Bethesda, Md. – Today, Federal Transit Administration (FTA) Acting Administrator Therese McMillan was at a bus stop just north of Bethesda Maryland to highlight the success of the Americans with Disabilities Act (ADA) on the landmark legislation’s 25th anniversary. The Acting Administrator spoke about the great advances that have been made since the Act was passed, most notably that nationwide, 99.8 percent of transit buses are accessible to and usable by people with disabilities, thanks to features like lifts and ramps.

“The Obama Administration is committed to ensuring that everyone, including people with disabilities, can fully access the transportation services they need to get to work, to school and to live their lives,” said U.S. Transportation Secretary Anthony Foxx. “I commend the public transportation industry for its hard work to make subways, light rail, buses and other transit services increasingly accessible.”

In spite of the large percentage of facilities that are compliant, many bus stops, typically maintained by local government agencies, remain a challenge to accessibility. To address that, Maryland’s Montgomery County embarked on a comprehensive rehabilitation program of the county’s 5,340 stops. At the North Bethesda bus stop today, McMillan and Montgomery County Executive Isiah Leggett highlighted how the county’s $11 million Bus Stop Improvement Program brought the county’s stops into ADA compliance. Since 2006, the county has improved safety and increased accessibility at 89 percent of its bus stops, in part with ADA-accessible paths for passengers to get to and from bus stops.

“We congratulate Montgomery County for improving its bus system, which provides a lifeline to people who don’t drive,” McMillan said. “We know that many people with disabilities travel by bus, and we want to be sure that they can travel anywhere public transportation is offered across the country.”

People with disabilities are relying increasingly on buses to participate in daily activities rather than paratransit. A 2013 Transit Cooperative Research Program (TCRP) report [external link] studied seven transit systems across the country and found that ridership on fixed-route transit by persons with disabilities was two to six times greater than ridership on paratransit. A TCRP nationwide survey of people with disabilities found that one-third of respondents indicated they wanted to take public transportation, specifically fixed-route buses.

All rail transit systems built since 1990, many of them light rail, are required to meet ADA regulations for accessibility and are inspected by FTA for compliance as a condition of federal funding. DOT’s Reasonable Modification Rule, which went into effect last week, clarifies that public transportation providers are required to make reasonable modifications to their policies, practices and procedures to ensure programs and services are accessible.
DEAR TRANSIT FRIENDS,

I hope everyone who was able to attend enjoyed the 2015 MPTA Conference held August 9-11 at the Lodge of Four Seasons in Lake Ozark. John Rice instructed an overview of defensive driving during a session on Monday, August 10 from 9:30 – 10:30 a.m. We also had an opportunity to meet with local agencies during the session, “Compliance Review: What to Expect, Patterns of Finding, and How to Prepare” held Monday afternoon from 3:00 – 4:00 p.m. I mentioned that John Rice has a few new videos that he has incorporated into his training. These include one on HIPAA training and another on diversity awareness. I also reminded agencies that John Fields, OATS Safety Compliance Manager, is available to teach dealing with difficult passengers/conflict resolution training. In addition, Paducah Transit is available to travel to Missouri and provide bus simulator training. Doreen Harkins spent time during the session reviewing the scholarship reimbursement process. She 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. Finally, be sure to submit reimbursement requests within 30 days of travel. We would like to thank those of you who did this shortly after the conference.

As we processed requests, we were alerted to a few issues that we have been noticing and wanted to call to your attention. Please remember to submit a request for reimbursement before any travel that you would like reimbursed through Missouri RTAP. This allows us to review your travel plans and be sure that you are eligible for reimbursement on your intended travel. We have noticed a number of expenses that have been submitted that are not eligible for reimbursement. Please keep in mind that travel coinciding with a conference or training is likely not eligible for reimbursement if it is not work related. We understand that you may want to go to a destination a day or two early or stay a few days late; however, it cannot be submitted for reimbursement if it is for your personal enjoyment. By submitting a prior request with your intended travel plans, we can alert you to any expenses that you may have to cover on your own. We do not want you to be surprised later and incur expenses that you expected to be reimbursed. 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 at 571-341-6155.

Please let me know if your agency would like to attend bus simulator training. We are willing to coordinate training in a few locations but need to know where the interest is throughout the state. Also, remember that we want to hear from you and share what is happening in the rural transit agencies throughout the state. You can contact me at pickerillh@mst.edu or by phone at 573-341-7637. 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.

Best wishes,

Heath Pickerill
Missouri RTAP Manager
While the rail transit industry has ensured compliance with an ADA requirement that at least one car per train is accessible, many transit systems struggle to retrofit older, often space-constrained stations.

