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National Transit Institute

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Transit Driver Is Someone's Hero

Laura Oldham, Executive Director of Ripley County Transit, Inc. shared the following story about a real hero in their group. One of their drivers was out on a regular rural run and turned around in a driveway only to see a door ajar on a regular client's front porch. He knew something was wrong. When he got out of his vehicle, he could see a hand reaching out from behind the bottom of the door. He realized the elderly lady, who lives by herself, had fallen out of her doorway onto the porch. This was during very cool temperatures. He did everything he could to assist her according to procedures by calling an ambulance.



The elderly woman later called Laura and praised the driver repeatedly. She had fallen and broken her hip, which required surgery. Even though she lived next to a highway, people could not see her because she was lodged between her front door and the screen door and cars kept driving by. She was too hurt to drag herself inside and get to the phone. She told Laura that because the driver covered her with a blanket and stayed with her until help arrived she really felt he kept her alive. Laura said of the incident, "It is absolutely amazing what rural transit drivers' challenges are day to day. They don't want glory; they just do their job the best they can because they really care about people." We could not agree more.

Missouri RTAP Training News Lift Maintenance Training Held at OATS Facilities

OATS, Inc. recently hosted lift maintenance training at two of their facilities. BraunAbility (Braun) visited the Midwest Region in Sadalia on August 26 and Northwest Region in St. Joseph on August 27. Jeff Tellez with Braun is shown in the photos conducting a classroom portion and hand-on training during the session in St. Joseph. The Northeast Region in Macon has a lift maintenance training scheduled for November 5 where they will host both Braun and Ricon. They have graciously invited surrounding transit agencies to attend. If you are interested, please contact Doreen Harkins in the Missouri RTAP office, so she can coordinate with OATS Northeast. In addition, we are in the process of coordinating a training session in the southeast. If you have an interest in attending, please let Heath or Doreen know.



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The Fine Print

Missouri RTAP quarterly eNewsletter is published by the Missouri RTAP office located on the campus of Missouri University of Science and Technology. The opinions, findings and recommendations expressed in this newsletter are not necessarily those of Missouri S&T, MoDOT or the Federal Transit Administration.



About RTAP

National RTAP is a program of the Federal Transit Administration dedicated to creating rural transit solutions through technical assistance, partner collaboration and FREE training.

LETTER FROM THE MANAGER

Dear Transit Friends,

Hello everyone and welcome back to another edition of the MO-RTAP eNewsletter. It was great seeing many of you at the 2014 MPTA Conference held August 3-5 at the Renaissance St. Louis Grand Hotel. I had the opportunity to share updates on Missouri RTAP during the Missouri Rural Transit network session as well as gather your input. I spent time during the session reviewing the scholarship reimbursement process and answering questions. The only change this year was that the mileage rate went from \$0.535 to \$0.53/mile. Unfortunately we have no control over the rate as it is set by the University of Missouri system. I also reminded everyone of a few key things to keep in mind when submitting reimbursement requests. First, meals are reimbursed on a per diem rate, which means only travel over 8 hours is reimbursed. Anything between 8 to 12



hours is \$21.00. Any travel over 12 hours is \$42.00/day. Also, it is not necessary to submit meal receipts; however, the time of your departure and return is required. All of the reimbursement forms are available on the RTAP website under the scholarship reimbursement tab at www.mortap.com or by calling the RTAP office. We have provided these documents to make it easier when completing reimbursement requests. If you have any questions when completing the forms, please contact Doreen Harkins at 573-341-6155.

I reminded everyone that John Rice is certified to teach Operation Lifesaver training, which is a halfhour module that can be added to training. I also highlighted the additional training that we can provide beyond the standard classes offered. Some of these opportunities include National Training Institute (NTI) courses, and Transportation Safety Institute (TSI) related courses. Judy Kova, Program Development Specialist, with the NTI attended the conference and shared information about the NTI courses that are available. A complete list of NTI courses is available on their website at www.ntionline. com under the courses tab. Finally, I mentioned the resources available through the National RTAP website, which includes tools such as: Procurement Pro, a website builder, and training flashcards.

