanded service area, and weekend and evening service (Table 3.21). In addition, respondents believe the city needs a lead agency to coordinate transit services. Additional funding and/or new approaches will be required to meet the transit needs of the community.

3.3.12 York, Nebraska

3.3.12.1 Demographic Characteristics

The estimated 1994 population of York was 8,020 (Table 3.22).[21] York is the largest city in York County. Table 3.22 also contains the 1990 socio-economic and demographic data for York County. According to the 1990 census data, the total population of York County was 14,428. Of this population, 17 percent were 65 years and older. Of the under 65 population, 4.8 percent had incomes below the poverty level. There were 125 persons between the ages of 16 and 64 who had a mobility limitation. Of those with mobility limitations, 32 persons over the age of 15 were employed. This compares to a total of 9,374 persons who were employed in the county. Further, 349 households in York County did not have a personal vehicle (Table 3.22). It is worth noting that the population in York County increased 5.43 percent between the years of 1970 and 1990.[8]

3.3.12.2 York County Transportation System

York County is served by the York County Transportation System.[25] This program serves the communities of Benedict, Bradshaw, Gresham, Henderson, Lushton, McCool Junction, Thayer, Waco, and York. The system consists of two vehicles, the County "Handi-Bus" and the "Busy Wheels". It is a demand-response service, operating Monday through Friday, 8:00 a.m. to 5:00 p.m. The Handi-Bus brings persons in York County to the city of York. The Busy Wheels provides rides in and around the City of York. Handi Bus riders must make reservations 24 hours in advance. Busy Wheels accepts advance reservations, but provides same-day service on a first-come, first-served basis. All transit dependent citizens are eligible for service.

Table 3.22: 1990 Socio-Economic and Demographic Data for York and York County, Nebraska

County/ City	Persons Aged 65 and Older in county	Total Population: 1990 County/ 1994 City	Homes with Zero Vehicles in County	1989 Income < Poverty Level and < 65 Years Old in County	Total Number of Employed Persons in County	Persons with Mobility Limitation in County Aged 16-64	Persons with Mobility Limitation in County Employed, Age > 15
York/ York	2,452	14,428/ 8,020	349	687	9,374	125	32

Source: Moussavi, M., J. Albeck, M. Al-Turk. 1995. *Nebraska's Non-Urbanized Public Transportation Needs Assessment*, Table 3.4, p. 21. 1994 estimated York population is from the Nebraska Bureau of Business, NU Onramp, UNL.

The York County Transportation System operates two vehicles, including a 12-passenger van with two handicapped seats and a wheelchair lift, and an eight-passenger station wagon.

According to estimates made by Moussavi et al., passenger boardings will decrease between the years of 1995 and 2015 if the miles each vehicle traveled have no growth.[20] Ridership will slightly increase with one to two percent growth, and the largest increase was estimated to occur with three percent growth in vehicle miles. Fares are also estimated to increase from $.72 in 1995 to $1.08 in 2015.

3.3.12.3 Other Agencies Which Provide Transportation

In addition to the York County Transportation System, the Senior Information Center and Epworth Village provide transportation services in York and the surrounding area. The Senior Information Center operates an ADA conversion van and a sedan. Epworth Village operates four vans, (one is ADA converted) and one station wagon.

3.3.12.4 Survey Findings

The transit survey respondents provided additional information about transit services and perceived needs. The York County Transportation System provides direct service five days a week to the following destinations: medical offices, dental offices, hospital, central business district, grocery shopping, retail shopping, post office, social service providers, city offices, nursing homes, senior center/agency on aging, junior/senior high school, cemetery, recreation center, and city pool.

According to transit providers survey respondents, the following groups have transit vehicles to accommodate the transportation of their clientele: nursing homes/retirement homes, group homes/halfway houses, churches, and taxi company. According to respondents, coordination of transit services among these entities has never been attempted.

Perceived Needs

The survey respondents reported that transit needs include providing weekend and evening service, increased number of vehicles, and newer vehicles (Table 3.23). Frequent rider complaints include the length of waiting time, they can't have the exact appointment time they want, inability to get exact appointment time wanted, and cessation of service after 5:00 p.m.

Table 3.23: Perceived Transit Needs in York, Nebraska

1. Weekend and evening service
2. Increased number of transit vehicles
3. Newer vehicles

Source: Transit Providers Survey, n=2

3.3.12.5 Summary

The information provided suggests transit needs in York may not be fully met. Survey respondents report a need for weekend and evening service, more vehicles, and newer vehicles (Table 3.23). Additional funding and/or new approaches will be required to meet the needs of the community.

Chapter 4 - Transit Survey Results

4.1 Introduction

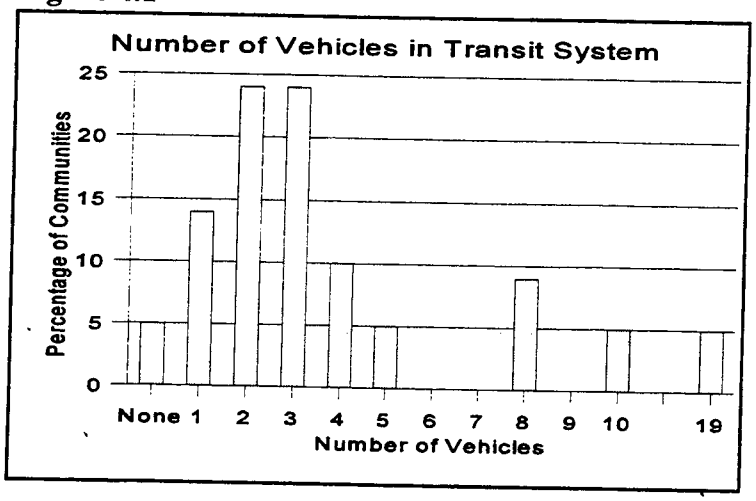
In the Fall of 1996, survey questionnaires regarding transit availability and perceived transit needs were sent to transit providers in the thirteen mid-sized Nebraska cities. A total of 62 survey questionnaires were sent to key informants. In all, 24 surveys were returned. This section of the report supplements the previous disaggregated city data by presenting the aggregated results of the survey regarding perceived transit needs in mid-sized Nebraska communities.

4.2 Description of Systems

It is initially important to understand what types of transit systems are in existence in the mid-sized Nebraska cities. Most transit systems (79%) in the surveyed communities are demand-response services. Only one system is a fixed-route service. Four communities, (17%), did not specify the type of system.

The number of vehicles in the system ranges from one to 19, with two-thirds (67%) of the communities having three or fewer vehicles; four communities (10%) have eight or more (Figure 4.1). The number of vehicles operating in the systems correlates closely with the range of city sizes, the smallest of the cities having 8,000 inhabitants and the largest 41,000 inhabitants. Fares range from $.50 to $3.00 for the general public (65% have fares of $1.00 or less), with a median fare of $1.00. For special populations, fares range from $.25 to $1.00 (67% have fares of $.50 or less), with a median fare of $.50. For cabs, boarding fares range from $2.00 to $3.75, with a median fare of $2.25.

Figure 4.1



4.3 Type of Service Provided

The types of special transit services provided in the surveyed communities, as identified by the survey respondents, vary by population group. Special transit services for the elderly include assistance to walk the transit rider to his or her house (reported in 42% of the systems), reduced fare (reported in 29% of the systems), and wheelchair access (reported in 8.3% of the systems). For non-elderly adults, special transit services are limited to reduced fares (4.2%). For youth and children, special services include transportation to Head Start (67%), transportation to day care (4%), and assistance to door (4%). For the physically disabled, special transportation services include assistance to home (29%), reduced fares (29%), and wheelchair access (17%). For the mentally disabled, special transportation services include reduced fares (25%), assistance to home (21%), and wheelchair access (8%).

The ability to provide services to the physically challenged population is also indicated by the number of handicapped-accessible vehicles. Only one transit provider indicates not having at least one handicapped-accessible vehicle, while 65% of the systems have at least one-half of their vehicle fleet handicapped-accessible. Thus, vehicle accessibility by physically challenged residents is common in mid-sized Nebraska cities. However, it should be noted that only 56% of the systems have priority seating for the elderly and handicapped.

4.4 Who is Using the Service?

In thinking about what transit needs may exist, it is important to know who is currently using transit. The most frequent users of the communities' transit services are the elderly. Ninety-five percent of the respondents identified the elderly as the most frequent users of transit services. Other frequent users include: the physically handicapped (67% of respondents identified them as the second most frequent users); the mentally handicapped (80% of respondents identified them as either the second or third most frequent users); adults (50% of respondents identified them as the fourth most frequent users). Finally, children and youth were identified as the most infrequent transit users (93% of respondents identified them as the least frequent users).

4.5 Constraints to Transit Use

4.5.1 Time Requirement

One constraint to transit use is the need to schedule the ride in advance with the transit provider. Among the communities which provide a service, slightly over one-half (55%) require three hours or less of advance notice; a few (10%) required between 10 and 23 hours; and close

to one-third (30%) required at least 24-hour advance notice. Thus, just under one-half of the respondents indicated that prospective transit users must plan a day in advance to use the transit service.

4.5.2 Service Area

Where a passenger can travel using transit is limited in about one-third of the survey respondents' communities. In slightly over one-third of the communities (35%) the area covered by demand-response transit service is restricted to within the community. However, the remainder of the systems provide service beyond the confines of the community: 25% provide service within the county; 10% also service adjacent counties; and 25% of the systems provide service to adjacent counties and major metropolitan areas. One system provides service within a 200-mile radius.

4.5.3 Destinations Serviced by Transit System

Service provided by the transit systems in mid-sized cities seems adequate relative to medical (doctor, dentist, hospital) and shopping (retail, groceries) destinations, as well as to service providers (service agencies, city offices, senior center, CBD, nursing homes). It would appear to be less adequate in terms of educational and recreational access, and access to interstate transit providers. Further, service could be deemed relatively poor in terms of access to nearby cities. Of course, it may be that the destinations serviced are based on expressed travel demand, and the lower proportion of communities that do not provide service to some destinations may be reflecting lack of demand for service to those same destinations. Table 4.1 identifies the destinations to which transit systems provide service, the percentage of systems that provide service to that location, and the number of days that service is provided to the destinations.

4.6 Training

Training is an important part of providing good service to special populations. Most transit services (84%) have drivers who have been trained to meet the needs of the elderly and handicapped populations. Most of the training is done through a state agency (42%) or internally by the local transit agencies (32%).

Table 4.1 Transit to Various Destinations & Availability

		Number of Days Service is Provided			
Destination	% of systems	<5	5	6	7
medical offices	100		75	5	20
dental offices	100		75	5	20
hospital	100		74		26
CBD	85	5	55		25
grocery stores	90	15	50		25
retail stores	90	10	55		25
post office	75		50		25[3]
social service providers	95	5	65	5	20[3]
city offices	85		65		20
nursing homes	80		55		25
senior center/agency on aging	90		65		25
junior/senior high school	65		40		25
cemetery	65		40		25
recreation center	65		40		25
city pool	63		37		26
interstate transit providers	63	5	5		26
nearby cities	47	16	11		21
anywhere in cab service area	14				14

[3] Cab service is available 7 days a week even if destinations are not open 7 days.

4.7 Transit Coordination

One factor most significantly affecting transit service quality, quantity, and cost efficiency, is the duplication of efforts due to the lack of coordination among various transit service providers for special and non-special populations. Most of the communities suffer because of the lack of coordinated transit services (71% of respondents indicated lack of coordination of transit services in their city). The principal reasons offered by survey respondents for this lack of coordination include: lack of interest among providers (62%), lack of an administrative lead agency (39%), the existence of regulatory barriers (15%), lack of awareness about other services (8%), and the existence of a competitive environment (8%).

Less than one-third of the respondents (29%) indicated that their communities coordinate transit services. In those communities that attempt to coordinate, the following transit providers are among those who participate: senior centers/agencies on aging (for 16% of the transit systems), taxis (16%), city provided transit services (11%), nursing/retirement homes (5%), and group homes/halfway houses (5%).

One-half of the respondents indicated that no incentives for coordinated transit exist in their cities. About one-third of the respondents (31%) think that there are inherent coordination benefits (e.g., increased number of vehicles, reduced costs of operation, increased ridership), while 6% think there are opportunities for economic benefits, and 13% do not know of any incentives to coordinated service.

An effort to increase coordination among transit service providers appears to be one option for increased service coverage, in terms of clients and area, without a concurrent increase in costs. The development or assignment of a lead agency would greatly contribute to the

realization of increased coordination. Also, an educational campaign, that highlights the benefits that every participating member would accrue from increased coordination efforts, would be a low cost approach to encourage increased transit service efficiency.

4.8 Perceived Needs

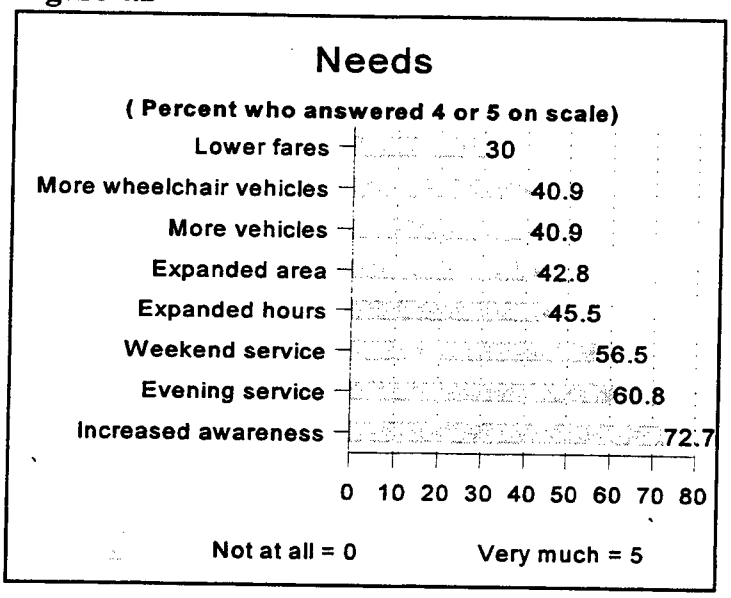
4.8.1 Whose Needs are Going Unmet?

There is a general feeling among respondents that the transit needs of most residents of their communities are not being met. In fact, two-thirds (67% or n=16) of respondents feel that the transit needs of all populations in the community are not being met. Among those respondents who indicated that transit needs are not being met, a little over one-half (57% or n=14) identified specific populations whose needs are not being met: 75% (n=11) of those identifying a specific population identified the elderly, adults, youths, and the physically challenged; and 63% (n=9) identified the mentally challenged. In addition to having unmet transit needs, the elderly and disabled populations were identified by the transit providers survey respondents as the primary transit users.

4.8.2 Identified Needs

A list of potential needs were provided to respondents to rate on a scale of one (not at all needed) to five (very much needed). The potential needs that were identified by the respondents as needed (rated 4 or 5 on our scale) include: increased awareness of transit availability (73%), evening service (61%), and weekend service (57%). Other less frequently identified needs include: more service hours (46%), expanded service area (43%), increased number of transit vehicles (41%), increase number of wheelchair accessible vehicles (41%), and lower fares (30%) (Figure 4.2).

Figure 4.2



Another question asked respondents to identify, in order of importance, their community's greatest transit-related needs. Altogether, survey respondents identified the communities' greatest transit-related needs as follows: coordination among agencies (44% of respondents), expanded services (39%), expanded service days and hours (33%), and funding (22%). Other identified needs include: expanded service area (16%), marketing and advertisement (16%), affordable transit to general public (11%), additional vehicles (11%), community transit plan (6%), and service type change or addition (6%).

Some of the identified transit-related needs vary with community size. Funding, coordination among agencies, and marketing/advertisement tend to be more important needs in the larger communities, while expanded service area is a more prevalent concern among smaller communities.

4.9 Transit Strengths

The greatest identified strength of the existing transit systems is their availability and accessibility--75% (n=18) of respondents identified availability and accessibility as a strength in their transit system, and 55% (n=13) identified it as their number one strength. Other respondents identified the low cost to users of the service (mentioned as a strength by 40% of the respondents (n=10), although not their number one strength), their employees and staff (35% or n=8), and assistance they provided to their riders (35% or n=8). Other strengths mentioned were the punctuality and reliability of their transit system (19% or n=5), its accessibility to the physically or mentally challenged population in their community (15% or n=4), the existence of supporting agencies (15%), the vehicle and equipment used (15%), the area serviced (15%), and comfort of the vehicles (10% or n=2).

The most frequently received compliments, in order of identified frequency, were good/ nice/helpful drivers and staff; low fares; appreciation of service availability; quality of service; quality and comfort of equipment/vehicles; personal attention; and time lines.

4.10 Transit Weaknesses

The greatest weaknesses of the existing transit system, identified by the respondents, are the lack of funding (41%, or n=10, of the respondents identified it as a weakness), the limited hours or days in which the service operates (36%, or n=9, identified it as a weakness), the lack of sufficient marketing and promotion of the services provided (33%, or n=8, identified it as a weakness), and the lack of coordination among service providers (34%, or n=8, identified it as a weakness). To a lesser degree, management communication problems (27% or n=6) and the area serviced (23% or n=6) were identified as

weaknesses. Also mentioned were the limited size of the staff (9%) and vehicle pool (14%), the often crowded and inflexible schedule (14%), ridership decline or insufficient number of users (9%), and the age of most of the vehicles in service (5%).

The most frequently identified complaints include: hours of operation, wait for service, price too high, vehicle condition, and staff shortcomings.

The most significant barriers to meeting the needs identified by the respondents were the lack of financial resources of the transit agencies and the lack of a lead coordinating agency. Turf issues were also mentioned as an impediment to adequately meeting needs. Other barriers indicated were lack of local government support, lack of marketing/visibility, lack of equipment, and the change in demographics/ridership.

4.11 Summary

The findings from this survey of transit providers define a general profile of transit system characteristics and issues in mid-sized Nebraska communities. As Table 4.2 depicts, the general profile encompasses eight characteristics and issues. First, most systems are demand-responsive (79%); second, most charge $1 or less per boarding (65%); third, most existing transit is used by the elderly or handicapped; fourth, most transit drivers are trained (84%); fifth, current transit services provide good service to medical facilities; sixth, most communities do not coordinate their transit providers (71%); seventh, most communities feel that there needs to be an increased awareness of transit availability and options (73%); and, finally, most communities indicate a need for increased transit service hours (61%).

