SENIORS TRANSPORTATION WORKING GROUP

The Mobility Needs and Transportation Issues of the Aging Population in Rural Manitoba

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ABOUT THE SENIORS TRANSPORTATION WORKING GROUP

The Seniors Transportation Working Group is a community coalition involved in ensuring that seniors in Winnipeg can access affordable, accessible and appropriate transportation when they need it. The coalition, representing service agencies and interested seniors, was formed in 2000 to respond to concerns about the serious difficulties experienced by older adults in accessing mobility resources.

ABOUT THE INSTITUTE OF URBAN STUDIES

Founded in 1969 by the University of Winnipeg, the Institute of Urban Studies (IUS) was created at a time when the city's "urban university" recognized a need to address the problems and concerns of the inner city. From the outset, IUS has been both an educational and an applied research centre. The Institute has remained committed to examining urban development issues in a broad, non-partisan context and has never lost sight of the demands of applied research aimed at practical, often novel, solutions to urban problems and issues.

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EXECUTIVE SUMMARY

This study was initiated to explore the issues of mobility and transportation disadvantage for older adults in the context of rural Manitoba. Overall, there has been only limited focus on issues related to the transportation needs of seniors particularly in rural environments. Population aging is regarded as one of the most significant demographic developments of the past century; in particular, population aging is a defining characteristic of nucleated communities in Canada's rural hinterland. In comparison to the urban elderly, rural seniors are a disadvantaged group: they are older, have less education, have lower incomes and are in poorer health. Rural elders are also disadvantaged in terms of mobility because spatial dispersion and geographic isolation represent substantial barriers for access to goods, services, medical care and social networks. In rural areas in particular, personal mobility is dependent on adequate transportation options and is an essential component of well-being for the aging population.

As a result of geographic remoteness and the lack of transportation alternatives that characterize rural areas, unrestricted mobility requires access to automobile travel. However, geographic distribution coupled with their health and mobility limitations can complicate the ability of older adults to drive to or travel to services and activities that provide opportunities for community involvement. Therefore, the primary goal of the study was to examine transportation options that are available to older adults in rural Manitoba, and to evaluate the issues and barriers that create transportation disadvantage for this senior population.

The study found that while significant mobility resources exist in some parts of the province, the lack of transportation alternatives in many small communities puts resident elders at greater risk of social isolation and a poor quality of life. A fundamental recommendation of this report is the development of a rural transportation network to initiate dialogue amongst service providers, transport operators and seniors, and to identify strategies that will lead to long-term mobility solutions for the aging population throughout the province.

The report also identifies key factors that are essential in the development of effective and sustainable transportation options for seniors in rural environments. These factors include: (1) mobility solutions must incorporate the unique needs and resources of each rural locality, (2) solutions must distinguish between local mobility needs and long-distance transportation requirements, (3) further research is necessary to gain a better understanding of the unmet transportation needs of rural seniors, (4) a separate system is required to provide long-distance transportation to access medical care in urban centres, (5) greater funding is required to subsidize transportation, and (6) a coordinated regional transportation system will ultimately provide more effective use of mobility resources available in rural Manitoba.

The report also contains a series of recommendations that address the transport options that are available in rural Manitoba. As driving an automobile is the primary form of transportation for rural seniors, programming is required not only to keep older drivers safe, but also to provide supports when alternatives to driving must be considered. In addition to driving, rides provided by an elder's social support network are particularly important in keeping the older population mobile. The report recommends that there be greater recognition of the contribution of informal caregivers, as well as awareness of the diminishing volunteer base that provides support to rural seniors

In addition to informal supports, the volunteer driving program is an important mobility resource because it is an affordable option that provides escort support and is offered throughout rural and remote areas of Manitoba. Again, the report recommends that greater awareness is required in relation to the substantial value offered by the program in the form of social and capital savings to public service agencies. It is also recommended that given declining volunteer bases, programming is required to encourage community members to assist in maintaining the mobility and independence of older residents.

The province of Manitoba also offers transportation to rural seniors through the Mobility Disadvantaged Transportation Program. This program establishes funding for handi-van services in rural communities. The effectiveness of this system varies

throughout the province, nonetheless, the mobility resources provided through this program are essential in keeping seniors mobile. There are a range of inconsistencies in the operation of the program, along with unsustainable practices. The report outlines a series of recommendations for the handi-van program that include the standardization of operations and the greater coordination and sharing of resources amongst rural communities. Furthermore, it is recommended that the high costs of providing handi-van service to remote areas that are most in need of mobility assistance must be addressed.

Finally, the project also included a preliminary evaluation of the transportation needs of Manitoba's Aboriginal and northern communities. The study recommends that a much more comprehensive focus on the issues of transportation for extremely remote regions of the province is essential as the senior population in these areas is increasing.

Overall, the recommendations of the report provide a foundation to address mobility and transportation issues for older adults in rural Manitoba. Improved access to transportation is essential for the aging population to remain independent. Increased networking, along with greater coordination of resources and improved funding are crucial in the development of sustainable mobility options for rural elders.

ACKNOWLEDGEMENTS

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1.0 INTRODUCTION

Population aging is regarded as one of the most significant demographic developments of the past century (Treas, 1995). In countries such as Canada, older persons represent the fastest growing segment of the population (Rosenberg & Everitt, 2001). In 2001, for example, approximately 13.0 percent of the population was aged 65 or over (Statistics Canada, 2002a), a proportion that is projected to reach 21.4 percent by 2026 (Statistics Canada, 2002b). In particular, population aging is a defining characteristic of nucleated communities in Canada's rural hinterland (Bryant & Joseph, 2001). The process of population aging is occurring at a much faster rate in rural and remote areas than the rest of Canada. Moreover, more than 20 percent of Canadian seniors live in rural parts of the country (Keating, Keefe & Dobbs, 2001). According to Joseph and Fuller (1991), it is clear that the progression of population aging will require special attention to the changing needs created by increasing numbers of seniors residing in sparsely populated and geographically remote rural locales.

In rural Canada, transportation is considered to be one of the greatest concerns for the growing senior population (Grant & Rice, 1983; Herold, Gordon, Kaye, Brockie & Fuller, 2002). For most elders, the availability of suitable forms of transportation is crucial for their continued participation in desired economic, social and recreational activities (McGhee, 1983). The provision of effective transportation contributes to an older person's social integration by facilitating social interaction and community participation, as well as promoting independence through access to goods, services and medical care (Glasgow & Blakely, 2000). Research has illustrated that there is a close association between the lack of transportation and low life satisfaction, isolation, loneliness and self-reported poor health (Grant & Rice, 1983; Glasgow & Blakely, Blakely, 2000). In rural areas in particular, personal mobility is dependent on adequate transportation options and is an essential component of well-being for the aging population (Herold, et al., 2002).

Kerschner (2003) suggests that a rural senior's ability to access distant services and activities may have a direct relationship to the ability to remain independent in the community. In many cases, driving an automobile allows older adults to remain independent in rural settings. However, the absolute reliance on private cars is a disadvantage because when an aging individual can no longer drive there are limited transportation alternatives (Keating, 1991). Solving the mobility problems of older adults can present major problems in non-metropolitan areas of Canada where public transportation is often unavailable. Increasingly, seniors in rural areas have become dependent on informal support networks to satisfy their mobility needs. The lack of transportation alternatives puts rural seniors at greater risk of isolation from their friends, local community activities and health and social services (Grant & Rice, 1983).

In order to better understand the mobility and transportation issues faced by seniors, it is relevant to investigate the community context of growing old in rural and remote areas of Canada (Krout & Coward, 1998). A focus on the intersection between aging and context is related to the field of environmental gerontology which represents a multidisciplinary approach to the study of the interaction of the person and environment. Gerontological research that has investigated the relationship between aging and the community context has focused primarily on the urban setting and has underemphasized the significance of transportation for older adults (Coward & Lee, 1985; Kendig, 2003). For example, although a working group dedicated to issues of transportation for seniors has been operating in the city of Winnipeg for several years, the same attention and resources have not existed for the aging population in rural areas of the province (Sylvestre & Pelletier, 2001).

Kendig notes that past work in environmental gerontology has tended to focus on either home or institutional environments rather than "the macro-scale environments of neighbourhoods, regions, and urban-rural divides that are so significant in structuring experiences of aging" (Kendig, 2003: 612). Transportation is the forgotten issue in rural areas and research on the transportation mobility of older persons living in low-density rural areas has been relatively neglected (Glasgow & Blakely, 2000). As a result, the knowledge base and program development on the transportation needs and mobility issues for seniors in rural Canada is limited and fragmented (Joseph & Fuller, 1991; Herold et al., 2002).

The present project was initiated to explore the issues of mobility and transportation disadvantage for older adults aging in the context of rural Manitoba. This was an opportunity to gain a greater understanding of an issue that relatively little is known about. The primary goals of this study were (1) to conduct a review of literature pertaining to the mobility needs of the aging population in rural environments, (2) to apply Geographic Information Systems (GIS) analysis in an evaluation of the spatial associations between rural senior population distribution and the location of services and social supports, and (3) to conduct a comprehensive consultation process with service providers, transportation operators and older adults throughout the province in order to identify transportation resources, as well as the problems large distances and geographic isolation create for rural seniors when using different modal options. Moreover, the findings of this project have provided the foundation to formulate recommendations that will offer guidance and momentum to begin to address the next steps and pursue long-terms solutions for the mobility needs of rural seniors.

2.0 THE INVESTIGATION OF TRANSPORTATION FOR OLDER ADULTS IN RURAL MANITOBA

Overall, there has been only limited focus on issues related to the mobility and transportation needs of seniors particularly in a rural context. The present investigation represents a preliminary analysis of the mobility issues encountered by the aging population of rural Manitoba. It has provided an opportunity to evaluate an issue that, although recognized as a serious concern by many, has not been formally considered. As very little was known about the experiences of seniors in rural Manitoba, this project represents a starting point from which to develop a community network and identify the next steps that are required for a comprehensive strategy to improve the availability of transportation for the aging population in rural and remote areas of the province.

An extensive review of literature was conducted to identify the key factors that are relevant to the issue of transportation for seniors in rural areas. The following section provides a literature review that identifies the personal circumstances of older adults in rural areas and the environmental constraints that create transportation difficulties for this population sub-group. In addition, the study included a spatial analysis and the creation of a series of maps to demonstrate the need to consider the differential spatial

distributions of seniors and service resources in the rural environment. The section following the literature review provides these maps and an overview of their significance.

A vital component of this project was an extensive consultation process that was carried out with various community members throughout the rural and remote regions of the province. It is important to note that this project was of short duration and was carried out during the winter months. As a result, it was difficult to travel to rural communities and while the researchers were able to hold some focus groups, a great deal of consultation was also accomplished by telephone. A total of five focus groups were held in Brandon, Stonewall, Beausejour and Whitemouth.

Those who were consulted for the study included senior specialists in the regional health authorities (RHA), handi-van operators, Services to Seniors and Adult Day Program coordinators, volunteer drivers and older adults residing in rural areas of Manitoba. Although consideration was given to all regions of the province, the remoteness of northern Manitoba allowed for only a preliminary evaluation and the study focused primarily on southern Manitoba. As the consultation process was important in identifying the issues and building capacity within the communities, the following provides an outline of the research activities that were included in the study.

SENIOR SPECIALISTS

- Senior Specialists were contacted in the nine rural Regional Health Authorities of rural Manitoba.
- These individuals were able to provide a broad perspective of the transportation issues facing the aging population in their regions.
- The senior specialists representing the RHAs of Interlake, North Eastman, Brandon and Assiniboine assisted in the organization of and participated in the focus groups held in Brandon, Stonewall and Beausejour.

HANDI-VAN OPERATORS

- Handi-Van operators were contacted by telephone in a variety of communities throughout the province.
- Operators participated in the focus groups held in Beausejour and Whitemouth in the North Eastman RHA.
- A survey on handi-van operations in the Parkland RHA was conducted by the senior specialist in that region.
- A meeting was held with a representative of the Department of Intergovernmental Affairs and Trade which oversees the Mobility Disadvantaged Transportation Program.

SERVICES TO SENIORS COORDINATORS

- Through both telephone contact and focus groups, a comprehensive sample of Services to Seniors coordinators was consulted.
- A focus group with Services to Seniors coordinators in the Interlake RHA was held in Stonewall.
- A focus group held in Beausejour included the Services to Seniors coordinators from the North Eastman RHA.
- A focus group with Services to Seniors coordinators from Brandon and the Assiniboine RHA was held in Brandon.
- A total of 15 Services to Seniors coordinators in the Central RHA were contacted by telephone.
- In the South Eastman RHA, 8 Services to Seniors coordinators were consulted by telephone.
- A survey of the Services to Seniors coordinators in the Parkland RHA was conducted by the senior specialist of the region.

ADULT DAY PROGRAM COORDINATORS

- Through a conference call, most Adult Day Program coordinators in the Assiniboine RHA were asked about mobility issues for seniors in their communities.

- The Adult Day Program coordinator in Whitemouth organized a focus group with participants of the program.

- Although the Adult Day Program coordinators in the communities of Ashern, Riverton and Sprague also organized focus groups, these meetings were cancelled due to inclement weather. Nonetheless, these coordinators were able to recount the many barriers faced by older adults in these very isolated communities.

VOLUNTEER DRIVERS

- Volunteer drivers participated in the focus groups held in Beausejour and Whitemouth.

RURAL SENIORS

- The greatest difficulty encountered in this study was attempting to visit rural seniors in their communities because of the dangerous winter driving conditions that are commonplace throughout Manitoba.

- One focus group was held with Aboriginal elders in Brandon.

- A further focus group was held with participants of the Whitemouth Adult Day Program.

- Although the focus groups were cancelled in the communities of Sprague, Ashern and Riverton, the Adult Day Program coordinators assisted the participants to fill out basic surveys about themselves and their use of transportation.

- A total of 35 surveys were completed by participants in the Adult Day Programs of Sprague, Ashern, Riverton, as well as Whitemouth. The overwhelming

majority of the sample was female (80 percent) and widowed or single (85.7 percent). In relation to age, 45.7 percent of the sample was between the ages of 65 and 74 years, 22.9 percent were between 75 and 84 years, while 21.5 percent of the participants were over 85 years of age.

It should also be mentioned that some of the Manitoba Community Foundations were contacted in rural communities to determine if transportation for seniors was perceived as a problem. It is interesting to note that while these foundations indicated that they provided funding for senior programming, they did not provide support specifically for transportation and suggested that it was not an issue in their communities. These observations may suggest that a great deal of awareness is required for the community to fully understand the significance of transportation for the well-being of older adults in rural areas of Manitoba.

This report provides an overview and analysis of the issues identified in the consultation process. In Section 5, the various transportation modes available to rural seniors are discussed in relation to their merits, as well as weaknesses. A series of recommendations are formulated in this discussion. One of the primary recommendations is the development of a coordinated transportation system at the regional level which is described more fully in Appendix A. In the final section of the report, the recommendations of the study are considered in relation to next steps and long-term solutions.

3.0 AGING AND THE RURAL CONTEXT

Rural communities are changing demographically, economically and socially; these communities are evolving into an array of diverse milieu in which to grow old. Despite these changing dynamics there is a notable lack of research focused on the relationship between the changing characteristics of rural places and the subjective experience of growing old in such settings (Rowles, 1998). Older adults are considered to experience a "double jeopardy" in rural areas because they "face challenges and problems based both on age and on other characteristics that are associated with older age, as well as disadvantages inherent in living in sparsely populated and geographically remote rural areas with their lack of resources, opportunities and services to meet those challenges" (Krout & Coward, 1998: 6). In order to better understand the issue of transportation for the aging population in rural and remote areas, it is useful to consider how both personal and environmental factors affect the ability of an older person to remain mobile and independent.

3.1   RURAL SENIORS

There are a number of factors related to aging in rural areas that are important to consider in relation to a senior's ability to access adequate transportation. In this sub-section, the aging of the rural population is discussed, in addition to the disadvantages experienced by rural seniors and the decline of supportive rural communities.

POPULATION AGING IN RURAL AREAS

- Despite the increasing urbanization of the aging population, seniors continue to be over-represented in rural areas in a majority of countries (Kinsella, 2001).
- The proportion of the elderly in the rural population has grown as a result of aging-in-place and the out-migration of the younger population to urban areas thereby accelerating the aging of rural communities. In addition, some rural areas experience the in-migration of retirees (Andrews, 2001).

- The oldest-old is the fastest growing segment of the older population and rural areas have a higher share of the 85-and-older group than do urban centres (Rogers, 2002).

- The aging of the population has wide-ranging consequences for rural communities (Rogers, 2002).

- Aging-in-place and the out-migration of younger adults has resulted in a decline in the overall population, an increase in dependency ratios and the erosion of the tax base (Coward & Lee, 1985; Kerschner, 2003).

- The out-migration of young people may leave older women and men without the direct support of their family (Kinsella, 2001).

- Population aging has strained community resources to provide healthcare, housing and transportation (Rogers, 2002).

- The implications of a growing rural senior population suggest that aging is a more salient issue for smaller communities than for urban areas (Coward & Lee, 1985).

RURAL, OLD AND DISADVANTAGED

- In comparison to the urban elderly, rural seniors are a disadvantaged group: they are older, have less education and have lower incomes (Keating et al., 2001).

- Rural elders have considerably lower incomes and higher poverty rates than their urban counterparts (Krout & Coward, 1998). According to Glasgow and Brown (1998), the severity and extent of rural poverty is not reflected in the social science literature.

- In rural areas, poverty is more pronounced among older women, widows, those living alone and the oldest-old (Glasgow & Brown, 1998; Krout & Coward, 1998).

- Older women are over-represented in non-metropolitan areas. These women are more likely to be widowed, to live alone and to lack social support. Because

women live longer than men, they are more likely to experience declining health and dwindling economic resources (Rogers, 2002).

- Rural seniors are more likely to live in older, substandard housing with fewer facilities. The lack of alternative housing options and the low real estate values prevailing in most rural areas mean that elders must remain in dilapidated housing that will only become worse because of the high costs of home maintenance (Keating, 1991; Belden, 1993).

- The consequences of poverty for the aging population in rural areas are far-reaching.

- Rural seniors may not be able to access basic needs for goods and services because of inadequate income. The combination of low education levels and inadequate income mean that rural seniors have less ability to negotiate and obtain needed services (Keating et al., 2001).

- The low income of rural seniors can impede participation in social networks and community activities. These older adults are at risk of social isolation and declining rural communities often lack adequate formal and informal support systems to buffer the effects of poverty (Glasgow & Brown, 1998).

- The low socio-economic status of rural seniors is strongly associated with poor health. The higher poverty rates and poorer health of the aging rural population is indicative of the greater need for services and resources than the urban elderly (Rogers, 2002).

RURAL SENIORS: THE TRANSPORTATION-DISADVANTAGED

- A basic determinant of the quality of life of older persons is unrestricted mobility that allows access to needed services and social and recreational outings (Wachs, 1988).

- As a result of geographic remoteness and the lack of transportation alternatives that characterize rural areas, unrestricted mobility requires access to automobile travel. Despite the higher rates of poverty, the level of automobile ownership is

greater among the rural than the urban elderly (McGhee, 1983; Kagis, Menec & Blandford, 2006).

- Private vehicles are used for almost 90 percent of the trips made by rural seniors. In general, younger seniors drive themselves to access needed services and to participate in activities. However, with the increase in the oldest-old age group (aged 85 and older), a greater number of older individuals are reaching the point when the cessation of driving becomes necessary as a result of functional and health decrements (Fozard, 2000; Glasgow & Blakely, 2000).

- The transportation disadvantaged group in rural areas is largely composed of widowed females, living alone, with limited economic resources and who are advancing in age (Grant & Ride, 1983; McGhee, 1983).

- It is this sub-group of older rural adults who have special mobility needs for transportation assistance and support (Kerschner, 2003). In order to access supports and services in the community, many of these transportation-disadvantaged seniors rely on automobile transportation provided by family members and friends.

RURAL IDEOLOGY

- Traditionally, rural communities are seen as being poor in terms of amenities and formal services, but rich in people willing to volunteer their help (Keating et al., 2001). It is assumed that rural seniors compensate for the of lack of formal services by living in communities that are well integrated and having strong support networks of family and friends to provide care (Krout & Coward, 1998).