In other MO-RTAP news, Steve Billings and I continue to meet with transit agencies one-on-one to gather ideas and expand the offerings of the Missouri RTAP program. We met with OATS in Columbia on March 19 and SMTS on January 24. We most recently met with the SEMO Transit Operators Association on June 18 in Dexter. Please see the article on page 3 for a complete meeting summary. If you would like us to come to your agency, please let me know.

You will notice more updates and news from agencies in the state in this and the past few eNewsletter editions. Please keep the news coming! We want to include more agency articles. We want to hear from you and share what is happening in the rural transit agencies throughout the state. If you have a new facility, someone new on your staff or other news you would like to share, let us know, and we will include it in an upcoming issue. We appreciate OATS continuing to share their stories. Please contact me at pickerillh@mst.edu or by phone at 573-341-7637 with any questions, comments or suggestion you have. If you know someone who is not receiving the eNewsletter, please forward it and have them contact the MO-RTAP office to be added to the list.

Sincerely,

Heath Pickerill Missouri RTAP Manager

MO-RTAP Report

SEMO Transit Providers Association Meeting Held By: Heath Pickerill, MO-RTAP Manager

Steve Billings and I had the opportunity to attend a SEMO Transit Operators Association meeting in Dexter on June 18. Several topics and training ideas were discussed. Some of the ideas suggested include training and services that would be beneficial to administrative staff such as a new transit manager orientation, Interstate (FMCSA) registration and safety requirements for passenger carriers, drug and alcohol awareness (reasonable suspicion) training for supervisors, orientation to "touch screen" computing on such devices as iPads and Androids, and a QuickBooks accounting software class. Training needs for drivers and maintenance staff were also discussed and include handson pre-trip and post-trip inspection by the drivers as well as lift maintenance training. Steve also mentioned that Missouri RTAP can sponsor National Transit Institute (NTI) classes in Missouri. The group asked what could be offered.

Examples of available classes include Developing a Transit Emergency Management Plan, Effective Supervision in Transit, and Implementing Rural Transit Technology. A complete list of NTI offerings is available on their website at www.ntionline.com under the courses tab. It was also noted that NTI would be presenting information on their offerings during the Missouri rural transit network session.

We had previously met with SMTS on January 24 and OATS in Columbia on March 19. Our intent is to continue meeting with transit agencies around the state one-on-one to gather ideas and expand the offerings of the Missouri RTAP program in order to make it more relevant and useful. If you would like us to come to your agency or area, please let me know.



Clockwise from left: Penny Schatz, Bloomfield City; Steve Billings, MoDOT; Shirley Allen, Mississippi County Transit; Marilyn Schlosser, Scott County Transit; Thomas Mogelnicki, Cape Girardeau County Transit Authority; Sherry Payne, Scott County Transit; Katrina Hodges, Dunklin County Transit; Laura Oldham, Ripley County Transit; Jami Decket, Ripley County Transit; Rachel Garrett; Stoddard County Transit; Heath Pickerill, Missouri RTAP(not pictured)

MO-RTAP Report

OATS 90 Miles in 90 Days Wellness Program

By: Jill Stedem, OATS Administrative Services Director

OATS, Inc. is continuing its effort to lower the state's obesity rate by offering wellness programs for its employees. Over the last three months employees have been doing a great deal of walking...toward the goal of completing 90 Miles in 90 Days. When the program ended, 58 employees had walked an amazing total of 10,700 miles. Driver Ken Grace of Troy, MO (shown in the photo below) came in first place by walking 619 miles during the three month period. This isn't Ken's first win though, as he has competed in every wellness challenge OATS has offered. Ken was also the winner of last summer's Walk Across Missouri challenge where he walked more than 1,000 miles. Not only has he won prizes, he is much healthier, which is the real prize! "I started walking in 2009 when a doctor told me I had to lose weight to avoid major medical problems," said Ken Grace. He heeded his doctor's advice and lost a lot of weight and is still walking away! Driver Maggie Meltabarger of Marionville came in second and has seen a great deal of benefit from OATS Wellness activities too. "I had not thought about the challenge until my Regional Director talked about it at our driver's meeting. Then I thought, why not? It was fun and I feel so much better!" added Meltabarger. Sharon Winterhalter from Brookfield, Carol Livingston from Milan and Deb Ward from Columbia each won prizes as well.