Table 4.2 General Profile of Nebraska Transit Systems in Mid-Sized Nebraska Cities

*Demand-responsive

*Used by elderly and handicapped

*Drivers trained

*Good service to medical facilities

*Fare $1 or less

*Lack of coordination

*Need increased awareness

*Need increased service hours

Chapter 5- Focus Group Analysis

5.1 Introduction

A community's experiences play an important role in defining local transit needs. They frame people's perceptions on where they feel transit needs are met or where more transit services are needed. One way of learning from the community what they think about their community-wide transit needs is through a focus group research strategy. A focus group is a planned discussion led by a moderator to obtain perceptions on a defined area of interest held in a non-threatening group setting.[15] There are three distinct advantages inherent in focus group research: (1) it provides the opportunity for a researcher to seek further clarification and elaboration on respondents' opinions; (2) it provides fixed amounts of data in the respondents' own words; and (3) it allows respondents to build upon the responses of other group members.[37] It is for these reasons that a focus group methodology was pursued in researching perceptions of transit needs in three different mid-sized Nebraska cities. The three communities where focus group discussions were held are: Scottsbluff/Gering, Norfolk, and Kearney/Grand Island. Names of the participants in each of these three discussions are listed in Appendix 2.

Overall, salient transit needs were found in all three communities. However, the focus group in each community identified a handful of transit needs that were unique to the respective community. This chapter will first review each of the three focus groups independently. This is followed by a synthesis of the commonly shared transit needs found in each of the three mid-sized Nebraska cities.

5.2 Scottsbluff/Gering

The focus group discussion regarding the transit needs in the Scottsbluff/Gering area was held on August 1, 1996. The meeting was well attended by 31 users of public transportation (Appendix 2). This meeting began at 2:00 p.m. and lasted for about one-and-a-half hours. The focus group was moderated by John Gaber, with added support from research assistant Matt Blomstedt.

The focus group discussion began with a "snowball technique" to elicit the participants' input concerning both strengths and weaknesses in the local transit system. The snowball technique required respondents to write-down perceived strengths and weaknesses of their community's transit services on a 4"x 6" card. These cards were then posted on the wall so the entire focus group could visually see what other members of the group wrote about their community transit service system. The snowball technique is commonly used in a focus group setting and is particularly useful at getting people to critically think about their community-wide needs as well as providing a good "ice-breaker" to get people talking. The snowball process was well accepted by local respondents; however, two to three members of the focus group could not participate in the written portion of the exercise due to poor eye sight. A total of 62 cards were generated and later discussed in the focus group meeting.

The Scottsbluff/Gering focus group identified three strengths with the existing transit service, Scotts Bluff County Handi-Bus Service (Table 5.1). The focus group respondents identified on-time services as the top strength, while dependable and high-quality drivers tied for second.

Table 5.1 Perceived Transit Strengths of the Scottsbluff/Gering Handi-bus

1. On-time transit service
2. Dependable transit service
   High-quality drivers

One of the most important strengths identified by the focus group was that the Handi-Bus was a dependable transit service. Below are some of the reasons that were provided by the respondents on how they depend on the Handi-Bus.

- What I like best about having the Handi-Bus service is that when you have no other means of transportation, we can depend on it in getting us around in bad weather, hot weather, or windy weather.
- I have a part-time job and in the winter they call me to tell me when the bus is on the way so I don't have to wait outside in the cold.
- I have no family here, but I can depend on the handi-bus to take me to the doctor.
- The Handi-Bus is a very big help to people like me who can't see very well.

However, some respondents identified minor problems in the dependability in the Handi-Bus service. A few indicated that their rides were "seldom late" and would "sometimes arrive too early." After further discussion, it became clear that when people had specific scheduled events to attend, for example a doctor appointment, respondents were slightly less satisfied with the transit service than those who use the Handi-Bus for non-appointment purposes, for example going shopping. Several respondents reiterated throughout the discussion of minor dependability

problems that they were overall "very satisfied" with the Handi-Bus service, especially considering how much they pay (75 cents) for the service. A few respondents felt the dependability issue may be the result of a breakdown in communication between dispatchers and drivers.

After further discussion of the dependability of the Handi-Bus service, respondents collectively realized that the greatest strength of the existing transit system is that it provides an "on-time" service for important appointments. Most of the inconvenience of waiting is minor because it is on return trips and time is not a pressing issue.

The respondents also identified that the drivers are a particularly strong aspect of the Handi-Bus service. They discussed specific characteristics that they liked about the Handi-Bus drivers. First, all of the respondents agreed that the drivers were friendly and courteous. According to one respondent, "Bus drivers are always polite and nice and try to do their best." Second, many felt that the drivers are very helpful. Respondents provided examples of drivers helping passengers in and out of the van, as well as helping carry groceries for passengers.

Four weaknesses in the local transit service were also identified by the focus group. Interestingly, the ordering of the weaknesses was different for the senior respondents, versus some of the younger respondents (See Table 5.2). This was because younger respondents did not have problems accessing the bus and tended to have more problems traveling with children.

Table 5.2 Perceived Weaknesses in Scotts-Bluff/Gering Handi-bus

Senior Ranking	Non-Senior Ranking
1. Time of service	1. Kids access and pay affordable rate
2 Steps on buses	2. Steps on buses
3. Kids access and pay affordable rate	3. Time of service

The first weakness discussed was the Handi-Bus schedule of operation. In particular, respondents discussed the hours of operation and weekend service by the Handi-Bus service. The biggest problem with hours of operation seemed to be during the weekday as the Handi-Bus service ends at 4:00 p.m. Many people provided examples of how difficult it is to schedule doctor's appointments early enough to get service to and from the doctor's office. Respondents widely agreed that an additional hour per day would help alleviate this problem and that doctors' offices should be made aware of the scheduling problems.

The second problem respondents identified were the steps on the Handi-Bus. Many feel the steps are too high and too narrow and are especially difficult to manage in poor weather conditions. According to one respondent, "I have knees that only bend so far and no farther, so the high buses are hard for me to get on or off. However, they usually send a station wagon for me, which is lower and much easier for me to get off and on." Another respondent expressed his or her opinion this way: "The steps on some buses are not wide enough, especially when it's icy and my feet are not as steady as they were when I was younger." Respondents explained that drivers would often help passengers board the Handi-Bus, but even with the added assistance, passengers still experience difficulties boarding.

The third weakness discussed was the fare costs to parents and grandparents for taking children with them on the bus. It was discussed how disabled passengers pay a lower subsidized fare than the children who are charged a "market rate" fare. Disabled passengers receive a state subsidized transit rate because of their physical disabilities, which is defined by state law as

exempt from the paying market rate transit fares. Children or grandchildren of disabled patrons are not viewed by the state as being exempt from paying the market rate fare. This makes it burdensome and sometimes difficult for disabled passengers to travel with children.

The final weakness the focus group respondents identified was the limited regional scope of transit services provided by the local Handi-Bus. Two respondents found the Handi-Bus transit system difficult ("to nearly impossible") to manage when they needed to access the Greyhound bus station in Kimball. One respondent highlighted the difficulty experienced by residents living in outlying rural areas have in accessing the handi-bus to get them into town.

5.3 Norfolk

The focus group discussion regarding transit needs in Norfolk was held on August 15, 1996. The meeting was attended by 16 Norfolk residents who use the Norfolk Handi-Bus service (Appendix 2). The meeting began at 1:00 p.m. and lasted a little under two hours. The focus group was moderated by John Gaber, with support from research assistants Marie Erdkamp and Matt Blomstedt.

Similar to the Scottsbluff/Gering focus group, the Norfolk focus group began with the snowball technique. Unlike the Scottsbluff/Gering meeting, all of the Norfolk respondents were able to write their comments on the 4" x 6" index cards supplied. A total of 48 cards were collected during the focus group meeting. These cards were then posted on a wall to illustrate the different responses to perceived strengths and weaknesses of the Norfolk Handi-Bus system.

The Norfolk focus group felt it was important to recognize the interrelationship of the public subsidized Handi-Bus with the private taxi service as constituting the total transit service for Norfolk. One respondent saw the interrelationship between the two transit services like this: "my family is too busy to take me places. I depend on the bus and taxi." Consequently, the strengths and weaknesses of both Handi-Bus and taxi services were discussed by the respondents with the vast majority of the focus group discussion centered around the local Handi-Bus service. In the following paragraphs the strengths and weaknesses of the Handi-Bus system will be discussed first, followed by a discussion of the local taxi service.

Three strengths associated with the Norfolk Handi-Bus system were identified in the focus group meeting (Table 5.3). The respondents agreed that the most important attribute of the Norfolk Handi-Bus service was that it gets people to their appointments. Most all of the respondents stated that the Handi-Bus service is particularly useful in getting them to important doctor appointments. Other respondents commented on how the local Handi-Bus was also used to help people go shopping, go to the hairdresser, and attend social functions at the church or the Senior Center. By making these appointments, the Handi-Bus makes many respondents feel more independent and in control of their lives. One respondent summarized her sentiments like this:

> The Handi-Bus is really great for me. I haven't a drivers license because of my poor vision. I use it regularly for trips to the "Center" (Senior Center), also for my groceries, bridge club, and other appointments to my doctor. I need it so I can be more independent. The last thing I want is to be in a nursing home.

Table 5.3 Perceived Strengths of Norfolk Handi-bus

1. Getting to appointments (e.g., doctors)
2. Drivers are very helpful
3. Affordability

The second strength of the Handi-Bus system identified by the respondents is the drivers' helpfulness. Some mentioned how the drivers help the Handi-Bus patrons walk on the ice. One woman described the helpfulness of the drivers like this: "I appreciate the two men who drive the bus. They are very kind to the elderly. I need someone to open the door for me when I get in or out (of the vehicle) and I need them to carry my groceries."

Affordability was the third identified strength of the handi-bus system. As one respondent said, "the rate($1) is good. It is within folks' budget needs."

The Norfolk respondents also identified four weakness in the Handi-Bus system (Table 5.4). The most significant weakness identified in the focus group is the Handi-Bus schedule of operation. Respondents identified two scheduling problems in the Norfolk Handi-Bus system which made it difficult to access. First, the Handi-Bus stops it's service at 4:00 p.m.[4] For many respondents, this time constraint is problematic, especially when scheduling doctor appointments late in the afternoon. Second, the Handi-Bus does not provide transit services between noon and 12:45 p.m. The Handi-Bus stops providing services at this time to allow the drivers to eat their lunch. The Norfolk Handi-Bus service does not have enough drivers or vehicles to handle a staggered lunch break system among their drivers. With the Handi-Bus closed for lunch, it is

[4]Norfolk's handi-bus now operates from 7:00 a.m. to 6:00 p.m., Monday through Friday. The change occurred after the focus group meeting was held.

more difficult for patrons to plan their day in order get back home in time for lunch or inconvenient to remain at their current location until the handi-bus resumes service after lunch to take them back home.

Table 5.4 Perceived Weaknesses in the Norfolk Handi-Bus System

1. Handi-bus schedule of operation
2. Availability
3. Need weekend service
4. More transit services for "other" members of the community

The second most pressing limitation is the overall lack of available transit services provided by the Norfolk Handi-Bus system. There are only two Handi-Bus vehicles available, and only one vehicle is in operation at a time. Everyone in the focus group agreed that the supply of Norfolk Handi-Bus transit services is not meeting the current need for transit services. Many focus group respondents felt that "extra buses on Thursday and Friday are needed" because these are the most difficult times to schedule a ride as people are getting ready for the weekend with hairdresser appointments and grocery shopping.

The third weakness identified in the focus group was that the Norfolk Handi-Bus system currently does not offer weekend service. As one respondent stated, "It would be nice to have the bus on Sundays for church." As a result, a few respondents have to wait until the weekdays before they can get out of their houses and go about their business.

The fourth weakness identified by the focus group participants was how the Norfolk Handi-Bus only provides a limited transit service for a specific group of consumers while ignoring the transit needs of "other" members of the community. According to one fairly adamant participant, "I think the elderly needs are taken care of. The problem is with getting to

jobs. There is no focus on the other transit needs." In addition to lower-income people needing affordable transit services to get them to their jobs, participants in the focus group also identified school children getting to and from school and families with fixed incomes who are in need of an affordable transit service in Norfolk. One vocal participant said that there is a "large sub-population not being serviced" by the Norfolk Handi-Bus system.

The Norfolk focus group participants spent much less time discussing the taxi cab service provided by Checker Cab. Most of the respondents felt that the taxi and Handi-Bus services complemented each other but the lack coordination between the two services make Norfolk's overall transit service inconsistent and hard to figure out. For most patrons, the cab is seen as a back-up transit service if they cannot access the Handi-Bus. One focus group participant described the situation this way: "I also ride the cab and they are very helpful. I would have been in big trouble last night if we didn't have the cab."

In discussing Norfolk's cab service, the participants identified two strengths and two weaknesses in this transit service. The two strengths of the taxi system are: (1) flexible transit service and (2) fairly affordable. Many focus group participants commented on the benefits of the cab system being flexible both in hours of operation and the geographic area served. The Norfolk Checker Cab helps people with more complex transit services; for example going to locations outside of the Handi-Bus service area, providing transit services when the Handi-Bus is not operating, or when a patron does not have the time to wait for the handi-bus to pick them up. The second strength of the cab service is that it is fairly affordable, only $2.50 with a senior coupon. Although the $2.50 fee was affordable to some, for others with more limited resources or who do not qualify for the discount coupon, the Norfolk cab service seems to be too costly.

The high cost of the cab service was widely accepted as the most significant weakness with the cab system. Focus group participants identified the difficulty for some patrons, mostly those who are less mobile, getting out of the cabs as a second weakness of taxi service. According to one participant, "I can't get out of the back of the cab; that is why I don't use it."

5.4 Kearney/Grand Island

The focus group discussion regarding the transit needs of Kearney/Grand Island was held on August 20, 1996. The meeting began at 1:00 p.m. and lasted a little more than one-and-a-half hours. The meeting was held at the Community Education Resource Center of Harmon Park Pool in Kearney. The focus group was moderated by John Gaber with support from research assistants Matt Blomstedt and Marie Erdkamp. The meeting was attended by 17 Kearney residents and one Grand Island resident (Appendix 2). The focus group discussion almost exclusively centered around service provided by the Senlow Transportation System in Kearney since 17 of the 18 participants were from Kearney. However, the Grand Island respondent did make some comments regarding transit needs/weaknesses in her community. The Grand Island comments will be discussed in the "weaknesses" section of the Senlow Handi-Bus system. For the sake of clarity, the following discussion of the focus group may simply address this meeting as the "Kearney focus group."

Similar to the previous two focus group meetings, the Kearney focus group began with a snowball technique. All of the respondents were able to write their comments on the supplied 4" x 6" index cards. A total of 26 cards were reviewed and discussed during the focus group meeting. These cards were then posted on a wall to illustrate the different responses to the perceived strengths and weaknesses of the existing Senlow Handi-Bus system.

As identified in Table 5.5, the focus group participants identified four strengths with the local Handi-Bus system. The first and strongest attribute of the Handi-Bus system is that it gets people to appointments on time. All of the participants agreed that the Handi-Bus provides the valuable service of getting them to important doctor or dentist appointments on time. According to one respondent "It is the only way I can get to Kearney to see the doctors. It's a chance for some to ride the bus and shop at Wal-Mart and grocery stores. I don't. The bus is on time. Always warm in the wintertime." Others commented on how they use the Handi-Bus for both doctor's appointments as well as taking care of additional everyday business. One participant commented, "I can go to the doctor and also do shopping in Kearney, as I live in Gibbon. My eyes are getting bad and I don't drive very much."

Table 5.5 Perceived Strengths of the Kearney Senlow Transportation System

1. Get to appointments on time
2. Courteous drivers
3. Independence
4. Reasonable fares

The second identified strength of the Senlow Handi-Bus system is that the drivers are courteous. Several respondents commented on how the drivers provide extra assistance to passengers beyond opening and closing the door to the bus. One participant described the courteous drivers like this: "Always there - - five days a week. Assisted by drivers into bus and help with groceries." Participants also discussed how the drivers were particularly helpful to people with disabilities and to senior citizens. One focus group participant stated that "I ride the bus everyday and have no complaints. I think the drivers do an excellent job with wheelchair

people." And one senior citizen respondent said, "As far as I know, the bus drivers of Kearney's Senlow Transportation System treat seniors well. My concern is with senior citizens."

The third strength identified in the focus group, independence, did not generate much discussion, just plenty of affirmation: "yes" or nods of agreement. How the Handi-Bus promotes independence among public transit consumers in Kearney was eloquently described by one respondent like this: "Being independent is important. Knowing I can go somewhere without having to depend on friends or family for a ride is important." The final identified strength of the Senlow Handi-Bus system was its reasonable fares. Again, this topic did not generate much discussion, just simple confirmatory statements like: "low cost," "economical," "price is reasonable," and, "fare is good."

In addition to strengths, the Kearney focus group also identified two weaknesses in the Senlow handi-bus transit system (Table 5.6). Although the respondents identified only two weaknesses in the system, their comments and observations described the significance of these problems in detail. The first complaint was that some respondents found it very difficult to schedule their appointments with doctors or others and to then also schedule the bus to pick them up while transit service was available. One respondent stated their frustration like this: "Make an appointment and then try to get an appointment with the handi-bus. Lots of times you can't get it. Maybe in a week." Another respondent joked that you "have to get sick by appointment only" when scheduling a ride with the Senlow Handi-Bus system.

Table 5.6 Perceived Weaknesses in the Kearney Senlow Transportation System

1. Scheduling appointments when bus is running
2. Bus does not give enough time to shop

Some respondents provided explanations on what is contributing to the appointment problem in the Senlow transit system. One respondent felt that the current handi-bus transit service is overloaded with too much demand: "There is only one system for too many people. The bus used to be for seniors only. Now it has become public transportation for everyone to use. The system's priorities have changed, and now service is unsatisfactory. Seniors are not getting the attention they used to get." Some felt that the Senlow bus system should expand to three buses from its current two bus system. And others felt that "buses are available; they are just not used efficiently." One respondent felt that "insurance and regulations create barriers to using volunteer and church vehicles to supplement Senlow."

Appointment problems in the Senlow Transportation System have made many patrons feel marginalized. This is captured by the following participant's comments.

