

# **2017-2021 United We Ride Plan for the Rogue Valley**



**2017-2021**

**United We Ride Plan for the Rogue Valley**

Prepared for

The Rogue Valley Transportation District

By

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Approved by the Coordinated Plan Steering Committee, February 10, 2017

Adopted by the Board of Directors of the Rogue Valley Transportation District,  
April 26, 2017

# 2017-2021 United We Ride Plan for the Rogue Valley

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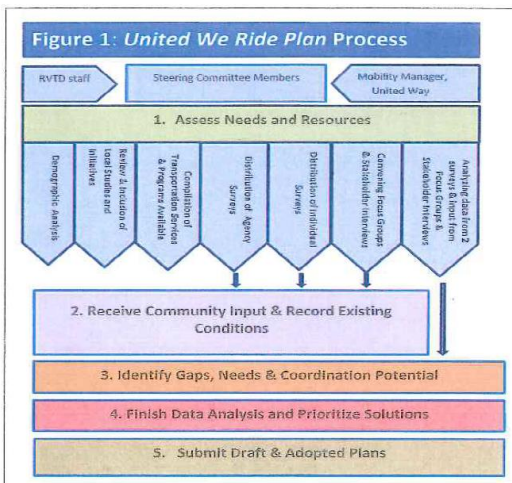
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# 2017-2021 United We Ride Plan for the Rogue Valley: Executive Summary

## About this *United We Ride Plan*

The purpose of this 2017 update to the Coordinated Public Transit/Human Services Transportation Plan is to ensure the continued relevancy of the Coordinated Public Transit/Human Services Transportation Plan, adopted in 2006, and its subsequent update, *United We Ride Plan for the Rogue Valley*, adopted in 2013. This iteration of the *United We Ride Plan* will continue to focus on improving the mobility of three target populations: people with disabilities, older adults and persons of low income. In addition, this update will:

1. Fulfill the FTA circular 9070.1G requirement by updating the Coordinated Plan every four years.
2. Document changing and evolving mobility needs within Jackson County and the resources which are available to the target populations.
3. Document new unmet transportation needs while validating those previously identified.
4. Identify priority needs toward which funding may be targeted as it becomes available.



In February 2016, the 28 member *United We Ride* Steering Committee developed a process to guide the development of the Plan, which is outlined in Figure 1. Between February and November 2016, Steering Committee members distributed both the individual and agency surveys, held focus groups and conducted stakeholder interviews. The Steering Committee met on February 26, 2016, April 15, 2016, July 15, 2016 and February 10, 2017. 170 individuals participated in nine focus groups and 58 people took part in 10 stakeholder interviews. In all, 73 non-profit agencies, community groups, health care providers, faith-based communities

and large employers provided input.

The agency survey was distributed to nonprofit agencies, faith groups, older adult organizations, community organizations, and the housing authority. In order to receive data from the three target populations of the *UWR Plan*, the individual survey was distributed to agency clientele, patients, members of community organizations, older adult groups, and employees of a large Rogue Valley employer. 624 individuals, who were associated with an agency or organization, and 49 agencies and community organizations completed surveys. An additional 83 Rogue Valley residents completed the individual survey on-line.

## Demographic Context

Demographics of the three target populations, persons of low-income, people with disabilities and older adults, provide a foundation for estimating both the need and the potential demand for transportation services and the correlation between transportation barriers and low-income, disabilities and advancing age.

### Persons of Low Income

As depicted in Table 2, Jackson County's population grew 17.3% in the 15-year period 2000 to 2015, representing an addition of 31,298 individuals. **The low-income population**, with household incomes at or below 100% of the Federal Poverty Level, **almost doubled, with an increase of 91.6%** (20,390 persons). **Among those persons of low-income, the Senior population increased a significant 150%** (2,922 individuals).