Ken Grace of OATS, Inc.

"We are so proud of our staff members that are making a commitment to better health and wellness," said Jill Stedem, Administrative Services Director and company wellness coordinator. OATS is continuing to offer programs aimed at getting employees on board with healthy eating habits and making exercise a part of their daily routine. "We all pay the price for obesity. Lack of exercise and poor eating habits lead to higher health care costs for everyone" added Stedem. OATS is also looking to partner with other companies around the state to help their employees live healthier. "We would like to offer more wellness programs, but as a non-profit agency most of our funding goes directly to providing transportation services. Building partnerships with others could make more wellness programs possible" Stedem said.



Pre- & Post-Trip Training Now Available

John Rice is in the process of developing a training module for pre- and post-trip inspection training for drivers. It will be about one hour in length. It is anticipated to be ready by late this fall. Please call the RTAP office if you are interested in having this training.

Medical Transportation in an Era of Change By: Dale J. Marsico, *CCTM*

Earlier this year I had a chance to spend some time with Charla Sloan - a colleague from Oklahoma, the Transit Director of Ki Bois Area Transit - discussing what we were calling the good old days. We both agreed that in the good old days, when we both first started out in the transportation business, things seemed to be so much less complicated than they are today. What we knew as a call center back then was simply one person with a phone and note pad listing transportation trips a week or 10 days in advance. When someone called looking for a ride to a doctor it was just that, a ride to a doctor that could take place any time in the

morning or afternoon without much worry about the time you went or returned. The good old days were a less hectic time when not just transportation seemed simpler, but health care, too.



Mobility Management = Health Care Management

The provision of health care has changed dramatically in the past 20 years and the impact of these changes challenges the ways and means of providing transportation to-andfrom an expanded concept of health care. No doubt, we are fortunate to live in a time when technology has significantly altered the course of what have long been considered deadly diseases. It wasn't long ago that a diagnosis of cancer, heart disease or kidney disease was considered a death sentence. Today, these particular diseases and many others can be managed in ways that were unthinkable in the good old days.

It's the concept of managing serious illnesses that is the key to understanding the changing role of transportation in the health care field. Managed health care requires many visits to outpatient health care facilities as part of how a patient's illnesses are controlled. I'm sure most of you recognize this trend most immediately in the form of your experience transporting dialysis patients. However there would be no benefit to this life-sustaining technological advance if a patient failed to obtain - that is, actually get to - these dialysis treatments. Health care facilities providing dialysis often look to public and community transportation providers as the link to get patients to and from these treatments. From the transportation side of the mobility management issue, the challenges these rides create for transportation providers are often difficult and complex. These patients may exhibit frailties and other symptoms related to their treatment. They may not fit well into the shared-ride approach that has characterized community transportation, causing financial challenges for transportation providers with limited financing. Sometimes there is difficulty with picking up patients for their trip home because treatment may cause complications that limit scheduled returns.

Over the last decade, dialysis transportation services have grown significantly as kidney disease has risen dramatically across the nation. The numbers for dialysis transportation alone are a significant challenge - but even more challenging is the trend that this level of outpatient services represents for our collective futures. If serious diseases like End Stage Renal Disease can be effectively managed, clearly other serious illnesses will be managed in similar fashion. For example, we're already seeing similar technological advances in cancer treatment and in the provision of therapies treating those dealing with the aftermath of cardiovascular disease and stroke. I wonder, what type of mobility demands will these advances necessitate?



A Different Kind of Transportation

Community and public transit professionals tend to think of medical transportation as an access issue. And it once was. Today, the services that are so demanding - like dialysis - are more than just access, they are an intrinsic part of what's now known as disease management. Effective disease

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THE INFORMATION STOP (cont.)

Medical Transportation in an Era of Change

management requires ongoing, regular transportation that serves as far more than mere access. This kind of transportation fills the space between ambulance services and traditional demand-response community and public transportation models. It requires something more than curb-to-curb service and often requires escorts and companions. It requires a flexibility that is hard to manage on scheduled ser-

vice and often creates financial problems for organizations sharing costs.