> In Kearney, seniors ask for transportation to the Senior Center. They can get this assistance and do. But they must be ready anywhere from 30 to 45 minutes ahead and wait. At the Senior Center, the seniors then have to leave at 12:30 sharp. Lunch sometimes only begins at 12:10-15. Too bad, seniors! Bus drivers must be ready to leave the Senior Center at 12:30. Senlow people have been asked to rectify and modify this schedule, but [they] will not. It appears the schedule is more important than people. Senlow people need etiquette lessons. Secondly, the Senlow system needs expanding. More drivers, more buses, more money, more organization, and more adult personnel in the bus office. And, if you are meant to serve seniors, Senlow, then serve them as a priority.

The second identified problem by the Kearney participants was that the Senlow Handi-Bus does not provide enough time for people to shop. In particular, one respondent commented that "Older people need more time to shop." In addition to the second perceived weakness, participants also identified "other" weaknesses but felt that they were not significant enough to warrant any discussion. Three of the "other" weaknesses that garnered some support in the focus group are: (1) need weekend bus service; (2) need for evening bus service; (3) more bus services for rural areas and small villages. It is the issue of limited rural transit service that the participant from Grand Island felt was a very significant transit problem for her town.

5.5 Summary/Analysis

As identified in Table 5.7, three commonly held strengths can be identified from the three focus group discussions conducted in Scottsbluff/Gering, Norfolk, and Kearney/Grand Island. The focus group participants in all three communities agree that the primary strength of the Handi-Bus systems is that they get people to appointments. Most of these appointments tend to be medically related - - doctor or dentist. It is being able to access affordable transit service that many senior respondents feel is important in maintaining their independence and keeping them out of nursing homes. The second widely accepted perception of the Handi-Bus systems is that the drivers are helpful and courteous. As reviewed earlier, many transit users have physical disabilities and require a little extra assistance in and out of the bus as well as carrying groceries to their homes. It is apparent that the people who ride the handi-buses appreciate the added attention drivers pay to the patrons. The third commonly held perception of the transit systems is that the fares are affordable. Many respondents commented in all three communities that for the amount of transit service they get, what they pay (usually under $2) is very reasonable.

Table 5.7 Summary of Perceived Strengths in Local Transit Systems

Scottsbluff/Gering	Norfolk	Kearney
1. On time transit	1. Getting to appointments	1. Getting to appointments on time
2. Dependable transit	2. Helpful drivers	2. Courteous drivers
3. High-quality drivers	3. Affordability	3. Independence
		4. Reasonable fares

Determining shared perceived weakness among the three communities is a little more difficult (Table 5.8). Both Norfolk and Kearney focus group participants felt that scheduling appointments is the most significant problem in their local Handi-Bus system. In both of these communities, participants expressed that their existing transit service is inadequate to meet the existing demand. As a result, patrons have problems scheduling times for the Handi-Bus to take them to important appointments because the schedule is often fully booked. Therefore, patrons have to schedule doctor appointments about a week in advance in order to find a time slot on the handi-bus schedule.

Table 5.8 Summary of Perceived Weaknesses in Local Transit Systems

Scottsbluff/Gering	Norfolk	Kearney
(Senior Ranking)		
1. Time of service	1. Schedule of operation	1. Scheduling appointments when bus is running
2. Steps on buses	2. Availability	2. Bus does not give enough time to shop
3. Kids access and pay affordable rate	3. Need weekend service	
	4. More transit services for "other" members	
(Non-Senior Ranking)		
1. Kids access and pay affordable rate		
2. Steps on buses		
3. Time of service		

The second perceived problem of the transit systems in the three communities is time of service. This is actually a two-part problem. First, handi-buses in all three communities do not offer weekend service. Without buses running on the weekend, patrons find it difficult to attend social events and church services on Sunday. Second, the handi-bus services in all three communities stop providing transportation at 4 p.m. This proved to be problematic for some patrons, especially those scheduling doctor's appointments in the late afternoon. Together, the two aspects of the perceived problem of time of service is one indication that people in mid-sized Nebraska cities need more transit services than what they are currently getting. People in these communities need transit services that can take them to two to three destinations in a day, and probably three to five destinations a week. Consequently, the existing transit services limit what public-transit-service-dependent people in these communities can do in a day, week, or month.

Finally, some focus group participants (n=65 total participants) felt more transit services are needed for "other" segments of the population currently not serviced by their local handi-bus systems. In both the Scottsbluff/Gering and the Norfolk focus group meetings, respondents felt that school-aged children and people on fixed or limited incomes also need affordable access to the local handi-bus transit service. Many felt that limiting the discount fare of the handi-bus to only those people who qualify (elderly, physically disabled, poor) requires other segments of the community, who also need affordable transit services, to pay a much higher market rate transit fare or to go without transportation altogether.

Chapter 6- Resources and Opportunities to Meet Transit Needs, Address Weaknesses, and Overcome Barriers

6.1 Introduction

A variety of needs, weaknesses, and barriers exist in providing transit services in mid-sized Nebraska cities. This chapter explores what opportunities and resources are or may be available to address such problems. The opportunities and resources may be generated from various sources including federal, state, and local agencies. Opportunities and resources may also become available as a result of innovative measures and programs within transit agencies. It is also important to note that no single source is likely to be the ultimate solution to any problem. The Intermodal Surface and Transportation Efficiency Act (ISTEA) of 1991 recognizes unique situations and problems and, therefore, provides a strong impetus for coordinated efforts and local initiatives to help overcome barriers and provide opportunities to improve transit services. "Transportation providers, planners and state transportation officials have a unique opportunity to use ISTEA's regulatory and flexible funding provisions to achieve an effective coordinated transportation network."[55]

This chapter includes results from a national survey of innovative transit services. This survey provides a foundation for considering changes in transit service. This chapter also includes an examination of opportunities and resources available. The identification of resources follows an effort to demonstrate how the needs, weaknesses, and barriers

identified in Nebraska may be approached through federal, state, local and private sources, as well as through local initiatives and coordinated transit systems.

6.2 Innovative Transit Services Survey

6.2.1 Overview

AS part of this research, a survey questionnaire (Appendix 4) was sent to all state transportation departments in the United States to gather information about "innovative" transit services in mid-sized cities (population 8,000 to 50,000) which are not suburbs of larger metropolitan areas. A total of 49 surveys were sent out. Examples of "innovative" transit systems include collaborative efforts (between agencies and/or public-private partnerships), increased service with no increased cost, and expanded community input and/or control.

Eight state transportation departments responded, but information on only seven communities was provided. The lack of response may be indicative of public transit services not being common among mid-sized communities or the lack of "innovative" programs. To this end, some non-participants sent letters indicating interest in viewing the information about innovative programs that this survey uncovers.

6.2.2 Background of Participating Cities

The seven survey responses came from Tennessee, New Jersey (2), Rhode Island, Oklahoma, and Ohio (2). Table 6.1 identifies the cities that were described as providing innovative services, the population of the city, the budget for the transit agency, the source of funding for the transit agency, and the approximate ridership in thousands. It

should be noted that the Rhode Island transit service serves the entire state, which includes mid-sized communities.

Table 6.1 Innovative Transit Service Survey Respondents

City	Population	Budget $	Source	Ridership(000s)
Oak Ridge (TN)	28,000	187,875	state, city, fares	42,766
Hackettstown (NJ)	8,120	175,875	CMAQ	42,000
Phillipsburg (NJ)	15,757	450,000	operating funds	78,000
RIPTA(RI)	800,000[5]	33,000,000	fare, .03 gas tax, ISTEA,	18.5 mill
Ada (OK)	34,000	272,000	FTAA, HHS, state, local	50,000
Medina (OH)	19,231	555,000	FTA	362,276
Portsmouth (OH)	22,676	66,667	state, local	36,500

The size of the transportation budget among the innovative communities varies considerably and appears to be related more to ridership size than to the community's overall population size. The size of the budgets also shows that innovative ideas can be implemented with very little money.

The sources of funds also vary considerably, with the most common source of funding coming from local and state sources, but in combination with multiple other sources. Ridership size does not appear to be related to city population size; it is more likely to be related to extensiveness of the service.

[5]The Rhode Island Public Transit Authority (RIPTA) services the entire state of Rhode Island which includes many cities in this study's target population size.

6.2.3 Description of Innovative Systems

The survey respondents identified several programs which they deemed innovative. The following list delineates these innovative programs:

1) the use of a coupon that can be applied to taxis;

2) demand-response mini-buses;

3) loop service mini-buses to a shopping mall (one in each direction);

4) fixed-route service with deviation by advanced reservation (mini-bus);

5) demand generated transit service to special population--elderly, mentally disabled, AFDC recipients, ADA clients;

6) call-a-ride for medical services;

7) coordinated human services transportation for the county;

8) coordination of transportation in a two-county area for mentally retarded and develop mentally disabled and senior center with Association of Senior Citizens.

These transit innovations attempt to make transportation services more demand-responsive and attempt to coordinate transportation with various human service providers, particularly among community members unlikely to have self-transport abilities.

Table 6.2 lists some possible service options common to public transit. The innovative systems have used combinations of these service options to best suit their local needs.

Table 6.2 Service Options and Flexibility

Service Options	Typical Examples	Degree of Routing Flexibility	Degree of Scheduling Flexibility
Fixed Route, Fixed Schedule	Traditional Bus Service	None	None
Fixed Route, Flexible Schedule	Jitney	None	Limited
Flexible Route, Fixed Schedule Route Deviation Point Deviation	Flexible Bus Services	Limited Some	None Limited
Flexible Route, Flexible Schedule Subscription Service Advanced Reservation Real-Time Schedule	Demand-Responsive Paratrasnit Services	Some Considerable Considerable	Considerable Considerable Considerable
No Specific Routes or Schedules Advanced Reservation Real-Time Scheduling	Taxi Service	Considerable Unlimited	Considerable Unlimited

Source: TCRP. 1995. *Report 6: Users' Manual for Assessing Service-Delivery Systems for Rural Passenger Transportation*, p. 16.

6.2.4 Reasons for Establishing the Innovative Service

Survey respondents were also asked what motivated the agency or community to innovate. The reasons or motivations given for the adoption of an innovative transportation service vary from a need for increased service availability to a need for more efficient operation. Respondents listed such situations as the existence of a large elderly population in the community and public requests for transportation resulting in an actual or perceived demand increase and a motivation for establishing some innovative service. Additional factors included a need to expand service area and to address the transit needs of elderly who were not, at present, served.

The remainder of the reasons for establishing an innovative transit service were correlated with cost reduction or efficiency. One respondent stated that the motivating factor was a request by the mayor as a measure to reduce costs. Others suggested such

factors as making more efficient use of available resources and reducing duplication of transit services among various city human service providers.

The motivation for establishing these innovative transit operations tend to emanate from a local need to provide service for a large unserved population. Public and elected officials' requests, and efforts to reduce duplication of services among human service providers help to encourage transit innovations.

6.2.5 Resources Utilized

Survey respondents listed a variety of resources and agencies that provided assistance. Among the resources that were utilized in the development of the innovative systems are:

1) State department of transportation and Health and Human Services staff, Community Transportation Association of America (CTAA)/Rural Transportation Assistance Program (RTAP), and city staff;

2) internal staff, external consultants, and former employees;

3) elected officials (governor's executive order--administered by Rhode Island Public Transit Authority (RIPTA);

4) Congestion Mitigation and Air Quality (CMAQ) funds;

5) Community Transit Reporter (CTR) magazines and handbooks;

The resources utilized in the development of the programs included staff from various agencies, both at the local and state levels. Costs associated with the resources utilized appear to be minimal (little use of additional resources from what is already available).

6.2.6 Achieving Economic Viability

Most innovative programs have not been in place very long--two or three years--and most have yet to achieve economic viability. However, it does appear that the time line for achieving economic viability is more than two years. Economic viability was immediate if the program required little modification of an existing service (versus one which created a service where one did not previously exist or required acquisition of equipment).

6.2.7 Community Collaboration and Involvement

The implementation of an innovative program typically required the collaboration of various community actors. Survey results suggest that local public officials (city council, city manager, mayor, others), county commissioners, and human service agencies are important at the local level. At the state and regional levels, collaboration from hospitals and universities can be useful.

Rhode Island utilized a Paratransit Task Force with representation from: Elderly Affairs, Mental Health Retardation Hospital, transportation MPO, Governor's Commission on the Handicapped, RIPTA, carriers, and geriatric services. This example demonstrates the levels and variety of actors that may be beneficial in developing innovative transit services.

Community collaboration by a variety of participants, from both the public and private sectors, appears to be necessary. However, participation was mainly restricted to interested agencies and local government officials (with occasional state-level official participation), but with no public or general citizen participation being reported.

6.2.8 Other Transit Programs Complemented by the Innovative Program

The new innovative systems not only provided a needed service, but also complemented existing transit services, thus helping improve the efficacy of other transit providers. Among the other transit providers with whom the innovative programs cooperated, include rural providers in surrounding counties, county senior/disabled paratransit providers; RIPTA, mental health organizations, Native American Nation, church transport, regional hospitals, and homes for developmentally disabled children. Each of these may have unique transit needs, but would likely share deficiencies. Collaboration and innovation among agencies helps to address transit weaknesses and further improve strengths.

6.2.9 System Flexibility

The innovative systems exhibited a great deal of flexibility in relation to accommodating passenger needs. Increased flexibility appears to be an integral part of the programs, reflecting the demand-response characteristic of many of the systems.

Demand-response systems, by definition, require augmented flexibility in order to enable the system to adapt to changes in demand and type of user (which have differing travel requirements and accommodation needs). Examples of system flexibility include:

1) integrating the general public, seniors, and MR/DD clients;

2) program management under one individual who coordinates with local boards; other agencies coordinate through Community Service Council (agencies are "on call" to help each other);

3) making the service fully accessible (ADA accessible);

4) route scheduling considers passenger needs;

5) routes based on developing ridership patterns and demand;

6) stops on request;

7) up to ½ mile deviation from route stops/pickups (with one hour notice).

6.2.10 Meeting Needs of Special Populations

How do the innovative systems meet the needs of special populations? These systems target special populations. They attempt to increase the responsiveness of the transportation services to the transport needs of special populations, such as the elderly and the disabled (children and adult).

6.3 Mid-Sized Nebraska Cities' Needs and Barriers

The innovative services discussed in the prior section were created to address specific local needs. Mid-sized cities in Nebraska are also confronted with unique situations and needs that may be addressed in a similar fashion. Table 6.3 provides a summary of needs and barriers that exist in mid-sized Nebraska cities according to the findings of the survey and the results of the focus group discussions in this study.

Table 6.3 Transit Needs and Barriers for Mid-Sized Nebraska Cities

Needs	Barriers to Addressing Needs
1. Expanded Service Hours and Days	1. Lack of Financial Resources
2. Expanded Service Area	2. Lack of Lead Coordinating Agency
3. Funding	3. Turf Issues
4. Vehicles (General and/or Handicapped Accessible)	4. Lack of Local Governmental Support
5. Marketing and Advertising of Transit Services	5. Lack of Visibility
6. Service Type Change or Addition	6. Lack of Equipment
7. Affordable Fares (For General Public)	7. Changes in Rider Demographics
8. Additional Staff	
9. Community Transit Plan	
10. Coordination Among Agencies	

Source: Compiled from Needs, Weaknesses, and Barriers in Transit Providers Survey (See Chapters 3 & 4 and Appendix 1)

This serves to accentuate the most pressing issues affecting public transit in these mid-sized Nebraska cities.

The most pervasive need or barrier identified in the Transit Providers Survey was the lack of financial resources to address problems that occur in transit systems. There are certainly a number of problems that can be solved with an increase in funding, but some needs or barriers may have other solutions as well. Some of these potential solutions are discussed in section 6.8 of this chapter.

Transportation needs can be categorized, first, as those that are common elements of a transit system and are typically addressed as the core needs of the organization and are satisfied with a foundation of funding provided by federal, state, and/or local sources. A second category of needs seems to exist in mid-sized Nebraska cities, as well. These are secondary to the needs of basic operation and may involve attempts to expand or otherwise improve current transit services. These needs may require additional funding, changes in service provision, lifting of regulatory barriers, or all of these. The following sections explore the "foundation" type of funding and the core needs it addresses, as well as examine several opportunities to meet additional needs and overcome weaknesses and barriers.

6.4 Federal Transit Administration Programs

6.4.1 Core Funding Sources

Federal Transit Administration (FTA) programs help to provide a basic funding foundation to local transit providers. The FTA programs are administered through the Nebraska Department of Roads (NDOR). These programs are used to some extent by the majority of transit providers in Nebraska's mid-sized cities. The majority of additional

needs and weaknesses expressed in the transit providers survey results cannot be addressed through these federal programs without changes to the transit system or application for additional funds for capital improvements. The funding available in capital programs varies from year to year. The programs that are available to transit providers are: (1)Section 5311(formerly Section 18) which provides formula funding for non-urban areas; (2) Section 5311(b)(2) (formally Section 18(h) which is the provision for a state Rural Transportation Assistance Program (RTAP); (3) Section 5311(f) (formerly Section 18(I)) that provides funding to intercity bus systems; (4) Section 5310 (formerly Section 16) for grants and loans to transit providers who serve elderly and disabled individuals; and (5) Section 5309 (formerly Section 3) which occasionally provides funding for discretionary grants and loans.

6.4.2 Section 5311

This program provides financial assistance to transportation agencies serving the general public in small urban (cities less than 50,000 population) and rural areas. The funds may be used for planning, capital, operating, and administrative assistance.[7] Qualified recipients include local public bodies, private nonprofit organizations, Indian tribes, and operators of public transit services. Participation by private for-profit enterprises under contract to an eligible recipient is permitted.

The FTA apportions Section 5311 program funds to the states according to a statutory formula based on each state's population in rural and small urban areas (under 50,000 population).[7] The funds are available to the state for obligation for the year of apportionment plus two additional years. The states administer the program in

accordance with State Management Plans. Nebraska's most recent plan was published in 1989, and an updated version is being contemplated.

For transit providers' operating costs, 50 percent may be funded from the Section 5311 program, with the remaining 50 percent required to be provided from local sources. To assist with the 50 percent local match requirement, the Nebraska Public Transportation Assistance Program (NPTAP)[28] authorizes financial assistance to local transit providers to help fund their operating costs. The amount of state aid granted to a local transit provider through NPTAP must, at a minimum, be matched by an equal amount of local funding.