- The emphasis on community and family support reflects a value orientation stemming from the early settlers who settled on the harsh northern frontier of Canada. Historically, individual autonomy was both necessary and highly valued; however, cooperative relationships with neighbours as well as with family members were also fundamental to survival. According to Keating

(1991), the interconnection of work and family, the need to control the natural environment and geographic isolation fostered a "rural ideology" emphasizing self-reliance and the interdependence of family, friends and neighbours.

- The care and support of seniors in rural communities is reflective of the central features of traditional rural life: neighbouring, interpersonal relationships, mutual obligation and interdependency, knowing and being known, caring and sense of community (Rowles, 1998).

- In relation to community support, rural areas are advantaged over urban centres, however, the differences are less than stereotypes might suggest (Keating et al., 2001).

- There is great variation in the strength of informal networks in rural communities that determines whether a long-term care continuum exists to meet the needs of individual seniors. The diversity, complexity and internal values of rural areas, along with regional, occupational and cultural differences all influence the strength of rural ideology (Keating, 1991).

- According to Rowles (1998), the continuing existence of the traditional experience of aging amid a supportive rural culture has been jeopardized. The idea of social credit and mutual support is no longer viable because environmental conditions that once created a supportive milieu no longer exist.

- Informal support is the key to continuing care of rural seniors, however, local economies and related migration patterns significantly affect the likelihood that seniors will have family and friends nearby (Keating et al., 2001).

- Typically, young people must migrate from farming communities to urban centres to obtain employment. The chronic out-migration of younger people weakens social institutions and disrupts the social support networks of older individuals (Glasgow & Brown, 1998).

- As a result of demographic changes, economic restructuring and transitions in social institutions and values, the community context for growing old is evolving (Rowles, 1998).

3.2   THE RURAL CONTEXT

Given the supportiveness and stability offered by rural communities, it is important to pose whether the rural milieu affects elders positively or negatively because of the distances from health and social services and the lack of transportation alternatives (Keating, 1991). There are aspects of the rural community context that are considered to facilitate or constrain the access of older persons to resources and supports that can buffer the effects of age, declining health and relatively low income in a rural environment (Glasgow & Brown, 1998). In this sub-section, both the physical ecology and economic conditions of rural Canada are discussed, in addition to the issues of service access and transport availability.

THE PHYSICAL ECOLOGY OF RURAL CANADA

- Attributes of the physical ecology of rural and remote areas of Canada that are particularly relevant to the experience of aging include:
    - Low population densities with seniors spread over a large geographic area
    - Sparsely distributed communities with small populations
    - Poor quality roads
    - Absence of sidewalks in rural towns
    - Isolation
    - Severe weather conditions that create challenges for mobility
- Arcury and colleagues (2005) identified the conceptual significance of distance as a barrier to care for rural communities. Rural areas are characterized by large distances between population centres that require seniors to travel great distances in order to access services and social networks.

- Distance is a good indicator of rurality in Canada, where distance can be intensified by severe climatic conditions.

- The issue of vast distances as a barrier for seniors to access services and social contacts has been made more acute by the spike in gasoline prices that has occurred in the past year (Stranahan, 2005).

- The physical isolation of older adults has negative repercussions for their well-being and overall quality of life (Andrews, 2001).

THE RURAL ECONOMY

- Rural areas have experienced major transformations as a result of economic restructuring in the national and global marketplace (Krout & Coward, 1998). Farm consolidation and the loss of rural industrial employment have led to the deterioration of employment opportunities and investment that fuel the out-migration of young people in search of urban jobs (Rowles, 1998).

- The situation is often severe for farm communities and service centres in the agricultural hinterland. In the context of Manitoba, the BSE Crisis (Mad Cow Disease), decreasing grain prices and summer flooding have all contributed to the stagnation and cumulative decline of many rural and remote areas.

- As rural communities depopulate, the informal care-giving base for rural elders diminishes at the same time that essential services such as postal outlets in some communities are jeopardized by low and declining populations (Bryant & Joseph, 2001).

ACCESS TO SERVICES IN THE RURAL LANDSCAPE

- Predominantly, rural seniors wish to remain in their own homes in their own communities. The ability to gain access to services is viewed as a critical element for older adults to live independently (Keating, 1991). However, in comparison to the urban environment, services for many rural residents are less accessible, more costly to deliver, narrower in range and scope, and fewer in number (Coward & Lee, 1985).

- Two fundamental trends have affected the use of rural space and access to services: the area of countryside under urban influence has expanded, while at the regional level services have been consolidated in fewer rural communities (Bryant & Joseph, 2001). As a result, the nature of rurality is characterized by dispersed population, a scattered pattern of small service centres and a concentration of service functions in widely separated urban centres (Joseph & Fuller, 1991).

- A major issue regarding service access in rural areas has been the centralization of the public and private sectors due to the increasing financial strain of maintaining services in sparsely populated and geographically isolated communities (Herold et al., 2002). It is the aged in rural towns who are particularly disadvantaged by the removal of services.

- Many public programs in the realm of health, education and social services have been re-organized in response to changing population needs and cost efficiency objectives (Bryant & Joseph, 2001).

- The evolving fabric of rural home- and community-based service provision and the widespread closing of rural hospitals represent profound changes in the social support potential and health care landscape of rural environments (Rowles, 1998).

- As a result of healthcare restructuring the range of health care services for elders living in small towns in rural communities is limited, fewer health care alternatives are available, and rural health services are less accessible (Kerschner, 2003). Accessing health care services can be difficult in low density rural communities, which are often far from comprehensive medical care and facilities (Rogers, 2002).

- Low population density is associated with less access to informal support networks, as well as inefficiency in providing services such as home care, nursing homes and hospitals because there are few potential recipients spread over a large geographic area (Keating et al., 2001).

- The private sector has also been reluctant to remain in rural locales due to the disadvantages of low population thresholds (Herold et al., 2002).

- The availability of several resources have been identified as essential for seniors to remain independent: bank, grocery store, doctor, church, post office, pharmacy, beauty shop/barber, restaurant, social club, variety store, department store and clothing store (Keating, 1991). However, plagued by years of decline and poverty, some communities cannot provide a full range of appropriate and accessible health and social community-based services (Krout & Coward, 1998).

- As small towns continue to decline many communities can no longer provide essential goods and services. Grocery stores are generally only found in larger towns, while population decline drives retail stores and other service establishments out of business.

- Although most rural seniors do have access to grocery stores and pharmacies, approximately 20 percent must go outside their community for groceries and other services (Keating et al., 2001).

- If rural seniors are to maintain even their basic quality of life given the decline in service accessibility, they must typically travel considerable distances to larger service centres (Kihl, 1993).

- With the centralization of services, greater pressure is placed on volunteer organizations to assist older rural residents. However, fundraising for this type of programming must compete with other community groups and with larger rural centres that have greater resources (Herold et al., 2002).

- Moreover, the difficulty of delivering services, and the lack of transportation to get to the services, suggests that some rural seniors may be institutionalized prematurely (Kinsella, 2001).

TRANSPORTATION IN THE RURAL CONTEXT

- Transportation is a crucial element in understanding whether rural seniors are disadvantaged by lack of formal services in their communities. Access to services is often dependent on an individual's ability to drive long distances (Keating et al., 2001).

- According to Kihl (1993), the driver's license has helped define a lifestyle based on the expectation of continued mobility, where access to services is more significant than travel distances.

- Geographic distribution coupled with their health and mobility limitations can complicate the ability of older adults to drive to or travel to services and activities that provide opportunities for community involvement (Kerschner, 2003). Without access to an automobile, distance becomes a major barrier to access (Keating, 1991).

- It is an interesting observation that seniors living on farms have the furthest to travel to access services, but they are the least likely to report having problems with transportation. This suggests that those who can no longer drive and remain on farms and do not have other family members on the farm to provide rides must move to rural towns or urban centres.

- As indicated previously, rural seniors are considered to be transportation disadvantaged because of their dependence on private cars and the lack of transportation alternatives (Keating, 1991).

- Kerschner (2003) points out that the same challenges that make it difficult to provide services to rural seniors are the same challenges that make it difficult to provide transportation in rural areas. Small populations dispersed over a wide geographic area complicate efforts to extend transportation networks.

- The absence of transportation alternatives in rural areas is the result of the high costs required to efficiently coordinate supply and demand when riders and destinations are so widely dispersed (McGhee, 1983). Cost is a major barrier to providing conventional public transportation services in rural areas; there is

a high per capita and per person trip cost. Without substantial public subsidy, it is not cost-effective to maintain rural public transportation networks. These costs will only continue to rise because of the high expenditure required to cover long distances, particularly when services continue to be removed from smaller communities (Herold et al., 2002).

- The lack of public transportation in rural areas, coupled with the rising costs of providing mobility is indicative that greater strain will be put on informal support networks to provide rides in order to address the health and social needs of older adults.

4.0 AGING IN RURAL MANITOBA: A SPATIAL ANALYSIS

An investigation focused on rural Manitoba requires consideration of the spatial context of the varying residential environments in which aging occurs. The variability of rural environments is demonstrated by the difficulties encountered in defining the term "rural" as it denotes a broad range of definitions. Conceptually, rural can be limited to regions with populations of less than 1,000 inhabitants, or it can include every place that is not within a major metropolitan area (du Plessis, Beshiri, Bollmand, & Clemenson 2001). Population density and distance from large populations (i.e.metropolitan centres) or service centres can be used to define rural areas, and the term "isolation" has been used in some cases to describe rural life (Keating 1991). Most remote, rural areas experience higher rates of poverty and low population densities (i.e. less than 6 persons per square kilometre), as well as slower tax base growth than their urban counterparts.

In some cases, rural life has been categorized into two major components. The first, referred to as metro-rural, addresses the influence of metropolitan centres on rural areas, while the second, remote-rural, uses distance from large population and service centres as a determinant (Keating 1991). According to more recent studies, researchers are moving away from the notion of "urban versus rural," and instead are viewing residence as a continuum encompassing both remote, sparsely populated areas, as well as very densely populated central cities in metropolitan areas (Coward and Krout 1998).

How rural is defined has a profound effect on the questions that are asked, and the programs and policies that are in turn developed. The term rural is not definitive, nor can it be considered homogeneous. Rural areas are comprised of a mixed set of communities; these communities have a variety of networks that combine into a series of functional systems (Joseph and Fuller 1991). We must be cognizant of the differences between rural communities as they vary in terms of demographics, geographic location, economic base, community resources and leadership, social interaction, and cultural patterns. Only recently has there been recognition of the varied experiences and needs of the rural elderly, as well as the heterogeneous nature of their living situations. Due to the differing conceptualizations of rurality,

it is essential that the service needs of the rural elderly are not generalized. Diversity (e.g. social and economic) and geographic variability (e.g. road conditions, accessibility) exist between rural communities thereby making it difficult to draw definitive conclusions about the overall extent of rural transportation needs (McGhee 1983).

A series of maps were compiled using Geographic Information Systems (GIS) analysis to allow for a spatial examination of the study area (Figure 1). Mapping out the social, physical, and economic aspects of each rural municipality (RM) in the province of Manitoba allowed for associations and patterns to be identified. The images discussed below were produced to illustrate spatial relationships and trends as they relate to the senior populations residing in the RMsof southern Manitoba.

In Figure 2, the general population density for each RM is revealed. As would be expected, the highest population concentrations are found radiating out from the city of Winnipeg (with densities of over 180 persons per square kilometre in some areas). Conversely, the lowest population concentrations are located along the east, west and northern fringes of the boundary of southern Manitoba where it can be assumed that the greatest isolation is experienced.

Figures 3, 4, and 5 portray senior population density according to three age groups. Higher densities of seniors in the younger age categories, 55 to 64 years and 65 to 74 years respectively, are evident in more isolated areas of southern Manitoba. Specifically, seniors between the ages of 55 and 74 are concentrated along the eastern border of Manitoba in municipalities such as Reynolds, Piney, Whitemouth, and Lac du Bonnet. In more northern areas, a high concentration of younger seniors is found in the Interlake in the RMs of Eriksdale and Siglunes, as well as the RMs of Mountain South and Lawrence in Parkland. When examining the 75 and over age group, high population densities are also found along the northern edge of the study area in Interlake and Parkland, as well as in the Westman region.

Figures 6 and 7 display the Location Quotient (LQ) which is a statistical method that was used to calculate the locational concentration of seniors living in RMs, relative to the number of seniors living in Manitoba as a whole. This descriptive spatial statistic is widely used in the study of human geography, as it allows for a single statistical value to be calculated in order to reveal population distributions and concentrations. The equation for the LQ formula is as follows:

$$\textbf{LQ} = \frac{ax\ /\ c}{bx\ /d}$$

where, ax = total senior population in an RM

c = total overall population in an RM

bx = total senior population in Manitoba

d = total overall population in Manitoba

An LQ of 1.0 would indicate that the number of seniors in a RM is equally proportional to the overall concentration of older adults in Manitoba. Values of less than 1.0 indicate under-representation and values greater than 1.0 indicate over-representation. The location quotient is thus a simple measure of the relative concentration of seniors in each RM (Smith, Sylvestre & Anderson Ramsay, 2001).

Most importantly, Figures 6 and 7 demonstrate the extent to which a particular distribution, in this case senior population density, differs from the provincial norm. Clear patterns of senior concentrations appear along the fringes of the province. This indicates high concentrations of seniors in the Interlake and Parkland regions particularly for the age category of 75 years of age and over. These RMs are located in some of the most isolated regions, also characterized by lower median income (Figure 9) and an aging population (Figure 8). Such maps emphasize that these seniors may not be able to easily access resources and services.

Conversely, it should be noted that while rural communities are regarded to be deficient in amenities, they are considered to be abundant in persons willing to volunteer their time. This is illustrated in Figure 10, where a relatively high percentage (20-30 percent) of people in the distressed remote areas had provided unpaid care to a senior in the week prior to the 2001 Census.

Each map considered in this analysis reveals the distinctions between communities in terms of population, income and social resources. The utility of GIS as a tool for further analysis of the transportation needs of older adults in rural Manitoba is of significant importance. GIS can evaluate the extent to which the distribution of service centres is geographically associated with the distribution of the transportation disadvantaged seniors in rural settings. It allows a research problem to be examined in a spatial context that considers a range of factors including the concentration of seniors, the distribution of services in rural communities and distance to urban centres. GIS provides a visual representation of the study area and the spatial association between a myriad of components including ecological, demographic, economic and service factors that affect transportation need and provision. Therefore, the following recommendation is made:

- The examination of the applicability of GIS to perform spatial analysis that identifies those seniors who are experiencing transportation disadvantage in rural areas, as well as to formulate solutions to address mobility issues.

FIGURE 1

STUDY AREA

RURAL MUNICIPALITIES OF SOUTHERN MANITOBA

By: Marcie Snyder, IUS
Source: Manitoba Land Initiative, 2004
http://web2.gov.mb.ca/mli/mli_data/index.html

FIGURE 2

General Population Density (per square km)

FIGURE 3

FIGURE 4

Senior Population Density (Age 65 to 74)

Population Density
(persons per square kilometre)