“We need to do more to ensure that people with disabilities have reliable access to public transportation, which is why we are seeking additional investments in our nation’s transportation infrastructure,” McMillan said. “Older stations remain challenging for people in wheelchairs to traverse, and elevators frequently go out of service, leaving them with few or no options.”

FTA supports transit agencies nationwide through a combination of annual formula funds and grants for transit projects. Montgomery County’s bus program receives approximately $10 million a year through FTA’s Urbanized Area Formula Grant program.

As part of the celebration of ADA-25, the Department of Transportation is co-hosting an “ADA: 25 Years of Disability Civil Rights” exhibit at the Smithsonian’s National Museum of American History that demonstrates accessibility at home, in the workplace and in transportation. The exhibit will run Friday-Sunday on the National Mall behind the American History Museum as part of a slate of ADA-25 commemorative activities.

Resource: transportation.gov/briefing-room/federal-transit-administration-highlights-public-transportation-accessibility-25th

NEW NATIONAL RTAP TECH BRIEF EVALUATES SOME STRATEGIES ON HOW TO SAFELY SECURE AND TRANSPORT PASSENGERS WITH LARGE AND/OR HEAVY WHEELED MOBILITY DEVICES

National RTAP’s newest technical brief, Oversized Wheeled Mobility Devices, gives you the information you need to be informed about the ADA requirements related to large and/or heavy wheelchairs and the revised ADA wheelchair definition. This new resource from National RTAP includes recommended strategies and resources that can help rural and tribal transit agencies to safely secure and transport passengers with very large and/or heavy wheeled mobility devices or when the combined weight of the passenger and chair exceeds the rated lift.

A list of useful links, references, and regulations is also provided. Keep your eyes open for upcoming Peer to Peer conversation about the brief.

Click to download your copy of Oversized Wheeled Mobility Devices 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.
Wellness depends upon many factors, including making sure people can get a ride to the healthcare they need. Today, in many communities, public transportation is a coordinated and multi-modal system with significant capacity for on-demand services. Especially since the passage of the Americans with Disabilities Act, our nation’s transportation infrastructure has been developed to ensure that people who depend upon public transportation and require accessibility can utilize these services to live with independence in the communities of their choice. With the health services industry’s current focus on preventive services and other methods to increase the efficiency and effectiveness of medical care there is an emerging awareness of the need to increase partnerships between health/wellness providers and transportation providers. As a result, the U.S. Department of Transportation’s (DOT) Federal Transit Administration (FTA) launched the “Rides to Wellness Initiative.”

WHY ACCESS TO TRANSPORTATION IS IMPORTANT FOR HEALTH
Public transportation can be an important enabler of access to health services – resulting in greater preventive care, fewer unnecessary hospital readmissions, and lower costs. This can lead to improved health for those with chronic conditions, and reduced health disparities by ensuring that at risk populations can get to care, including to preventive services screenings that many insurers track as part of their quality ratings. Additionally, missed appointments are a major issue in the medical community with one study noting that approximately 3.6 million Americans miss or delay medical care due to transportation issues. By improving access we may be able to reduce hospital readmissions, as 18 percent of patients discharged from the hospital are readmitted within 30 days, one third within 90 days. Medicare spends $15 billion annually for hospital readmissions.

Who needs access? Almost half of the population – 145 million Americans - lives with at least one chronic condition. While 38 million people are living with disabilities in the community and 36 percent of adults over 65 have a disability (14 million in 2010). Transportation concerns among older adults are rising as this population segment is projected to grow from over 40 million in 2010 to over 88 million by the year 2050.

RIDES TO WELLNESS GOALS AND STRATEGIES
The goals of the “Rides to Wellness” initiative are to:

- increase access to care
- improve health outcomes
- reduce healthcare cost

Through this initiative the transportation community will become a recognized partner with the health/wellness and medical community. This initiative will demonstrate how partnerships across the transportation and health industries can reduce healthcare costs by leveraging public transportation assets.

There is a three-pronged strategy for this access to care initiative, with activities supporting the use of well-known activities such as coordination and an effort to find other innovations through community grants.

There are also opportunities to stimulate investments in technology building upon the results of the FTA-led Veterans Transportation Community Living Initiative (VTCLI) program where over eighty grants were awarded for projects such as one call/one click centers. These centers are now connecting our nations Veterans and their families to critical transportation services. “Rides to Wellness” partnerships may build upon these efforts and find new ways to innovate using smartcards, smartphone applications and other technology.