Table 6.4 Nebraska 5311 Funding

Mid-Sized City	1991	1992	1993	1994
Alliance	10,194	9,619	13,837	10,897
Beatrice	68,817	65,170	98,716	69,594
Columbus	10,000	10,829	12,077	13,112
Fremont	17,909	17,175	21,762	14,004
Gering / Scottsbluff	38,418	38,545	49,603	38,736
Grand Island	33,284	32,560	44,425	42,350
Hastings	27,686	28,115	38,568	30,532
Kearney	42,293	41,340	70,040	48,282
Lexington	11,180	12,493	16,453	14,209
Norfolk	14,495	13,225	14,741	14,049
North Platte	19,964	19,070	32,660	21,928
York	15,519	15,586	16,683	16,237
Mid Size Total	$309,759	303,727	$429,565	$333,930
Nebraska Total	$618,617	$630,591	$887,436	$677,288

**Source: Nebraska Department of Roads, Nebraska Public Transportation Biennial Reports—FY's 1991-92 and 1993-94

In Nebraska, as in many other states, Section 5311(formerly Section 18) program funding has gradually declined over the years.[6] NDOR, therefore, has favored providing operating funds to rural transit servers through the Section 5311 program, rather than using these funds for the purchase of vehicles and other capital expenditures. Nebraska's mid-sized cities' funding support from the Section 5311 program for the fiscal years 1991 through 1994[7] is indicated in table 6.4.

The Nebraska Department of Roads will provide information, application forms, and an instructional manual to persons and organizations wishing to apply for section 5311 funding. Applications are available in January from NDOR and the deadline is typically the second week of April of each year.

6.4.3 Section 5311(b)(2)

Each state receives an annual allocation of funds through the RTAP. These funds are used by the states to undertake research, training, technical assistance, and other support services to meet the needs of rural transit operators.[50] Specifically, the goals of the RTAP are to identify and disseminate high quality information and training to rural transit operators who receive Section 5311 program funding and to provide technical assistance services and materials to state programs where the information can be used and reproduced economically.

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[6]Based on apportionments listed in Federal Register and FTA documentation.

[7]Represents most recent Biennial Reports available

Nebraska's RTAP program is directed through NDOR with several functions being contracted to the Nebraska Association of Transportation Providers (NATP). These functions include driver training and other workshops, as well as the provision of scholarships for transit system managers or representatives to attend CTAA rural transportation conferences. Other functions of Nebraska's RTAP program include distribution of educational materials through several RTAP library sites throughout the state (typically housed at transportation providers' offices). Other materials and assistance are available on request directly from NDOR.

6.4.4 Section 5310

The Section 5310 program provides capital funds (for purchase of vehicles and related equipment) to private nonprofit entities serving the transportation needs of the elderly and persons with disabilities for whom mass transportation services are unavailable, insufficient, or inappropriate. Public bodies that coordinate services for the elderly and persons with disabilities may also receive these funds under certain circumstances. Funding is distributed to the states on the basis of their population of elderly persons and persons with disabilities.[6]

This program is administered through the states, and it is at the state level that specific funding decisions are made. The program provides funding for capital expenditures only, and will not exceed 80 percent of the total project costs. At least 20 percent of the project funding must come from local sources. However, where vehicle-related equipment is needed to meet Americans with Disabilities Act (ADA) and Clean Air Act Amendment (CAAA) requirements, up to 90 percent of project costs are fundable

through the program, with the remaining 10 percent of the funding to come from local sources. In recent years, Nebraska's federal share for capital costs under this program has been about 70 percent, with grantees providing the remaining 30 percent in cash from non-federal sources.[26]

Table 6.5 indicates the funding support from the Section 5310 program for the fiscal years 1991 through 1997 in Nebraska mid-sized communities. Applications for funding through the Section 5310 program usually are due at NDOR offices in mid-February each year.

6.4.5 Section 5309

Section 5309 (formerly Section 3) provides discretionary grants and loans for a variety of projects including mass transportation projects planned, designed, and carried out to meet the special needs of elderly individuals and individuals with disabilities.

Of the total federal funds made available for grants and loans under the Section 5309 program, at least during the fiscal years ending in 1993 through 1997, twenty percent was available to replace, rehabilitate, and buy buses and related equipment and to construct bus-related facilities. Of this 20 percent, at least 5.5 percent is available to areas other than urbanized areas.[42]

The "Nebraska Public Transportation Biennial Report for Fiscal Years 1991-1992" by NDOR indicates that a $831,000 Discretionary Grant for the purchase of alternative-fueled vehicles was received by Nebraska. This funding was used to purchase

39 vehicles for 30 rural transit systems and three Indian tribes. Partial matching funds for this grant, in the amount of $225,000, were provided by the Governor's Oil Overcharge Plan.[23]

TABLE 6.5 Nebraska Mid-Sized Cities Receipts of 5310 Funding

Transit Provider	1991	1992	1993	1994	1995	1996	1997	Total
Alliance: GS							$35,000	$35,000
Alliance: Panhandle				$18,111				$18,111
Alliance: Sr Srvs			$19,198					$19,198
Beatrice: Martin Luther	$42,898	$39,031						$81,929
Butler Co.: Blue Valley					$30,240			$30,240
Columbus: Rainbow				$24,925				$24,925
Grand Island: Goodwill				$36,078				$36,078
Grand Island: Mid-NE					$24,008			$24,008
Grand Island: Sr Cit			$37,324					$37,324
Hastings: Foundation			$25,410					$25,410
Hastings: GS							$30,000	$30,000
Hastings: Mary Lanning					$30,777			$30,777
Hastings: Mid-Nebraska	$18,627				$24,008			$42,635
Hastings: Sr Center					$24,120	$16,072		$40,192
Kearney: Good Sam				$29,161				$29,161
Kearney: Mid-NE			$27,766		$31,762		$40,856	$100,384
Norfolk: Com-Concern						$30,635		$30,635
Norfolk: Improved Living	$19,722							$19,722
Norfolk: Liberty							$35,000	$35,000
North Platte: Found		$15,326				$66,019		$81,345
Ogallala: Paks				$26,182				$26,182
Scottsbluff: Health/Hab. Serv.	$31,618							$31,618
Scottsbluff: Homestead		$22,966						$22,966
Scottsbluff: Panhandle			$61,003	$38,015		$38,909	$91,531	$229,458
York Co.: Blue Valley				$40,988				$40,988
York: Epworth				$25,889				$25,889
Areas of Study Total	$112,865	$77,323	$170,701	$239,349	$164,915	$151,635	$232,387	$1,149,175
Nebraska Total minus metro areas	**$207,515**	**$233,480**	**$328,260**	**$405,870**	**$574,842**	**$478,027**	**$444,742**	**$2,672,736**

**Source: Nebraska Department of Roads

6.5 Other Federal Resources

6.5.1 Overview

The following federal resources are primarily supplemental to the FTA programs. A comprehensive matrix of federal funding resources can be found in Appendix 5. Many of these sources may be able to help address those needs and unique situations previously mentioned. Resources are available from various agencies and for various situations.

6.5.2 Community Reinvestment Act

The 1977 Community Reinvestment Act (CRA) encourages financial institutions to help meet the credit needs of local communities in which they were chartered. Under CRA, banks are required to prepare a statement to demonstrate how they are meeting their community's credit needs.[3] The Community Transportation Association of America suggests that one way banks could do this is to provide favorable terms on loans to transportation providers that may need to finance a facility or vehicle purchase.[3] They do not suggest long term subsidization, but rather financing capital needs. The bank's support of a transit provider in this way is helping meet the credit needs of the local community in which the bank is chartered.

In the process of preparing its statement to fulfill CRA requirements, the bank officials normally will meet with or interview state and town officials, neighborhood and special interest groups, senior citizens, and charitable groups, to gather information about needs in the community. This is part of a CRA requirement for the bank to define its market. In this process the needs for transportation in the community can be presented,

and the bank may choose to address these needs in some way (such as favorable terms on loans to transit providers) in fulfilling its CRA commitments.

6.5.3 Oil Overcharge Refunds

Price controls by oil companies in the 1970's resulted in substantial overcharges to customers. The United States Department of Energy has collected billions of dollars from the oil companies to compensate for these overcharges. As an indirect compensation to all consumers, some oil overcharge funds go to states for energy conservation projects.[3] Typically, groups in each of the states may submit proposals to their respective state departments of energy for use of the refunds resulting from these overcharges.

While additional funding based on Oil Overcharge Refunds may not be viewed as innovative by some, this provides an example of short-term funding opportunities that may become available. Transit providers should inquire with state and federal offices about such potential funding sources.

6.5.4 Job Training Programs

Federally-sponsored job training programs, such as the Job Opportunities and Basic Skills (JOBS) program of the Administration for Children and Families and the Job Training Partnership Act (JPTA) of the Department of Labor, include access to training and employment locations as part of the scope of services. The JOBS program is part of Title II of the Family Support Act of 1988.[3]

The provision of transportation to job training or employment programs by rural transit providers may qualify them to receive reimbursement from federal job training programs to help with their operating costs.

6.5.5 Public Health Access

The provision of transportation services to public health facilities can also provide operating revenue to rural transit providers. The United States Public Health Service (PHS) allows community health centers to use PHS funds to provide transportation services. Even though such funding is limited, it is possible for transit providers to establish relationships with Community Health Centers to provide transit services on a contractual basis.[3]

6.5.6 Air Quality Funds / Alternative Fuels

Under the federal Congestion Mitigation and Air Quality (CMAQ) program, funds are apportioned to each state, weighted by pollution severity, according to the state's share of non-attainment area population. While Nebraska is one of 12 states in attainment of national air quality standards, the state is guaranteed at least one-half percent of the total funds available in this program. CMAQ funds can be used for eligible projects under ISTEA's Surface Transportation Program.[3]

Among the types of projects eligible for CMAQ funding are public transportation facilities, equipment, intermodal transportation facilities, and systems that demonstrate improvement of air quality. (As many program and government administrators realize, eligibility for funds does not always mean that there is an availability of funds. To find out if these funds are available please check with state officials.)

6.6 State and Local Resources

6.6.1 Nebraska Public Transportation Assistance Program

State assistance for the operation of public transportation systems is authorized through the Nebraska Public Transportation Assistance Program as part of the Nebraska Public Transportation Act.[28]

Eligible recipients of assistance under this program include municipalities, counties, transit authorities, or qualified public-purpose organizations. A qualified public-purpose organization, already receiving state funds for a program that includes transportation services, is not eligible for financial assistance under the NPTAP. Such assistance would duplicate the services or funding provided by the other program.

State aid granted to an individual transit provider through the NPTAP cannot exceed 50 percent of the provider's operating deficit. (The operating deficit is that portion of the total operating budget that remains unfunded after applying both federal grant funding and operating revenue [fares] against operating costs; thus, [operating deficit] = [total costs] - [federal grant funds + operating revenue]).[16] The amount of state aid granted to a local transit provider through the NPTAP must, at a minimum, be matched by an equal amount of local funding.

State law requires NDOR to annually certify the amount of money that is needed to fully fund the state's portion of public transit, in accordance with the limitations imposed by the NPTAP. Money to fulfill this need then is appropriated to the NPTAP from the Highway Trust Fund. However, state law limits the annual amount to less than

one million dollars.[28] Since 1991 the state has appropriated the maximum of one million dollars each year from the Highway Trust Fund to support public transit. Priority on the allocation of all funds in the Nebraska Public Transportation Assistance Program is to be given to projects best suited to serve the needs of the elderly and handicapped and to projects which have federal funding participation.[29]

6.6.2 State / Local Sales or Special Taxes

Some states and localities use revenues generated from state or local sales, payroll, income, or special taxes to support either or both operating and capital costs for mass transit. For example, Massachusetts and Michigan have specifically allocated fuel tax revenues to support either capital or operating assistance for transit service.

Some sales and income tax revenues in Nebraska accrue to the State General Fund, which the state legislature appropriates to various purposes. In recent years, as mentioned above, Nebraska has transferred one million dollars a year, the maximum allowed by law, from the Highway Trust Fund to the NPTAP, which supports public transit.[28] Since this funding is insufficient to adequately support public transit, additional funds from the state General Fund have been used for this purpose. In fiscal year 1991-1992 the appropriation from the General Fund to support transit was $500,000;[23] in fiscal year 1992-1993 it also was $500,000; in fiscal year 1993-94 it was $475,000.[24]

6.6.3 Coordination

Local transit providers can leverage additional operating or capital dollars by contracting with human services agencies to provide transportation services. Such cooperative arrangements between transit providers and organizations needing transportation can help reduce costs through the elimination of duplicative services; better use of equipment, expertise, facilities, and other resources. Coordination also allows more effective matching of transportation providers with transportation purchase and taking advantage of volume purchasing power.[50] Such efforts have been very successful in Iowa improving both quality and efficiency of transit services statewide. "Iowa is composed of 16 regional transit systems, in addition to eight small-urban agencies, tasked with consolidating and coordinating services. All federal and state transit funding goes strictly to these regional and urban points of contact. By channeling these funds into such a narrow funding stream, the state creates a strong incentive to coordinate."[4] Resulting from the efforts at the state level in Iowa are programs such as the Regional Transit Authority (RIDES) in northwestern Iowa. This program contracts with schools and human service agencies as well as providing service to the general public. It receives state and federal transit dollars as well as receiving funding from other state and federal agencies. The contracts and general transportation are also sources of revenue.[4]

A number of federal social service programs that are administered by state agencies have transportation components. Efforts should be made to coordinate and share in the provision of transit services for these various programs. Contracting transit

services among several such programs to a single provider not only reduces redundancy of services, but also supports the financial viability and longevity of that transit provider in the community.

One social service program that funds transportation is Title III (Grants for State and Community Programs on Aging), an Administration on Aging program of formula grants that fund state and community programs for older persons. Funds from Title III may be used to pay for trips by older persons to nutrition sites, medical centers, shopping centers, and other locations.[3]

Another program is Medicaid, a state-run medical assistance program under guidance of the Health Care Financing Administration, a component of the United States Department of Health and Human Services. Transportation for Medicaid clients is a required service. Generally, Medicaid will reimburse states for medically necessary transportation of individual Medicaid recipients.[3]

Head Start is another federal program that incorporates transportation as part of the overall services of the program. Head Start is a discretionary grant program managed by the Administration for Children and Families in the United States Department of Health and Human Services. The program provides transportation for children to and from Head Start centers, field trips, and medical transportation.[27]

6.6.4 Interlocal Cooperation Act

In Nebraska the Interlocal Cooperation Act [27] increases the discretion of government agencies and political subdivisions in the provision of services through coordinated activities. This act "permits local governmental units to make the most

efficient use of their taxing authority and other powers by enabling them to cooperate with other localities on a basis of mutual advantage and thereby to provide services and facilities in a manner ... that will accord best with geographic, economic, population, and other factors influencing the needs and development of local communities."[27]

The Interlocal Cooperation Act enables political subdivisions and government (state and/or federal) agencies to enter into agreements to provide services, and empowers the Interlocal entity to issue bonds and tax as a manner of collecting revenue.[27] Many of the sub-sections of this act go into effect as of July 1, 1998 while the remainder are currently in effect. The final sub-section of the act states, "The Interlocal Cooperation Act is necessary for the welfare of the state and its inhabitants and shall be construed liberally to effect its purposes."[27] The broad language of this act has the potential to overcome many of the regulatory barriers common to transit coordination and cooperation in Nebraska.

6.6.5 Strategic Planning Initiatives

The exercise of careful, long-term planning can be useful to transit providers. "Strategic planning is the process of deciding on objectives of the organization or changes in these objectives, on the resources used to attain these objectives, and the policies that are to govern the acquisition, use, and disposition of these resources. In the context of transit, strategic planning is important to allow services to keep pace with demographic, social, economical, and political trends of a region."[17]

6.7 Private Sector Resources

6.7.1 Foundations

It is possible to obtain foundation funding for capital or operating assistance, especially for a new service or demonstration transit program. While transportation *is not* heavily supported by foundations, it may be possible to find such support for matching other funds. Foundation support is likely to be one-time seed money rather than on-going assistance.[3]

In Nebraska, community foundations or other locally-based foundations, or perhaps company-sponsored foundations, may be the best prospects for supporting local transit projects. Contact the Nebraska Community Foundation (in Lincoln) to determine which foundations may be possible matches.

6.7.2 Business Sponsorship / Marketing / Advertising

Rural and city transit systems often seek financial support from local businesses. A common form for this support is revenue-producing advertising space inside and outside transit vehicles. This provides income for the transit provider and gives the businesses effective and relatively low cost advertising visibility. [3]

Some providers around the country also have set up such programs as "Adopt-A-Van," which gives a business exclusive use of a vehicle's exterior for advertising for a given period of time. Other marketing promotions include giving riders coupons or discounts at sponsoring businesses.[3]

6.7.3 Business / Community Development Partnerships

Transit services often are needed by employers or housing developments, such as retirement facilities, assisted-living housing, or nursing homes. Transit providers often can set up contractual agreements with such businesses or housing developments to provide necessary transit services.[3]

6.7.4 Local Fund Raisers

Financial support for local transit can be gained through local fund raising events or activities. This method of fund raising typically yields limited revenues, but events as simple as garage and bake sales or more elaborate efforts such as raffles and auctions should be considered by local communities and transit providers as viable fund raising strategies.[3]

6.7.5 Volunteer Networks

Volunteers can assist transportation providers in a number of ways. They can help in fund raising drives, public relations, visibility, and even provide staff support. "Volunteer transportation programs can be rewarding for you, the volunteers and your clientele, but only if you are well prepared and well organized."[38] Successful volunteer networks can serve to build community commitment to transportation and offer a valuable opportunity for citizens to contribute to the betterment of the community.

Transportation volunteer programs help to conserve tax revenue, promote community involvement, provide opportunities for seniors and others to contribute. Such programs help to ensure the continued commitments and to achieve the goals of the transit agency.[38]

6.8 Addressing Needs and Barriers

After consideration of the various programs and resources available to transit providers, it is important to consider these "opportunities" in the context of matching solutions with problems. Table 6.6 summarizes the opportunities discussed in this chapter. Each approach may be adapted to suit local community character and needs. For example, one community may find that a change in service design will solve their needs

Table 6.6 Potential Approaches to Addressing Transit Needs

1. Innovative Service Design
2. Supplemental Federal Funding Sources
3. Coordination with other Agencies (Interlocal Cooperation Act)
4. Strategic Planning Initiatives
5. Foundation Funding Sources
6. Local Business Sponsorship and Partnership
7. Volunteer Networks and Recruiting
8. Local Fund Raising

for expanded service, while another may seek funding for additional vehicles and recruit volunteers to solve the same problem. It is important to consider all of the potential approaches and design approaches that will be successful at the local level.