- < 6
- 6 - 9
- 9 - 13
- 13 - 16
- > 16

By: Marcie Snyder, IUS
Source: Manitoba Land Initiative, 2004
http://web2.gov.mb.ca/mli/mli_data/index.html
Statistics Canada, 2001
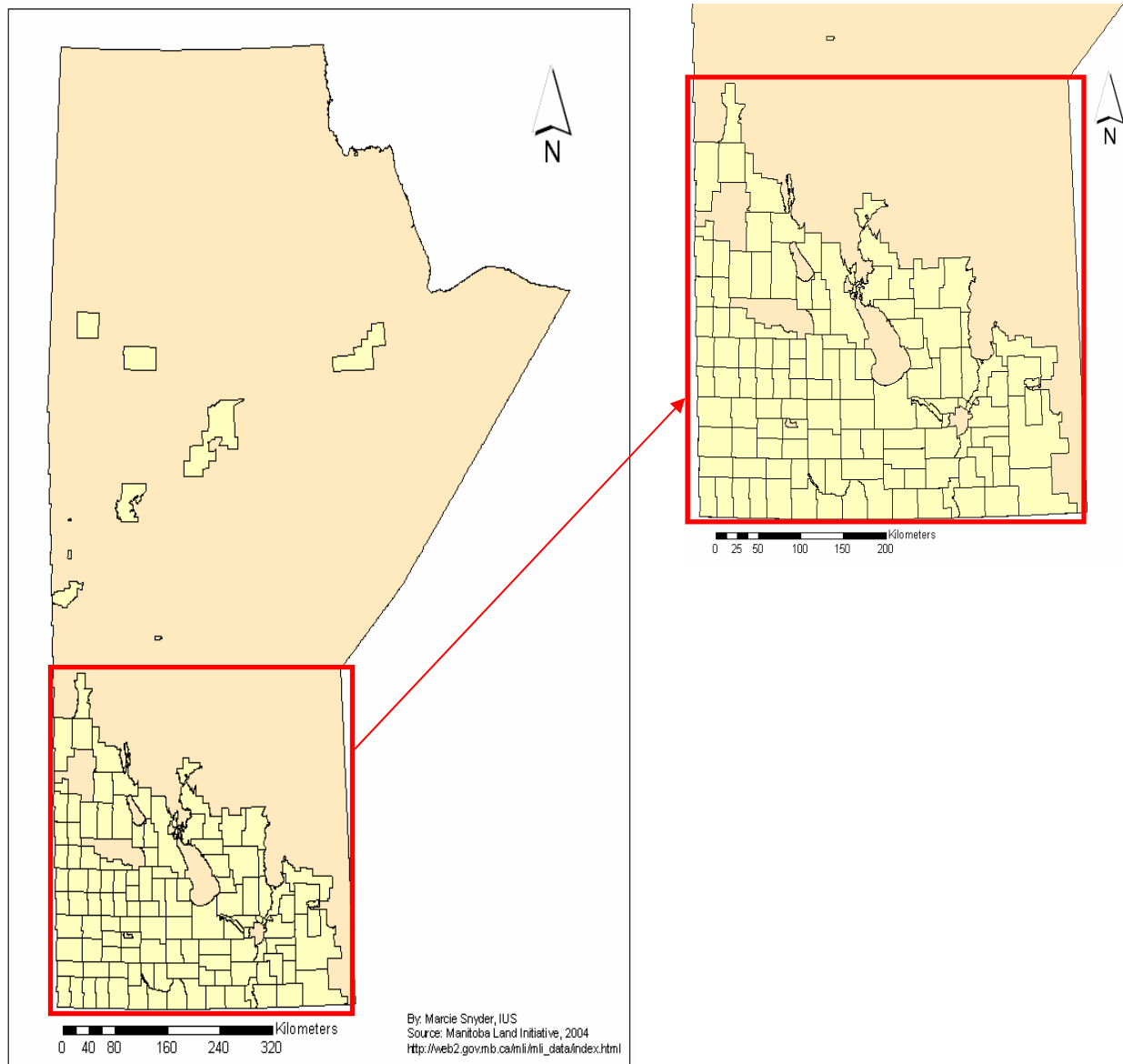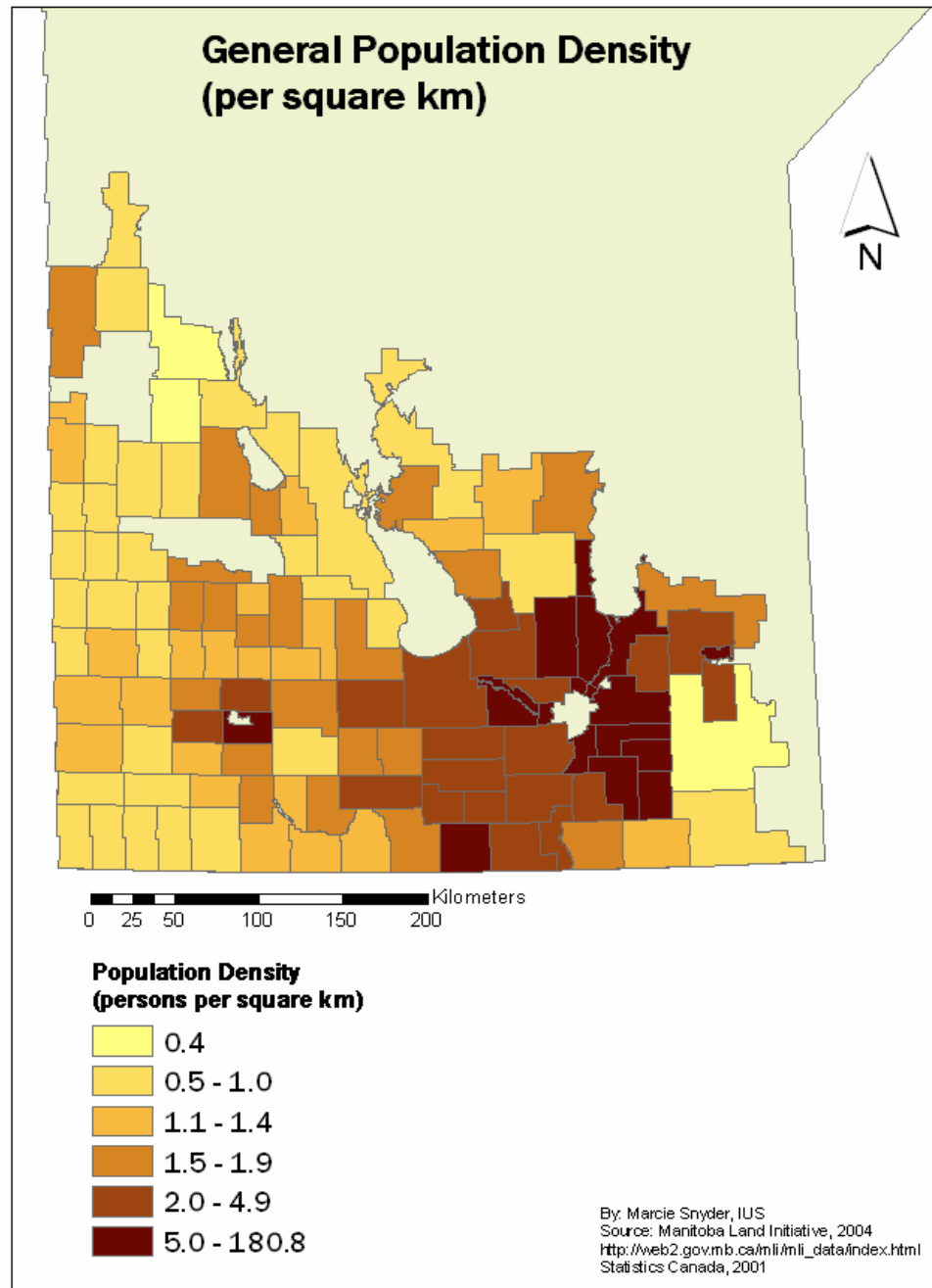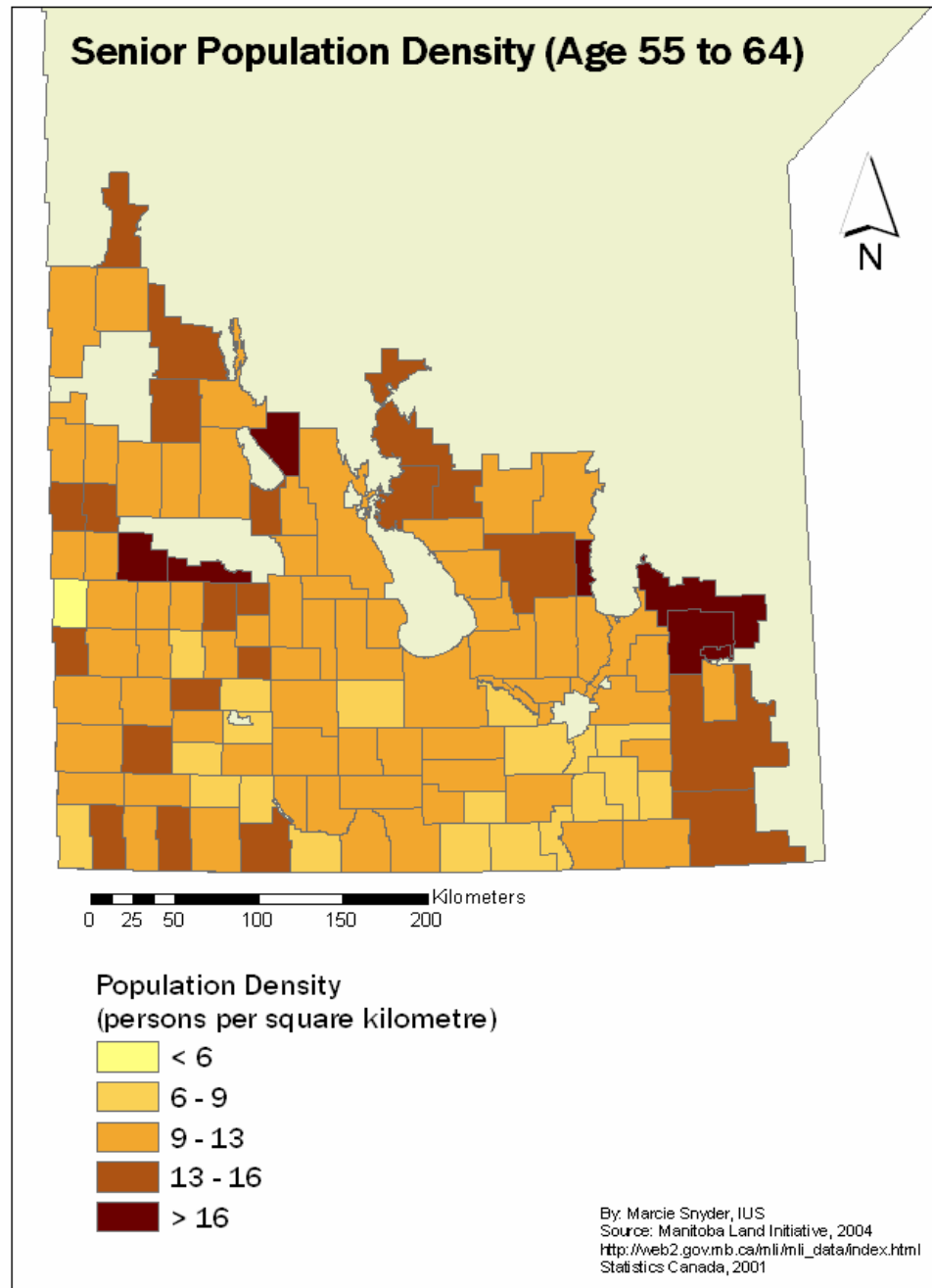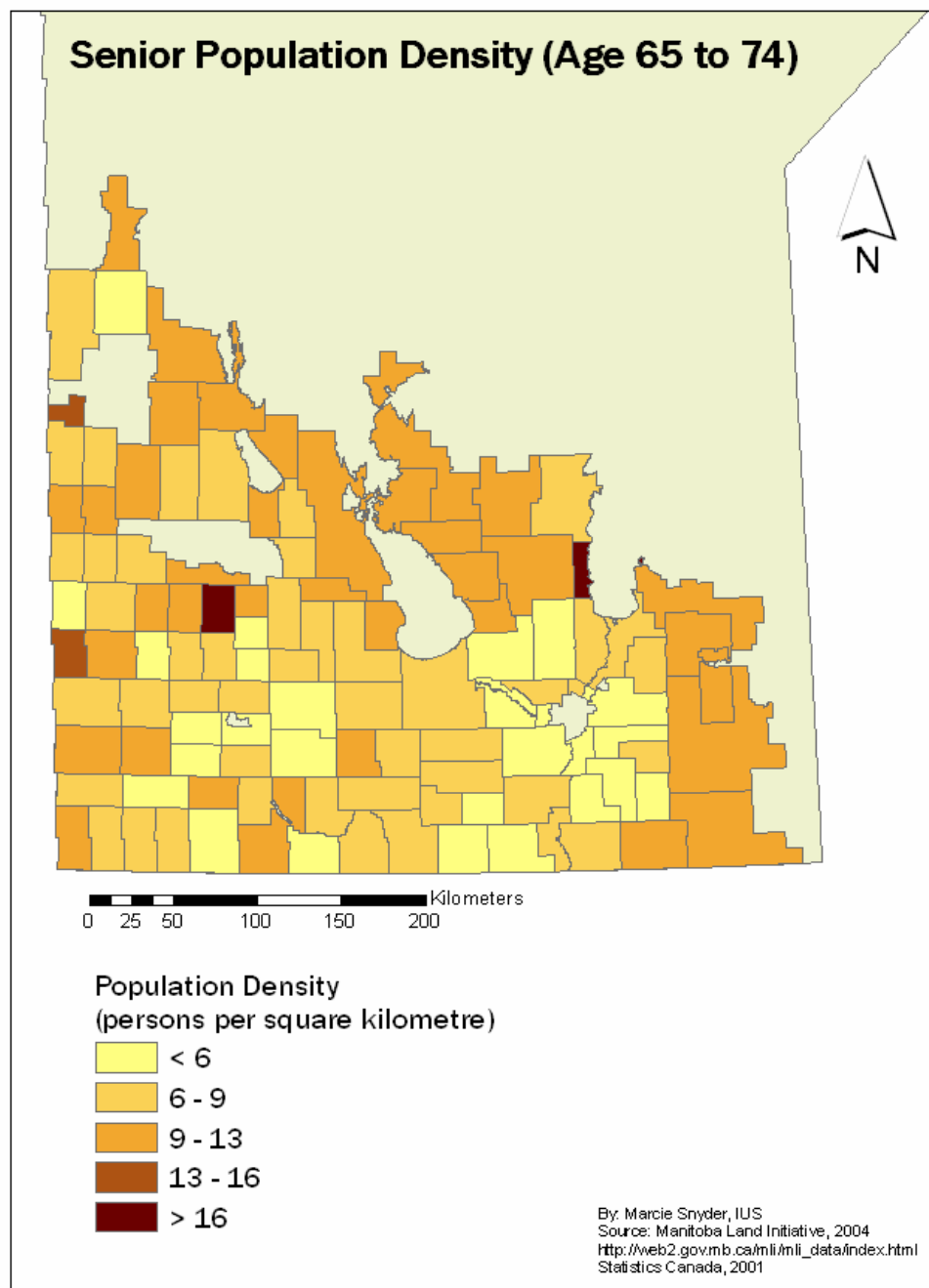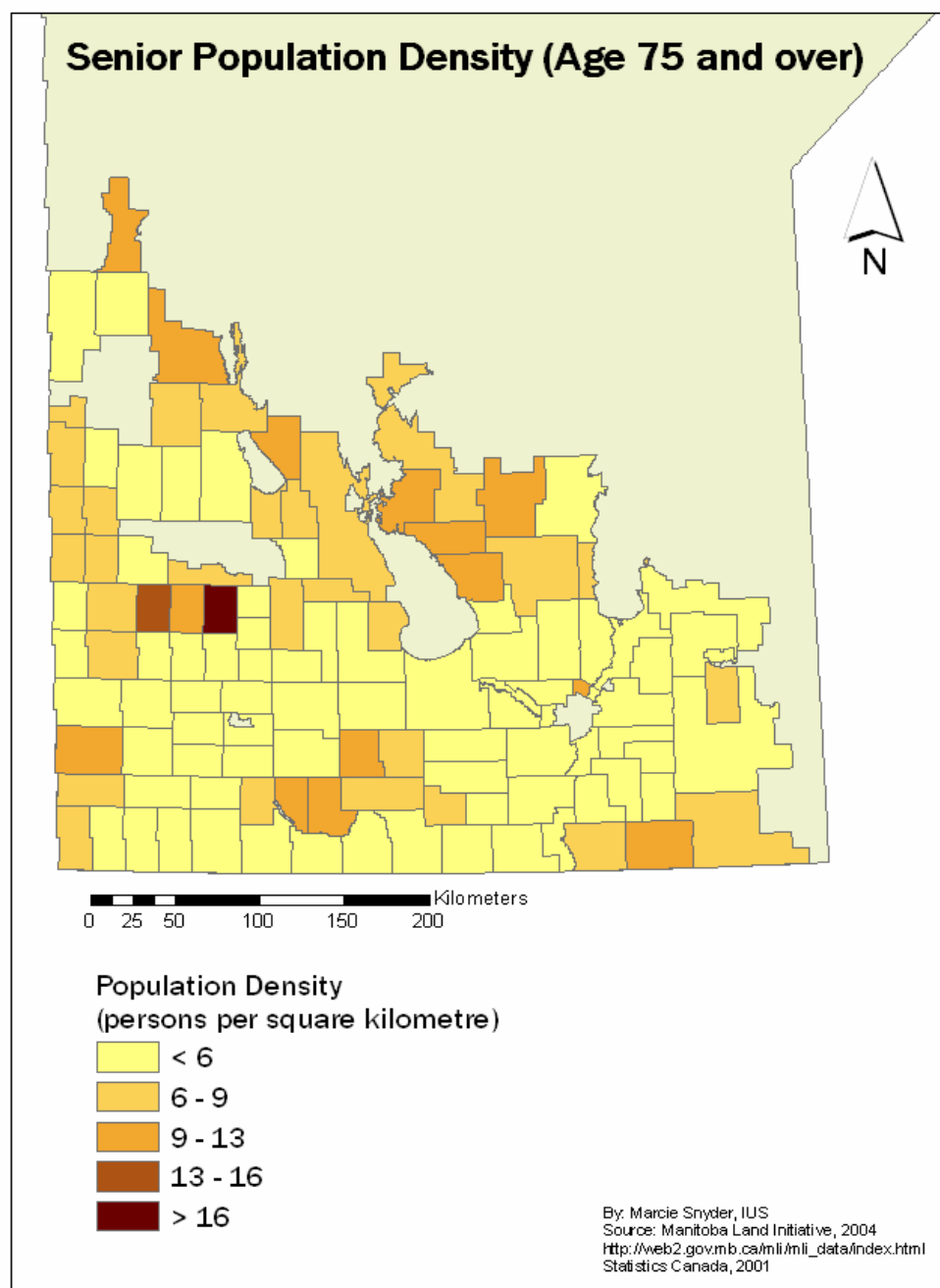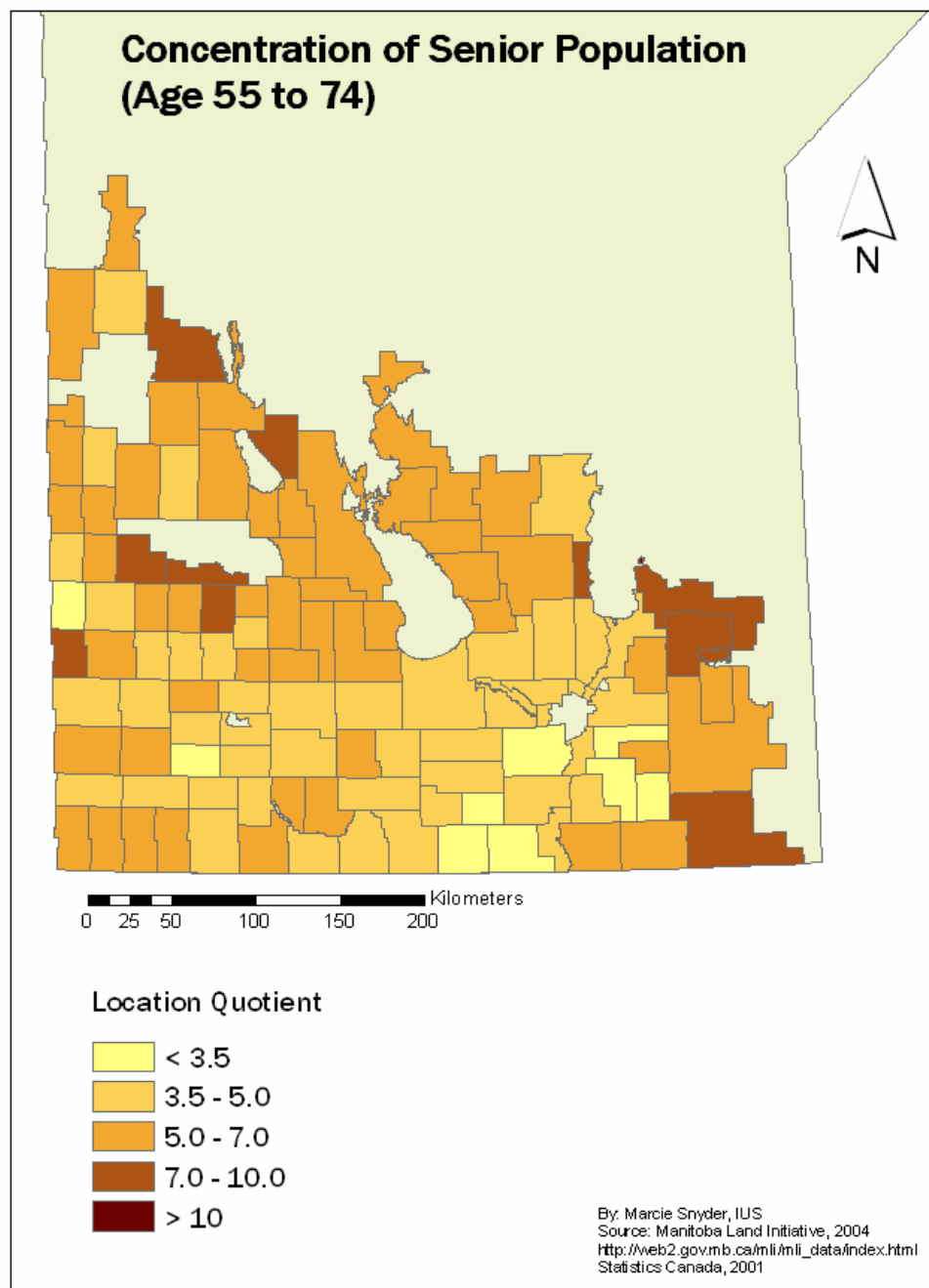
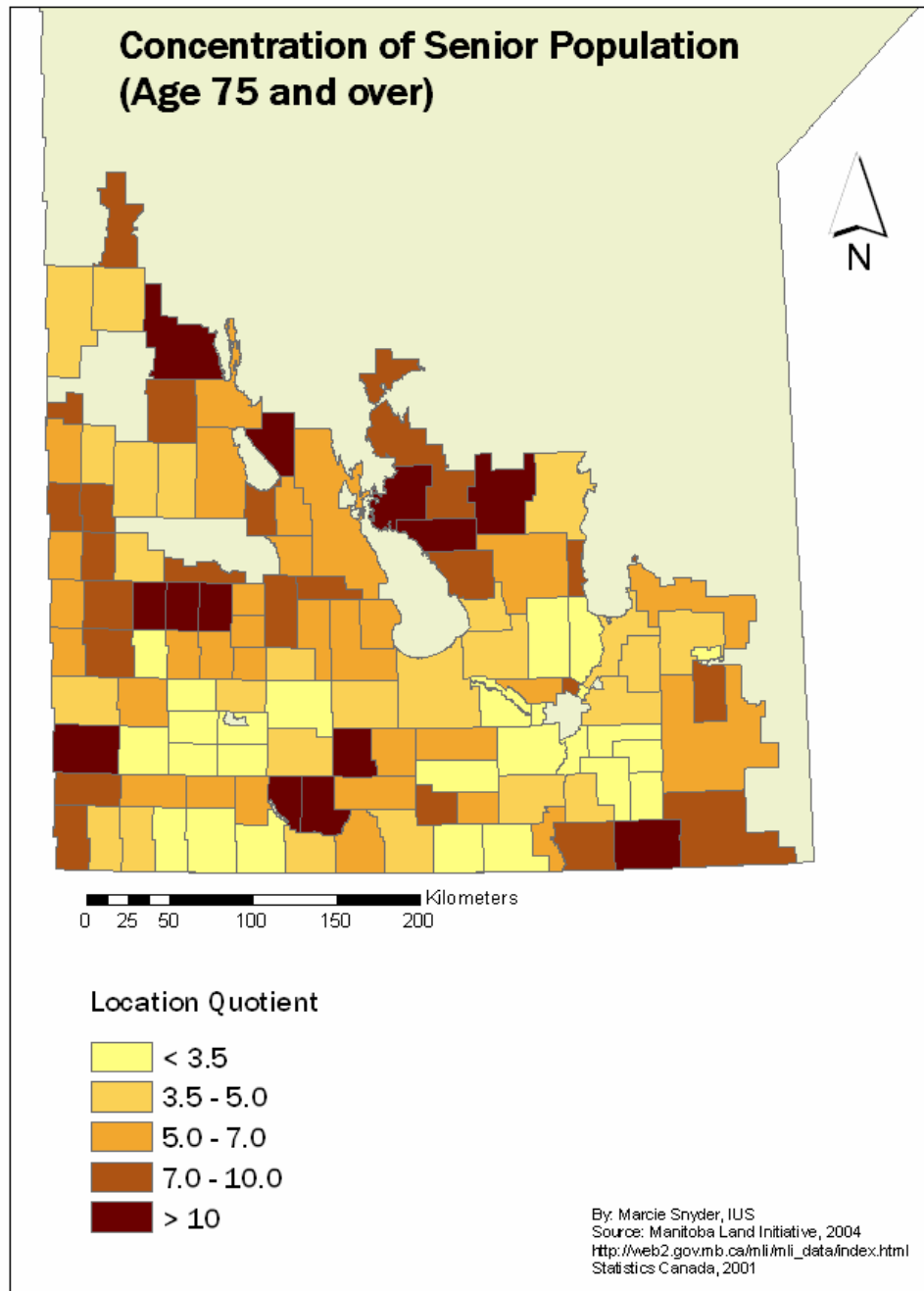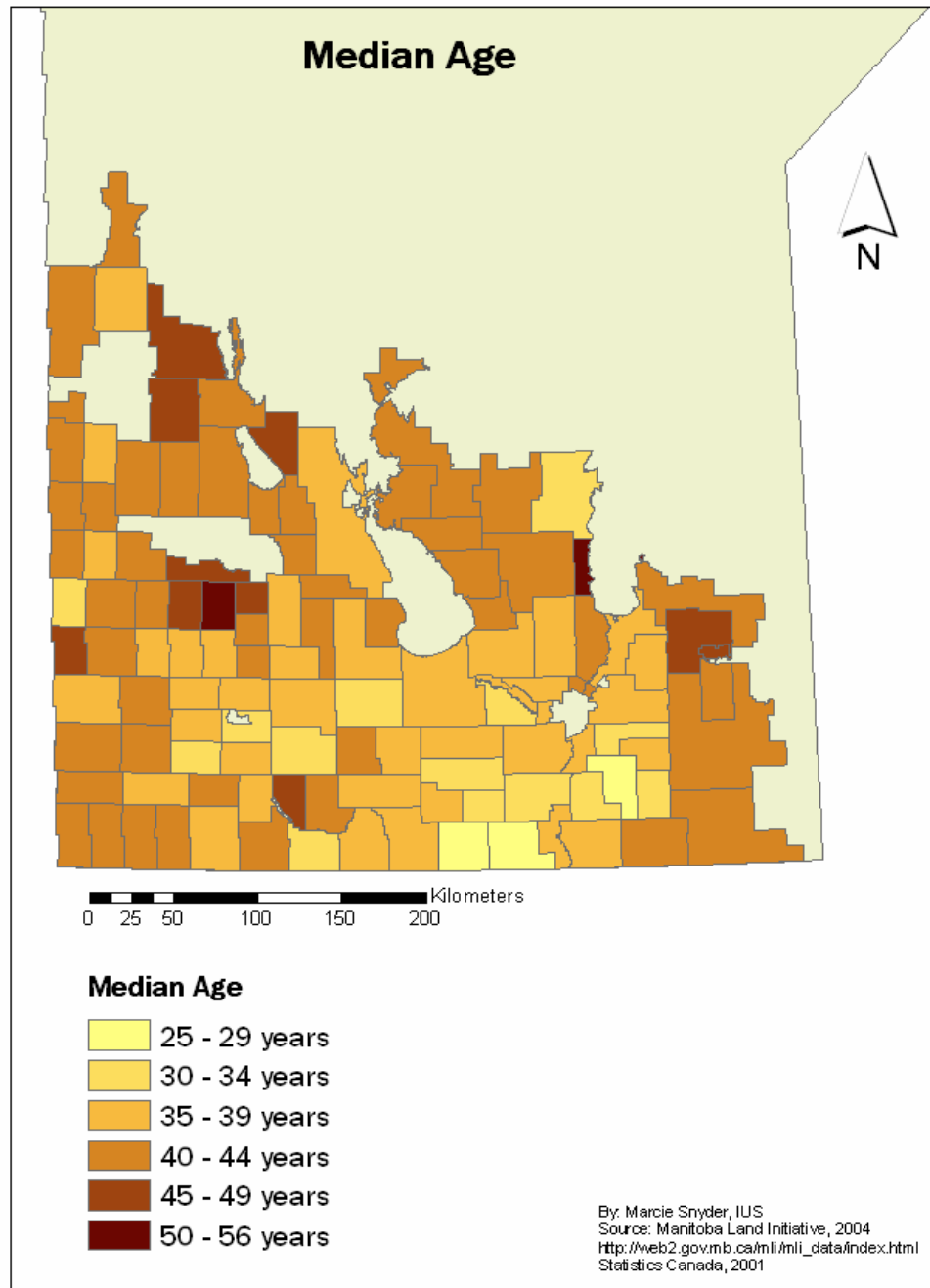# FIGURE 5