**Jackson County has six high poverty "hotspots," three of which are in Medford and one each in White City, Phoenix, and southwestern Jackson County.** A hotspot is defined by the Census Bureau as a census tract or contiguous group of tracts with poverty rates of 20% or more for two consecutive measurements. These poverty rates were measured in the Census Bureau's 2009-2013 and 2008-2012 American Community Surveys (ACS). In 2015, the Department of Human Service's (DHS) Office of Forecasting, Research and Analysis created a *High Poverty Hotspots Report* for Jackson County utilizing data from the Census Bureau, DHS and Oregon Employment Department. **According to the data, 14% of the county's population, 23% of its poor, and 26% of SNAP (Supplemental Nutrition Assistance Program) clients live in one of the three Medford hotspots, while 7% of the county's population, 9% of its poor, and 8 percent of its SNAP clients live in the White City, Phoenix and southwestern Jackson County hotspots.** Knowledge about local high poverty hotspots can be helpful when designing and locating programs and services which target people of low-income.

*The ALICE report: A study of Financial Hardship*, produced by the United Ways of the Pacific Northwest, provides a framework to measure and understand the struggles of the growing number of households in our area who do not earn enough to afford the basic necessities. This population is designated as ALICE, Asset Limited, Income Constrained, Employed. In the Pacific Northwest, 1.6 million households (35%) struggled to afford basic household necessities in 2013. **In Oregon, 230,328 households (15%) lived in poverty and 346,700 households (23%) were ALICE.** The ALICE threshold is the average level of income a household needs to afford the basics, which include (housing, child care, food, health care and transportation). The ALICE threshold is adjusted for each county.

*The ALICE report* suggests four main causes for the high percentage of ALICE households in the Pacific Northwest. These causes represent the situation for economically-constrained, working families in Jackson County, as well: low wage jobs dominate the local economy, the basic cost of living is high, **jobs are not located near housing that is affordable**, and public and private assistance helps, but does not enable these households to achieve financial stability.

**In Jackson County, 46% of the 83,131 households are struggling, with 16% living at or below the poverty level and 30% representing ALICE households.** The annual household budget for a family of



four to afford the basic necessities in 2014 was \$55,416, whereas, the median county-wide household income was \$44,918. **This median household income is only 88% of the state average.**

**The transportation-related consequences for households living beneath the ALICE threshold include** unreliable transportation, risk of accidents and increased maintenance costs associated with older cars; risk of fine, accident liability and risk of license being revoked for those operating a car with no insurance and/or registration; long commute to low-paying jobs; limited employment opportunities and access to health care and childcare for zero-car households.

**Table 1: State versus County Comparison of People with Low Income**

Age Group	Population within Jackson County 2015	Percentage of County Population 2015	Population within Oregon 2015	Percentage of Oregon Population 2015
Low Income – all ages	42,659	20.1%	607,029	15.4%
Ages 0 to 17	11,707	5.5%	170,659	4.3%
Ages 18 to 64	26,086	12.3%	388,659	9.8%
Ages 65+	4,866	2.3%	47,711	1.2%
Source: Us Census Data, Poverty Estimates in the Past 12 Months: 2015 American Community Survey 1-year Estimates				

### Older Adults

In 2015, almost 21% of the Jackson County population was comprised of Senior Adult, more than 4% higher than the State of Oregon average (Table 1). The percentage of Senior Adults with a disability in Jackson County was higher than the State of Oregon average in all six categories of disabilities (Table 2).

**Table 2: Jackson County Target Group Populations 2000-2015**

Population Comparisons 2000-2015				
Target Populations	Jackson County 2000	Jackson County 2010	Jackson County 2015	Percentage Change 2000-2015
Total Population	181,269	203,462	212,567	17.3%
Children Ages 0 to 17	43,170	44,312	42,925	-0.6%
Adults Ages 18-64	108,146	123,060	122,744	13.5%
Seniors 65+	28,999	35,834	44,516	53.5%
Persons of Low-Income (all ages)	22,269	29,887	42,659	91.6%
Children Ages 0-17	7,322	8,749	11,707	59.9%
Adults Ages 18-64	13,003	18,550	26,086	100.6%
Seniors 65+	1,944	2,588	4,866	150.3%
Seniors (ages 65 and above)	28,999	35,834	44,244	52.6%