Chapter 7- Conclusion

7.1 Estimated Future Demand Versus Perceived Needs

Moussavi et al. concluded in *Nebraska's Non-Urbanized Public Transportation Needs Assessment* that the present transit demand in Nebraska is being met by existing services and that some expansion would improve the quality of those services.[20] Additionally, it was concluded that the present level of service, if continued, would serve the transportation needs of non-urbanized Nebraska through the year 2015.[20]

Surveys of Nebraska's mid-sized city transit providers and focus group meetings with transit users demonstrate that several perceived needs exist for local residents and service providers. These needs range from expanded services to a desire to maintain or achieve low cost fares for the general public. There is an overall perception in Nebraska's mid-sized cities that many needs are going unmet, including services at night and on the weekends, as well as service to the poor (who are not eligible for reduced fares) (Chapters 4 and 5). The literature review in Chapter 2 affirms the various needs of the elderly, handicapped, children, poor, and other transit dependent individuals. Mid-sized cities in Nebraska have each of these transit dependent populations, but have typically focused on transportation for the elderly and handicapped. Even though this focus exists, increased service needs still exist for this served population (Chapter 4 and 5). In addition, the unserved transit dependent are in need of low cost fares to gain a minimum of service.

Table 7.1 displays the prevailing needs for each city in the study and identifies some potential approaches to address each city's transit needs. The matrix also indicates the transit demand estimation for the years 1995-2015 concluded by Moussavi et al.[20] The disparity between this estimation and the perceived transit needs become apparent in the matrix. The majority of Nebraska's mid-sized cities are apparently having difficulty meeting current transit needs. The ability to meet these needs, however, may depend on the ability to overcome perceived barriers to providing coordinated service and addressing the structural/administrative weaknesses of transit service in Nebraska. Additionally, it seems imperative that local efforts lead the way to offering coordinated transit and taking steps to addressing unmet needs.

7.2 Addressing Perceived Needs

Expanded service hours and days is the most pressing need facing Nebraska Mid-Sized cities. Ten of the twelve communities perceived this as a need (Table 7.1) and there were similar findings in the three focus group meetings (Chapter 5). Table 7.1 further demonstrates that "expanded service area," "marketing and advertising," and "affordable fares" each were considered needs by six communities. Again, these needs were generally confirmed by the focus group participants (Chapter 5).

Table 7.1 also provides potential approaches to addressing needs. These approaches are outlined in Chapter 6 and include potential funding sources and descriptions of innovative services. For example, the need for expanded service hours and days or expanded area may be addressed by several approaches, including an innovative service design, use of the Interlocal Cooperation Act to enable coordination, and/or the use of volunteers. The need for marketing and advertising to improve visibility might be addressed through the use of volunteers, and local

Table 7.1 Needs and Opportunities

	Demand[1] Increase 1995-2015		Perceived Needs											Potential Approaches to Addressing Needs							
														No Additional Funding:				Additional Funding:			
	Vehicle Miles		Expanded Service Hours/Days	Expanded Service Area	Funding	Vehicles and Equip.	Marketing and Advertising	Service Type Change or Addition	Affordable Fares (General Public)	Additional Staff	Community Transit Plan	Coordination	Leadership /Support from Local Govt. or other Agency	Innovative Service Design	Coordination-Interlocal Cooperation Act	Strategic Planning Initiatives	Volunteer Networks	Supplemental Federal Funding Sources	Foundation Funding Sources	Local Business Sponsorship	Local Fund Raising
	Constant	3 % Increase																			
Alliance	N	Y	X											X	X		X				
Beatrice	N	Y	X	X	X			X	X					X	X		X	X	X	X	X
Columbus	N	Y	X	X	X	X	X		X			X		X	X	X	X	X	X	X	X
Fremont	N	Y	X	X			X	X						X	X	X	X				
Gering/ Scottsbluff	N	Y	X		X		X		X	X		X	X	X	X	X	X	X	X	X	X
Grand Island	N	Y	X	X	X	X			X	X	X	X		X	X	X	X	X	X	X	X
Hastings	N	Y					X	X				X		X	X	X	X				
Kearney	N	Y	X			X		X				X		X	X	X	X	X	X	X	X
Lexington[2]	N	Y																			
Norfolk	N	Y	X	X		X	X		X					X	X	X	X	X	X	X	X
North Platte	N	Y	X	X			X		X				X	X	X		X	X	X	X	X
York	N	Y	X			X								X	X	X		X	X	X	X

[1]Based on Moussavi et al (1995) conclusions.

[2]No surveys were returned from Lexington.

business sponsorship. There are several approaches and opportunities to address perceived needs. Nebraska's mid-sized cities can explore these opportunities and design unique approaches as local situations permit. Using such opportunities as innovative service design and the Interlocal Cooperation Act discussed in Chapter 6 will help to overcome many of the perceived barriers to addressing needs. "Transportation services can be increased through regional planning and coordination and the use of alternative transportation services such as the development of a volunteer system."[12]

Bibliography

1. Blowers, A. "Future Rural Transport And Development Policy." In R. Creswell (Ed.), *Rural Transport And County Planning*. Bishops Briggs, Glasgo: Leonard Hill. 1978.

2. Bogren, S. "Services Updated to Meet ADA Standards." *American City and County*, p. 40. August, 1994.

3. CTAA. *Innovative Funding Strategies. RTAP National Transit Resource Center Technical Assistance Brief Number 10.* FTA/RTAP National Program. Washington, D.C.

4. CTAA. *Pooling Community Resources Makes Accessible Transit Affordable.* Community Solutions, Issue 2. Washington, D.C. Fall, 1996.

5. Falcocchio, J.C., and Cantilli, E.J. *Transportation and the Disadvantaged: The Poor, the Young, the Elderly, and the Handicapped.* D.C. Heath and Company. Lexington, MA. 1974.

6. Federal Transit Administration. *Section 5310 Program.* Http://www.fta.dot.gov/library/referemce/statsum/SEC5310.HTM. U.S. Department of Transportation. 1997.

7. Federal Transit Administration. *Section 5311 Program.* Http://www.fta.dot.gov/library/referemce/statsum/SEC5311.HTM. U.S. Department of Transportation. 1997.

8. Gaber, J. and S. Gaber. *Nebraska Human Services Needs Assessment.* Report prepared for the Nebraska Department of Social Services. June, 1996.

9. Gaber, J. and S. Gaber. "Utilizing Mixed-Method Research in Planning," *Journal of Planning Education and Research.* Forthcoming.

10. Goodwin, P.B., Baily, J.M., Brisbourne, R.H., Clark, M.I., Donnison, J.R., Render, T.E., and Whiteley, G.K. *Subsidized Public Transport and the Demand for Travel.* Glower Publishing Company Limited. England. 1983.

11. Grant, T. "Transport for the Disabled." *Geography*. V. 77, pp. 88-91. January, 1992.

12. Jacksonville Community Council Inc. *Transportation for the Disadvantaged.* Summer, 1997.

13. Kearney Area Chamber of Commerce Transportation Task Force. *Committee Report.* 1993.

14. Kendall, D., Misner, J., Stearns, M., and Waksman, R. *Small City Transit Characteristics: An Overview.* (Report No. UMTA-MA-06-0049-76-1). US Department of Transportation, Washington, D.C. 1976.

15. Krueger, R. *Focus Groups: A Practical Guide for Applied Research.* Sage, Thousand Oaks, CA. 1994.

16. Lovelace, Mike. *State Aid For Mass Transit.* Legislative Fiscal Office. Lincoln, NE. November, 1991.

17. Martinelli, David; Asvin Mandadi; Ronald Eck; and Darrell Dean, "Long-Range Planning Issues for Small Transit Agencies." Transportation Research Record, No. 1496 Public Transit, *Public Transportation 1995: Current Research in Planning, Management, Technology, and Ridesharing.* National Academy Press, Washington, D.C., 1995.

18. "Mass Transit for Blind Travelers." [Review of *Access to Mass Transit*]. *The Futurist*, p. 41. January-February, 1991.

19. McKillip, J. *Needs Analysis.* Sage Publications. Newbury Park, CA. 1987.

20. Moussavi, M., J. Albeck, and M. Al-Turk. *Nebraska's Non-Urbanized Public Transportation Needs Assessment: Final Report.* Project No. SPR-PL-1(31)/#94-1 P484. Nebraska Department of Roads. 1995.

21. Nebraska Bureau of Business Research. NU ONRAMP. 1994.

22. Nebraska Department of Roads. *Instruction Manual for Application for Public Transportation Assistance. (DR Forms 316A Through E).* 1997.

23. Nebraska Department of Roads. *Nebraska Public Transportation Biennial Report Fiscal Years 1991-1992.*

24. Nebraska Department of Roads. *Nebraska Public Transportation Biennial Report Fiscal Years 1993-1994.*

25. Nebraska Department of Roads. *Nebraska Transit Directory.* 1996.

26. Nebraska Department of Roads. *Section 5310 Application Materials, Fiscal Year 1997.*

27. Nebraska Revised Statutes 13-801 through 13-827, (Interlocal Cooperation Act). 1997.

28. Nebraska Revised Statutes 13-1210. 1997.

29. Nebraska Revised Statutes 13-1212. 1997.

30. "New Passengers, Old Dangers." *NEA Today*. P.39. September, 1992.

31. O'Donnell, E. "Special Needs for Special Programs." *American School & University*. pp. 57-62. February, 1992.

32. Pittman, A. "Safe Transportation". *JOPERD*, pp. 53-55. February, 1993.

33. Revis, J. *Transportation for Older Americans: A State of the Art Report*. (Report No. PB-243 441). U.S. Department of Commerce. Springfield, VA. 1975.

34. Rucker, George. "Statewide Transportation Planning and Transit Funding." *National Transit Resource Center InfoBrief Series*. FTA/RTAP National Program. CTAA, Washington, D.C.

35. Soriano, Fernando I. *Conducting Needs Assessments: A Multi-Disciplinary Approach*. Sage Publication, Inc. Thousand Oaks, CA. 1995.

36. Stern, S. "A Desegregate Discrete Choice Model of Transportation Demand by Elderly and Disabled People in Rural Virginia." *Transportation Research*, 27A (4), pp. 315-326. 1993.

37. Stewart, D. and P. Shamdasani. *Focus Groups: Theory and Practice*. Sage. Newbury Park, CA. 1990.

38. Studebaker, Dennis. *Using Volunteers in Transportation*. CTAA Technical Assistance Brief Number 1. FTA/RTAP National Program.

39. Transportation Cooperative Research Program, *TCRP Report 3: Workbook for Estimating Demand for Rural Passenger Transportation*, Transportation Research Board, National Academy Press, Washington, D.C. 1995.

40. Transportation Cooperative Research Program, *TCRP Report 6: Users' Manual for Assessing Service-Delivery Systems for Rural Passenger Transportation*, Transportation Research Board, National Academy Press, Washington, D.C. 1995.

41. Tremblay, M. "The Key Informant Technique: A Non-Ethnographic Application." In *Field Research: a Sourcebook and Field Manual*, ed. Robert G. Burgess, 98-104. New York, NY: Routledge, 1982.

42. United States Code. 49 U.S.C. 5309. 1994.

43. United States Code. 49 U.S.C. 5310. 1994.

44. United States Code. 49 U.S.C. 5311. 1994.

45. U.S. Department of Health and Human Services Community Transportation Assistance Project (CTAP). *San Antonio's Transit Authority Sued for ADA Violations*. (August Accessibility Update). Http://www.ctaa.org/ctaa/resource.htm. 1995.

46. U.S. Department of Health and Human Services Community Transportation Assistance Project (CTAP). *Paratransit Forum Identifies Strategies to Overcome Obstacles to Full Implementation of ADA*. (December Accessibility Update). Http://www.ctaa.org/ctaa/resource.htm. 1995.

47. U.S. Department of Health and Human Services Community Transportation Assistance Project (CTAP). *ADA Paratransit Forum on Solutions*. (January Accessibility Update). Http://www.ctaa.org/ctaa/resource.htm. 1996.

48. U.S. Department of Health and Human Services Community Transportation Assistance Project (CTAP). *ADA Paratransit Forum on Solutions*. (February Accessibility Update). Http://www.ctaa.org/ctaa/resource.htm. 1996.

49. U.S. Department of Transportation, *Coordination of Rural Public Transportation Services in Three Southeastern States*. DOT-T-90-17, June 1990.

50. U.S. Department of Transportation, *Guidebook for Planning Small urban and Rural Transportation Programs, Volume 1*. DOT-T-91-07, June 1990.

51. U.S. Department of Transportation, *Rural Public Transportation Performance Evaluation Guide: Final Report*. DOT-I-83-31. 1982.

52. U.S. Department of Transportation, *Rural Transit Operations and Management*. 1982.

53. U.S. Department of Transportation, *Transportation for the Elderly and Handicapped.* October, 1980.

54. Wachs, M. *Transportation for the Elderly: Changing Lifestyles, Changing Needs.* University of California Press. Berkeley, CA. 1979.

55. Zeilinger, Chris. "Rural Transit in the Age of ISTEA". *National Transit Resource Center InfoBrief Series.* FTA/RTAP National Program. CTAA, Washington, D.C. March 1994.

Appendix 1-Transit Providers Survey

Transit Needs in Mid-Sized Nebraska Communities

The purpose of this survey is to gather information about existing transit services and needs in mid-sized (pop. 8,000-50,000) Nebraska cities. With this information it is hoped that ideas and potential solutions can be generated.

BACKGROUND

1) City name _____

2) Please indicate your position or association to transit in your community.
   [ ] Administrator [ ] Agency provider
   [ ] Transit driver [ ] Other _____

3) Please identify all transit (including paratransit) services available in your city. For each service please indicate whether it is a fixed-route service or demand response service.
   _____
   _____

4) How many vehicles are in your demand-response transit system? _____

5) How many vehicles are in your fixed route transit system? _____

6) What are the fares for your different transit services?_____
   _____

TRANSIT CLIENTELE & SPECIAL SERVICES

7) Who are the most frequent users of your city's transit services?
   (Please identify 1st, 2nd, 3rd, and 4th)
   Elderly (65 and over) _____
   Adults (non-elderly) _____
   Youth/Children (under 16) _____
   Physically disabled _____
   Mentally disabled _____

8) Are the transit needs of all populations in your city being met?
   [ ] Yes [ ] No
   If no, whose transit needs are not being met?
   _____
   _____

9) Please identify any special transit services provided for the following groups: (For example, preferential seating, assistance to house, low cost transit pass)

a) Elderly _____

b) Adults (non-elderly)_____

c) Youth/Children _____

d) Physically disabled_____

e) Mentally disabled _____

SCHEDULING/ ROUTING

For cities with fixed route systems please answer numbers 10, 11, and 12. If your city does not have a fixed route system please skip to question #13.

10) For your city's fixed route system, what is the average running time of a transit vehicle?

[ ] Less than 15 minutes
[ ] 15 - 30 minutes
[ ] 31 - 45 minutes
[ ] 46 - 60 minutes
[ ] More than 60 minutes

11) How many miles does your fixed route system cover?

[ ] Less than 3	[ ] 14 to 17
[ ] 3 to 6	[ ] 18 to 21
[ ] 7 to 9	[ ] 22 to 25
[ ] 10 to 13	[ ] More than 25

12) To which travel destinations does your fixed routes system provide direct transportation? Please indicate how many days of the week transportation is provided to each of these destinations. (Check all that apply.)

	Days		Days
[ ] Medical offices	_____	[ ] Senior center/ Agency on Aging	_____
[ ] Dental offices	_____	[ ] Junior/ Senior High School	_____
[ ] Hospital	_____	[ ] Cemetery	_____
[ ] Central business district	_____	[ ] Recreation center	_____
[ ] Grocery shopping	_____	[ ] City pool	_____
[ ] Retail shopping	_____	[ ] Interstate transit providers	_____
[ ] Post office	_____	[ ] Nearby cities	_____
[ ] Social service providers	_____	[ ] Other_____	_____
[ ] City offices	_____	[ ] Other_____	_____
[ ] Nursing homes	_____	[ ] Other_____	_____

If your city does not have demand-response transit please SKIP to question # 16.

13) For your demand response transit system, how long in advance must a customer request a ride?

[ ] Less than 1 hour
[ ] 1 to 3 hours
[ ] 4 to 6 hours
[ ] 7 to 9 hours
[ ] 10 to 23 hours
[ ] 24 hours
[ ] 25 to 48 hours
[ ] More than 48 hours

14) Where does your demand-response transit system travel?
(Please check only one)

[ ] Only in the city limits
[ ] In the city and county
[ ] In the city, county and abutting counties
[ ] In the city, county, abutting counties, and to major Nebraska metropolitan areas (Lincoln and Omaha)
[ ] Other (please identify) _____

15) Will your demand response transit system provide direct transportation to all of the following destinations? Please indicate how many days of the week transportation is provided to each of these destinations. (Check all that apply.)

	Days		Days
[ ] Medical offices	_____	[ ] Senior center/ Agency on Aging	_____
[ ] Dental offices	_____	[ ] Junior/ Senior High School	_____
[ ] Hospital	_____	[ ] Cemetery	_____
[ ] Central business district	_____	[ ] Recreation center	_____
[ ] Grocery shopping	_____	[ ] City pool	_____
[ ] Retail shopping	_____	[ ] Interstate transit providers	_____
[ ] Post office	_____	[ ] Nearby cities	_____
[ ] Social service providers	_____	[ ] Other_____	_____
[ ] City offices	_____	[ ] Other_____	_____
[ ] Nursing homes	_____	[ ] Other_____	_____

TRANSIT CONDITIONS

16) How many of your demand-response vehicles are handicap accessible? _____

17) How many of your fixed route vehicles are handicap accessible? _____

18) For your fixed route system, what percent of your bus stops have shelters? _____

19) How many of your demand-response vehicles have priority seating for elderly and handicapped? _____

20) How many of your fixed route vehicles have priority seating for elderly and handicapped? _____

21) Are drivers of your transit vehicles trained to meet needs of elderly and handicapped?

[ ] Yes [ ] No

If yes, what training do they receive?