FIGURE 6

FIGURE 7
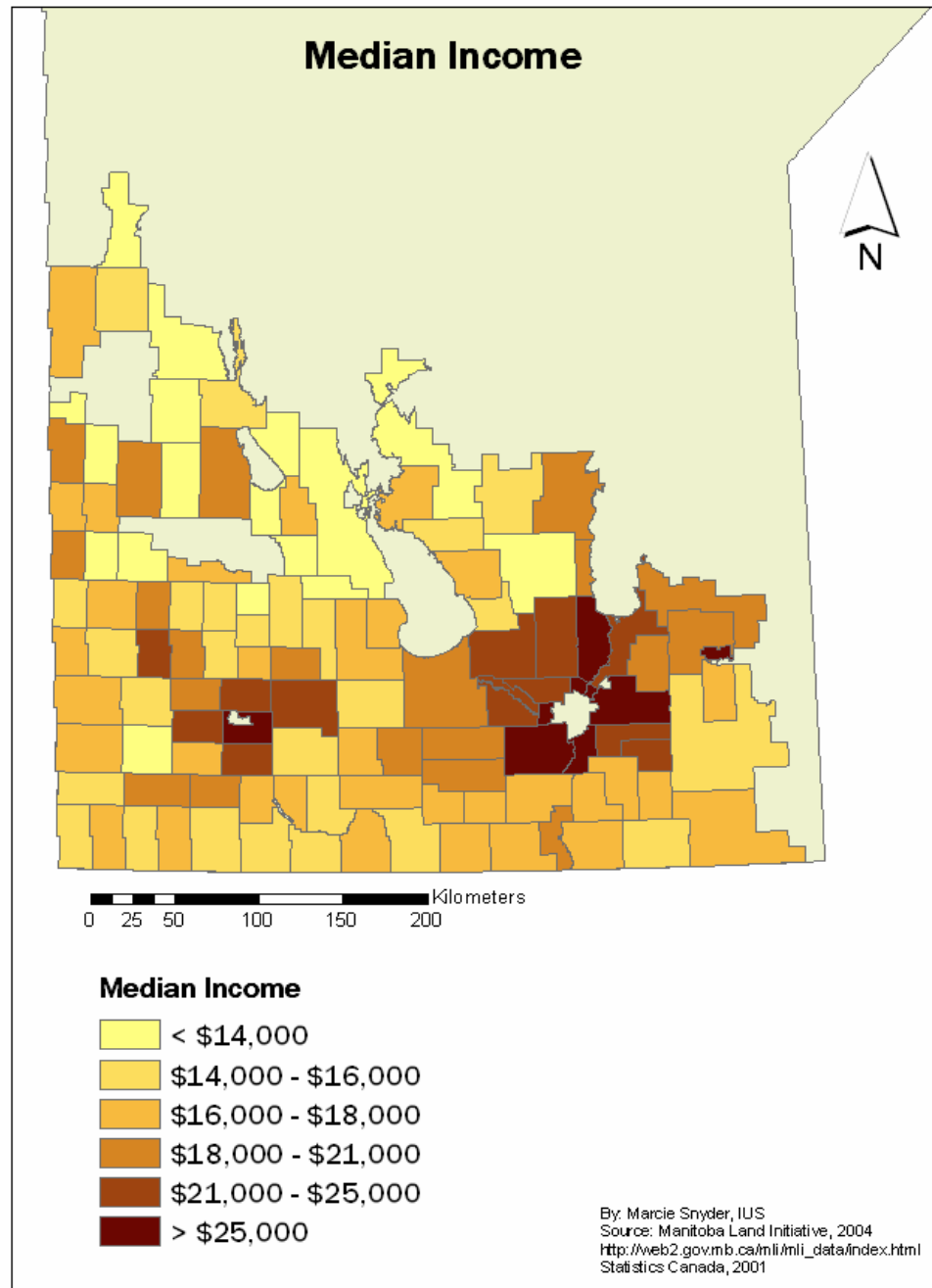
FIGURE 8

FIGURE 9

FIGURE 10
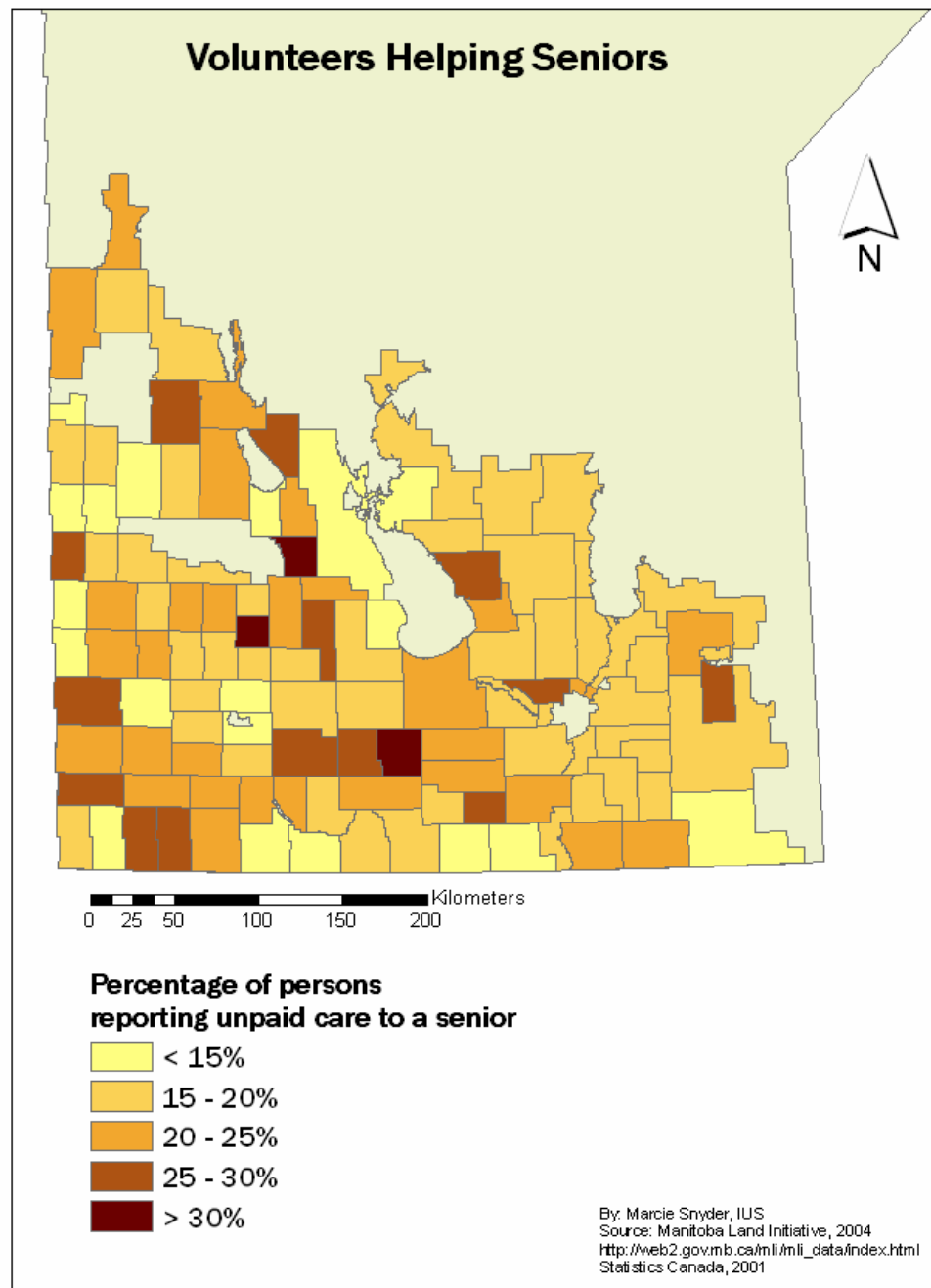
5.0 TRANSPORTATION OPTIONS FOR OLDER ADULTS IN RURAL MANITOBA

The literature review demonstrated that aging in the rural context presents many challenges for seniors to remain independent when transportation resources are limited. The primary objective of this project was to gain an in-depth understanding of the issues surrounding mobility and transportation options for older adults in the rural and remote regions of the province of Manitoba. In this section, the types of transportation available in rural Manitoba are described, the issues related to these options are reviewed and recommendations are developed to provide a framework to identify the next steps required for a continued focus on transportation issues and to establish long-term solutions that will ensure the independence and quality of life of older adults in rural Manitoba.

5.1 KEY FACTORS TO IMPROVE TRANSPORTATION FOR RURAL SENIORS

Before examining specific transportation options, it is important to note several key factors that have been identified as essential in the development of effective and sustainable transportation options for seniors in rural environments.

ADVOCACY AND NETWORKING

In consultation with many service providers, it was repeatedly emphasized that transportation is crucial for the independence of rural seniors. It was recommended that a message be sent to all levels of government (municipal, provincial and federal) that policies to encourage aging-in-place in rural communities must include the provision of adequate transportation. Such advocacy requires the development of effective networks throughout the province to establish unified goals. It is particularly significant that senior specialists have identified the need to establish a seniors transportation working group in rural Manitoba that is similar to the group in Winnipeg. Therefore, the principal recommendation of this report is:

- The development of a rural transportation network that will provide a strategic framework to address the next steps and long-term solutions for transportation for rural seniors.

LOCAL SOLUTIONS

As the consultation process of this study provided a broad overview of the circumstances faced by rural seniors, it became apparent that the needs of communities and regions are unique. In some communities transportation is not perceived to be a major issue because the combination of transportation modes including informal supports, volunteer programs and handi-van services addresses the mobility needs of seniors. In comparison, the isolation and the lack of transportation options in other communities creates great hardship for older adults who are unable to access needed services and social contacts. For example, cuts to Greyhound bus service have created greater isolation for some seniors. The ability of the community to care for its seniors also varies according to the level of social capital that is available. Therefore, it is recommended that the unique needs and resources of communities and regions must be an integral part of the development of solutions:

- Mobility solutions must address the unique needs of each locality.

DEGREE OF RURALITY

When discussing mobility solutions for rural seniors, it is important to distinguish the variability of rural geographies. The transportation needs of seniors living on farms can be far more complex than the needs of older persons residing in a small town where groceries and other services can be accessed by walking. In addition, basic retail services are not available in some small communities while, in contrast, larger communities have access to a range of health services. Therefore, it is essential in an analysis of transportation for rural seniors that there be a distinction between the local mobility needs of rural elders and transportation that is required for long-distance travel:

- Transportation solutions must take into account the degree of geographic isolation and the distinction between local mobility needs and long-distance transport requirements.

UNMET MOBILITY NEEDS

Based on this preliminary investigation a broad picture of the transportation requirements of rural seniors has been established. However, it must be emphasized that a comprehensive survey of seniors was not possible due to the time frame of this study, as well as the winter conditions that made travel impossible on several occasions. While it appears that transportation provision is adequate for some seniors, there is still a great deal of unmet mobility need particularly to access social and recreational activities. Moreover, it is apparent that there are many seniors that service providers are unaware of who are living in isolation and refuse support services because of their steadfast self-reliance. These observations highlight the need to consult with seniors about their transportation needs in rural areas:

- A comprehensive survey of seniors in rural Manitoba is required to advance understanding of the transportation requirements of an aging population in an isolated environment.

From all accounts, transportation for medical services and care is the most serious mobility problem faced by rural seniors. Whether an elder receives a ride from informal support networks, volunteer programs or handi-van services, great cost is incurred to reach urban centres. Rural seniors often miss appointments with specialists because of the lack of transportation, while others find it difficult to manage in cities without escort provision.

There are several local Cancer Society organizations in rural Manitoba that coordinate transportation for cancer patients to access treatment anywhere in the province. Volunteer drivers are used for the program and a reasonable rate is charged to the client with the remainder of the volunteer's expenses subsidized by the organization. The coordination and resources provided by the Cancer Society is very important to rural communities. The question to be posed is whether such a system offering reasonable rates could be applied to all the medical transportation needs of rural seniors?

A further example of affordable medical transportation provided in rural areas is found in the province of Saskatchewan. The Saskatchewan Transportation Company offers a $54 monthly pass that allows rural residents to access the company's fixed-route system that consists of nodal connections between secondary and primary routes. Additional investigation of these alternative transportation options will contribute to the development of medical transportation for Manitoba's rural seniors. Therefore, a very important recommendation is:

- The development of a separate medical transportation system to provide inexpensive mobility and escort services to rural seniors.

FUNDING

It is clear when discussing transportation for rural seniors that funding is an overriding issue for service providers struggling with limited resources, for volunteer drivers faced with rising gas prices, as well as for seniors struggling with limited pensions. Some subsidies are available for transportation to medical appointments, however, there are limitations as most low-income seniors do not qualify. There were many suggestions to investigate additional funding and tax credits for seniors to subsidize their transportation needs. Therefore, a broad recommendation is put forward:

- The establishment of increased funding programs and tax deductions to assist all who are involved in providing mobility options to seniors in rural Manitoba.

COORDINATED TRANSPORTATION

The following sub-sections contain discussion of the distinct transportation modes that are available to rural seniors. The consultation process for this project demonstrated that in some parts of rural Manitoba older adults are well-served by transportation options, while in other areas seniors are disadvantaged by the lack of transportation alternatives. Overall, there are some important transportation resources in rural Manitoba that if used in a more coordinated fashion would provide comprehensive service to a greater proportion of transportation disadvantaged seniors, as well as

other community residents with mobility limitations. A regionally-based coordinated transportation system would more efficiently utilize scarce resources and provide the framework for greater inter-agency exchange. ₁Therefore, a fundamental recommendation of this study is:

- The development of a coordinated transportation system that would more effectively provide mobility support to seniors in rural Manitoba.

5.2 DRIVING

Driving an automobile is the main form of transportation for rural seniors and, in many cases it is the only mode available. For that reason it is important to provide the supports needed to keep senior drivers safe. Many Services to Seniors coordinators indicated that seniors in their communities are aware of their driving limitations and restrict driving to within the town and use the volunteer driving program for out-of-town trips, and some only drive in day-time and in the summer. Nonetheless, there are many seniors who should not be driving but continue to do so because there are no alternatives. Several coordinators specified that the 55 Alive course, offered to familiarize older adults with driving strategies that address the aging process, is not effective because seniors fear they will be tested and will lose their license.

Rather than focusing only on strategies to keep seniors driving, perhaps there should be equal emphasis on providing the supports that are required for seniors to adapt to non-driver status. It is a very sensitive and difficult issue for older adults to stop driving because it signifies a loss of independence. For some individuals, relinquishing their driver's licence is devastating as driving provides the means to reach social and recreational activities. In some cases, family members have resorted to withholding vehicle maintenance in order to keep their parent off the road. One Services to Seniors coordinator observed that those rural seniors who are not prepared to lose their license and experience great hardships as a result, tend to isolate themselves and will not accept rides from others. In contrast, those elders who recognize the need to give up their car experience a more positive adjustment because they are optimistic and will accept rides. Accordingly, the recommendation put forth is:

1. A full description of coordinated transportation systems is provided in Appendix A.

- The development of programming to provide awareness and support to rural seniors when alternatives to driving must be considered.

5.3 INFORMAL SUPPORT NETWORKS

Second to driving, the most desirable transport option for seniors is rides in cars provided by their social support network. The importance of these networks is illustrated by estimates that the informal network of family and friends provide 80 to 90 percent of long-term care to seniors in rural areas (Keating et al., 2001). In relation to the survey that was conducted with participants of the Adult Day Programs in Ashern, Riverton, Sprague and Whitemouth, the results indicate that approximately one-half of the sample relies on rides from friends and family to access medical care, pharmacy and retail outlets, grocery stores and social and recreational activities.