		Jackson County 2010	Jackson County 2015	Percentage Change 2010-2015
People with Disabilities	*			
Ages 18-34 with hearing difficulty	**	4,441	4,491	1.1%
Ages 18-34 with vision difficulty		1,622	2,314	42.7%
Ages 18-34 with cognitive difficulty		5,871	9,149	55.8%
Ages 18-34 with an ambulatory difficulty		8,876	7,401	-16.7%
Ages 18-34 with a self-care difficulty		2,208	2,962	34.1%
Ages 18-34 with an independent living difficulty		4,562	6,659	46.0%
Ages 65+ with hearing difficulty		6,645	7,143	7.5%
Ages 65+ with vision difficulty		1,932	2,597	34.4%
Ages 65+ with cognitive difficulty		3,260	4,292	31.7%
Ages 65+ with an ambulatory difficulty		8,067	11,025	36.7%
Ages 65+ with a self-care difficulty		3,772	3,489	-7.5%
Ages 65+ with an independent living difficulty		5,276	6,803	28.9%
<p>*Population totals for people with disabilities cannot be computed using US Census data since the same individual can be counted in several categories.</p> <p>**The Census Bureau introduced a new set of disability questions in the 2008 American Community Survey, which means data from prior years cannot easily be compared. Therefore, the percentage change for people with disabilities will be for a five year range only, 2010 to 2015.</p> <p>Sources: US Census Data sources: Table S1810 Disability Characteristics, 2015 American Community Survey 1-Year Estimates; Table S1810 Disability Characteristics, 2010 American Community Survey Estimates 1-Year Estimates; Poverty Status in the Past 12 Months: 2015 American Community Survey 1-Year Estimates; Poverty Status in the Past 12 Months: 2010 American Community Survey 1-Year Estimates; Poverty Status in the Past 12 Months: 2000 American Community Survey 1-Year Estimates.</p>				

As individuals age, mobility often lessens. To analyze the potentially increasing transportation needs of this demographic, Senior Adults are examined by three age groups in Table 3. **In all three age groupings, the percentage of Jackson County Seniors grew at a higher rate than the correlating State cohort.**

**Table 3: Senior Adult Population Growth in Jackson County and State of Oregon**

Age Group	Population Within Jackson County 2010	Population Within Jackson County 2015	County Population Increase 2010 to 2015	Overall County Population Percentage 2015	Population Within Oregon 2010	Population Within Oregon 2015	State Increase 2010 to 2015	Overall State Population Percentage 2015
65 to 74	18,847	25,830	37.1%	12.2%	293,145	395,106	34.8%	9.8%
75 to 84	11,566	12,479	7.9%	5.9%	165,717	181,441	9.5%	4.5%

Age Group	Population Within Jackson County 2010	Population Within Jackson County 2015	County Population Increase 2010 to 2015	Overall County Population Percentage 2015	Population Within Oregon 2010	Population Within Oregon 2015	State Increase 2010 to 2015	Overall State Population Percentage 2015
85+	5,421	5,935	9.5%	2.8%	78,462	84,329	7.5%	2.1%
Total 65 and Over	35,834	44,244	23.5%	20.8%	537,324	660,876	23.0%	16.4%
All ages	203,206	212,567	4.6%	100%	3,837,972	4,028,977	10.2%	100%
Please note: In order to obtain the population totals for specific age ranges, data for the above table was obtained from Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipalities: April 1, 2010-July 1, 2015.								

### People with Disabilities

Disabilities often become more common as people age. According to the Oregon Office on Disability and Health, almost 83% of Oregonians with disabilities acquired their disability after the age of 22. In their 2014 annual report, the most recent year when both State and County data is available, the Oregon Office on Disability and Health reported that among adults ages 19-39, 18% have a disability; among 40-59 year olds, 27.3% have a disability; among 60-70 year olds, 37.2% have a disability; and among those age 80 or older, 51.6% have a disability.