_____

COORDINATION OF SERVICES

22) Is there a coordination of transit services in your city? [ ] Yes [ ] No

If yes, please describe:

_____

_____

In no, please indicate why:

_____

_____

23) Which of the following groups in your city have transit vehicles to accommodate the transportation of their clientele: (Check all that apply and indicate the number of entities in each category who provide services.)

[ ] City-provided transit	___	[ ] YMCA/ YWCA	___
[ ] Senior center/Area Agency on Aging	___	[ ] Churches	___
[ ] Community Action Agency	___	[ ] Taxi companies	___
[ ] School district	___	[ ] Other_____	___
[ ] Nursing homes/Retirement homes	___	[ ] Other_____	___
[ ] Hospitals	___	[ ] Other_____	___
[ ] Group homes/Halfway houses	___	[ ] Other_____	___

24) Which of the groups identified above participate in a coordinated effort to provide transit to all people of your city?

_____

_____

25) What barriers to coordinated transit services exist in your city?

_____

_____

26) What incentives for coordinated transit services exist in your city?

_____

STRENGTHS/ NEEDS

27) On a scale from 1 to 5, where 1 = not at all needed and 5 = very much needed, rate the following potential needs:

Lower fares	1 2 3 4 5
More service hours	1 2 3 4 5
Weekend service	1 2 3 4 5
Evening service	1 2 3 4 5
Expanded service area	1 2 3 4 5
Increased number of transit vehicles	1 2 3 4 5
Increased number of wheelchair accessible vehicles	1 2 3 4 5
Increased awareness of transit availability	1 2 3 4 5

28) In order of importance, what would you say are the greatest <u>strengths</u> of your existing transit system?

1. _____
2. _____
3. _____
4. _____

29) In order of importance, what would you say are the greatest <u>weaknesses</u> of your existing transit system?

1. _____
2. _____
3. _____
4. _____

30) In order of importance, what would you say are your community's greatest transit-related <u>needs</u>?

1. _____
2. _____
3. _____
4. _____

31) What barriers exist to meeting the needs identified in question #30?

Need #1_____
Need #2_____
Need #3_____
Need #4_____

32) Please list the three most frequent <u>compliments</u> you receive as a transit provider.

1. _____
2. _____
3. _____

33) Please list the three most frequent <u>complaints</u> you receive as a transit provider.

1. _____
2. _____
3. _____

34). Do you have any further comments regarding transit and/or transit needs in your city?

_____
_____
_____

Thank you for your participation.

Appendix 2- Focus Group Participants

Focus Group Participants

Scotts-Bluff/Gering	Norfolk	Kearney/Grand Island
Bettv Asmus	Ruth Dolezal	Annie Hilty
Adeline Fitzgeteleon	Betty Beelter	Violet Hansen
Ann Heffnes	Geraldine Bruhn	Laurie Reeder
Ethel Biiigliam	Robert Nichols	Mary E. Brown
Herald Hettinger	DiAnn Nichols	Lester Weber
Opal Bigger	Katherine Thompson	Betty Jensen
Mr. & Mrs. Jim Corbin	Karen Christiansen	Margaret Rains
Edith Smith	Bertha Beutler	Lo Desea Miller
Margie Walker	Jane Medelman	Sherri Hansen
Joyce Daggett	Launa Kudrna	Laura Krueger
Fred Fenimore	Mavis Hatelift	Denise Zwlener
Dorothv Brown	Judy Roman	Ruth McDaniels
Betty Brown	Roger Maxwell	Vada Sues
Aidelide Moritz	Lois Holtgrew	Nell Price
Cecelia Westuuclt	Maxine Kuchar	Laura Catlin
Robert Kollar	Edna Armstrong	Bernice Langley
Jerry Coward		Delilak Lamb
Louise Still		Lois Stienike (Grand Island)
Marv Ockenga		
Alita Anderson		
Helen Herman		
Rilla Henningson		
Elmvra Schlegel		
Margaret Stewart		
Wilma Babbett		
Fredia Beeman		
Beuhla Boeman		
Marie Caracilli		
Margie C'oe		
Ruth Cappristone		
Sharma Deaver		
Mollia Engelman		
Elez Fetters		
Grace Fetters		
Louise Flick		
Ellen Kay		
Molia Kildon		
Marv Kreser		
Mary Naegele		
Ann Patterson		
Eliz Pollard		
Lila Rutherford		
Clara Diener		

Appendix 3- Transit Providers Survey Key and Survey Data

Transit Providers Survey Key

In general, missing data = 9, 99, or 999; Not applicable = 8, 88, or 888; and does not pertain= 7, 77, or 777.

Question #1

V1 = City Name

Question #2

V2 = Position or association to transit

1 = Administrator
2 = Transit Driver
3 = Agency Provider
4 = Dispatcher
5 = Taxi
6 = Funding Source
7 = Chamber of Commerce
8 = Hospital
9 = Department of Social Service

Question # 3 – Service type

V3a = demand response
V3b = fixed route
V3c = both

1 = yes
2 = no

Question #4

V4 = vehicles in demand response system

Question #5

V5 = vehicles in fixed route system

Question #6

V6a = one way fare for general population
v6b = one way fare for special populations
v6c = day pass price
v6d = cab fare per boarding
v6e = cab fare for each additional 1/5 of a mile
v6f = cab fare for each additional 1/6 of a mile

99.1 = missing data

Question # 7 – The most frequent users from 1st to 5th

V7a = elderly
v7b = adults
v7c = youth/children
v7d = physically disabled
v7e = mentally disabled
1 - 5 = 1st - 5th
7 = answer does not pertain to question
9 = missing data

Question #8 –

V8 = Are the transit needs of all populations being met?
1 = yes
2 = no
V8a = elderly
v8b = adults
v8c = youth/children
v8d = physically disabled
v8e = mentally disabled
1 = yes
2 = no
7 = answer does not pertain
8 = not applicable
9 = missing data

Question # 9

yes=1 no=2
A1= assistance to house
A2 = reduced fare
A3 = wheelchair access
B = reduced fare
C1 = service to daycare
C = Head Start
C3 = assistance to door
D1 = assistance to home
D2 = reduced fare
D3= wheelchair access
E1= to home

E2= reduced fare
E3= wheelchair access

Question #10

V10 =For your city's fixed route system, what is the average running time

[1] = <15 minutes
[2] = 16-30 minutes
[3] = 31-45 minutes
[4] = 46-60 minutes
[5] = >60 minutes

Question # 11

V11 = How many miles does your fixed route system cover?

[1] = <3 miles
[2] = 3 to 6
[3] = 7 to 9
[4] = 10 to 13
[5] = 14 to 17
[6] = 18 to 21
[7] = 22 to 25
[8] = more than 25

Question # 12 – Destinations and days of fixed route service

A = medical offices
B = dental offices
C = Hospital
D = Central business district
E = grocery shopping
F = retail shopping
G = Post office
H = Social Service Providers
I = City offices
J = Nursing Homes
K = Senior center / Agency on Aging
L = junior/ senior high school
M = Cemetery
N = Recreation center
O = City pool
P = Interstate transit providers
Q = Nearby Cities
R = other
S = other
T = other

Destination: 1 = yes, 2 = no
Days: 1 – 7 = total days a week service is provided

Question #13

V13 = How long in advance must a customer request a ride?

1 = less than 1 hour
2 = 1 to 3 hours

3 = 4 to 6 hours
4 = 7 to 9 hours
5 = 10 to 23 hours
6 = 24 hours
7 = 25 to 48 hours
8 = More than 48 hours

Question # 14

V14 = Where does your demand response system travel

1 = Only in the city limits
2 = In the city and county
3 = In the city, county and abutting counties
4 = In the city, county, abutting counties, and to major Nebraska metropolitan areas (Lincoln and Omaha)
5 = 200 mile radius of city

Question 15 -- Destinations and days of demand response service

A = medical offices
B = dental offices
C = Hospital
D = Central business district
E = grocery shopping
F = retail shopping
G = Post office
H = Social Service Providers
I = City offices
J = Nursing Homes
K = Senior center / Agency on Aging
L = junior/ senior high school
M = Cemetery
N = Recreation center
O = City pool
P = Interstate transit providers
Q = Nearby Cities
R = any where in cab service area
S = College
T = other

Days: 0 – 7 = total days a week service is provided
66 = indicated service but didn't indicate days

Question #16

V16 = How many demand-response vehicles are handicap accessible?

Question #17

V17 = How many of your fixed route vehicles are handicap accessible?

Question #18

V18 = Percent of fixed route bus stop shelters

Question #19

V19 = Demand response vehicles with priority seating for elderly and handicapped

Question #20

V20 = Fixed route vehicles have priority seating for elderly and handicapped

Question #21

V21 = Drivers trained to meet the needs of the elderly and handicapped

0 = No training
1 = State training
2 = Agency training
3 = Informal training
4 = Training indicated, but no description

Question #22

V22 = yes/1 or no/2

yes

A = Coordinate with Cab
B = Coordinate with Dept. of Social Services
C = Offer coordinated service to other providers/agencies
D = Other Agencies provided coordinated service as necessary

no

E = No administrative/ lead agency
F = Lack of interest
G = Lack of awareness
H = Competitive transit environment
I = Regulatory barriers

1 = yes, 2 = no
7 = does not pertain to question
8 = NA
9 = Missing data

Question # 23 – Groups with transit vehicles and number of entities

A = City-provided transit
B = Senior center/ Area Agency on Aging
C = Community Action Agency
D = School district
E = Nursing homes/Retirement homes
F = Hospitals
G = Group homes/Halfway houses
H = YMCA/ YWCA
I = Churches
J = Taxi companies
K = DSS/Head Start
L = Veterans Services
M = Health Facilities
N = Goodwill

number = total entities in each category

66 = Indicated group has vehicles but didn't provide number of entities
99 = Missing data

Question #24 – Which groups participate in coordinated transit services

A = City-provided transit
B = Senior center/ Area Agency on Aging
C = Community Action Agency
D = School district
E = Nursing homes/Retirement homes
F = Hospitals
G = Group homes/Halfway houses
H = YMCA/ YWCA
I = Churches
J = Taxi companies
K = DSS/Head Start
L = Veterans Services
M = Health Facilities
N = Goodwill

Groups: 1 = yes, 2 = no
99 = Missing data

Question #25 – Barriers to coordinated transit services

A = Unknown
B = Lack of Funding and other resources
C = Legal issues
D = Lack of interest
E = Not enough clientele
F = No lead coordinating agency
G = Liability

1 = yes, 2 = no

Question #26 – incentives for coordinated service

1 = None
2 = Opportunity for Economic Benefit
3 = Inherent Coordination Benefits(e.g., more vehicles, less expense, more riders etc...)
4 = Unknown
9 = missing data

Question # 27

On a scale from 1 to 5, 1 = not at all needed and 5 = very much needed, rate the following potential needs:

A = Lower fares
B = More service hours
C = Weekend service
D = Evening service
E = Expanded service area
F = Increased number of transit vehicles

G = Increased number of wheelchair accessible vehicles
H = Increased awareness of transit availability
9 = missing data

Question #28 – strengths
A = Availability and Access to service
B = Employees and Staff
C = Handicapped accessible
D = Supporting agencies
E = Service Area
F = Low Cost
G = Customer/Rider assistance
H = Vehicles and Equipment
I = Punctuality and Reliability
J = Comfortable
1 - 4 = greatest strengths, 0 = not listed as a strength

Question # 29 -- Weaknesses
A = Vehicle age
B = Crowded/Inflexible Schedule
C = Limited hours/days
D = Staff Size
E = Lack of Sufficient marketing and promotion
F = Lack of Coordination
G = Lack of Funding
H = Vehicle pool size
I = None
J = Ridership decline or insufficient
K = Management or communication problem
L = Service Area
1 - 4 = Greatest weaknesses, 0 = not listed as a weakness

Question #30 -- Needs
A = Funding
B = Expanded Service days and hours
C = Marketing and Advertising
D = Expanded Service area
E = Coordination among agencies
F = Affordable transit to general public
G = Community Transit Plan
H = Service type change or addition

I = Expanded Services
J = Additional Vehicles
1 - 4 = Greatest needs, 0 = not listed as a need

Question #31 – Barriers to meeting the needs identified in question #30
A = need 1
B = need 2
C = need 3
D = need 4
1 = Lack of financial resources/funding
2 = Lack of staff, management
3 = Turf issues
4 = Lack of Lead coordinating agency/ leadership
5 = Lack of local government support
6 = Lack of marketing/ visibility
7 = Lack of State government support
8 = Lack of equipment
9 = Restrictions of service type
10 = Legal issues
11 = Change in demographics/ridership

Question #32—compliments (Three responses to this question)
V32A --
V32B --
V32C --
1 = Good, nice, helpful drivers and staff
2 = Low fares
3 = Quality of service
4 = Appreciation of Service Availability
5 = Personal Attention
6 = Equipment/Vehicles
7 = Timelines

Question #33 – complaints (Three responses to this question)
V33A –
V33B –
V33C --
1 = Vehicle condition
2 = Hours of operation
3 = Wait for service
4 = Staff shortcomings

5 = Price too high

Question #34 – open ended question

A = Lack of incentive for coordination
B = Need for Coordination
C = Low Ridership
D = Needs are well met
E = Needs of special populations are increasing
F = Lack of local funding
G = Marketing

1 = yes, 2 = no

Q1 City	Q2 Position	Q3 Demand Resp	Q3 Fixed Rou	Q3 Both	Q4 DR Veh	Q5 FR Veh	Q6 fare 1way	Q6 fare 1way special pop	Q6DayPass	Q6Cab	Q6Cab+1/5mi	Q6Cab+1/6mi	
ALLIANCE 1	1	1	2	2	3	0	0.50	99.99	99.99	99.99	99.99	99.99	
BEATRICE 2	3	1	2	2	19	0	1.00	99.99	99.99	99.99	99.99	99.99	
BEATRICE 3	5	1	2	2	2	5	99.99	99.99	99.99	99.99	99.99	99.99	
COLUMBUS 4	1	1	2	2	3	0	1.50	99.99	99.99	99.99	99.99	99.99	
FREMONT 5	1	2	1	2	0	2	0.50	0.25	99.99	99.99	99.99	99.99	
GERING\SCBLUF 6	1	1	2	2	10	0	0.75	99.99	99.99	99.99	99.99	99.99	
GERING\SCBLUF 7	3	1	2	2	99	0	99.99	99.99	99.99	99.99	99.99	99.99	
GR ISLAND 8	6	1	2	2	4	88	0.50	99.99	99.99	2.25	99.99	99.99	
GR ISLAND 9	1	1	2	2	4	4	0.50	99.99	99.99	2.25	99.99	99.99	
GR ISLAND 10	5	1	2	2	8	0	0.50	99.99	99.99	2.00	0.30	99.99	
GR ISLAND 11	3	1	2	2	1	0	99.99	99.99	99.99	99.99	99.99	99.99	
HASTINGS 12	5	1	2	2	3	88	99.99	99.99	99.99	3.00	99.99	0.20	
KEARNEY 13	3	1	2	2	2	0	0.50	99.99	99.99	2.00	99.99	99.99	
KEARNEY 14	7	1	2	2	77	77	0.50	99.99	99.99	99.99	99.99	99.99	
KEARNEY 15	8	1	2	2	1	88	77.77	77.77	77.77	77.77	77.77	77.77	
NORFOLK 16	9	1	2	2	5	0	1.00	99.99	99.99	3.75	99.99	99.99	
NORFOLK 17	1	1	2	2	1	0	2.00	1.00	99.99	99.99	99.99	99.99	
N PLATTE 18	4	9	9	9	3	0	3.00	0.50	99.99	99.99	99.99	99.99	
N PLATTE 19	1	9	9	9	3	88	3.00	0.50	99.99	99.99	99.99	99.99	
N PLATTE 20	2	9	9	9	99	99	99.99	99.99	99.99	99.99	99.99	99.99	
N PLATTE 21	2	9	9	9	2	0	3.00	0.50	99.99	99.99	99.99	99.99	
N PLATTE 22	1	1	2	2	2	0	3.00	0.50	99.99	99.99	99.99	99.99	
YORK 23	1	1	2	2	2	0	1.00	77.77	3.00	99.99	99.99	99.99	
YORK 24	1	1	2	2	8	88	99.99	99.99	99.99	99.99	99.99	99.99	

Q1 City	Q7elderly	Q7adults	Q7youth	Q7disabled	Q7mentally disabled	Q8 Met Needs	Q8elderly	Q8adults	Q8youth	Q 8 p h y s disabled	Q8mentdisabled		
ALLIANCE 1	1	2	4	3	5	1	8	8	8	8	8		
BEATRICE 2	1	4	5	2	3	2	2	1	1	1	2		
BEATRICE 3	1	3	5	4	2	1	8	8	8	8	8		
COLUMBUS 4	2	1	9	9	3	2	7	7	7	7	7		
FREMONT 5	1	2	4	3	5	2	7	7	7	7	7		
GERING\SCOT 6	1	4	5	2	3	9	7	7	7	7	7		
GERING\SCOT 7	1	9	9	2	3	2	1	1	1	1	1		
GR ISLAND 8	1	4	5	2	3	2	2	2	2	1	1		
GR ISLAND 9	1	9	9	2	3	2	7	7	7	7	7		
GR ISLAND 10	1	4	5	3	2	1	8	8	8	8	8		
GR ISLAND 11	1	9	9	9	9	2	1	2	2	2	2		
HASTINGS 12	7	7	9	9	9	1	8	8	8	8	8		
KEARNEY 13	1	4	5	2	3	2	1	1	1	2	2		

KEARNEY 14	1	4	5	2	3	2	1	1	1	1	1		
KEARNEY 15	1	2	9	9	9	2	1	1	1	1	1		
NORFOLK 16	1	4	5	3	2	2	1	1	1	1	1		
NORFOLK 17	1	9	9	2	3	2	9	9	9	9	9		
N PLATTE 18	1	3	5	2	4	1	8	8	8	8	8		
N PLATTE 19	1	3	4	2	5	2	7	7	7	7	7		
N PLATTE 20	9	9	9	9	9	9	9	9	9	9	9		
N PLATTE 21	1	9	9	2	3	1	8	8	8	8	8		
N PLATTE 22	1	4	5	2	3	1	8	8	8	8	8		
YORK 23	1	5	4	3	2	2	7	7	7	7	7		
YORK 24	9	9	1	9	2	9	9	9	9	9	9		