Indeed, the history of financing these transportation services may not be a guide to the and future current need and costs of these trips. It is very difficult to provide cost sharing when patients need individual trips and the health care reporting system is designed to be patient-specific. Sustained transportation



on a one-to-one basis complicated by the needs for scheduling for high demand health care services can present an insurmountable challenge. Many community and public transit providers refer to these services as taxi-like for good reason.

Some providers of these mobility services receive compensation through our nation's various health care efforts - especially the NEMT effort created under Medicaid. Today's transportation and health care operating environments, however, are especially complicated as it relates to these demanding services.

Through the Affordable Care Act (ACA), Medicaid coverage is at the heart of expanding medical care for a significant number of Americans. In the process of using it to fill an important coverage option for low-income working families, Medicaid is becoming more and more of a traditional insurance program with benefits managed by intermediaries and not governments. In several states adapting their benefits to conform with the ACA, the transportation benefit is moving to the managed care plan or insurance program that is replacing traditional Medicaid. All these efforts - designed to expand coverage - often do so by looking for significant discounts in the cost of health-related services. Outpatient care is designed to bend the curve on health care costs, including mobility - whether done in an ambulance or in a non-emergency form of service similar to NEMT.

A Different Kind of Health Care

Two trends are driving the new bottom line in health care delivery: Expanding coverage and lowering costs. Insurance companies demand deep discounts in health care services. Ask any doctor or health care provider and a similar reframe is constant. Of course as taxpayers and as employers, we want health care services discounted as a means of cost controls. It shouldn't be a surprise that this lowering bottom line costs impacts health care transportation, as well.



No one in the health care field wants to pay the full costs of any services and providers are often forced to make-up these differences by increasing the volume of their work. Once again, if you ask any doctor they'll tell you they see more patients than ever, and they spend less time with each of them. Medical facilities without large volumes are unsustainable in the current environment - that's one of the reasons we see health care centered in large-urban areas where the volume resides and why those providing trans-

portation in rural areas must often go further and further from home for all kinds of health care service.

Where Do We Go From Here?

In this critical time of challenge we must be knowledgeable about the demographics of our communities and how much we spend on our current services. We must carefully decide the range of the service we offer, and search for the

Medical Transportation in an Era of Change

most cost-effective delivery maintaining quality that we can possibly create. Some of these factors include:

Demographics: We must familiarize ourselves with the specific health conditions in our communities, including the rates of illnesses like kidney disease, cancer, stroke and behavioral health since they are centers of transit demand. We also need to know the locations and places where treatment can be obtained. Finally, we must draw on our experiences to-date to understand what percent of those people look to community and public transportation for access. As those illnesses grow in our community, we can expect similar transportation demand growth.

Costs: Nothing is more important than understanding the costs of current health care transportation services being delivered by community and public transit. Although we tend to view our costs collectively across all passengers, we must look for individual costs for services that aren't necessarily access services but services that are part of the treatment process. These services are most likely much higher than the average costs and an important indicator of future needs.

Beyond the limit: Demand for NEMT services often exceeds availability. When it comes to medical transportation there are no empty buses. There are many transportation providers already at capacity. We know that various forms of capital assistance from federal and state sources are limited. Those in the mobility field need to look for other tools to help them expand services.

To address the issue, there is a need for lower-cost alternatives and incorporating other kinds of services into the mobility mix. Some transit providers I have spoken with have revitalized their voluntary transportation efforts, some have created working relationships with other providers like taxis, some have developed unique coordination with health care providers and institutions, some have partnered with stretcher carriers and some have purchased hybrid cars as a cost-effective alternative to traditional vehicles. Those who have successfully faced this challenge have done so by defining their roles and limits in the transportation field. Not every community or public transit provider can provide every service needed in a community. However, they can join with others to create a network that can create broader solutions. No solution is possible unless we clearly know where we are as transportation providers at this critical moment in time.