- Data from that same report indicated that **almost one-third of Jackson County residents (30.1%) over the age of 18 have disabilities.**

The US Census Bureau classifies disabilities as “difficulties” in the following six areas: hearing, vision, cognitive, ambulatory, self-care, and independent living. When the State and Jackson County proportion of adults with disabilities is compared, in almost all cases the County has higher percentages.

- The **percentage of the Jackson County adult population, ages 18 to 64, with disabilities is higher than the State of Oregon percentage in four of the six categories:** hearing, cognitive, self-care and independent living.
- **Older adults with disabilities in Jackson County have higher than state percentages in all six categories.**
- This data indicates that specialized transportation options may be required to meet the needs of people with disabilities.

## Summary of Public Transportation Resources

In addition to its **fixed-route system**, Rogue Valley Transportation District offers three transit modes for people with disabilities: **Valley Lift**, its ADA complementary paratransit program, **Valley Lift Plus** program that serves eligible non-ADA riders who require paratransit services and the **DD53 transportation program** for people with developmental disabilities to make work-related trips.

Regional travel options include **Josephine Community Transit's Rogue Valley Commuter Line**, **RVTD's Rogue Valley Connector**, **Greyhound**, **Klamath Shuttle**, **SouthWest POINT** and **Crater Lake Trolley**.

In addition to the Rogue Valley Commuter Line, Josephine Community Transit operates a **fixed-route system** and a **paratransit service**.

**RVTD manages the STF-funded programs** and currently provides funding to Community Volunteer Network's RSVP/Call-A-Ride, Living Opportunities' transportation program for people with developmental disabilities, United Way's Mobility Management program, the Rogue Valley Connector and the Rogue Valley Commuter Line.

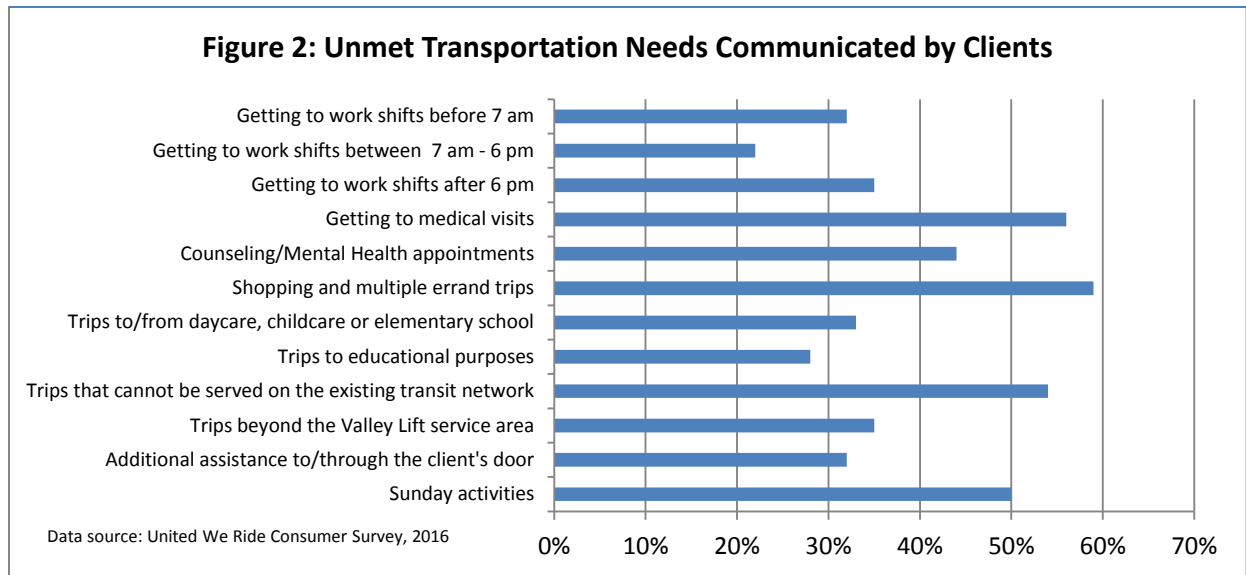
**TransLink**, a Medicaid **NEMT brokerage**, provides transportation to authorized medical services for eligible residents of Coos, Curry, Douglas, Jackson, Josephine, Klamath and Lake Counties.