During the consultation process the importance of informal help was strongly emphasized. Families provide a significant number of rides and seniors prefer to get rides from friends and family so that social activities are part of the trip to an urban centre. In addition, neighbours provide rides, purchase groceries and run errands for seniors. Some communities do not require formal volunteer programs because family is near, and the community is very supportive. A Services to Seniors coordinator defined a "caring community" as a group of people who unite to work for the common good of the community. Overall, community support can be considered a form of volunteering in which rides are provided informally and seniors pay for gas and other expenses.

Most seniors are able to manage with the help of family, neighbours and the community. However, despite the importance of informal care networks, many seniors do not have access to such networks. The provision of transportation by friends, families and communities is jeopardized as a result of three issues:

- In many cases it is seniors driving seniors in rural Manitoba. While there is still a relatively large pool of younger seniors who provide rides, it is important to question what will happen when increasingly fewer are able to drive.

- Many seniors do not live close to their children, while others cannot rely on family because they are too busy. For example, many children cannot drive parents to medical appointments because they work during the day. In communities such as St. Anne, seniors have family close by because of the proximity of the town to Winnipeg. In contrast, other seniors have no family support because younger persons in areas such as Parkland have had to move to western Canada for employment.

- Many service providers remarked that rural areas are changing as there is not the same sense of community as before and economic conditions are creating greater hardships. As the discussion on rural ideology suggested, it is possible that the culture of a caring community will diminish with younger generations who are more self-oriented.

Informal support networks are a key component for seniors to maintain independence. However, the findings of the study suggest that seniors may have decreased access to family and community supports in the future. In order to ensure that older adults continue to receive this support, it is important to emphasize that regular care can place heavy burdens on caregivers, increasing the vulnerability of those without strong networks. Rural caregivers consistently report more stress, more caring commitments, and less external assistance than urban caregivers. Despite their willingness to help, we may be expecting too much of informal rural support networks (Keating et al., 1991). Based on these observations two recommendations are formulated:

- The increased recognition of the contribution of informal caregivers in providing transportation to rural seniors through tax credits.

- The development of greater awareness concerning the diminishing volunteer base for seniors in rural Manitoba.

5.4 THE VOLUNTEER DRIVING PROGRAM

The volunteer driving program offered through Services to Seniors in rural Manitoba is one of the most effective forms of transportation for the increasing population of older adults. Fundamental to this service is the door-to-door escort support offered by volunteers who drive older persons to local services, as well as to medical appointments in urban centres. The social aspect of this program is also beneficial to the mental well-being of the clients. In many communities, the volunteer driving program represents the only transportation option for seniors because handi-van services may be too costly, unavailable, or non-existent. The majority of Services to Seniors coordinators emphasized that the program was the most utilized form of transportation available to rural seniors as it provides an efficient delivery of services and is more economical than other transport modes such as handi-van services.

In many communities, a formal volunteer driving program is offered by the Services to Seniors coordinators. This sub-section will highlight some of the benefits and drawbacks of the formal volunteer driving program identified by the service providers.

BENEFITS

The volunteer driving program is an important form of transportation for rural seniors because it is offered throughout many rural and remote areas of Manitoba. Some communities do not operate handi-vans, while taxi companies do not service every town thus limiting the options for transportation to medical appointments, shopping, and social activities. The effectiveness of the volunteer driving program is dependent on the availability of volunteers. As most Services to Seniors coordinators have lived in the community all their lives, it is relatively easy to recruit people that are willing to drive transportation disadvantaged seniors. Within the context of the rural environment, the program functions better in communities that have greater social capital. For example, in a small town located in the northern region of the Interlake RHA, the Services to Seniors coordinator will contact individuals whom she knows live in the same community and may be able to provide a ride to one of her clients. She also seeks the assistance of those who commute between rural centres to provide rides for seniors. Familiarity with the community allows the identification of town residents who can assist in the establishment of a formal or informal volunteer base.

The provision of escort support is a significant advantage of the volunteer driving program for the transport of rural seniors to medical appointments in urban areas. In some cases, a husband and wife volunteer together and accompany seniors to Winnipeg. While one provides assistance to and from the car, the driver parks and retrieves the car. In comparison, the driver of a handi-van recounted the difficulties encountered to find parking for large vans at many clinics and hospitals in Winnipeg thus limiting assistance to seniors to and from their appointments.

Cost was also identified as a primary reason for the wide-use of the volunteer driving program. The efficiency of a volunteer's vehicle is far greater than that of a handi-van, and in most cases less expensive and more comfortable. For local trips, most volunteers are given a small amount of money, ranging from $5 to $10, to compensate for the operating expenses of the car. If the trip is for out-of-town purposes, a kilometre rate is charged that, for most communities in rural Manitoba ranges between $0.30 and $0.40 per kilometre. Some of the volunteer driving programs also set fixed rates for out-of-town trips. For example, a rate of $60 is charged for a return trip between Whitemouth and Winnipeg, while $150 is charged for a ride between Miniota and Winnipeg. When seniors own their own car but cannot drive to urban centres, some volunteer driving programs arrange for volunteers to drive the client's car. The volunteer program provides substantial savings for seniors in comparison to operating their own vehicle (including costs of insurance, maintenance and fuel) or using handi-vans services.

Another benefit of the program relates to the coordination of several transportation options. It is notable that in addition to the rides Services to Seniors coordinators organize through the volunteer driving program, some coordinators also arrange rides for handi-van services and the Cancer Society transportation program. When coordinators have access to different transportation options they are able to arrange an appropriate type of service depending on the needs of the client. If the client is in a wheelchair, the coordinator will arrange for a handi-van if one exists in the community; conversely, the services of a volunteer driver will be requested if the client is independently mobile.

DRAWBACKS

While there are many advantages to volunteer driving programs, there are also some substantive issues that require further consideration. The primary issue identified by many Services to Seniors coordinators is that the drivers of the volunteer program are seniors themselves. Although there are social benefits for both the senior volunteering and those receiving rides, there are a number of potential concerns, including a dissolving volunteer base caused by demographic transitions, safety issues, as well as volunteer availability.

The safety of drivers is an issue that Services to Seniors coordinators must address regularly because of the age of volunteers. In addition to decrements in driving ability, volunteer drivers may be unable to give adequate assistance to clients getting in and out of the vehicle. Other safety concerns include the unease of some volunteers to drive in winter and to drive in major urban centres thereby restricting the type of rides they can provide. Some drivers state that they are willing to drive to the "perimeter" which does not fulfill the needs of clients who have medical appointments in downtown Winnipeg.

A further concern for many boards that operate volunteer driving programs is the difficulty in raising rates. The boards understand that seniors requiring the service are on low-incomes, but the volunteers are often faced with paying expenses out-of-pocket because of rising gas prices. A further concern is the lack of understanding some seniors have for the time and effort of volunteer drivers. Some volunteers will not pick up certain seniors because they are not willing to pay the going rate for the services provided. Unfortunately, some seniors will not use the program because of the expense and would rather seek the assistance of a neighbour or friend. It was mentioned several times by Services to Seniors coordinators that older persons may not fully appreciate the costs of operating a vehicle.

The over-extension of volunteers is a further concern related to the volunteer driving program. In small communities with a limited volunteer base, there can be an over reliance on a small number of volunteers. It is important to note that volunteer recognition and appreciation can only go so far in helping to reduce burnout. Recently in some regions there has been a declining volunteer base which is partly due to the

rise in gas prices.   Many volunteers have identified that with the rise in fuel, the limited amount of mileage paid by the clients may not cover the cost of gas. As a result, Services to Seniors coordinators often must drive elderly clients thus creating greater strains on the limited resources available to seniors in rural Manitoba. The need for volunteers will only grow to support increased programming in rural communities that addresses the continuing centralization of services.

The increasing need for volunteers to provide support and care to older adults is occurring simultaneously with a decrease in long-term investment in rural communities. Many Services to Seniors coordinators indicated that while some communities are still doing well, other rural areas have experienced a decline in the availability of volunteers in the past ten years. In particular, it is difficult to recruit volunteers in more remote communities where seniors may outnumber younger residents who can provide only limited assistance because of employment responsibilities. In addition, many younger seniors are not interested in volunteering regularly as they are busy with family and may be unavailable during the winter months when they travel south. There was also wide spread consensus amongst the Services to Seniors coordinators that problems are looming in the future because younger generations are not interested in volunteering. These trends suggest that greater resources will be required to maintain volunteer driving programs for the aging population in rural Manitoba.

RECOMMENDATIONS

There are no easy solutions to address the issues and problems associated with the volunteer driving program. Volunteer drivers provide an important transport resource for the aging population in rural areas. However, issues regarding driver safety, rate increases and a diminishing volunteer base all present limitations in communities that are attempting to allow seniors to age-in-place. Based on this brief evaluation of the volunteer driver program, the following recommendations are outlined.

- The provision of recognition for volunteer drivers in the form of government rebates or tax credit incentives.
- The development of awareness regarding the substantial value offered by the volunteer driving program in the form of social and capital savings to public.
- The provision of tax credits to older adults for transportation to medical appointments.
- The development of better advertising in communities to demonstrate the need to contribute to programs such as the volunteer driving service provided for resident elders.
- The development of improved understanding by seniors of the relationship between the high rates charged by the volunteer driving program and the costs of operating a vehicle.
- The promotion of high school volunteer credit programs to encourage youth to provide assistance to rural seniors experiencing difficulties with transportation.

5.5   THE MOBILITY DISADVANTAGED TRANSPORTATION PROGRAM

The provision of handi-van services in rural areas of Manitoba is also an important resource for the aging population. With decreases in the availability of informal supports and volunteers in the community, the need to effectively utilize handi-van resources becomes increasingly pertinent.   In this sub-section, the program is described and evaluated to illustrate those particular issues that must be addressed in order to develop a more efficient and coordinated mobility service for older residents of rural Manitoba.

5.5.1 THE MOBILITY DISADVANTAGED TRANSPORTATION PROGRAM

The Mobility Disadvantaged Transportation Program Grants (MDTP) is a program sponsored by the provincial government designed to provide support to rural communities in Manitoba for the operation of handi-vans. According to the MDTP Guidelines, the program is specifically "designed to assist communities to provide transportation services for mobility disadvantaged persons in Manitoba". Although there are many ways to interpret the definition of mobility disadvantaged, according to Jane Inouye of the Department of Intergovernmental Affairs and Trade (IAT), the mobility disadvantaged are those who have a physical or mental disability or are over 55 years of age. The MDTP Guidelines go further clarifying that eligible users are "any individual who by reason of illness, injury, age, congenital malfunction or other permanent or temporary incapacity or disability is unable without special facility or special planning or design to utilize available transportation facilities."

In order to apply for funding, the community must have a formal government body "sponsoring" the program. The governing body can be a town, city, or Rural Municipality (RM) that receives the funding for disbursement to the handi-van operation. Once the sponsoring body is established, there can be any number of organizations or individuals that operate the handi-van as the sponsoring body is not required to run the system. Currently, there are 64 communities or municipalities that are taking part in the program, and once funding is in place, the only on-going requirement of the community is the provision of annual operating budgets to IAT.

The three levels of grants provided for the MDTP are as follows:

1. Start-up Grants of up to $6,000

- Start-up grants are provided on a one time basis to the sponsoring body.
- This grant is in addition to any initial capital grant authorized.

2. Capital Grants

- Capital grants are provided on a one time basis to purchase the initial vehicle.
- Funding is also available for the purchase of a second vehicle if it is an addition to the service rather that the replacement of old equipment.
- Funding must be approved in advance of the purchase of equipment.
- The grant provides 50 percent of the actual cost of the capital asset up to a maximum $10,000.

3. Operating Grants

- Operating grants are provided annually.
- Operating grants cover 37.5 percent of gross annual operating costs up to a maximum of $20,000 for one vehicle, and $30,000 for two vehicles.
- Expenses are calculated based on the calendar year, while grants are administered on the fiscal year.
- An interim grant (administered in September) can be applied for based on the previous year's operating budget.

In order to receive the start-up grant, the community must show need for funding. Once the funding is in place the operating grants will always be available if the community demonstrates commitment to operate the service. It is rare for grants to be rejected as long as the community shows the need for transportation funding. However, there is no program in place for replacement costs and capital grants cannot be used to replace old vehicles, but rather, only to purchase additional vehicles to accommodate increased demand of the service. In some cases, the IAT has declined grants for second vehicles as the municipality did not demonstrate need for an addition to its operation.

The MDTP Guidelines suggests that 25 percent of the operating costs be recovered through user fees. In some instances, this can result in a high cost to users. The IAT requires that all municipalities operating a MDTP handi-van service create a board of members with representation from all interested parties. Members can include government officials, operators, advocacy groups and users. This board is charged with the design and implementation of user fees and local administration of the system.

5.5.2 PROGRAM OVERVIEW AND TRENDS

Over the past 30 years, a total of 64 communities have initiated and continue to operate a handi-van service through the MDTP. Other communities have indicated that they are in the process of applying to the program. The communities that operate a handi-van service are located in seven of the regional health authorities in the province. [2] Information on these programs was provided by the Department of Intergovernmental Affairs and Trade based on the combined annual statistics submitted by the 64 municipalities for the 2004/05 budget year. Using this data, a table was formulated to summarize information on each regional health authority related to rates, annual number of trips, annual kilometres travelled and average trip distance (Appendix B).

The majority of the communities and municipalities utilize only one vehicle to operate the handi-van program. Eight communities operate two vehicles, and four communities operate three vans. Only one community uses four vehicles for servicing the needs of the population. The majority of the vans are either operated privately or through a board/municipality system. There are nine operations that are operated directly by a regional health authority (with ten vans). The following discussion provides an overview of the handi-van programs offered in rural Manitoba.

2. There are also four handi-van operations, Winnipeg, Brandon, Thompson, and Flin Flon, that receive funding through Provincial Transit initiatives rather than the MDTP funding. The RHA of Churchill does not operate any form of handi-van service.

USER FEES AND CHARGES

With the volatile gas market, the data on rates for 2004 that was provided for this report may be lower than present figures as many operations increased fees during the past year. According to both handi-van operators and service providers, the increase in gas prices has had a substantial impact on operating costs that has subsequently led to an increase in fee structures during 2005. Not all services have increased their fees within the operating year (April to March), but may adjust pricing with the submission of budgets to IAT in 2006.

In relation to the 2004 data, there were only two operations that charged less than $2 per trip within town boundaries. Five handi-van operations within Manitoba had rates ranging between $7 and $10 per trip. Some of these rates represent a round-trip fare with the inclusion of stops, while other operations charge one-way rates with each stop incurring an additional charge. In addition, approximately one-third of the handi-van operations (20 systems) charged a rate between $2 and $3 per direction.

For long-distance trips outside the boundaries of the community, the handi-van operations also set fixed out-of-town rates that include mileage costs, user fees, and, in some cases, additional pick-up charges for out-of-town residents. While nine operations did not charge a user fee in 2004, most van services charged an out-of-town rate of $10 for return trips. Some operations did not charge the mileage fee if the trip is within a certain distance to the home base of the van, in which case a slightly higher user fee was charged. For example, Virden charged between $35 and $80 per trip for longer distances. Most operations charged an out-of-town kilometre rate that ranged between a markedly low rate of $0.25 per kilometre to an excessively high rate of $1.00 per kilometre. Figure 1 illustrates that one third of the handi-van operations charged rates between $0.40 and $0.49 per kilometre, with 27 percent of the operators charging a lower rate and 36 percent charging a higher amount for out-of-town trips.

The following are examples of out-of-town fixed rates charged by rural handi-van operations:

- Riverton to Gimli (80 kilometre round-trip), $50.

- Miniota to Birtle (62 kilometre round-trip), $22.

- Miniota to Brandon (226 kilometre round-trip), $94.50.

- Miniota to Winnipeg (626 kilometre round-trip), $224.

- Notre Dame de Lourdes to Winnipeg (252 kilometre round-trip), rate is a minimum of $95 plus $10 per hour for the driver.

- St. Pierre-Jolys to Winnipeg (112 kilometre round-trip), $100-$150.

- Whitemouth to Winnipeg (200 kilometre round-trip), $100 *plus* a waiting fee. [3]

FIGURE 1: OUT-OF-TOWN RATES FOR HANDI-VAN SERVICES

Out of Town Rates

$.60-$1.00 9%

$.50-$.59 27%

$.25-$.39 27%

$.40-$.49 37%
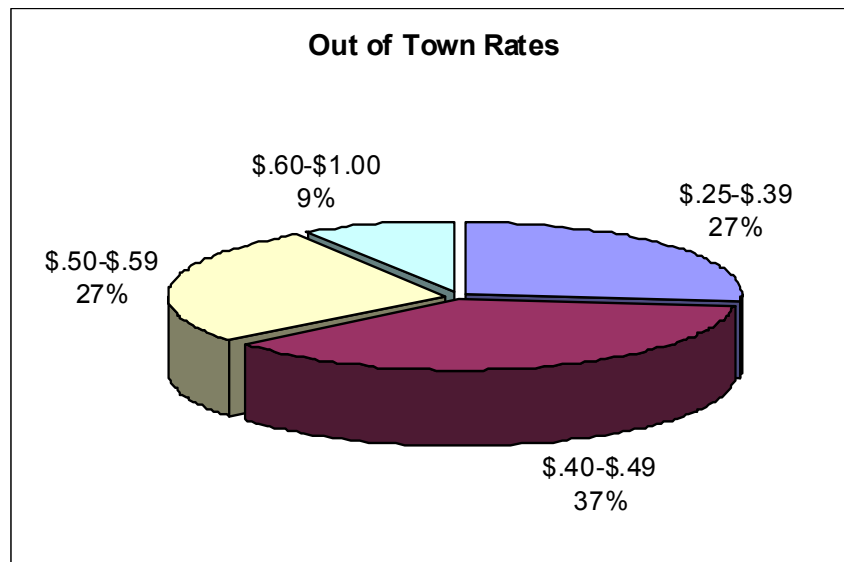
3. Compared to the handi-van rate of $100, the fee for a ride with a volunteer driver from Whitemouth to Winnipeg is $60 with no wait charges. Wheelchairs are not accommodated by the volunteer driving program.

As illustrated by the examples presented, the cost of transportation for long-distance medical appointments is entirely beyond the ability of most rural seniors to pay on a regular basis. These costs are only for transportation and do not include additional expenses such as meals or accommodation if an overnight stay is required. It was noted during the discussions with the service providers that these costs increase regularly, and the direct effect has been increased use of the volunteer driving program thereby creating further stress on the social capital available in rural communities.

NUMBER OF ANNUAL TRIPS

Figure 2 portrays the total number of trips that were reported by all handi-van services in 2004. According to the data, the trip patterns of handi-van operations are as varied as the rural communities that operate them. Of the 64 systems, six van services reported providing less than 100 trips annually. However, it should be noted that operations with a low number of trips may be associated with a high annual kilometre usage. The smaller number of trips in combination with high kilometres is indicative of the use of the handi-van service in remote communities to access medical care in urban centres. At the other end of the continuum, four van services reported making more than 10,000 trips per year suggesting that the handi-van services are well used locally.

FIGURE 2: TOTAL NUMBER OF TRIPS ANNUALLY
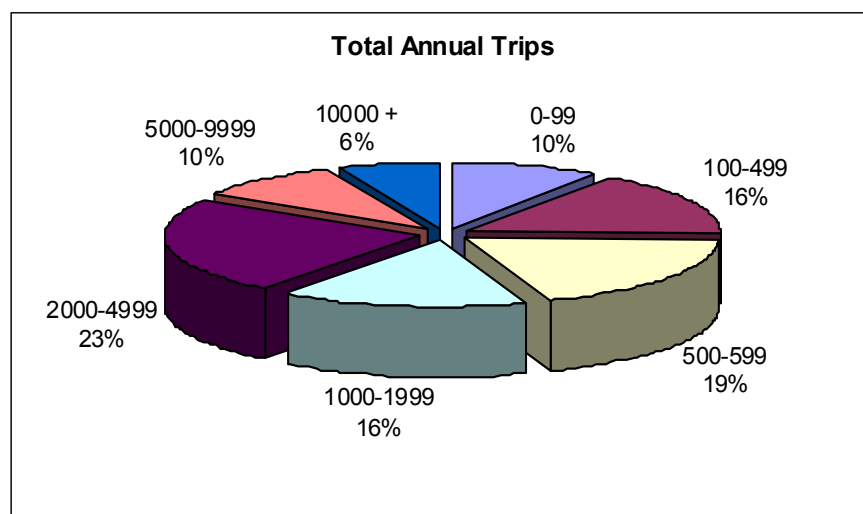
ANNUAL NUMBER OF KILOMETRES

The MDTP handi-van programs reported an annual usage ranging from 1400 kilometres to more than 60,000 kilometres. There are 15 handi-van operations that reported an annual usage ranging from 10,000 to 15,000 kilometres. A small number of handi-van services in the Interlake and Parkland RHAs with multiple vans reported more than 60,000 annual kilometres reflecting the combined use of all vehicles in the operation. Because these communities are dispersed and isolated, the high number of kilometres is indicative of the distances needed to travel from remote areas of the province to urban centres. The operations that reported greater than 30,000 kilometres annually are comprised of 21 percent of the MDTP funded handi-vans. Handi-van services that reported less than 10,000 kilometres annually make-up the majority (35 percent) of the handi-van operations. The lower annual distances travelled may be indicative of local trip patterns, or the infrequent use of van services. Figure 3 contains a breakdown of the distances travelled by all handi-van operations in 2004.