Knowledge is Power

President Kennedy often cited the old Chinese proverb that, "the journey of a thousand miles begins with a single step." We created a basic effort we call the Competitive Edge to assist community and public transit organizations organize their efforts and information to address the issues surrounding medical transportation. This training effort includes looking at current costs and services designed to assist local transportation providers develop the means and methods to address future needs in medical transportation. This course can assist you by teaching important negotiating skills and health care terminology. And in the spirit of the time, its' discounted as well.



As well, the Mid-Atlantic Dialysis Summit highlights CTAA's considerable ability to convene groups of transit officials, managers, advocates and even riders and develop vital next steps that move toward solutions.

Community and public transit has always been engaged in matching resources to the roles it fills in the communities it serves. The health care transportation needs of our communities are the latest in a series of challenges that have always been part of our history. They can be mastered by knowledge and determination. It's time for that "first step."

Resource: CTAA Spring 2014

Trends Analysis: How Changing Rural Demographics Impacts Rural Transit

By: Scott Bogren

All forms of transportation have always been intrinsic to the health and vitality of America's rural and tribal communities, from trails to rails to highways to transit. Like their urban counterparts, our nation's rural and tribal residents need vital transit access to employment, health care, education, social services and everyday quality-of-life destinations.

Since its inception as the Section 18 program in 1979 (currently known as the Section 5311 program), the basic concept of — as well as investment in — rural public transportation has undergone major changes. Investment has dramatically increased and both types of service as well as the area served have changed, almost as dramatically. Rural America is today a very different place from the one that existed at the outset of the federal rural transportation formula investment program. Population trends, demographics and settlement patterns have forged a new rural America, creating striking new challenges for mobility operators.

What follows is an analysis of some of the most marked demographic developments and trends in rural America in the past three decades, with an eye toward each impact on the provision of community and public transportation. For the purposes of this discussion, we'll use the U.S. Census Bureau's designation of under 50,000 population. The 2010 Census is the impetus for much of the data analysis that follows.

The country is urbanizing. Though the overall number of rural residents has grown since the inception of the rural public transportation program, the percentage of Americans living in rural communities is at its lowest in more than a century. In 1980 rural residents accounted for 26 percent of the U.S. population, in 2013 that number had shrunk to 17 percent. By contrast, in 1900 the total population living in rural areas actually exceeded 60 percent. In July 2012, census data indicated that rural counties were losing population for the first time in U.S. history. Americans, by and large, tend to live today in areas of concentrated population, thus creating a population density divide that, too, further exacerbates the rural-urban divide and that further challenges the provision of rural public transportation. Rural transportation providers cover greater distance than they did two decades ago, largely through either regionally-based services that often connect with urbanized

employment and health care centers or simply by virtue of a more dispersed rural population.

Rural America is today, generally, older and more poverty-stricken than it was in 1980 — and the outmigration of younger segments of the rural population continues. Study after study indicate a hollowing out of rural populations, with younger adults leaving in search of increased economic opportunity and leaving behind people over the age of 60 and under the age of 18. Poverty rates in rural America rival those their urban counterparts. However, persistent poverty — poverty rates above 20 percent in 1990, 2000 and 2010 —



is prevalent in the country's more isolated rural areas, some 429 rural counties. Today, more than 16 percent of the nation's rural population are over the age of 65, and rural areas have a disproportionately high percentage of population over the age of 75. These population and demographic dynamics have had the effect of increasing the rural demand for transit and mobility options even though rural population is a smaller slice of the overall population. It also has the impact of challenging economics for rural communities, making developing local match money more problematic.

Health care transportation in all of its forms is rapidly becoming the primary — and often priority — mode for rural transit operators, with significant impacts. In 2011 the American Hospital Association published a Trend watch document that concluded: Rural residents are older, have lower incomes, are more apt to be uninsured, and are more likely to suffer from chronic diseases; rural health care workers are aging and are nearer retirement age than their urban counterparts. The