## Unmet Transportation Needs

As elucidated throughout the Plan, the consequences of transportation barriers are vast and complicated. In the life of an individual, lack of transportation can impede the ability to carry out daily activities, maintain employment or preserve health. Notable among the daily difficulties are social isolation, loss of potential or current jobs, the inability to attend classes, trainings, court-mandated appointments, physical or occupational therapy, medical appointments, worship services, school events and recreational activities that occur in the evenings and on the weekends, and the inability to perform daily errands such as grocery shopping.

The percentages of unmet transportation needs (Figure 2) communicated to agencies by clients and reported in the agency/community survey were very similar to the unmet needs documented in two other recent surveys, the 2015 *Mobility Management Survey* conducted by United Way of Jackson County and the 2016 *Rogue Valley Metropolitan Planning Organizations: Transportation Needs Assessment for Traditionally Underserved Populations*. **The three greatest unmet needs, as reported, were medical trips, shopping/multiple errand trips, and trips that cannot be served on the existing network.**

The majority of the agencies and community groups who participated in the *United We Ride* survey neither operate nor offer transportation support services to their clients or members but many expressed an interest in coordinating services, such as combining efforts to centralize transportation information (one call/one click), participate in transit fare discount programs and jointly contract for transportation services.



Needs assessment studies and initiatives undertaken by local organizations **reveal many transportation-related consequences of persons of low-income, chief among them is the lack of public transit service to existing employment, education and residential areas**, especially in locations in western White City and portions of Eagle Point. In most of the assessments, **transportation was named as the greatest barrier to accessing services and older adults reported their greatest unmet need was transportation.**

## Focus Group Findings

Between April and July 2016, **170 individuals participated in nine focus groups.** These individuals represented one or more of the *UWR Plan* target populations. Much of the focus group discussion, in each case, focused on transportation barriers. **The barriers reported correlate with those reported in the agency survey and the individual survey.** These include:

**Public transit:** Frequency of bus service along several routes needs to be increased, service area needs to be expanded, additional bus stops need to be added, hours of operation need to be expanded to include night service until 9 pm and weekend service on both Saturday and Sunday, hours of operation should coincide with employees' shifts at large employers, new routes need to be created for neighborhoods which currently are not served and all three hospitals should be served by public transit.

**TransLink:** Waiting time window for departures and pick-ups needs to be shortened, travel times could be shortened by more efficient scheduling.

**Valley Lift:** Fare is too expensive, schedulers are not helpful at the Call Center, drivers appear not to use the most direct routes, inefficient program, timeframe for approval of services is too long.

**Volunteer drivers:** More programs with volunteer drivers, such as Call-A-Ride, are required to meet the demand, create more transportation programs with volunteer drivers. These new programs should be

open to the general public and not have the requirement that the trips be limited to medically-related appointments for older adults and people with disabilities.

**Not enough transportation options:** Shuttles should be created to serve SOU students, OLLI students, and farmer's markets.

## Stakeholder Interview Findings

Between May and November 2016, Steering Committee members **interviewed ten key stakeholders** in Jackson County. Each of these stakeholders either provided current information on the mobility needs of one or more of the three target populations, older adults, people with disabilities or persons of low income, or managed resources for members of one or more of these target groups. As with the focus group discussions, the majority of the stakeholder comments focused on transportation barriers. **While many of the reported barriers are specific to a particular group, the majority of the stated barriers correlate with those reported in the agency survey and the individual survey.** Stakeholders suggested improvements to decrease the transportation barriers. These included:

**Public Transit:** Increase RVTD's service area into rural communities, increase number of routes and areas/neighborhoods served, decrease the fare, increase hours of operation to match shift work and also increase evening and weekend hours of operation.