FIGURE 3: TOTAL ANNUAL KILOMETRES TRAVELLED IN 2004

Total Annual Kilometres

60000 + km 3%
1400-4999 km 14%
5000-9999 km 21%
10000-14999 km 24%
15000-29999 km 19%
30000-59999 km 19%
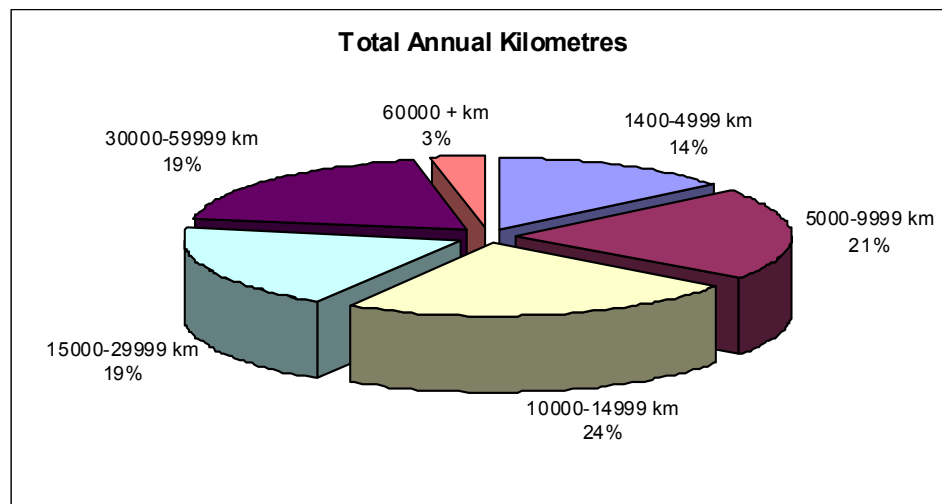
AVERAGE TRIP DISTANCES

The general consensus amongst service providers and handi-van operators is that the provision of handi-van services is more cost effective for local trips in comparison to long distance travel. This is demonstrated by the large percentage (47 percent) of all MDTP handi-van services that travel an average of less than ten kilometres per trip. Moreover, the average trip distance for one-quarter of the handi-van programs is less than five kilometres. The handi-vans are also used to a degree between rural communities as one third of the operations recorded an average trip distance between 10 and 40 kilometres. Inter-regional use, in contrast, is more limited with only 17 percent of the handi-van services traveling an average trip distance between 40 and 100 kilometres. Only two handi-van operations located in the RHAs of Assiniboine and Central recorded average trip lengths of over 100 kilometres. Figure 4 illustrates the average distance travelled per trip in 2004 for the 64 handi-van operations.

FIGURE 4: AVERAGE TRIP DISTANCES IN 2004

Average km/trip

100 + km 3%
2.6-4.99 km 25%
5.0-9.99 km 22%
10.0-19.99 km 17%
20.0-39.99 km 16%
40.0-99.99 km 17%
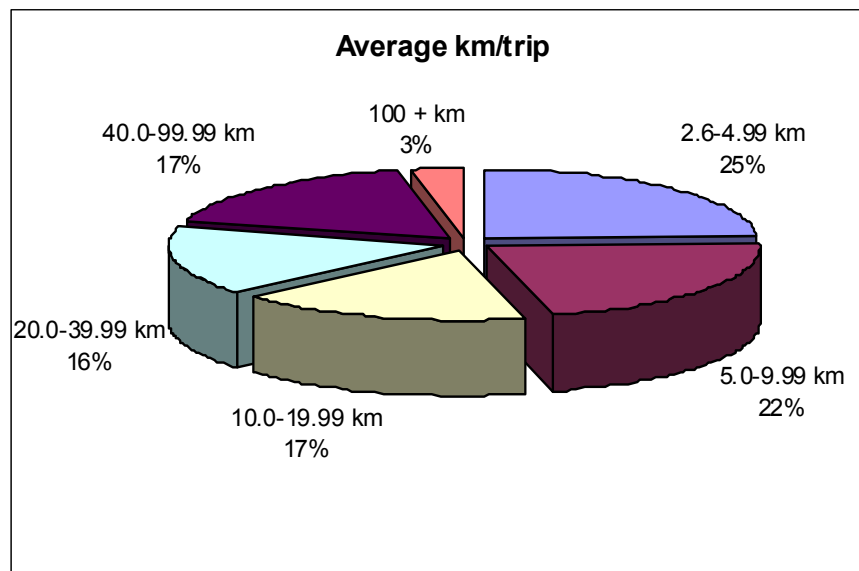
5.5.3 ISSUES RELATED TO HANDI-VAN SERVICES IN RURAL MANITOBA

The MDTP is an important transportation resource in rural areas that allows seniors and other mobility challenged individuals to access services. Based on dialogue with operators, service providers and users, several factors were identified that contribute to both positive and negative aspects of the program. It is important to note that these factors are inter-related and have implications for various components of handi-van operations in rural Manitoba. For example, an increase in rates creates difficulties for seniors and also results in increased costs for the RHAs to provide the Adult Day Program. The strengths and weaknesses of the handi-van program are outlined below.

ESCORTS

The first issue relates to the provision of escort support for travel to medical appointments in urban centres. There are concerns in using handi-van services for medical trips from smaller rural communities to larger centres like Brandon or Winnipeg. Those individuals who may not require escort support on a day-to-day basis are dropped off in front of the doctor's office and are "left to fend for themselves." Many handi-vans provide curb-to-curb service, some provide door-to-door, however, in urban centres the drivers may not be able to help the client to the door for various reasons including the lack of parking for drop-off in front of clinics in downtown Winnipeg.

PRIORITY USES

The second issue relates to the variation in defining priority users. The IAT guidelines specify that the administrators of the operations are required to produce a priority list of use in cases where demand exceeds capacity. Many operators identify that medical appointments have priority, (in one case of a double booking, a charter was cancelled at the last minute to accommodate a trip into Winnipeg for a specialist medical appointment). At least one operator identified employment as the first priority, while trips for medical appointments could also be arranged as there is flexibility within the employment programs.

The typical priority listing is as follows:

1. Medical
2. Employment
3. Adult Day Program
4. Charters
5. Other uses (shopping, social, etc.)

In more than one instance, Adult Day Program participants have been "stranded" as the handi-van was called out to a higher priority trip. The lower priority given to the Adult Day Program can create problems for the RHA to provide this essential programming for isolated and frail elders.

BOOKING ARRANGEMENTS

The process of booking the handi-van service can be complex and confusing for both the users and operators. Some handi-van operations are administered and operated through either the RHA or Services to Seniors coordinator and utilize a central office for dispatch. In most cases, only one phone number is required to make transportation arrangements. However, in some communities the handi-van operator must be called directly, and without a central booking agency it may be difficult for the client to know who to call. In one instance, the drivers change daily (there are five part-time drivers) and clients must refer to the local paper to identify which driver to call directly for a ride. Most bookings are required at least 24 hours in advance, eliminating spontaneous trip purposes that most people with personal vehicles take for granted. There are some cases, specifically the Roblin handi-van, that spontaneous trips can usually be accommodated.

CONTINUITY OF SERVICE

For some handi-van services, operations cannot be provided on a continuous basis. In some communities, the van only operates Monday through Friday and is not available on evenings, holidays or weekends. In addition, when vans are being used for medical trips or Adult Day Programs, transportation is not available for other users. Some handi-van operations have only one or two drivers and there are times when the drivers are unavailable. For example, none of the three drivers in Whitemouth were available for a weekend charter, resulting in the cancellation of a social outing.

COSTS OF OPERATION

While the MDTP is an asset to rural communities, increasing operating costs can result in excessive fees for the user. The IAT provides 37.5 percent funding for annual operating costs, but this falls short for many communities that have a limited population base for fundraising. A Services to Seniors coordinator commented that there were five or six groups attempting to fundraise within a town of 3000 people putting a strain on the resources of all community groups. Operational costs can include:

- Fuel
- Annual vehicle inspections (a raising cost every year)
- Salary for driver
- Regular maintenance costs (cleaning, oil changes, engine fluids)
- Other maintenance costs (brakes, tires, windshields, universal access equipment maintenance)

Although there are capital grants available for the start-up of the handi-van services (50 percent of the actual cost of the capital asset up to a maximum $10,000), there are some communities that can only afford second hand vehicles (for example, the LGD of Piney found a used vehicle for $35,000 with high mileage). In the long term, maintenance costs can increase exponentially thereby making the van too expensive to maintain. There is no provision to upgrade old equipment from provincial government funding. The large number of kilometres recorded by some programs suggests that vans can accumulate more than 200,000 kilometres in only a few years.

Given the high use of the vans, maintenance costs could make the program unaffordable, or require the purchase of a new van within a few years, once again putting a strain on the fundraisers.

To address the high operational costs of the program some communities charter the handi-van so that resident elders can travel together for social and shopping trips. Instead of traveling separately and paying high kilometre rates, this strategy allows seniors to travel to urban centres at a much more reasonable rate. These charters normally provide cost recovery of the operation and potentially a modest income for the van service. [4]

During the process of consultation it was learned that some handi-van operators are attempting to turn over the operation of the program to a different authority. High costs related to fuel prices and operational expenses were cited as the primary reason for these turnovers. In one community the change in operators has faced resistance because of the high operating costs and the low return on investment. Presently, the handi-van in this community continues to operate but may be discontinued in the near future.

The town of Erickson has also been experiencing problems related to the sustainability of the van operation. The handi-van is owned by the Legion which is faced with many costly repairs to ensure the safety of the vehicle. The Legion is also concerned that the van "does not pay for itself" resulting in sporadic use of the service. In addition, the Legion cannot find sufficient drivers for the program because the volunteer drivers are only willing to drive once a month. In Winkler, the handi-van operation was discontinued because the service was used primarily to transport disabled individuals to an educational program that was subsequently moved to a different location. The handi-van was no longer required for the remaining population because seniors in this community rely heavily on their social support networks.

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4. For communities that allow charters, kilometre rates are approximately $0.20 to $0.40 higher than regular rates. However, the cost is much less per person when the van is full thus making a 100 kilometre trip affordable.

At the other end of the continuum, handi-van programs exist that are well run and used extensively. For example, in 2004 the handi-van program in Roblin (a town with a population of 1,818 in 2001) provided 1,534 trips and logged 9,558 kilometres. The high trip count and low distance is indicative of local use, and the data suggests that if one van is operated five days per week, an average of six trips are made on a daily basis. Another example of a well used system is in Gimli (population 1,657). In this community and region, three vans provided 13,850 trips in 2004 and logged a total of 58,253 kilometres.₅ Melita operates one van ($2 one-way) that provided 3,454 trips with 17,623 kilometres recorded (average of five kilometres per trip).

There are many other handi-van operations that provide good service within the community as indicated by high trip/low mileage data provided to the IAT in the annual budgets. It is important to emphasize that while a transport system based on local trips does work, it is unaffordable when the operation provides long-distance transportation at the regional level. It is also notable that only one person is usually transported for medical trips, thus contributing to the high costs incurred to the operation because of great distances.

DRIVERS

There is a wide range of issues related to the drivers of the various handi-van operations in the province. The first concern pertains to the differences between volunteer and paid drivers. Most operations pay the drivers an average of $10 per hour. This rate appears to be reasonable since the driver is required to go through the Class 4 licensing process (drivers under 60 require a medical exam every five years, while those 60 and over require a medical every two years). Unfortunately, the remuneration of drivers creates additional operating expenses which may be reflected in increased user fees. The handi-van in Roblin utilizes volunteer drivers that allows the operation to charge the low rate of $1.50 per direction within the community thus making it accessible and affordable to those on fixed incomes.

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5. On average, 4,616 trips and over 19,000 kilometres were logged per vehicle based on a 5 day operation. Each van makes an average of 17 trips per day accruing 75 kilometres.

A further issue is the age of volunteer drivers. Many of the volunteer drivers for the handi-van operations are over the age of 55. In Roblin, for example, the drivers range in age from 60 to 85 years old. The Roblin users feel safe using the program, as reflected by the high number of trips recorded by the handi-van operation. However, in the Interlake RHA, Services to Seniors coordinators and seniors expressed concern about the ability of drivers to assist clients and to drive the vans safely.

In some cases not all van operations have a driver base that can accommodate the demands of the community. As previously discussed, Erickson has difficulty finding drivers; despite three dedicated drivers, the Whitemouth handi-van program often encounters difficulties in providing charters as a result of conflicts in bookings; and Minnedosa's use of volunteer drivers restricts the hours of operation of the service in that community.

COSTS FOR SENIORS

Transportation is an integral component of remaining active in the community. In relation to the aging population, transportation allows engagement in social activities thereby maintaining well-being and an independent lifestyle. It is generally agreed upon that a reasonable rate of $3 or less for travel within a community promotes greater ridership. Accessibility to grocery stores and other retail outlets, as well as social activities contributes to the maintenance of independence.

Unfortunately, there are some handi-van systems that charge $10 per direction within town which makes it unaffordable for most seniors. Some program administrators justify the high cost by arguing that a handi-van should charge similar fees to the local taxi service (where available) to ensure that the local taxi owner will remain in business. As has been mentioned, it is very costly for older adults to use the handi-van for medical trips (i.e. specialist doctors in Winnipeg). The out-of-town rate charged by most operators (38 percent) ranges between $0.40 to $0.50 per kilometre. In addition to per kilometre rates, a senior may also be charged a user fee, as well as an hourly charge while the driver waits in the city for the client. Based on these rates and additional charges, the cost of one trip can range between $100 and $150 within close proximity to Winnipeg (within 150km radius).

As a means to encourage use of the handi-van service in Pilot Mound, the volunteer driving program charges the same fee structure within town. As a result, the handi-van operation in this community records over 3,000 trips per year.   However, the volunteer program is used for long-distance trips because of the markedly lower rate of $0.35 per kilometre it charges compared to the rate of $0.50 per kilometre charged by the handi-van service.

Throughout the consultation process, many Services to Seniors coordinators emphasized that that the volunteer driving program was less expensive for seniors compared to the handi-van service.   For example, using the volunteer program to travel from Whitemouth to Winnipeg costs the client $60 compared to the fee of $100 plus wait time charged by the handi-van. Most volunteer programs charge only for mileage and parking, whereas most handi-van services charge more for mileage (an average of $0.20 to $0.40 more), plus parking and wait times.

Charters provide an affordable option to shop and participate in social activities. In St. Pierre-Jolys, for example, a monthly shopping trip organized to Winnipeg is well used because the fee is only $10 per person. Other communities also offer regular charters and are able to fill the van for social trips from Roblin to Yorkton (78km) and Dauphin (95 km) (cost to users ranges from $7 to $10 based on a flat fee of $3 per person plus $0.25/km for the van). However, charters are not permitted in approximately 13 municipalities because there is concern that shopping trips to urban centres will take business away from local merchants despite the fact that some communities are only able to offer a grocery store.

COST FOR PROGRAM DELIVERY

The rise in gas prices has put substantial strain on programming provided by RHAs such as the Adult Day Program. In the Interlake, clients are charged a $7 fee for the program while the regional health authority must absorb greater and greater costs due to the increase in transportation. It is not unusual, for example, for the Interlake RHA to receive a $1200 monthly bill for transportation of all participants of the program.   It is important to note that in response to increasing gas prices, some handi-van programs have introduced loading fees (to cover the cost of picking up a client in a remote location) and empty mileage fees (instead of loading fees).

Some RHAs have questioned the legality and appropriateness of such fees. According to IAT, handi-van programs should not be charging empty kilometre fees nor additional loading fees that are above and beyond the "normal" fee structure. Nonetheless, these fees demonstrate the strain on handi-van programs resulting from rising gas prices.

As a result of the rising fees for handi-van service, more and more seniors are calling upon the volunteer driving programs offered by Services to Seniors thereby putting added pressure on this valuable source of transportation assistance. Unfortunately, reduction in use of handi-van services may result in further increases in the rate structure, or the overall discontinuation of the service leaving those in wheelchairs with few options.

In some instances, transportation for Adult Day Program clients and the disabled community provides consistent funding for the handi-van program. This suggests that some handi-van operations are not well used and vehicles may be sitting idle. [6] In Ashern, the Adult Day Program no longer uses the handi-van for charters because it is more economical to rent a van separately to transport clients.

PROGRAM PROTOCOLS

Issues regarding program service delivery and protocols are related to the vast differences in rules and guidelines implemented by each service provider. These discrepancies reflect the different mandates of the various handi-van boards that must be created according to IAT requirements. Each board is to be comprised of members of the community that have a vested interest in the operation of the handi-van (including municipality, operator, and users). In order to create a system that does not detract from local amenities, certain boards do not allow for charters while others do as noted above.

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6. Insurance premiums, annual inspections and maintenance must still be paid even if the van sits unused. Adding a marginal amount of miles to provide a service to the community may reduce the user fees, or at least reduce operational costs.

The MDTP Guidelines also require that van services are available for 40 hours per week. This allows for operation between Monday and Friday leaving the van unused on evenings and weekends. Although there are communities that restrict the hours of operation, there are some handi-van operations that do operate "24/7" if drivers are available.

In some communities, the handi-van can be used for ambulance services (for non-emergency, non-life threatening services). In Fisher Branch, a 16 kilometre ambulance ride costs $245 compared to the rate of $21 for the handi-van service. Despite these cost savings, some communities do not allow for the handi-van to be used for this purpose due to liability (drivers are not trained to do this type of service). With the increase in ambulance fees, it is possible that the use of handi-van services will grow.

A further issue relates to the dedicated use of handi-van services for Adult Day Programs. Some vans service two or three programs thus limiting public use to only two days per week. In the Parkland RHA, two communities did share one van with each municipality providing for half of the remaining budget requirement. However, the van was constantly used by a group home for mentally challenged people in one community and was rarely available to the other community because of restrictive booking times. As a result, an additional van was purchased for the second community resulting in added financial strains for both communities. Nonetheless, both handi-vans are now well used for each respective community.[7]

In the Nor-Man RHA, the handi-van is not available for booking until children with disabilities are dropped off at school, and ends when the van is needed to pick up those children at the end of the school day. This creates conflicts between users and booking schedules in this region. In addition, the service is also not available during the summer and Christmas school breaks.

7. Both handi-vans are still operated by one board and sponsoring body which was identified as a cost savings measure for operation and administration of the program.

In the Assiniboine RHA, one community places greater restrictions than that indicated by the MDTP Guidelines. Users must "qualify" to use the services, and if they do not, are expected to use the taxi or alternative options. Additionally, within this community, the van cannot be used for Adult Day Program outings, but is easily accessible to the local PCH because it operates the van.

SUSTAINABILITY OF OPERATIONS

The remoteness of many communities in Manitoba creates issues of sustainability for the handi-van programs. The cost of fuel is one of the greatest concerns when operating the larger vehicles. Many of the handi-vans are 12 to 18 passenger mini-buses that provide universal access but are not fuel efficient. The use of these vehicles for the transportation of one or two persons for long-distance medical appointments is not efficient and does not bode well for the economic sustainability of these programs. There are no simple solutions to the coordination of medical appointments, but using smaller equipment may be one solution.

The mini-buses are used primarily because of the ability to carry multiple wheelchairs and seated passengers at one time. Handi-van operators also feel that buying this size of vehicle for a slightly higher cost than large 12 passenger vans is more economical as the mini-buses are already universally accessible (whereas the vans need to be converted with expensive upgrades). Additionally, some community service providers only book the handi-van for clients who require wheelchair accessibility. For all those seniors who are independently mobile, the volunteer driving program is preferred as it is more cost effective.