Trends Analysis: How Changing Rural Demographics Impacts Rural Transit

growing shortage of health workers may have a greater impact on rural facilities; access issues, such as longer travel distances and lack of reliable transportation, can delay treatment by rural patients, aggravating health problems and leading to more expensive care when received; rural hospitals are smaller nearly half have 25 or fewer beds - but must still maintain a broad range of basic services to meet the needs of their communities; the shift from inpatient to outpatient care is more pronounced in rural hospitals, and rural hospitals are more likely to offer home health, skilled nursing, and assisted living services; and, 60 percent of gross revenue in rural hospitals comes from Medicare, Medicaid, or other public programs. One of the key contributors to rural residents' being more likely to suffer from chronic health conditions is obesity. The National Rural Health Association's Fall 2012 Journal of Rural Health found that two factors — diet and isolation — are the leading contributors to rural residents being more likely to be overweight than their urban counterparts. Lack of access (read: transportation), according to the report, " is often about travel time in a rural area, but it can also be that there's no place to go — literal physical isolation."

The very nature of rural areas, too, is rapidly changing. Today, 60 percent of the nation's rural population resides in areas directly adjacent to urban regions. The notion of idyllic, self-contained small towns that each offered residents the requisite employment, health care and educational opportunities has been replaced by a more regional structure. In rural counties not adjacent to a metropolitan area, the net migration gain was just 0.3 percent between 2000 and 2010. By contrast, rural counties adjacent to metropolitan areas saw a 3 percent gain from migration. The need for regional connectivity and cost-effective partnerships between urban and rural operators is a key response to this population dynamic. The growing population in rural communities abutting urban ones also raises the specter, each decade, of some of these areas shifting over to an urban census designation thus aggravating the trend of an overall urbanizing population shift. Intercity transportation options in rural America are declining. U.S. Bureau of Transportation Statistics estimates that between 2005 and 2010, 3.5 million rural residents lost access to scheduled intercity transportation. Our nation's tribal areas, too, are more than ever before seeking to build transit systems and infrastructure

to meet their citizen's growing mobility demands. The impact here is, clearly, diminished options for rural residents, and thus a more significant reliance on rural public transit operators on the part of more isolated rural residents. An obvious outcome of this trend is the growth of more regional systems throughout the rural public transportation network.

Minorities make up the fastest growing segment of America's rural population. Between 2000 and 2010, minorities accounted for 82.7 percent of the rural population increase. The driving force behind this growth in rural America is the rapid growth of the rural Hispanic population. Hispanics accounted for 54 percent of the rural population growth between 2000 and 2010, doubling their growth percentage from the previous decade. Increasingly in the past decade, rural pubic transportation informational and marketing materials have been offered in multiple languages, addressing directly this fastest growing segment of the rural population. Trending tells us that these efforts are only the beginning and will need widespread adoption throughout the rural transit industry in the coming years.

It's clear that today's rural America is vastly different than the one designed to be served by the Section 18 program in 1979. Rural transit professionals, officials and advocates have a sterling track record when it comes to adapting services to meet changing population demographics and emerging transportation demands. This adaptability will never be more central to the success of rural public transportation than in the coming years as mobility services are developed to address the trends highlighted in this article. Concepts like mobility management and ridesharing will have a central role in both creating transportation solutions and responding adroitly to a changing landscape. So, too, will technology that will empower both providers and customers. If history serves as an indicator of the future, then it will be the innovativeness, flexibility and adaptability that will lead rural public transportation through this quickly changing landscape and allow these systems to continue to play the key role they play everyday across rural America.

Resource: CTAA Winter-Spring 2014

UPCOMING CONFERENCES & TRAINING

Missouri Transit Grants Oversight Workshops

The following transit grants compliance workshops will be delivered by MoDOT in conjunction with Milligan & Company, in November. MoDOT will also be distributing an announcement flyer for these workshops.