**Valley Lift:** Provide implicit bias training to drivers, work with local organizations to provide training for drivers so that they are knowledgeable of the needs of people with physical and developmental disabilities, encourage person-centered interactions, decrease wait times for riders to lessen their anxieties, create a new scheduling system that is more efficient, and expand the Valley Lift service area beyond the ¾ mile shadow of RVTD routes.

**Other transportation options:** Improve bike lanes along Highways 62 and 99 and create lanes through or around downtown Ashland, and work with Josephine Community Transit to create a schedule which would allow those traveling to Medford for employment to use the Rogue Valley Commuter Line as a viable option.

## Transportation and Land Use-Related Topics

RVTD provides service within its established district boundaries. While providing service to areas of Medford, Ashland, Central Point, Talent, Phoenix, White City and Jacksonville, **RVTD's current system does not provide transit to several major employment areas in White City and Medford or to many of the common destinations of the populations served by the UWR Plan**, which includes human service agencies, medical facilities, residential facilities and education centers. The forecasted population growth of the Rogue Valley will continue to create development in areas not served by the RVTD system.

Urban Growth Boundaries (UGB) separate urbanizable land from rural land. **The City of Medford's intended expansion of its UGB in the near future presents challenges to public transportation.** This expansion will increase the area to be served by RVTD without immediately providing revenues to RVTD

to fund the necessary service additions; therefore, no transit service within the expanded area will occur for an undetermined amount of time.

Land use and transit connections can improve mobility choices for the *UWR Plan* target populations. **The four planning concepts, TOD, Complete Streets, Livability Index and Aging-Friendly Cities, demonstrate the cooperation needed between all organizations involved in urban development and transportation planning** when the overarching goal is public safety, improved livability and efficient transit for all members of the community.

Continued coordination of built environment issues, such as the Oregon 62 Corridor Project, the Ashland Road Diet and improvements to bicycle and pedestrian infrastructures, will continue to remove transportation barriers.

## Transportation Gaps

Seven categories of gaps in transportation service are identified in the Plan. These include:

- **Spatial Gaps in the RVTB System:** Large areas within the RVTB district boundary are currently not served by transit, including locations of major employers and areas of new development. Many outlying, rural areas have no transit options.
- **Temporal Gaps in the RVTB System:** Temporal gaps are experienced by those who need transportation along routes with large headways or who must travel in hours when public transportation is unavailable, such as early morning, nights and portions of the weekend.
- **Customer Service and Safety:** Valley Lift and RVTB riders expressed dissatisfaction with interactions with transit staff while scheduling rides through the Call Center or while riding the bus and safety concerns on the bus and at the transfer station.
- **Affordability:** The number of households living in poverty in Jackson County far exceeds State of Oregon percentages and many respondents expressed their inability to pay for transit fares, gas for their vehicles or gas reimbursement to other drivers.
- **Information:** Rogue Valley residents have expressed difficulty understanding transit schedules and desire more user-friendly information about bus stops and bus routes
- **Specialized Transport Options:** For adults who require door-to-door transportation assistance and do not use paratransit services and/or cannot afford taxi fare, there are few options.
- **Land Use Development and Built Environment Service Gaps:** Housing developments, such as Mountain Meadows in Ashland and the Housing Authority of Jackson County's Maple Terrace units near Central Point, places of employment such as Amy's Kitchen and Carestream, and service organizations, such as the Ashland Food Bank, are far removed from transit routes. In addition, limited biking and pedestrian infrastructures restrict the ability of individuals to walk or bike to their destinations.

Methods to address these gaps are addressed in the goals and strategies that follow.