THREE PRONGED STRATEGY FOR RIDES TO WELLNESS LADDERS OF OPPORTUNITY HEALTH AND TRANSPORTATION INITIATIVE

FTA has a treasured place in our nation’s history with many movements:

- access to jobs,
- access to affordable housing,
- access to education and training, and
- connections to suburban, rural and intercity communities.

With “Rides to Wellness,” we will build upon these successful models of collaboration to demonstrate how a stronger partnership between the healthcare sector and public transportation and other transportation networks in communities can improve health, increase access to care and reduce healthcare costs.

For more information on this initiative or to get involved, please contact Danielle Nelson at Danielle.Nelson@dot.gov.
HealthTran is an innovative, progressive and collaborative approach to linking citizens to health resources by reducing the transportation barrier. The program facilitates networking and partnerships, education, creative solutions, and coordinating services for people with medical, dental, preventative, maintenance, and other health services. The 3-year pilot program covering 10 southern Missouri counties (Christian, Douglas, Howell, Oregon, Ozark, Shannon, Taney, Texas, Webster, and Wright) works to improve long-term health outcomes by improving health access through public and public/private transportation, gathering quality data, and creating a program that can be expanded throughout rural Missouri.

Beginning December 1, 2013, Health and Transit Partners in the region began working together to open windows of opportunity through the Missouri Foundation for Health Special Projects Grant Award. In May 2015, HealthTran received one of 16 National Ladders of Opportunity Design Challenge Grants, funded by Federal Transit Association with technical support provided by the National Center for Mobility Management (a partnership of Easter Seals, American Public Transportation Association and Community Transportation Association of America (CTAA). In July 2015, a MODOT Section 5310 grant award expanded funding for the pilot.

HEALTHTRAN ACCOMPLISHMENTS IN THE FIRST 18 MONTHS HAVE MET OR EXCEEDED PILOT GOALS.

1. An electronic health provider and trip referral process - paperless system
2. A web-based data collection system designed for expansion
3. Over 1,500 Trip Referrals received
4. Over 30 medical sites working in partnership to connect patients with transportation (hospitals, rural health clinics, and community health centers)
5. Seven professional transit providers working to link routes and riders to health care services
6. Expansion of transit options through ambulance district services
7. Partnership with South Central Ozark Council of Government (SCOCOG) to facilitate HealthTran’s Design Challenge sustainability solutions
8. Expansion to Shannon County in July 2015
9. Missouri Rides to Wellness Summit planned for October 2015 brings the federal initiative to Missouri’s leaders
10. Get Link’d Health & Transit Conference, October 13-14, 2015 will focus on building health & transit partnerships and collaboration to address barriers to accessing health care.

Sustainability: The federal Design Challenge grant received in 2015 will explore sustainability options through community stakeholder meetings. Expansion of Health’Tran through financial support of medical providers utilizing HealthTran to provide access to healthcare for disabled, low-income, and seniors in need of transportation is one solution to be discussed. Additional federal funding may be tied to the results of the Design Challenge. The WIN-WIN approach of HealthTran makes sense to all participating partners and participants.

WHY IS HEALTHTRAN SO IMPORTANT TO RURAL MISSOURI?
Almost half of the population (145 million Americans) live with at least one chronic condition. There are 38 million people who are living with disability; 36 percent of adults over 65 have a disability (14 million in 2010); and there are an estimated 10,000 adults turning 65 each day. Transportation concerns among older adults are rising — this age group is projected to grow from 40 million to over 88 million by year 2050. The rural HealthTran region encompasses some of the poorest and most in need counties in Missouri. The distance to healthcare, especially specialty care, can be over 100 miles roundtrip for many.

HEALTHTRAN GOALS ARE TO:
- Gather accurate data relating to transportation as a barrier to accessing healthcare.
- Provide transportation for those with a barrier to transportation.
- Build a sustainable program that could be duplicated and expanded throughout rural Missouri or statewide.

DISEASE MANAGEMENT EDUCATION
A third strategy to help people more effectively manage their health and reduce the need for NEMT is to teach them how to self-manage their chronic conditions. Chronic Disease Self-Management Education (CDSME) programs teach adults with chronic conditions how to better manage their chronic conditions such as diabetes, heart disease, arthritis, HIV/AIDS, chronic pain, and depression. These programs are supported by the U.S. Administration on Aging (AoA) and are active in 22 states, with 11 more currently rolling out pilot programs. The AoA supports CDSME programs through grants to states since 2003. States can use these funds to develop an infrastructure to deliver these disease management education programs in their communities. Five programs are available online, removing the need for transportation to attend the in-person classes held over six weeks.

Continued on page 6
Currently, there are thousands of non-profit organizations working together to help citizens learn how to handle their chronic conditions. However, many non-profit organizations have not added medical transportation as a curriculum component. Opportunities exist for states to incentivize these groups to add mobility as part of their chronic disease management education.