Although there are issues of sustainability regarding handi-van services in small communities, it would be prudent to indicate that there is only one transit system in the world that is self sustaining. The remaining systems all depend on some form of government subsidy. Transit, especially handi-van operations, should be considered as a service to the community, not an income generator for the operator.

COORDINATION OF TRANSPORTATION

Coordination of transportation is a very difficult issue to address. Some Services to Seniors coordinators have tried to encourage multiple clients to book specialist appointments on the same day. Unfortunately, the logistics of such a trip can be very difficult because clients may need to go to multiple locations within the city. When a coordinator from the Assiniboine RHA booked two clients on the handi-van to Winnipeg, one frail client had to wait over four hours before starting the trip home after her appointment. As a result, it was decided that this coordination was not feasible.

A further concern of coordinating transportation is the issue of booking arrangements. Again in the Assiniboine RHA, clients will use volunteer drivers over the handi-van service because too many phone calls are required to arrange for the handi-van, while only one phone call is usually required to arrange for a volunteer driver.

Positive aspects of handi-van operations include examples of coordination between RHAs and RMs. For example, while the RM of Franklin does not have a handi-van service, the Emerson handi-van provides a number of different services including picking up clients in Dominion City for the Emerson Adult Day Program. A handi-van system may not be viable in Franklin with limited use and client base, but for occasional use, the sharing of equipment is possible and encouraged by IAT. Some communities have shared services and equipment, and once the service is overtaxed, there is an application to create a new van service.

In some communities where handi-van drivers are not available on a regular basis, coordinators for seniors programming drive the van for their program and for charters. Although this does put an additional strain on their positions, it ensures the greatest amount of participation of the clients served.

Other innovative ways to address the needs of seniors have been adopted with handi-van use. In Fisher, some Adult Day Program participants are dropped off at the grocery store while the van drops others off, then returns for them after shopping. In another case, a woman who requires bathing assistance lives too far away for homecare workers to reach her and it would cost $68 to bring her to town by handi-van. The solution was to enrol her in the Adult Day Program which provides the handi-

van transportation and after lunch on the days of the program she is transported to the PCH for a bath and hair care.

5.5.4 RECOMMENDATIONS

There are no straightforward solutions to the issues presented in this section on handi-van programs. Even if funding was not an issue, the handi-van services have serious limitations including variation in hours of service, eligibility, and divergent fare structures amongst the various operations. Other limitations relate to the availability of vans and drivers. The community of the LGD of Piney is currently in the process of applying for MDTP funding to address the grave problems of isolation in this community partly due to the curtailment of Greyhound inter-city bus service. In the case of the community of Elie, the purchase of a van was considered, but it was felt that the service was "way beyond the ability of the community." The restrictions incurred by the high initial costs and daily operations are restrictive for many communities that desire a transportation system.

Based on this evaluation of the handi-van program, the following recommendations are prescribed.

- The development of a province-wide network to address issues surrounding the handi-van program, to establish monitoring of the program and greater accountability, to share experiences and to promote the greater coordination of resources and services.
- The standardization of the rate structure for handi-van programs throughout the province to ensure equitable access for all rural seniors.
- The standardization of the operation of handi-van programs to include guidelines that specify booking procedures, hours of operation, identification of user groups and trip priorities.

- The identification of the feasibility of the handi-van program devoted entirely to the provision of transportation services at the local community level. Included in this approach is the use of regular charters to ensure that seniors have affordable transportation to access needed goods and services.

- The identification of the need for alternative solutions for long-distance transportation that is primarily required for medical purposes.

- The identification of the need to address the high costs of providing handi-van services to remote areas that are most in need of mobility assistance because there are no alternatives and isolation is a major concern.

- The consideration of the use of different vehicle types to address the un-sustainability of some aspects of the programs such as low ridership and "gas-guzzling" vans.

- The identification of additional funding sources such as corporate sponsors to address the high costs of universally accessible vehicles.

- The greater coordination and sharing of resources and services amongst all handi-van programs as part of a coordinated system to address the transportation disadvantages experienced by rural seniors.

5.6   ABORIGINAL ELDERS IN RURAL MANITOBA

During the research process of this project, Aboriginal seniors were identified as a special group of users who required greater consideration. In a focus group with Aboriginal elders, participants indicated that transportation was never considered as an issue because of more pressing conditions of social and economic marginalization. However, the identification of limited transportation options on reserves is perhaps a starting point to address the mobility needs of elders within the context of healthy living.

Many of the reserves that have transportation provisions through federal jurisdiction only offer rides for medical purposes. An important component to community involvement, mental wellness and daily active living comes from the ability to socialize. Many of the individuals indicated that they felt lonely as a result of the isolation of their

residence. One elder from the Sioux Valley Reserve indicated that she phoned her neighbour daily to chat, thus reducing feelings of loneliness and isolation.

The Sioux Valley Reserve has two universally accessible vans that travel 45 kilometres daily to the Brandon Hospital for medical purposes. Unfortunately this single use leaves out the population that needs other services in Brandon. Within Brandon, there is some provision for transportation for elders at the Brandon Friendship Centre. Van hours are only available from 9 am to 5 pm Monday through Friday. Elders consider that time constraints are a concept that is traditionally non-aboriginal, thus making the elders feel even more restricted in their freedom. In addition to the time limitations, booking of the Friendship van must be made two days in advance, and there is no provision for emergency, spontaneous, or after hour trips.

Although this focus on the Aboriginal senior community was only one component of the study, the findings clearly illustrate that the Aboriginal population in rural and remote areas of Manitoba is severely transportation disadvantaged. Therefore, it is recommended that:

- The development of further investigation and networking to better understand and respond to the mobility needs of Manitoba's Aboriginal elders.

5.7 MANITOBA'S NORTHERN AND REMOTE AREAS

The two northern regional health authorities of Burntwood and Churchill deserve special mention in this section. Both RHAs are considerably more isolated and removed from other communities than in the southern half of the province. Both RHAs have a number of health, social, and environmental issues that have taken priority over the transportation needs of its older population. Nonetheless, both Services to Seniors coordinators identify transportation to be an important issue to address.Transportation to large urban centres from these two RHAs is supplemented by the Manitoba government's Patient Transportation Program, available to residents above the 53rd parallel (some flexibility is allowed for below the 53rd parallel during seasonal changes). Although the cost for patient transfers is covered through this program, incidentals (such as food and lodging) are not covered while the client is out of the community.

CHURCHILL

The geographic remoteness and small population base of the Churchill RHA places greater pressure on program services. Although the town's main complex includes doctor's offices, an activity centre and some retail outlets, the main issue the town faces is getting people out. Within the community, there is no formal volunteer driving program and the extreme climate hinders even short walking distances. [8] To aid in getting seniors out, the Services to Senior program has instituted a voucher system which provides $7 vouchers for the use of taxis to travel to medical appointments, after which clients are encouraged to stay in the complex for social purposes. There is no requirement for the client to supplement the voucher; however, donations to the program are welcome.

Currently the population is small, but due to the growth of the eco-tourism industry and growing ties to the community, the population may increase slightly. As such, it is estimated that in the next five years approximately one third of the population will be over 55 years of age.

Some of the issues of transportation in this community exceed the mandate of this study, but it is important to note that the high cost of transporting goods to the community has a direct effect on the health of the community at large. As an example, approximately 4 percent of the overall Canadian population has diabetes compared to one in seven persons in Churchill (14 percent) which is predicted to climb to one in every six persons (17 percent). The high rate of diabetes, according to the Services to Seniors coordinator, is a direct result of poor diet, and the unavailability of healthy food alternatives. Related to the poor choices in food alternatives, cardio vascular issues are also increasing in the community.

8. There are no sidewalks in the community and the roads are generally covered in ice during the winter months, which poses a risk to seniors that have mobility issues.

BURNTWOOD

Transportation in the Burntwood RHA is one of the many issues in the region. Again, the remoteness of the communities in the region, and weather conditions adversely affect the ability of the community to transport the senior population for medical purposes and social activities.

Some of the rural communities are Aboriginal reserves that provide transportation for seniors for medical purposes (Norway House, and Cross Lake provide transportation for medical purposes to treaty status individuals). This creates additional issues as treaty members have access to transportation, while non-treaty members do not. On the other end of the spectrum, there are many communities in the region that do not have transportation options for any of the residents (Gillam, Lynne Lake, Leaf Rapids, and Wabowden are examples). In Nelson House, the PCH has a van for clients to use for medical purposes and a taxi is also available. Pikwitinei has a van for use for medi-vac to the airport.

THOMPSON

Transportation in Thompson, the main community in the Burntwood RHA, is somewhat satisfactory, but by no means completely adequate. The city operates both a fixed route bus service and a handi-van service, and there are a number of taxi companies that operate in the town. The handi-van operation is different in operational procedures as it runs more like a dial-a-ride. Anyone can book the handi-van for transportation with fees of $7.50 charged anywhere in town and $20 to the airport. It should be mentioned that the bus service does not go onto the hospital property, which is a fair distance to walk for the mobility challenged users.

The volunteer base within the community of 13,000 people is virtually non-existent and, as a result, there is no volunteer driving program. The most effective mode of trans-portation in Thompson is the taxi service as drivers are very helpful in loading and unloading clients and accommodating folding wheelchairs. Problems with the affordable transportation options in Thompson include wait times for service and limited operation as both services operate only Monday through Friday.

One potential solution for transportation issues is the opening of a personal care home in late 2006 which has included transportation funding in its operational budget. This solution illustrates that by providing its own transportation, the community will be better able to address the mobility needs of its residents.

OTHER REMOTE AREAS

The issues surrounding status and non-status Aboriginal people are applicable to all remote areas of the province. In North Eastman, for example, Metis settlements surrounding reserves are not eligible to use the van services provided to the reserve community. Although there are income assistance programs for medical trips, the clients are unable to find drivers willing to accept the $0.13 per kilometre that the program provides. In other northern areas of the province, the seniors population is faced with many burdens as home care nurses are not available because of the remoteness and cost of travelling to these areas. One client who required dressing changes three times per week, could not afford the $60 fee per trip for this essential medical care.

Although this study provided only a cursory view of the issues of transportation in northern Manitoba, the degree of disadvantage and the increasing senior population in remote areas requires:

- The development of a greater understanding of the mobility issues for seniors in northern and remote areas of Manitoba and the establishment of a strategy to address the high degree of mobility disadvantage.

6.0 RECOMMENDATIONS

This report has provided a foundation to consider the issues of mobility restriction and transportation disadvantage for seniors in rural Manitoba.   The recommendations that have been formulated identify both the next steps that are needed, as well as long-term solutions. The next steps will include the distribution of a summarized version of this report to all interested parties in rural Manitoba. It is envisioned that this first step will lead to the formation of a rural transportation network that will begin to address how to bring about the long-terms solutions that are recommended in this report. As a conclusion to this report, the recommendations are reviewed below.

- The development of networks is the primary recommendation of this report in order to provide a foundation for the development of long-term solutions for the transportation issues facing older adults in rural Manitoba.
- The development of a rural transportation network that will provide a strategic framework to address the next steps and long-term solutions for transportation for rural seniors.
- The development of a province-wide network to address issues surrounding the handi-van program, to establish monitoring of the program and greater accountability, to share experiences and to promote the greater coordination of resources and services.
- As this study provided only a preliminary examination of the transportation issues concerning seniors in dispersed and isolated communities, a basic recommendation is the development of research strategies to develop greater understanding of needs and barriers.
- A comprehensive survey of seniors in rural Manitoba is required to advance understanding of the transportation requirements of an aging population in an isolated environment.

- The examination of the applicability of GIS to perform spatial analysis that identifies those seniors who are experiencing transportation disadvantage in rural areas, as well as to formulate solutions to address mobility issues.

- This report provides a series of recommendations that define the key factors that must included in sustainable mobility solutions for the rural elderly.

  - Mobility solutions must address the unique needs of each locality.
  - Transportation solutions must take into account the degree of geographic isolation and the distinction between local mobility needs and long-distance transport requirements.
  - The development of a separate medical transportation system to provide inexpensive mobility and escort services to rural seniors.
  - The establishment of increased funding programs and tax deductions to assist all who are involved in providing mobility options to seniors in rural Manitoba.
  - The development of a coordinated transportation system that would more effectively provide mobility support to seniors in rural Manitoba.

- Recommendations are included to suggest strategies to address driving cessation and the significance of rides provided by informal networks of family, friends and community.

  - The development of programming to provide awareness and support to rural seniors when alternatives to driving must be considered.
  - The increased recognition of the contribution of informal caregivers in

providing transportation to rural seniors through tax credits.

- The development of greater awareness concerning the diminishing volunteer base for seniors in rural Manitoba.

- The volunteer driving program is a significant source of transportation assistance for rural seniors. Therefore, recommendations were formulated to ensure the sustainability of this program.

  - The provision of recognition for volunteer drivers in the form of government rebates or tax credit incentives.
  - The development of awareness regarding the substantial value offered by the volunteer driving program in the form of social and capital savings to public service agencies.
  - The provision of tax credits to older adults for transportation to medical appointments.
  - The development of better advertising in communities to demonstrate the need to contribute to programs such as the volunteer driving service provided for resident elders.
  - The development of improved understanding by seniors of the relationship between the high rates charged by the volunteer driving program and the costs of operating a vehicle.
  - The promotion of high school volunteer credit programs to encourage youth to provide assistance to rural seniors experiencing difficulties with transportation.

- The Mobility Disadvantaged Transportation Program is also important for the provision of mobility to older adults in rural and remote areas of Manitoba. Several recommendations are put forward to create greater accessibility to this program.

- The development of a province-wide network to address issues surrounding the handi-van program, to establish monitoring of the program and greater accountability, to share experiences and to promote the greater coordination of resources and services.
- The standardization of the rate structure for handi-van programs throughout the province to ensure equitable access for all rural seniors.
- The standardization of the operation of handi-van programs to include guidelines that specify booking procedures, hours of operation, identification of user groups and trip priorities.
- The identification of the feasibility of the handi-van program devoted entirely to the provision of transportation services at the local community level. Included in this approach is the use of regular charters to ensure that seniors have affordable transportation to access needed goods and services.
- The identification of the need for alternative solutions for long-distance transportation that is primarily required for medical purposes.
- The identification of the need to address the high costs of providing handi-van services to remote areas that are most in need of mobility assistance because there are no alternatives and isolation is a major concern.
- The consideration of the use of different vehicle types to address the un-sustainability of some aspects of the programs such as low ridership and "gas-guzzling" vans.
- The identification of additional funding sources such as corporate sponsors to address the high costs of universally accessible vehicles.
- The greater coordination and sharing of resources and services amongst all handi-van programs as part of a coordinated system to address the transportation disadvantages experienced by rural seniors.

- Finally, while there has only been limited consideration of the transportation barriers experienced by the Aboriginal and northern populations of Manitoba, strategies must be introduced to begin to address mobility restrictions of the aging population in Aboriginal communities and northern areas of Manitoba.

  - The development of further investigation and networking to better understand and respond to the mobility needs of Manitoba's Aboriginal elders.
  - The development of a greater understanding of the mobility issues for seniors in northern and remote areas of Manitoba and the establishment of a strategy to address the high degree of mobility disadvantage.

SENIORS
TRANSPORTATION
WORKING GROUP

REFERENCES

Andrews, G. R. (2001). Demographic and health issues in rural aging: A global perspective. *The Journal of Rural Health*, 17 (4), 323-327.

Arcury, T.A., Preisser, J.S., gesler, W.M. and Powers, J.M. (2005). Access to transportation and health care utilization in a rural region. *Journal of Rural Health*, 21 (1), 31-38.

Belden, J.N. (1993). Housing for America's rural elderly. In C.N. Bull (ed.) *Aging in Rural America*. Newbury Park: Sage Publications, 71-83.

Bryant, C. and Joseph, A.E. (2001). Canada's rural population: Trends in space and implications in place. *The Canadian Geographer*, 45 (1), 132-137.

Burkhardt, J.E., Nelson, C.A., Murray, G. and Koffman, D. (2004*). Report 101: Toolkit for Rural Community Coordinated Transportation Services*. Washington, DC: Transportation Research Board.

Calgary Regional Partnership. (2006). *Calgary Regional Partnership*. Available at http://www.calgaryregion.ca/index.html [03/20/2006]

Coward, R.T. and Lee, G.R. (1985). The *Elderly in Rural Society: Every Fourth Elder*. New York: Springer Publishing Company.

Fozard, J. (2000). Sensory and cognitive changes with age. In K. Schaie and M. Pietrucha (Eds.) *Mobility and Transportation in the Elderly*. New York, NY: Springer Publishing Company, 125-144.

Glasgow, N. and Brown, D.L. (1998). Old rural and poor. In R.T. Coward and J.A. Krout (eds.) *Aging in Rural Settings: Life Circumstances and Distinctive Features*. New York: Springer Publishing Company, 187-207.

Glasgow, N. and Blakely, R.M. (2000). Older nonmetropolitan residents' evaluations of their transportation arrangements. *The Journal of Applied Gerontology*, 19 (1), 95-116.

Grant, P.R. and Rice, B. (1983). Transportation problems of the rural elderly: A needs assessment. *Canadian Journal on Aging*, 2 (3), 107-123.

Herold, M., Gordon, T., Kaye, K., Brockie, E. and Fuller, T. (2002). *Elderly and Disabled Rural Residents: A Continuing Transportation Issue*. Rural Transportation Series No. 4. Ottawa: Government of Canada.

Joseph, A.E. and Fuller, A.M. (1991). Towards an integrative perspective on the housing, services and transportation implications of rural aging. *Canadian Journal on Aging*, 10 (2), 127-148.

Kagis, M., Menec, V. and Blandford, A. (2006). *Manitoba's Seniors: A Compariosn to the "Manitoba Fact Book on Aging"*. Centre on Aging, University of Manitoba.

Keating, N.C. (1991). *Aging in Rural Canada*. Toronto, ON: Butterworths Canada Ltd.

Keating, N., Keefe, J. and Dobbs, B. (2001). A good place to grow old? Rural communities and support to seniors. In R.Epp and D. Whitson (Eds.) *Writing Off the Rural West: Globalization, Governments and the Transformation of Rural Communities*. Edmonton, AB: The University of Alberta Press, 263-277.

Kendig, H. (2003). Directions in environmental gerontology: A multidisciplinary field. *The Gerontologist*, 43 (5), 611-615.

Kerschner, H. (2003). *Rural Transportation and Aging: Problems and Solutions*. White Paper #4. Pasadena, CA: the Beverly Foundation.

Kihl, M.R. (1993). The need for transportation alternatives for the rural elderly. In C.N. Bull (ed.) *Aging in Rural America*. Newbury Park: Sage Publications, 84-98.

Kinsella, K. (2001). Urban and rural dimensions of global population aging: An overview. *The Journal of Rural Health*, 17 (4), 314-322.

Krout, J.A. and Coward, R.T. (1998). Aging in rural environments. In R.T. Coward and J.A. Krout (eds.) *Aging in Rural Settings: Life Circumstances and Distinctive Features*. New York: Springer Publishing Company, 3-14.

McGhee, J.L. (1983). Transportation opportunity and the rural elderly: A comparison of objective and subjective indicators. *The Gerontologist*, 23 (5), 505-511.

Ontario Ministry of Transportation. *Report of the Community Transportation Review*. Toronto: Government of Ontario.

Ontario Ministries of Citizenship and Transportation. *Co-ordinated Community Transportation resource Manual*. Toronto: Government of Ontario.

du Plessis, V., Beshiri, R., Bollman, R.D. and Clemenson, H. (2001). *Rural and Small Town Canada Analysis Bulletin, 3 (3)*. Catalogue no. 21-006-XIE.

Rogers, C.C. (2002). The older population in 21st century rural America. *Rural America*, 17 (3).

Rosenberg, M. and Everitt, J. (2001). Planning for aging populations: Inside and outside the walls. *Progress in Planning*, 56 (3), 119-168.

Rowles, G.D. (1998). Community and the local environment. In R.T. Coward and J.A. Krout (eds.) *Aging in a Rural Setting: Life Circumstances and Distinctive Features*. New York: Springer Publishing Company, 105-125.

Smith, G.C., Sylvestre, G.M. and Anderson Ramsay, H. (2001). Local social and service environments of an urban housing market for seniors. *Housing & Society*, 29 (1), 23-44.

Statistics Canada. (2002a). *Profile of the Canadian Population by Age and Sex: Canada Ages,2001 Census*. Catalogue No. 96FOO30XIE2001002. Ottawa, ON: Statistics Canada.