Tuesday, November 4, 2014 Conference Center – Room 4 MoDOT Northwest District Office 3602 North Belt Highway St. Joseph, MO 64506-1399

Wednesday, November 5, 2014

Conference Room 136 East & West MoDOT Kansas City District Office 600 N.E. Colbern Road Lee's Summit, MO 64086 **Thursday, November 6, 2014** Conference Rooms 1 & 2 MoDOT Southwest District Office 3025 East Kearney Springfield, MO 65801

Wednesday, November 12, 2014 District Conference Room MoDOT Southeast District Office 2675 North Main Street (Hwy 61) Sikeston, MO 63801 **Thursday, November 13, 2014** Conference Room 209 St. Louis Trans. Management Center 14301 South Outer U.S. 40 Road Chesterfield, MO 63017

Friday, November 14, 2014 Muri Conference Room MoDOT Central District Office 1511 Missouri Boulevard Jefferson City, MO 65109

Missouri Public Transit Association

MPTA is offering Training Webinars for the following months: October, November and December 2014. You can reach each session at <u>http://mptaonline.typepad.com/missouri_public_transit_a/mpta-education-opportunities.html</u>. Registration takes less than five minutes.

Wednesday, October 22, 2014 11:00 am - Noon (CST) Transportation Reauthorization Update & Bus Replacement Efforts Presenter: Art Guzzetti, APTA <u>Click here to register.</u> Wednesday, November 12, 2014 10:00 am - Noon (CST) Affordable Care Act (ACA) and the Impact on Transit Providers Presenters: Brock Slabach, NRHA, with Scott Bogren and Dale Marsico, Community Transportation Association <u>Click here to register.</u> Tuessday, December 16, 2014

10:00 am - Noon (CST) Perceptions of Public Transit and How to Create a Marketing Plan of Action Presenters: Morgan Lyons, Dallas Area Rapid Transit, and Jennifer Kalczuk, The Rapid <u>Click here to register.</u>

21st National Conference on Rural Public & Intercity Bus Transportation October 26-29, 2014 • Monterey, California

Plan now to attend this conference — held once every two years, it offers a valuable experience for rural transit and human service transit providers, tribal transit managers, planners, state agency staff, intercity bus operators, consultants, researchers and trainers — anyone who is interested in learning about the latest in best practice and current research in rural public and intercity bus transportation.

The conference includes multiple routes to offer learning opportunities throughout the conference for everyone: planning and design; policy, funding and finance; rural transportation in today's operating environment; technology and training solutions; and special topics in rural mobility. **REGISTER NOW!**

APTA Expo 2014 October 13-15, 2014 Houston, Texas

More than 50 Free Education Opportunities for EXPO Attendees.

At seven Learning Zones located throughout the George R. Brown Convention Center in Houston, hear from both industry experts and EXPO exhibitors on an array of topics ranging from the latest in fare collection systems and transit shelters, to mobility management and green solutions... and much more! **REGISTER NOW!**

AVAILABLE TRAINING PROGRAMS

The following is a list of the training programs and a course description of each that are currently available to rural transit providers through Missouri RTAP. Requests for training can be made by contacting Doreen Harkins, MO-RTAP Program Specialist, at harkinsd@mst.edu or 573-341-6155.

Defensive Driving

Makes sure all your drivers know how to develop safe, defensive driving habits and attitudes. This program covers essential defensive driving techniques that can reduce collision-related injuries and fatalities and can help



you reduce insurance claims, lost work time and vehicle repairs by decreasing the number of collisions. This program also includes student course guides with a certificate of completion.

Passenger Assistance/Mobility Aid Securement

Provides classroom and hands-on training to demonstrate proper assistance techniques and mobility aid securement.

Emergency Procedures

Discusses how transit drivers should handle emergency situations such as breakdowns, collisions and transit passenger vehicle evacuations.

Drug Abuse Awareness in Rural Transit

Educates transit drivers about the hazards of both illegal and legal drugs and alcohol. Various drug-testing regulations are also discussed.

Blood Borne Pathogens

Covers various problems that may be encountered when having to deal with a body fluid spill on the bus and stresses protection for the driver and other passengers.

Operation Lifesaver – Highway-Rail Crossing Safety

Covers the importance of safety when utilizing a highway rail crossing. Laws and regulations for commercial drivers are emphasized.

Basic First Aid

Stresses the importance of calling 911. It is a program by the Red Cross that is a refresher course for CPR and rescue breathing.

Backing Safety

Reduce the number of backing collisions. The program is designed by the National Safety Council.

Reversing the Trend – Backing Safety

Emphasizes components of the Smith System Defensive Driving Institute defensive driving strategies to reduce backing collisions.