Q1 City	Q9Assist to House	Q9reduce fare	Q9 wheelchair	Q9reduce fare	Q9todaycare	Q9HeadSt	Q9todoor	Q9tohome	Q9reducefare	Q9wheelchair	Q9tohome		
ALLIANCE 1	1	2	2	2	2	2	2	2	2	2	2		
BEATRICE 2	1	2	2	2	2	2	1	1	2	2	1		
BEATRICE 3	9	9	9	9	9	9	9	9	9	9	9		
COLUMBUS 4	7	7	7	9	9	9	9	9	9	9	9		
FREMONT 5	2	1	2	2	2	2	2	2	1	1	2		
GERING\SCOT 6	1	1	2	2	2	2	2	1	1	2	1		
GERING\SCOT 7	2	2	2	2	2	2	2	2	2	2	2		
GR ISLAND 8	2	2	1	2	2	2	2	2	2	1	2		
GR ISLAND 9	2	2	1	2	2	2	2	2	2	1	2		
GR ISLAND 10	1	2	2	2	2	2	2	2	1	2	2		
GR ISLAND 11	7	7	7	7	7	7	7	7	7	7	7		
HASTINGS 12	9	9	9	9	9	9	9	9	9	9	9		
KEARNEY 13	1	1	2	2	1	2	2	1	2	2	1		
KEARNEY 14	7	7	7	7	7	7	7	7	7	7	7		
KEARNEY 15	7	7	7	7	7	7	7	7	7	7	7		
NORFOLK 16	1	2	2	2	2	2	2	1	2	2	2		
NORFOLK 17	2	1	2	2	2	2	2	2	1	1	2		
N PLATTE 18	1	2	2	2	2	2	2	1	2	2	1		
N PLATTE 19	1	1	2	2	2	2	2	1	1	2	2		
N PLATTE 20	9	9	9	9	9	9	9	9	9	9	9		
N PLATTE 21	1	2	2	2	2	2	2	2	2	2	2		
N PLATTE 22	2	1	2	2	2	2	2	2	1	2	2		
YORK 23	1	1	2	1	2	2	2	1	1	2	1		
YORK 24	9	9	9	9	9	9	9	9	9	9	9		

Q1 City	Q9reducefare	Q9wheelchair	Q13Request	Q14Transi Area	Q15med	Q15dental	Q15Hospital	Q15CBD	Q15grocery	Q15retail	Q15Post Off.		
ALLIANCE 1	2	2	1	1	5	5	5	5	5	5	5		
BEATRICE 2	2	2	6	4	5	5	5	5	5	5	5		
BEATRICE 3	9	9	1	4	7	7	7	7	7	7	7		
COLUMBUS 4	9	9	1	4	7	7	7	7	7	7	7		
FREMONT 5	1	2	88	8	8	8	8	8	8	8	8		
GERING\SCOT 6	1	2	5	2	5	5	5	5	5	5	5		
GERING\SCOT 7	2	2	6	2	5	5	5	5	5	5	5		
GR ISLAND 8	2	1	1	2	5	5	5	0	2	1	0		
GR ISLAND 9	2	1	1	2	5	5	5	0	2	1	0		
GR ISLAND 10	1	2	1	5	7	7	7	7	7	7	7		
GR ISLAND 11	7	7	77	2	5	5	5	0	0	0	0		
HASTINGS 12	9	9	1	9	9	9	9	9	9	9	9		
KEARNEY 13	2	2	6	3	7	7	7	7	7	7	7		
KEARNEY 14	7	7	6	3	5	5	5	2	2	0	0		
KEARNEY 15	7	7	6	1	9	9	9	9	9	9	9		
NORFOLK 16	2	2	77	7	6	6	7	7	7	7	7		
NORFOLK 17	1	2	5	1	5	5	5	5	5	5	5		
N PLATTE 18	2	2	6	1	5	5	5	5	5	5	5		
N PLATTE 19	2	2	2	1	5	5	5	5	5	5	5		
N PLATTE 20	9	9	99	9	9	9	9	9	9	9	9		
N PLATTE 21	2	2	2	1	5	5	5	5	5	5	5		
N PLATTE 22	1	2	2	1	5	5	5	5	5	5	5		
YORK 23	1	2	6	4	5	5	5	5	5	5	5		
YORK 24	9	9	1	4	5	5	9	5	0	5	0		

Q1 City	Q15SocialSer	Q15City off.	Q15NursingHms	Q15Senior Center	Q15School	Q15Cemetery	Q15Rec Center	Q15City Pool	Q15Interstate Transit	Q15Nearby Cities	Q15Cab Service Area	Q15College	Q15Other
ALLIANCE 1	5	5	5	5	0	0	5	0	0	0	0	0	0
BEATRICE 2	5	5	5	5	5	0	0	5	0	3	0	0	0
BEATRICE 3	7	7	7	7	7	7	7	7	7	7	0	0	0
COLUMBUS 4	7	7	7	7	7	7	7	7	7	7	0	0	0
FREMONT 5	8	8	8	8	8	8	8	8	8	8	8	8	8
GERING\SCOT 6	5	5	5	5	5	5	5	0	0	5	0	0	0
GERING\SCOT 7	5	5	0	5	0	5	0	0	0	0	0	0	0
GR ISLAND 8	5	5	5	5	0	0	0	0	0	1	0	0	0

GR ISLAND 9	5	5	5	5	0	0	0	9	0	9	0	0	0
GR ISLAND 10	7	7	7	7	7	7	7	7	7	7	7	9	9
GR ISLAND 11	0	0	0	0	0	0	0	0	0	0	0	0	0
HASTINGS 12	9	9	9	9	9	9	9	9	9	9	7	9	9
KEARNEY 13	7	7	7	7	7	7	7	7	7	7	7	0	0
KEARNEY 14	2	0	0	5	0	0	0	0	7	1	0	0	0
KEARNEY 15	9	9	9	9	9	9	9	9	9	9	9	9	9
NORFOLK 16	6	5	7	7	7	7	7	7	0	0	0	0	0
NORFOLK 17	5	5	5	5	0	5	0	0	0	0	0	0	0
N PLATTE 18	5	5	5	5	5	5	5	5	0	0	0	0	0
N PLATTE 19	5	5	5	5	5	5	5	5	9	0	0	9	0
N PLATTE 20	9	9	9	9	9	9	9	9	9	9	9	9	9
N PLATTE 21	5	5	5	5	5	5	5	5	0	0	0	0	0
N PLATTE 22	5	5	5	5	5	5	5	5	5	0	0	0	0
YORK 23	5	5	5	5	5	5	5	5	0	0	0	0	0
YORK 24	5	0	0	0	5	0	5	5	3	5	0	0	0

Q1 City	Q16 Hand Vehicles	Q19PrioritySeating	Q21Training	Q22Coordination	Q22w/cab	Q22w/DSS	Q22offer	Q22w/others	Q22lead agency	Q22lack interest	Q22lack awareness	Q22Competitive	Q22Reg barriers
ALLIANCE 1	1	2	1	2	2	2	2	2	2	1	2	2	2
BEATRICE 2	12	0	2	1	2	2	2	2	1	2	2	2	2
BEATRICE 3	0	0	2	1	9	9	9	9	8	8	8	8	8
COLUMBUS 4	1	1	9	2	8	8	8	8	2	1	2	2	2
FREMONT 5	88	88	1	1	2	2	1	2	8	8	8	8	8
GERING\SCOT 6	4	10	1	2	2	2	2	2	2	1	2	2	2
GERING\SCOT 7	99	99	1	2	8	8	8	8	1	2	2	2	2
GR ISLAND 8	4	4	4	1	1	2	2	2	8	8	8	8	8
GR ISLAND 9	4	4	2	1	1	2	2	2	8	8	8	8	8
GR ISLAND 10	4	8	2	1	1	2	2	2	8	8	8	8	8
GR ISLAND 11	77	99	4	2	2	2	2	2	2	1	2	2	2
HASTINGS 12	99	99	9	9	9	9	9	9	9	9	9	9	9
KEARNEY 13	2	88	2	2	2	2	2	2	1	2	2	2	1
KEARNEY 14	7	77	2	2	2	2	2	2	1	1	2	2	2
KEARNEY 15	1	1	9	2	9	9	9	9	9	9	9	9	9
NORFOLK 16	1	0	0	2	2	2	2	2	2	1	2	1	2
NORFOLK 17	1	1	0	2	2	2	2	2	2	1	2	2	2
N PLATTE 18	2	0	1	2	7	7	7	7	7	7	7	7	7
N PLATTE 19	3	0	1	2	2	2	2	2	1	2	2	2	2

N PLATTE 20	99	99	9	9	9	9	9	9	9	9	9	9	9
N PLATTE 21	99	99	9	9	9	9	9	9	9	9	9	9	9
N PLATTE 22	2	0	1	2	2	1	2	2	2	2	2	1	2
YORK 23	1	0	1	2	2	2	2	2	0	1	1	0	0
YORK 24	1	1	0	2	2	2	2	2	9	9	9	9	9

Q1 City	Q23City	Q23Sen. Cent.	Q23CommActAgen	Q23School	Q23NurHms	Q23Hospital	Q23GroupHms	Q23YMCA	Q23Church	Q23Taxi	Q23DSS	Q23VetServices	
ALLIANCE 1	0	66	66	66	66	0	0	66	66	0	0	0	
BEATRICE 2	0	1	1	1	4	0	0	0	0	1	0	0	
BEATRICE 3	66	66	66	66	66	66	66	66	99	66	0	0	
COLUMBUS 4	0	9	0	9	9	0	9	9	9	9	0	0	
FREMONT 5	9	9	0	9	9	9	0	0	9	9	0	0	
GERING\SCOT 6	0	0	1	0	2	0	0	0	7	1	1	1	
GERING\SCOT 7	1	0	1	2	5	0	1	0	2	1	0	0	
GR ISLAND 8	0	9	9	9	9	9	0	0	9	9	0	9	
GR ISLAND 9	0	9	9	9	9	9	0	9	9	9	9	9	
GR ISLAND 10	0	0	0	9	9	0	0	0	9	9	0	0	
GR ISLAND 11	0	9	9	9	9	9	9	9	9	9	9	0	
HASTINGS 12	9	9	9	9	9	0	0	0	0	0	0	0	
KEARNEY 13	0	0	9	9	9	9	9	0	9	9	0	0	
KEARNEY 14	0	0	1	2	5	0	1	0	3	1	0	0	
KEARNEY 15	0	0	9	9	9	9	0	0	9	9	0	0	
NORFOLK 16	0	1	0	9	5	2	0	1	5	1	9	0	
NORFOLK 17	0	0	0	9	9	9	0	9	9	9	0	0	
N PLATTE 18	9	0	0	9	9	0	9	0	9	9	0	0	
N PLATTE 19	1	1	0	2	3	0	1	0	5	1	1	1	
N PLATTE 20	99	99	99	99	99	99	99	99	99	99	99	99	
N PLATTE 21	1	0	0	1	3	0	1	0	15	1	0	0	
N PLATTE 22	9	0	0	9	9	9	9	0	9	9	0	0	
YORK 23	0	0	0	0	1	0	1	0	2	1	0	0	
YORK 24	1	0	0	0	0	0	0	0	0	0	0	0	

Q1 City	Q23HealthFacily	Q23Goodwill	Q24City	Q24Sen. Cent.	Q24CommAcAgen	Q24School	Q24NurHms	Q24Hospital	Q24GroupHms	Q24YMCA	Q24Church	Q24taxi	
ALLIANCE 1	0	0	2	1	2	2	2	2	2	2	2	2	
BEATRICE 2	0	0	2	1	2	2	2	2	2	2	2	2	
BEATRICE 3	0	0	2	2	2	2	2	2	2	2	2	1	

COLUMBUS 4	0	0	2	2	2	2	2	2	2	2	2	2	
FREMONT 5	0	0	2	1	2	2	1	2	2	2	2	2	
GERING\SCOT 6	0	0	2	2	2	2	2	2	2	2	2	2	
GERING\SCOT 7	3	0	2	2	2	2	2	2	2	2	2	2	
GR ISLAND 8	0	9	2	2	2	2	2	2	2	2	2	1	
GR ISLAND 9	0	9	2	2	2	2	2	2	2	2	2	1	
GR ISLAND 10	0	9	9	9	9	9	9	9	9	9	9	9	
GR ISLAND 11	0	0	2	2	2	2	2	2	2	2	2	2	
HASTINGS 12	0	0	9	9	9	9	9	9	9	9	9	9	
KEARNEY 13	0	0	2	2	2	2	2	2	1	2	2	2	
KEARNEY 14	0	0	2	2	2	2	2	2	2	2	2	2	
KEARNEY 15	0	0	2	2	2	2	2	2	2	2	2	2	
NORFOLK 16	4	0	2	2	2	2	2	2	2	2	2	2	
NORFOLK 17	0	0	2	2	2	2	2	2	2	2	2	2	
N PLATTE 18	0	0	1	2	2	2	2	2	2	2	2	2	
N PLATTE 19	0	0	2	2	2	2	2	2	2	2	2	2	
N PLATTE 20	99	99	9	9	9	9	9	9	9	9	9	9	
N PLATTE 21	0	0	9	9	9	9	9	9	9	9	9	9	
N PLATTE 22	0	0	1	2	2	2	2	2	2	2	2	2	
YORK 23	0	0	2	2	2	2	2	2	2	2	2	2	
YORK 24	0	0	9	9	9	9	9	9	9	9	9	9	

Q1 City	Q24DSS	Q24VetServices	Q24HealthFacility	Q24Goodwill	Q25Unknown	Q25Lack Funding	Q25Legal	Q25LackInterest	Q25<Clientele	Q25NoLeadAgency	Q25Liability	Q25Other	
ALLIANCE 1	2	2	2	2	1	1	2	2	2	2	2	2	
BEATRICE 2	2	2	2	2	2	1	1	2	2	2	2	1	
BEATRICE 3	2	2	2	2	9	9	9	9	9	9	9	9	
COLUMBUS 4	2	2	2	2	2	1	1	2	2	2	2	2	
FREMONT 5	2	2	2	2	2	2	2	2	2	2	2	2	
GERING\SCOT 6	2	2	2	2	1	2	2	2	2	2	2	2	
GERING\SCOT 7	2	2	2	2	2	2	2	1	2	2	1	2	
GR ISLAND 8	2	2	2	2	2	1	2	1	2	2	1	2	
GR ISLAND 9	2	2	2	2	2	2	2	1	2	2	2	2	
GR ISLAND 10	9	9	9	9	9	9	9	9	9	9	9	9	
GR ISLAND 11	2	2	2	2	2	2	2	1	2	1	2	2	
HASTINGS 12	9	9	9	9	2	2	2	2	1	2	2	2	
KEARNEY 13	2	2	2	2	2	1	1	2	2	1	2	2	
KEARNEY 14	2	2	2	2	2	2	1	2	2	2	2	2	

KEARNEY 15	2	2	2	2	9	9	9	9	9	9	9	9	
NORFOLK 16	2	2	2	2	2	2	2	1	2	2	2	2	
NORFOLK 17	2	2	2	2	2	2	1	2	2	2	2	2	
N PLATTE 18	2	2	2	2	9	9	9	9	9	9	9	9	
N PLATTE 19	2	2	2	2	2	2	2	2	2	1	2	2	
N PLATTE 20	9	9	9	9	9	9	9	9	9	9	9	9	
N PLATTE 21	9	9	9	9	9	9	9	9	9	9	9	9	
N PLATTE 22	2	2	2	2	2	2	2	1	2	2	2	2	
YORK 23	2	2	2	2	2	2	2	1	2	1	2	2	
YORK 24	9	9	9	9	9	9	9	9	9	9	9	9	

Q1 City	Q26Incentives	Q27Fares	Q27MoreHrs	Q27Wkend	Q27Evening	Q27Area	Q27Vehicles	Q27Wheelchair	Q27Awarenes s	Q28Access	Q28Staff	Q28Handi	
ALLIANCE 1	1	1	1	1	1	1	1	1	1	1	0	0	
BEATRICE 2	3	3	4	4	4	4	4	4	4	4	0	0	
BEATRICE 3	9	2	1	2	2	2	1	1	1	1	0	0	
COLUMBUS 4	1	4	2	3	4	2	4	4	5	7	7	7	
FREMONT 5	1	2	3	3	2	1	1	1	4	0	0	2	
GERING\SCOT 6	1	3	4	4	4	2	1	1	3	1	0	0	
GERING\SCOT 7	1	9	5	5	5	9	9	9	5	1	0	0	
GR ISLAND 8	1	3	5	5	5	5	3	4	5	0	4	1	
GR ISLAND 9	3	5	1	2	3	5	1	2	1	2	1	0	
GR ISLAND 10	9	1	1	1	1	1	1	1	1	7	7	7	
GR ISLAND 11	2	7	5	5	5	5	5	5	5	1	0	0	
HASTINGS 12	9	9	9	9	9	9	9	9	9	7	7	7	
KEARNEY 13	3	3	4	4	4	4	4	4	4	0	0	0	
KEARNEY 14	3	3	5	5	5	5	5	5	4	2	0	0	
KEARNEY 15	9	3	4	4	4	2	4	4	3	1	0	0	
NORFOLK 16	4	5	5	5	5	5	5	5	5	1	0	0	
NORFOLK 17	4	3	5	5	5	5	5	5	5	0	4	1	
N PLATTE 18	9	1	1	1	1	1	1	1	5	1	0	0	
N PLATTE 19	3	1	2	4	4	3	1	1	5	1	0	0	
N PLATTE 20	9	1	1	1	1	1	1	1	5	0	1	0	
N PLATTE 21	9	1	1	1	1	5	1	1	5	1	4	0	
N PLATTE 22	1	5	1	3	1	1	1	1	5	4	1	0	
YORK 23	1	2	3	4	4	3	2	2	4	1	2	0	
YORK 24	9	9	9	5	5	9	4	2	9	9	9	9	