Statistics Canada. (2002b). *Population Projections for 2001, 2006, 2011, 2016, 2021 and 2026, July 1*. (Cited September 20, 2002). – Access: <http://www.statcan.ca/english/Pgdb/demo23a.htm

Stranahan, S.Q. (2005). *Running on Empty*. American Association of Retired People Bulletin.

Sylvestre, G. and Pelletier, E. (2001). *Improved Transportation for Older Adults in Winnipeg, MB: The Recommendations and Final Report of the Winnipeg Seniors Transportation Working Group*. Winnipeg: The Winnipeg Seniors Transportation Working Group.

Treas, J. (1995). Older Americans in the 1990s and beyond. *Population Bulletin*, 50, 1-46.

Appendix A

Coordinated Community Transportation

The main recommendation of the study is to enhance networking and develop coordinated community transportation for the mobility needs of seniors in rural Manitoba. The Ontario Government commissioned a report in 1993 to address community transportation. This report identified a vision for the future for community coordination of transportation services. The vision was to create a major investment of public resources to make better use of these resources. The coordination of community resources was identified as a means to enhance the quality of services because of the following reasons:

- Increase of the population in Ontario.
- Increase in the proportion of elderly people and people with mobility challenges within the general population.
- Regionalization of health, education and social services.
- De-institutionalization policies (out patient and community based treatments versus extended stays).
- Continued creation and expansion of government funded programs and services in the communities.

The Coordinated Community Transportation Program is a community initiative to combine and manage the existing resources available in a region. In areas that find it difficult to justify handi-van services that the Mobility Disadvantaged Transportation Program supports, Coordinated Community Transportation (CCT) may be a solution to relieve some of the transportation problems of seniors, persons with disabilities and low-income groups in rural settings. The CCT is a "best solution for the limited resources" program, with the primary goal being to "increase the number of people served and the number of rides provided" (Burkhardt *et al*., 2004).

Coordinated Community Transportation is an organized way of pooling resources in order to provide the population with better, more efficient transportation options. It represents a new way of thinking about how we move people; it is a collaborative program to reach and service individuals with limited transportation options. CCT programs are designed to improve quality of life by creating means to be independent, self-sufficient, and active in the community.

According to Herold and colleagues (2002), Coordinated Community Transportation benefits have been identified in the literature in a number of ways. Table 2 outlines some of these benefits.

TABLE 2: BENEFITS OF COORDINATED COMMUNITY TRANSPORTATION

Stakeholder	Coordination Benefits
Client	1. More clients are able to receive services 2. Increased options for service and locations 3. Increased client contact with service providers and programs
Administration	1. Development of new services with other regions 2. Increase of resource base and access 3. Shared cost of product/service development 4. Increased continuity of services between regions due to joint resources 5. Increased efficiency resulting in cost benefits 6. Opportunities to grow and adapt 7. Gain of administrative support, regional synergy, and alliances
Funders	1. Gain resources 2. Shared costs 3. Increased efficiency due to resource coordination 4. Gain of support, regional synergy, and alliances

Source: Herold et al., 2002.

It is important to note that the economic benefits can include the reduction of costs, and program overlap which can result in the reallocation of some resources to other locally organized and financed programs and initiatives.

Like all programs, there are some identified barriers when using a coordinated system. The Ontario *CCT Resource Manual* identifies real and perceived barriers to coordination. Some of the real barriers include start up costs (financial and time), changing needs in the community, change of administrators, regulations, and funding. Table 3 identifies some of the real barriers and Table 4 identifies some perceived barriers to coordinated transportation initiatives.

TABLE 3: ACTUAL BARRIERS TO COORDINATED TRANSPORTATION

Actual Barrier	Explained	Potential Result
Cost	1. May initially be higher financially 2. May take a long period of time	1. Loss of capital 2. Temporary spike in user fees 3. Reduction in users
Changing needs	1. The community demographic and user profiles may change over time	1. Result could be that community requires more (or less) dedicated transportation services, 2. Higher cost to operate over the region
Changes to Administration	1. Changing administration may not support coordinated transportation initiatives	1. Removal of resources in the coordinated initiative 2. Higher costs to those remaining in the effort 3. Dismantling of initiative
Regulations	1. Using various services may need a change of regulations 2. Insurance coverage	1. Some regulations may hinder the coordination efforts (i.e. use of taxi's) 2. Insurance rates may go up in covering clients and volunteers within the initiative
Funding	1. Limited funding provided from the senior levels of government	1. Coordinated transportation initiative may not start in community

Source: Ontario Ministry of Citizenship, Ministry of Transportation.

TABLE 4: PERCEIVED BARRIERS TO COORDINATED TRANSPORTATION

Perceived Barrier	Explained	Ways to combat barrier
Turfism	1. Resistance to change and fear of the unknown 2. Fear that the organization's purpose will no longer be needed	1. Agencies must understand that coordination is a *growth and development strategy*
Use of volunteers	1. Perception of losing the volunteer pool base of the individual organization putting volunteers into the spotlight of criminal reference checks can reduce the desire to help the community through the sheer fact that many people do not like "being put under the microscope." 2. Cost to completing the reference check	1. Promotion of the idea that coordination is a *growth and development strategy* and that volunteers have a right to say no to volunteering for a specific date. 2. Identifying that it is the goal to improve the mandate of the organization, and to help the users find better transportation options
Loss of identity of community	1. Some communities strive in their volunteer base. If communities start hiring to coordinate transportation initiatives, some volunteers may lose faith in the community and it is possible that the volunteer base would be lost	See above.

Source: Herold et al., 2002; Ontario Ministry of Citizenship, Ministry of Transportation.

The term community does not necessarily mean a local area, but the community can be the neighbourhood, municipality, or even region since pooling of resources from other municipalities can broaden the resource base. In Manitoba, although the MDTP administrators recommend the sharing of resources and equipment between communities, this coordination does not always happen. Resources include all of the human, financial, and physical components that can be used to provide services to the public within the community (including drivers, administration and support staff, hardware, software, equipment and government officials).

Ontario's Ministries of Citizenship and Transportation prepared a basic manual to aid communities in creating a coordinated transportation model. The *Co-ordinated Community Transportation Resource Manual* identifies eight stages required to implement the CCT program, three of which are pre-co-ordination groundwork. All eight stages are:

1. Information exchange (pre-coordination groundwork)
2. Needs and resource assessment (pre-coordination groundwork)
3. Implementation planning (pre-coordination groundwork)
4. Public information and referral services
5. Acquisition/sharing supplies and services
6. Sharing excess capacity
7. Joint use of resources; and
8. Centralized co-ordination

The following discussion provides greater detail of the pre-coordination stages in order to identify what communities need to bear in mind when CCT initiatives are being considered.

INFORMATION EXCHANGE

This stage is one of the most important aspects in coordinating efforts as it brings together the organizations within the various communities that provide and or use transportation services. The result is to provide the organizations with an understanding of the other groups' needs, operations and challenges, and most importantly, identify the potential and feasibility of coordination. Exchanging information can take some time to complete, however, this stage represents "the launching pad from which successful co-ordination begins" (Ontario Ministry of Citizenship and Ministry of Transportation). It is also important to note that this stage should require only limited financial commitments.

It is also important to realize that communication between communities and jurisdictions is designed to form working relationships between the organizations that are not entirely satisfied with current transportation options. It is equally important to state that information exchanges are not designed to threaten existing services or interfere with existing obligations to organizations' clients.

NEEDS AND RESOURCE ASSESSMENT

In order to identify transportation needs and resources, an inventory assessment of all available resources is necessary. This assessment includes identifying what is available, what the services are and who provides the resources, and what the shortfalls are in each community. The needs assessment can be conducted through surveys and interviews with transportation providers, social service providers/ stakeholders, and users. Additionally, researching other case studies that provide a coordinated transportation program can identify some solutions that have and have not worked in other areas. In many cases, communities do not have to re-invent the CCT initiative; communities only need to adjust the program to fit within the needs of the region.

The needs and resource assessment does not require high survey expenses in order to minimize start-up costs, and should be completed within a timely manner to ensure that group energy and interest is not lost in the process. The assessments do need to be balanced to ensure that the communities involved create a viable and workable transportation option.

IMPLEMENTATION PLANNING

Important aspects in the implementation of the coordinated transportation include the following considerations:

- Examine operational matters
- Identify needs, resources and projected issues
- Locations that resources will be held
- Governance structure may need to be created
- Boards need to include all interested parties of the transportation initiative (users, stakeholders, sources of resources, etc.)
- Boards need to be well balanced and voices need to be heard
- Identify financial considerations
- Cost of upgrades to equipment
- Operational costs
- Capital costs
- Where funding is obtained from for short-term and long-term goals
- Evaluation protocols need to be developed
- How to measure initiatives
- How to address issues identified
- How to improve and expand services

The Ontario Ministries of Citizenship and transportation identify some very useful tips in creating and maintaining a successful coordinated transportation initiative:

- Keep expectations realistic
- Approach the initiative as a new business
- Build in sustainability
- Keep the planning process short

CASE STUDIES

BRANT COUNTY, ONTARIO

In Brant County, a primarily rural region in southwestern Ontario, a coordinated transportation initiative was created to provide transportation to persons with cognitive, psychological, developmental, visual and physical disabilities. The service does not have dedicated vehicles, drivers or day-to-day managers, but uses existing resources of the participating providers. The providers include a long list of businesses, various transportation companies (taxis, bus companies) and hospitals. Using a toll free number, clients call a central dispatcher (in this case a local taxi company) to arrange transportation.

The dispatcher then makes arrangements for pickup by one of the service providers. It is important to note that the trip requirements are distributed evenly between all of the service providers to ensure that there is not an overburden to one resource. Trips are determined by a zone fare structure, one zone costs $5, two zones or more costs $10. The service provides more than 150 trips per month.

Along with provincial grants, additional sources of funding for this initiative come from a number of different sources including private donations, foundation grants, and shopping mall administrations and businesses. Business involvement comes from the realization that there is a return of investment, creating repeat customers and positive publicity through creating goodwill in the community.

NORTH TIMISKAMING: COMMUNITY TRANSPORTATIONS IN PARTNERSHIP (C-TRIP)

Located on Ontario's northern border with Quebec, North Timiskaming is in a section of the Timiskaming District. According to 2001 Statistics Canada information, the district is home to 34,442 residents over 13,280 square kilometres. The largest community in the region is Kirkland Lake with a population of 8,616.

 C-TRIP provides affordable transportation options to seniors, persons with disabilities and people on low-incomes. One way tickets cost from $2.50 to $5 depending on destinations in the region. In order to qualify to use C-TRIP, clients are referred to the service by a partner agency (social services, local municipality, health agencies, etc.).

Creating and maintaining partnerships between agencies, businesses, service providers and local governments is an important component to the success of the program. An example of this is that a large business may provide equipment or products (such as Canadian Tire Parts) and small automotive repair shops provide the labour to install parts and maintenance of the vehicles. These partnerships help spread the financial and resource burden over a number of different organizations rather than one or two service providers. As such, the C-TRIP program was able to raise over $65,000 for a new vehicle and equipment.

In maintaining positive partnerships, all interested parties are invited to join the board and are able to "table issues" of the program. As of the year 2000, there were 21 official participants in the operation of the transportation service. These participants ranged from the local YWCA, health service providers, local hospitals and PCHs, various municipal governments, employment services (private and public) and local businesses. A key highlight is that the *Ontario Works* (a provincial employment program) provides the transportation initiative with volunteer drivers, and that a coordinator and secretary were hired through the federal *Human Resources Development Canada* (now the Department of Social Development).

Needless to say, the C-TRIP program works over a large geographic area for a large population providing an average of 10 to 20 trips per day. The program would not work if individual organizations only considered their own client base.

Like Canada, the issue of aging and transportation in the United States will have a large impact on available resources. In the United States, there are a number of coordinated community transportation initiatives in rural areas in order to provide services to the community. This report has not discussed US initiatives as there are a number of differences in funding opportunities that the Federal Government has in place for rural transportation. As such, it is important to identify that there are a number of resources that can be used in order to implement a CCT program in Canada. The Transit Cooperative Research Program (TCRP) which is funded by the Transit Administration produced a comprehensive manual for implementing a CCT program. The Toolkit, TCRP Report 101 can be ordered or downloaded from the website, http://www.tcrponline.org/index.cgi. This manual gives direction on

implementation as well as a number of case studies in implementing the system showcasing processes, implementation, barriers and solutions. As a reminder, grant structures for transportation in the United States are completely different than what is available in Canada.

CALGARY REGIONAL PARTNERSHIP

The Calgary Regional Partnership "provides the opportunity for regional municipalities and jurisdictions to discuss and work on issues that cross their respective boundaries. It supports a flexible approach, recognizing that different issues may involve different stakeholders and different regional processes" (Calgary Regional Partnership, 2006). Partners include the City of Calgary, surrounding towns and cities, health authorities, and Municipal Districts (M.D.). 9 Figure 11 identifies the members included in the CRP. Specific to transportation initiatives, the Calgary Regional Partnership (CRP) is in the process of implementing a Specialized Transportation Service (STS) for the aging and the physically or intellectually challenged population.

FIGURE 5: CRP MEMBERS

Source: http://www.calgaryregion.ca/map.html

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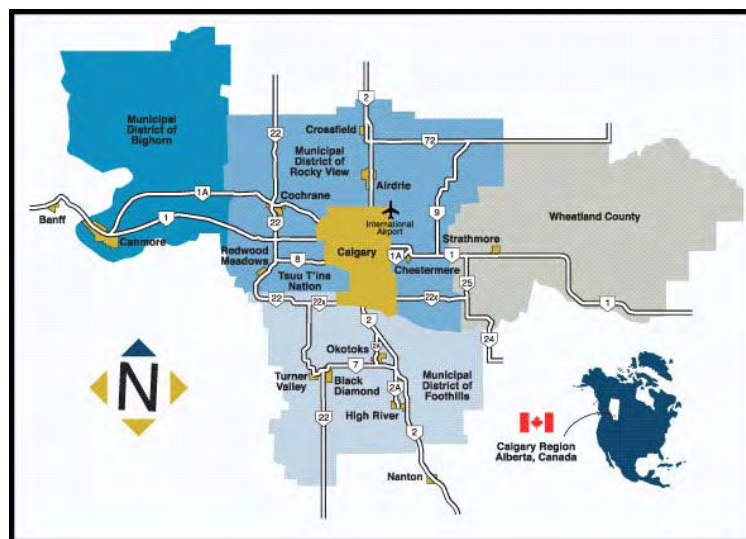
9. The Municipal Districts in Alberta are the equivalent to the Rural Municipalities of Manitoba.

A key reason to pursuing the STS is that there were some identified service gaps that existing transportation initiatives had, including a barrier to accessing health care services, limited access to transportation during various times of the week, and high costs. It was estimated by the CRP that there were approximately 35,000 people in the region that required specialty transportation for medical trips to Calgary during the year. The STS is designed to augment (not replace) already existing transportation initiatives for medical trip purposes from outlying M.D.'s to the City of Calgary.

The STS is being developed as a pilot program that will operate one day per week in each of four M.D.'s to transport clients into Calgary for medical trips. The pilot program will be funded through provincial capital projects for 18 months with the intention that a municipality or a private organization will take over operations and expand into other communities as required. This transportation initiative, as stressed by the Special Transportation Administrator, is not a replacement of current municipally operated transportation programs, rather it is an expansion of a service that is currently available.

It was identified during a study for the CRP that there were a number of opportunities and considerations for implementing the STC. The following are the opportunities and considerations identified (from http://www.calgaryregion.ca/):

1. Need to tailor solutions to each community
2. Multi-tiered approach to reflect demand
3. Effective access to health care
4. Increased coordination (trip bookings, use of volunteers)
5. Shared use of transportation resources
6. Centralized communications
7. Incentives to encourage volunteers
8. User (client) subsidies

APPENDIX B

MOBILITY DISADVANTAGED TRANSPORTATION PROGRAM: REGIONAL HEALTH AUTHORITIES

	Rural Program % (n)	Assiniboine % (n)	Central % (n)	Interlake % (n)	North Eastman % (n)	Parkland % (n)	South Eastman % (n)	Nor-Man % (n)
# Programs	100.0 (63)	38.1 (24)	19.0 (12)	12.7 (8)	7.9 (5)	14.3 (9)	6.3 (4)	1.6 (1)
# Vehicle	100.0 (82)	34.1 (28)	15.9 (13)	17.1 (14)	6.1 (5)	20.7 (17)	4.9 (4)	1.2 (1)
In-Town Rate								
$1.00-1.99	3.2 (2)	0	0	12.5 (1)	0	0	25.0 (1)	0
$2.00-2.99	31.7 (20)	54.2 (13)	16.7 (2)	50.0 (4)	0	11.1 (1)	0	0
$3.00-3.99	25.4 (16)	25.0 (6)	25.0 (3)	37.5 (3)	0	33.3 (3)	0	100.0 (1)
$4.00-4.99	15.9 (10)	4.2 (1)	8.3 (1)	0	80.0 (4)	33.3 (3)	25.0 (1)	0
$5.00	15.9 (10)	12.5 (3)	33.3 (4)	0	0	22.2 (2)	25.0 (1)	0
$7.00-10.00	7.9 (5)	4.2 (1)	16.7 (2)	0	20.0 (1)	0	25.0 (1)	0
Per Km Rate Out-of-Town								
.25-.39	26.8 (15)	36.4 (8)	16.7 (2)	16.7 (1)	20.0 (1)	25.0 (2)	33.3 (1)	100.0 (1)
.40-.49	37.5 (21)	45.5 (10)	33.3 (4)	33.3 (2)	40.0 (2)	37.5 (3)	0	0
.50	26.8 (15)	4.5 (1)	50.0 (6)	50.0 (3)	40.0 (2)	12.5 (1)	66.7 (2)	0
.60-1.00	8.9 (5)	13.6 (3)	0	0	0	25.0 (2)	0	0
Total Number Trips Annually								
<100	9.5 (6)	12.5 (3)	8.3 (1)	0	20.0 (1)	0	25.0 (1)	0
100-499	15.9 (10)	8.3 (2)	41.7 (5)	0	0	11.1 (1)	50.0 (2)	0
500-999	19.0 (12)	33.3 (8)	8.3 (1)	12.5 (1)	20.0 (1)	11.1 (1)	0	0
1000-1999	15.9 (10)	12.5 (3)	0	12.5 (1)	60.0 (3)	33.3 (3)	0	0
2000-4999	23.8 (15)	25.0 (6)	25.0 (3)	25.0 (2)	0	33.3 (3)	25.0 (1)	0
5000-9999	9.5 (6)	8.3 (2)	16.7 (2)	12.5 (1)	0	0	0	100.0 (1)
>10,000	6.3 (4)	0	0	37.5 (3)	0	11.1 (1)	0	0
Total Number Kms Annually								
1400-4999	14.3 (9)	20.8 (5)	0	0	40.0 (2)	11.1 (1)	25.0 (1)	0
5000-9999	20.6 (13)	20.8 (5)	33.3 (4)	0	0	44.4 (4)	0	0
10-14,999	23.8 (15)	37.5 (9)	25.0 (3)	0	0	11.1 (1)	50.0 (2)	0
15-29,999	19.0 (12)	12.5 (3)	25.0 (3)	25.0 (2)	40.0 (2)	11.1 (1)	0	100.0 (1)
30-59,999	19.0 (12)	8.3 (2)	16.7 (2)	62.5 (5)	20.0 (1)	11.1 (1)	25.0 (1)	0
>80,000	3.2 (2)	0	0	12.5 (1)	0	11.1 (1)	0	0
Average Kms Per Trip								
2.6-4.99	23.8 (15)	29.2 (7)	16.7 (2)	37.5 (3)	0	22.2 (2)	0	100.0 (1)
5.0-9.99	22.2 (14)	25.0 (6)	25.0 (3)	12.5 (1)	0	33.3 (3)	25.0 (1)	0
10.0-19.99	17.5 (11)	29.2 (7)	0	25.0 (2)	40.0 (2)	0	0	0
20.0-39.99	15.9 (10)	8.3 (2)	25.0 (3)	25.0 (2)	20.0 (1)	11.1 (1)	25.0 (1)	0
40.0-99.99	17.5 (11)	4.2 (1)	25.0 (3)	0	40.0 2)	33.3 (3)	50.0 (2)	0
>100	3.2 (2)	4.2 (1)	8.3 (1)	0	0	0	0	0