Winter Driving Safety

Covers safety tips and techniques for handling the hazards of winter driving. Topics cover pre-season preparation, pre-trip procedures, and on-the-road issues such as anti-lock brakes and obstructed views.

Fatigue Awareness for Drivers

This program covers: fatigue, signs and symptoms, factors that affect it, sleep, effect on family and social life and strategies and countermeasures.

Driven to Extremes

Covers the myths and realities of aggressive driving.

Entry Level CDL Driver Training

Meets DOT requirements for new CDL Drivers.

Diversity & Awareness Training - Providing Quality Customer Service for Transportation Passengers who have Disabilities

Learn how to provide quality customer service and support for passengers with disabilities. As a result of this training you will have an enhanced understanding of disability and diversity, improved ability to communi-

cate respectfully and effectively with people with disabilities and increased ability to provide needed transportation accommodations.

Safe & Secure Proper Infant and Child Seat Installation

Provides information for safely installing and securing a car seat for children.



NATIONAL TRANSIT INSTITUTE

New National RTAP Tech Brief Explains the Benefits and Different Options for Recycling Used Motor Oil

Wondering what to do with the used oil from your vehicles? Recycling it helps protect the environment and makes business sense, too. National RTAP's newest technical brief, Used Oil Recycling: Getting Extra Mileage Out of Your Motor Oil, gives you the information you need to start recycling your used oil today.

This new resource from National RTAP includes the different options for recycling used oil, important regulatory information, and two examples of transportation providers who recently started burning their used oil for heat. Compiling the information that you need to know, from basic used oil facts to EPA guidelines for how to handle leaks and spills, this new tech brief is a helpful resource for maintenance facilities. A glossary and list of useful links, references, and regulations is also provided.

Click to download your copy of Used Oil Recycling: Getting Extra Mileage Out of Your Motor Oil today. This technical brief is also available for download in our online Resource Library at www.nationalrtap.org. If you would like printed copies, please call us at 888-589-6821 or email info@nationalrtap.org. All National RTAP materials are free of charge.

New ADA Toolkit Helps Transit Managers Understand Their Responsibilities Under ADA Regulations

The ADA Toolkit is an expansion of the ADA section of the Transit Manager's Toolkit, and it is designed to give transit managers information about what they are required to do, based on the service they provide, under ADA regulations. The toolkit contains links to the ADA regulations, as well as a variety of helpful resources. It also highlights new topics and developments that relate to the Americans with Disabilities Act.

The ADA Toolkit addresses numerous topic including: new developments that relate to ADA, ADA requirements by service type- fixed, demand response and deviated route/flexible, ADA complementary paratransit, physical standards- vehicles and facilities, mobility device rule change, service animals, and many more.

Patti Monahan, Executive Director of National RTAP, says: "If you are a transit manager who has ever received questions about stop announcements, service animals or paratransit eligibility, you can turn to this toolkit to find resources and information about the ADA regulations that apply to your agency."

Go directly to the ADA Toolkit or reach the toolkit by going to the National RTAP website, www.nationalrtap.org, and clicking the 'ADA Toolkit' link under the 'Toolkits' tab in the top toolbar.

RESOURCES

Links

National RTAP – Rural Transit Assistance Program http://www.nationalrtap.org/

> National Transit Institute http://www.ntionline.com/

Transportation Safety Institute – Transit Safety & Security Training Division https://www.tsi.dot.gov/Transit.aspx

Federal Transit Administration – Rural Transit Assistance Program Page http://www.fta.dot.gov/funding/grants/ grants_financing_3554.html

Kansas RTAP – Kansas University Transportation Center http://www.kutc.ku.edu/cgiwrap/kutc/rtap/ index.php/index.html

Transportation Research Board's (TRB) Transit Cooperative Research Program (TCRP) http://www.tcrponline.org/

Upcoming Events

APTA Annual Meeting and EXPO October 13-15; Houston, TX

TRB: 21st National Conference on Rural Public and Intercity Bus Transportation October 26-29; Monterey, CA

2014 National Rural Transportation Conference December 3-5; Cincinnati, OH

** See page 10 for upcoming trainings **