Q1 City	Q28SuppAgencies	Q28Area	Q28LowCost	Q28RiderAssist	Q28Veh&Equip	Q28Reliable	Q28Comfort	Q29VehAge	Q29Schedule	Q29LimitedHrs/Days	Q29StaffSize	Q29Visibility	
ALLIANCE 1	0	0	0	0	0	0	0	0	0	0	0	0	
BEATRICE 2	0	0	2	1	0	3	0	0	0	3	0	0	
BEATRICE 3	0	2	0	0	0	0	0	0	0	0	0	0	
COLUMBUS 4	7	7	7	7	7	7	7	0	0	0	0	0	
FREMONT 5	0	0	1	0	0	3	0	0	1	0	0	0	
GERING\SCOT 6	0	0	3	2	0	0	0	0	0	1	0	0	
GERING\SCOT 7	0	0	0	0	2	0	0	0	0	1	0	0	
GR ISLAND 8	2	3	0	0	0	0	0	0	0	2	0	1	
GR ISLAND 9	0	4	0	3	0	0	0	0	0	0	2	4	
GR ISLAND 10	7	7	7	7	7	7	7	9	9	9	9	9	
GR ISLAND 11	0	0	0	0	0	0	0	0	0	0	0	0	
HASTINGS 12	7	7	7	7	7	7	7	7	7	7	7	7	
KEARNEY 13	1	0	3	2	0	0	0	0	0	0	0	0	
KEARNEY 14	1	0	0	0	0	0	0	0	0	0	0	0	
KEARNEY 15	0	0	0	0	0	0	0	0	2	0	0	0	
NORFOLK 16	0	0	0	2	0	0	0	0	0	2	0	0	
NORFOLK 17	0	0	2	0	0	0	3	0	0	1	0	0	
N PLATTE 18	0	0	0	0	0	0	0	0	0	0	1	0	
N PLATTE 19	0	0	3	2	0	0	4	0	0	4	0	0	
N PLATTE 20	0	0	0	0	2	0	0	0	0	0	0	1	
N PLATTE 21	0	0	0	3	0	2	0	0	0	0	0	1	
N PLATTE 22	0	0	3	0	2	0	0	0	0	0	0	2	
YORK 23	0	0	3	0	0	0	0	0	1	2	0	0	
YORK 24	9	9	9	9	9	9	9	1	0	0	0	0	

Q1 City	Q29Coordination	Q29Funding	Q29#Vehicles	Q29None	Q29Ridership	Q29Mgmt	Q29Area	Q30Funding	Q30hrs/days	Q30Marketing	Q30Area	Q30Coordination	
ALLIANCE 1	0	1	0	0	0	0	0	9	9	9	9	9	
BEATRICE 2	0	1	0	0	0	4	2	0	2	0	4	0	
BEATRICE 3	0	0	0	1	0	0	0	0	0	0	0	0	
COLUMBUS 4	1	0	0	0	0	2	0	0	0	0	0	0	
FREMONT 5	0	2	0	0	0	0	0	0	0	0	0	0	
GERING\SCOT 6	0	0	0	0	0	0	0	0	1	0	0	0	
GERING\SCOT 7	3	0	0	0	0	2	0	0	1	0	0	2	
GR ISLAND 8	0	3	0	0	0	0	4	2	1	3	0	4	
GR ISLAND 9	0	1	0	0	0	0	3	1	0	0	0	2	

GR ISLAND 10	9	9	9	9	9	9	9	9	9	9	9	9	
GR ISLAND 11	3	2	0	0	0	1	0	0	0	0	0	2	
HASTINGS 12	7	7	7	7	7	7	7	9	9	9	9	9	
KEARNEY 13	0	0	1	0	0	0	2	0	0	0	0	1	
KEARNEY 14	3	1	2	0	0	0	0	3	0	0	0	1	
KEARNEY 15	0	0	0	0	0	0	1	9	9	9	9	9	
NORFOLK 16	3	1	0	0	0	0	0	0	0	0	0	0	
NORFOLK 17	0	0	0	0	0	0	0	0	0	0	0	1	
N PLATTE 18	0	2	0	0	0	0	0	0	0	1	0	0	
N PLATTE 19	1	0	0	0	2	3	0	0	2	3	1	0	
N PLATTE 20	0	0	0	0	0	0	0	9	9	9	9	9	
N PLATTE 21	0	0	0	0	0	2	0	0	0	0	2	0	
N PLATTE 22	3	0	0	0	1	0	0	0	0	0	0	1	
YORK 23	3	0	0	0	0	0	0	1	2	0	0	0	
YORK 24	0	0	2	0	0	0	0	9	9	9	9	9	

Q1 City	Q30Affordable	Q30Plan	Q30ServiceType	Q30ExpandService	Q30AddVeh	Q3Barrier1	Q3Barrier2	Q3Barrier3	Q3Barrier4	Q32Compliment	Q32Compliment	Q32Compliment	
ALLIANCE 1	9	9	9	9	9	99	99	99	99	1	7	2	
BEATRICE 2	0	0	1	3	0	9	1	1	1	4	5	1	
BEATRICE 3	0	0	0	0	0	77	77	77	77	9	9	9	
COLUMBUS 4	0	0	0	1	0	1	4	99	99	4	6	1	
FREMONT 5	0	0	0	1	0	10	99	99	99	2	1	9	
GERING\SCOT 6	0	0	0	0	0	1	99	99	99	1	4	9	
GERING\SCOT 7	0	0	0	0	0	2	3	99	99	9	9	9	
GR ISLAND 8	0	0	0	0	0	1	4	5	8	4	1	3	
GR ISLAND 9	3	0	0	0	0	1	3	8	99	4	5	1	
GR ISLAND 10	9	9	9	9	9	99	99	99	99	1	6	2	
GR ISLAND 11	4	1	0	3	0	7	4	11	1	8	8	8	
HASTINGS 12	9	9	9	9	9	99	99	99	99	9	9	9	
KEARNEY 13	0	0	0	0	2	1	4	99	99	5	2	6	
KEARNEY 14	0	0	0	0	2	4	1	99	99	5	9	9	
KEARNEY 15	9	9	9	9	9	99	99	99	99	9	9	9	
NORFOLK 16	0	0	0	1	0	1	5	99	99	8	8	8	
NORFOLK 17	0	0	0	0	0	5	99	99	99	1	4	2	
N PLATTE 18	0	0	0	0	0	11	6	99	99	3	1	9	
N PLATTE 19	0	0	0	0	0	1	2	6	99	2	7	3	
N PLATTE 20	9	9	9	9	9	99	99	99	99	3	1	9	

N PLATTE 21	0	0	0	1	0	1	1	99	99	1	6	2	
N PLATTE 22	0	0	0	0	0	4	99	99	99	1	3	6	
YORK 23	0	0	0	3	0	1	1	1	99	1	9	4	
YORK 24	9	9	9	9	9	99	99	99	99	9	9	9	

Q1 City	Q33Complaint	Q33Complaint	Q33Complaint	Q34Incentive	Q34Coordination	Q34Ridership	Q34NeedsMet	Q34SpecPopulation	Q34LocalFund	Q34Marketing	Q34Other	Q34Other	Q34Other
ALLIANCE 1	2	2	9	9	9	9	9	9	9	9	9	9	9
BEATRICE 2	1	6	5	1	2	2	2	2	2	2	2	2	2
BEATRICE 3	5	2	9	9	9	9	9	9	9	9	9	9	9
COLUMBUS 4	3	9	9	2	1	2	2	2	2	2	2	2	2
FREMONT 5	7	9	2	2	2	1	2	2	2	2	2	2	2
GERING\SCOT 6	2	9	9	9	9	9	9	9	9	9	9	9	9
GERING\SCOT 7	9	9	9	1	1	2	2	2	2	2	2	2	2
GR ISLAND 8	2	5	6	2	1	2	2	2	2	2	2	2	2
GR ISLAND 9	3	2	1	9	9	9	9	9	9	9	9	9	9
GR ISLAND 10	3	5	9	2	2	2	1	2	2	2	2	2	2
GR ISLAND 11	8	8	8	2	1	2	2	2	2	2	2	2	2
HASTINGS 12	9	9	9	9	9	9	9	9	9	9	9	9	9
KEARNEY 13	3	2	9	2	1	2	2	1	2	2	2	2	2
KEARNEY 14	3	2	9	2	1	2	2	2	2	2	2	2	2
KEARNEY 15	9	9	9	9	9	9	9	9	9	9	9	9	9
NORFOLK 16	8	8	8	9	9	9	9	9	9	9	9	9	9
NORFOLK 17	2	9	3	2	2	2	2	2	2	2	2	2	2
N PLATTE 18	3	9	9	9	9	9	9	9	9	9	9	9	9
N PLATTE 19	3	9	9	9	9	9	9	9	9	9	9	9	9
N PLATTE 20	3	9	9	9	9	9	9	9	9	9	9	9	9
N PLATTE 21	3	9	9	2	2	2	2	2	2	1	2	2	2
N PLATTE 22	4	3	2	9	9	9	9	9	9	9	9	9	9
YORK 23	3	9	2	9	9	9	9	9	9	9	9	9	9
YORK 24	1	2	2	9	9	9	9	9	9	9	9	9	9

Appendix 4 -Innovative Transit Services Survey

Innovative Transit Services Survey

This survey is being sent to all state transportation departments in the United States to gather information about "innovative" transit services in mid-sized cities (population 8,000 - 50,000) which are not suburbs of larger metropolitan areas. Examples of "innovative" transit systems include collaborative efforts (across agencies and/or public-private partnerships); increased service with no increase in cost; and expanded community input and/or control. With this information it is hoped that ideas and potential solutions can be generated and applied to transit needs in mid-sized Nebraska communities. Please return this survey in the enclosed envelope, or mail it to Professor Sharon Gaber at the Department of Community and Regional Planning University of Nebraska Lincoln, Lincoln, NE 68588-0105, or fax it to (402) 472-3806.

BACKGROUND

1) State name_____

2) Please identify all cities in your state (population 8,000 - 50,000) with "innovative transit services".

City Name	Population	Budget	Funding Sources	Ridership
A				
B				
C				
D				
E				
F				

3) Please provide your title._____

INNOVATIVE TRANSIT SERVICES

4) Please briefly describe the "innovative" transit system for each city identified in question 2.

City	Innovative Transit System	Date Implemented
A		
B		
C		
D		
E		
F		

5) Why were the programs developed?

City	Reasons for Development
A	
B	
C	
D	
E	
F	

6) Discuss the resources (persons, literature, etc.) utilized in the development of each "innovative" system?

City	Resources Utilized in Development
A	
B	
C	
D	
E	
F	

7) How long did it take each system to become economically viable?

City	Time
A	
B	
C	
D	
E	
F	

8) Describe the type of community collaboration, if any, involved with the implementation of each "innovative" system.

City	Community Collaboration
A	
B	
C	
D	
E	
F	

9) Describe any other transit programs each "innovative" program complements.

City	Transit Programs Complemented
A	
B	
C	
D	
E	
F	

10) Discuss the flexibility allowed in each system in relation to accommodating passenger needs ?

City	Flexibility
A	
B	
C	
D	
E	
F	

11) Discuss how each system meets the needs of special populations.

City	Meeting Needs the of Special Populations
A	
B	
C	
D	
E	
F	

12) Please provide any further comments regarding "innovative" transit services in your state in the space below.

13) Please identify any other mid-sized cities that you are aware of who have implemented "innovative" programs.

Thank you for your participation.

Appendix 5- Federal Funding Matrix

Federal Funding Resource Matrix

Program Name	FY 1995 Funding Level (Millions)	Categories of Assistance					Eligible Applicants				Types of Assistance				Program Mgt.	
		Administration	Capital	Operations	Planning	Technical Assistance	For-Profit	Nonprofit	Public	Tribal	Discretionary	Formula	Loans	Research	Federal	State
[redacted]																
Community Facilities Loans	$300.0		X					X	X	X			X		X	
Intermediary Relending Program	68.0		X				X	X	X	X			X		X	
Rural Transit Investment Program (RTIP)																
Rural Development Loan Fund (RDLF)																
Business and Industrial Loans	500.0		X				X		X		X		X			X
Rural Business Enterprise Grants	47.5		X			X		X	X	X	X				X	
Rural Passenger Transp. Tech. Asst. Prog. (RPTTAP)																
Rural Economic Development Loans and Grants	33.0		X				X	X	X	X	X		X		X	
Rural Empowerment Zones/Enterprise Communities	210.0	X	X	X	X	X			X			X			X	
[redacted]																
Public Works and Development Facilities Assistance	$195.0		X					X	X	X	X				X	
Economic Development Technical Assistance	3.4					X		X	X	X	X			X	X	
Economic Adjustment Assistance	36.1		X		X				X	X	X				X	
[redacted]																
Vocation Rehabilitation Grants	$2,043.9			X					X			X				X
Centers for Independent Living	40.5			X	X			X	X		X				X	
Independent Living State Grants	21.9			X					X			X				X
National Institute for Disability and Rehabilitation Research	70.0			X				X	X	X				X	X	
Vocational Rehabilitation Special Projects	19.9			X				X	X	X	X				X	
Libraries for Tribes and Hawaiian Natives	2.5			X						X	X					
Workplace Literacy Projects	108.4			X					X		X				X	
Even Start	108.4			X					X	X		X				X
Education for Homeless Children and Youth	28.8			X					X	X		X				X
[redacted]																
Administration for Children and Families																
Job Opportunities and Basic Skills Training (JOBS)	$980.0			X					X	X		X				X
Refugee Assistance-State Programs	215.4			X					X			X				X
Community Services Block Grant	391.5			X				X		X		X				X
Head Start	3,535.4		X	X		X		X	X	X	X				X	
Native American Programs	31.0		X	X	X	X		X	X	X	X		X	X	X	
Developmental Disibilities Basic Support and Advocacy Grants	97.2	X		X					X		X					X
Developmental Disibilities Project of National Significance	5.7	X	X	X		X		X	X		X			X	X	
Social Services Research and Demonstration Grants	15.0			X			X	X	X	X				X	X	
Social Services Block Grants	2,800.0	X	X	X	X	X			X			X				X
Administration on Aging																
Supportive Services and Senior Centers	306.7		X	X				X	X			X				X
Programs for Native American Elders	18.4		X	X						X	X				X	
Training, Research and Discretionary Projects and Programs for the Elderly	26.5		X	X	X	X		X	X	X				X	X	
Health Care Financing Administration																
Medicaid	88,438.4			X			X	X	X	X		X				X
Health Resources and Services Administration																
Pediatric AIDS Health Care Demonstration	26.0			X			X	X	X	X				X	X	
Community Health Centers	618.5			X				X	X		X				X	
Migrant Health Centers	65.0			X				X	X		X				X	
Health Care for the Homeless	65.4	X		X				X	X		X				X	
Public Housing Primary Care Program	9.5	X		X				X	X		X				X	
Rural Health Services Outreach Grants	27.0			X				X	X		X				X	
HIV Emergency Relief Project Grants	174.7	X		X			X	X	X	X	X				X	
HIV Emergency Relief Formula Grants	174.7	X		X					X			X			X	
HIV Care Formula Grants	174.8	X		X			X	X	X	X		X				X
HIV Early Intervention Services	52.6	X		X				X	X		X				X	
Healthy Start	101.0			X				X	X		X				X	
Maternal and Child Health Services Grant	52.6	X		X				X	X		X				X	
Substance Abuse and Mental Health Services Administration																
Community - Based Care Linkages	7.3			X				X	X					X	X	
Substance Abuse Treatment for Rural and Remote Persons	4.5			X					X	X				X	X	

Source: CTAP, Building Mobility Partnerships. Federal Funding Resource Matrix.
Available Online: http://www.ctaa.org/resource/ctap/guide-table.htm

Federal Funding Resource Matrix Continued

Program Name	FY 1995 Funding Level (Millions)	Categories of Assistance					Eligible Applicants				Types of Assistance				Program Mgt.	
		Administration	Capital	Operations	Planning	Technical Assistance	For-Profit	Nonprofit	Public	Tribal	Discretionary	Formula	Loans	Research	Federal	State
Congregate Housing Services Program	$7.7			X				X	X	X	X				X	
Community Development Block Grants	3,211.4		X						X			X			X	
Supportive Housing Programs	334.0		X	X				X	X	X	X				X	
Housing for People with AIDS	156.0			X	X	X			X		X	X			X	
Service Coordinators for the Elderly and Disabled in Public Housing	30.0			X				X			X		X		X	
Tenant Opportunities Program	25.0					X		X		X	X				X	
Public Housing Drug Elimination Program	250.4		X	X					X	X	X				X	
Indian Employment Assistance	$20.1			X						X	X				X	
Indian Credit Program	46.9		X							X			X		X	
Indian Child Welfare Act	44.6		X	X						X	X				X	
Senior Community Service Employment	$410.5	X		X				X	X			X			X	
Trade Adjustment Assistance	276.8			X					X			X				X
Job Training Pilot and Demonstration Programs	35.5			X		X	X	X	X					X	X	
Job Training Partnership Act	2,520.5			X					X			X				X
Native American Employment and Training	59.8			X						X		X			X	
Federal Highway Administration																
Highway Planning and Construction	$19,649.1		X						X			X				X
Federal Transit Administration																
Transit Capital Improvement Grants	1,924.9		X						X		X				X	
Metropolitan Transit Planning Grants	43.5				X				X			X				X
Transit Capital and Operating Grants for Urbanized Areas	2,933.8		X	X					X			X			X	X
Public Transportation for Rural Areas	151.9	X	X	X	X	X	X	X	X	X		X				X
Rural Transit Assistance Program (RTAP)																
Transit Capital for ELderly and Disabilities Transportation	59.2		X					X	X			X				X
National Transit Planning and Research	39.2				X	X		X	X					X	X	
State Transit Planning and Research	8.9				X	X	X	X	X	X		X				X
National Highway Traffic Safety Administration																
State and Community Highway Safety Grant	123.0					X			X			X				X
Research and Special Program Administration																
University Transportation Centers	13.0					X		X	X					X	X	
Office of Small and Disadvantaged Business Utilization																
Disadvantaged Business Short Term Lending Program	13.0		X	X	X	X	X	X					X		X	
Veterans Hospitalization	$8,400.0			X					X		X				X	
Veterans Outpatient Care	4,700.0															
Foster Grandparent Program	$68.3			X				X	X		X				X	
Retired Senior Volunteer Program	36.1			X				X	X		X				X	
Senior Companion Program	31.7			X				X	X		X				X	
Pollution Prevention Grant	$7.1				X	X		X	X	X	X					X
Donation of Federal Surplus Property	$10.2		X					X	X		X				X	
Sale of Federal Surplus Property	11.5		X				X	X	X	X	X				X	
Expansion Arts Grants	$5.3			X				X	X	X	X				X	
Local Arts Agencies Program	2.1			X		X			X		X				X	

Source: CTAP, Building Mobility Partnerships. Federal Funding Resource Matrix.
Available Online: http://www.ctaa.org/resource/ctap/guide-table.htm