Vermont uses its NEMT funding to serve dual purposes for chronic care management. The state holds its chronic care management classes next to the physician’s office, where patients can go to their regularly scheduled appointment and then go to chronic care management class. By combining patients’ appointments into one trip, Vermont cost-effectively allocates scarce funding to provide two services in one trip.

By utilizing new technology for telehealth, sending community health workers to people’s homes to deliver healthcare services and providing training on how best to manage their diseases, states can reduce the number of people who need to physically show up for their appointments. This will help minimize overall NEMT spending and allow states to focus on people who have the highest need for service: those with behavioral health issues, those on dialysis and chemotherapy patients.

**CONCLUSION**

States will continue to make adjustments to their Medicaid programs in response to changes from the Affordable Care Act. Opportunities for cost savings through NEMT programs and other new technologies must be included in the conversation on how states can cost-effectively provide transportation services to achieve better health outcomes.

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**MISSOURI RIDES TO WELLNESS EXECUTIVE SUMMIT**

The upcoming Missouri Rides to Wellness Executive Summit will be held October 14, 2015, from 11:00 a.m. to 3:30 p.m., at the Capitol Plaza Hotel in Jefferson City, Missouri. The Summit is being hosted by the Missouri Rural Health Association in cooperation with the Missouri Foundation for Health and Missouri Public Transit Association and is in response to the national summit held in Washington DC on March 11, 2015. A primary objective of the national Rides to Wellness initiative and Missouri’s Rides to Wellness Summit is to build understanding of the needs and challenges health and transportation providers face in providing access to healthcare services. Please note that the Summit requires an RSVP to attend by either emailing mpt@cabllc.com or calling (573-634-4314). The Get Link’d Conference is being held prior to the Summit in Jefferson City and will help set the context for the dialogue that will occur at the Summit. Information for the Conference is available at [www.morha.org/conference.php](http://www.morha.org/conference.php).

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24 U.S. Administration on Aging, Chronic Disease Self-Management Education Programs. [http://www.aoa.acl.gov/AoA_Programs/ARRA/PPHF.aspx](http://www.aoa.acl.gov/AoA_Programs/ARRA/PPHF.aspx)

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—3 hours.

**PASSENGER ASSISTANCE/MOBILITY AID SECUREMENT**
Provides classroom and hands-on training to demonstrate proper assistance techniques and mobility aid securement—2 hours.

**EMERGENCY PROCEDURES**
Discusses how transit drivers should handle emergency situations such as breakdowns, collisions and transit passenger vehicle evacuations—1 hour.

**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—1 hour.

**DRIVEN TO EXTREMES**
Covers the myths and realities of aggressive driving—1 hour.

**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—1 hour.

**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—1 hour.

**ENTRY LEVEL CDL DRIVER TRAINING**
Meets DOT requirements for new CDL Drivers—2 hours.

**REVERSING THE TREND – BACKING SAFETY**
Emphasizes components of the Smith System Defensive Driving Institute defensive driving strategies to reduce backing collisions—1 hour.

**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—1 hour.

**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—1 hour.

**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—2 hours.

**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 communicate respectfully and effectively with people with disabilities and increased ability to provide needed transportation accommodations—2 hours.
SAFE & SECURE PROPER INFANT AND CHILD SEAT INSTALLATION
Provides information for safely installing and securing a car seat for children—2 hours.

BACKING SAFETY
Reduce the number of backing collisions. The program is designed by the National Safety Council—1 hour.

AGGRESSIVE DRIVING
Discusses various aggressive driving behaviors and how the average driver can take control during stressful driving situations and regain their composure—1 hour.

DISTRACTED DRIVING
Discusses tips for managing distractions from the busy world we live in both before and while driving—1 hour.

HIPAA
Provides some basic information regarding the use, transmission, security and privacy of healthcare data and information as it applies to transit drivers—1 hour.

SENSITIVITY AWARENESS
Discusses accessibility, communication, cooperation and sensitivity when drivers provide service to customers with various disabilities—1 hour.

WHEELCHAIR SECUREMENT
Provides specifics on mobility aid and occupant restraint procedures through classroom and hands-on training—2 to 3 hours depending on number of participants.

RESOURCES

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

National Transit Institute
www.ntionline.com/

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

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

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

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

UPCOMING EVENTS
The Get Link’d Conference
October 13 & 14, Jefferson City, MO

Missouri Rides to Wellness Executive Summit
October 14th, Jefferson City

2nd Annual National RTAP Technical Assistance Conference
October 27-30, 2015, Denver, CO