## Goals

The Coordinated Public Transit/Human Services Transportation Plan, described here as the *United We Ride Plan for the Rogue Valley*, focuses on improving the mobility of three target populations, persons of low-income, people with disabilities and older adults, by documenting needs and envisioning strategies to address these issues. Accordingly, each plan establishes goals and objectives.

The 2013-2018 iteration of the Plan put forth four goals. While progress has been made toward these goals, they remain relevant to the 2017-2019 Plan update because the same issues which served as their basis still remain forefront as those faced by the target populations. The current findings created minor adjustments to the 2013-2018 goals; therefore, the goals for the *2017-2021 United We Ride Plan* are:

1. **Enhance Public Transit**
2. **Increase Community Collaboration to Address Additional Transportation Needs**
3. **Expand Multimodal Choices**
4. **Coordinate Land Use Development and Regional Planning with Transit**

## Strategies

**Table 4: United We Ride Plan Goals, Objectives and Strategies**

Goal	Objective	Potential Project or Strategies
<b>1.0</b>	<b>Enhance Public Transit</b>	
1.1	Improve access to jobs, education and services by addressing temporal gaps in service	<ul style="list-style-type: none"> <li>• Sustain and expand RVTD frequency of service, as funding allows</li> <li>• Sustain and expand RVTD service area, as funding allows</li> <li>• Sustain and expand days and hours of operation, as funding allows</li> </ul>
1.2	Improve access to jobs, education and services by addressing spatial gaps in service	<ul style="list-style-type: none"> <li>• Expand service into areas within RVTD district boundaries without existing service, as funding allows</li> </ul>
1.3	Increase the available transportation options	<ul style="list-style-type: none"> <li>• Enhance RVTD's family of services including fixed-route, Valley Lift and Valley Lift Plus paratransit and RVTD's Way to Go program (travel training, van pool organization, rideshare matching, Drive Less Connect challenge, and promotion of active transportation modes, such as walking and bicycling), as funding permits</li> </ul>



Goal	Objective	Potential Project or Strategies
1.4	Promote knowledge and ease of use of RVTD's existing services	<ul style="list-style-type: none"> <li>• Educate transit users, staffs of human service agencies and community stakeholders on the use of Google Transit as a user-friendly trip planner</li> <li>• Promote use of RVTD's website and OneBusAway app</li> <li>• Research and promote transit apps that are designed to enable people with disabilities to navigate the transit system</li> <li>• Establish text message capacity to notify riders of RVTD service changes or system disruptions</li> <li>• Increase signage at bus stops, including route numbers, scheduling information, RVTD phone number and web address</li> <li>• Continue to mail RVTD newsletter to Rogue Valley households</li> <li>• Continue on-bus surveys of RVTD and paratransit passengers to capture data on customer satisfaction and the quality of service</li> </ul>
1.5	Anticipate increases in demand for RVTD services	<ul style="list-style-type: none"> <li>• Determine a course of action for fleet, operational and technology decisions that will increase efficiency in light of increased demand for services, as funding allows</li> </ul>
1.6	Improve on-street infrastructure to enhance the experience of transit users and pedestrians	<ul style="list-style-type: none"> <li>• Improve bus stops with the addition of bus shelters, benches and increased signage, targeting the routes with highest use by the target populations, as funding allows</li> <li>• Secure funding for improvements through Jackson County and the cities that make up the MPO</li> </ul>
1.7	Continue to build community support for RVTD services and public transportation	<ul style="list-style-type: none"> <li>• Provide forums on transportation topics hosted by the mobility manager</li> <li>• Utilize the PAC to garner support for upcoming ballot measures</li> <li>• Increase social media presence</li> <li>• Create new marketing strategies</li> <li>• Develop an electronic mail list of community supporters and transit users</li> </ul>

2.0	Increase Community Collaboration to Address Additional Transportation Needs	
2.1	Develop partnerships with non-profits, for-profits and other community organizations to enhance the mobility options available to the target populations	<ul style="list-style-type: none"> <li>• Continue to develop community partnerships and mobility management strategies to address the needs of the target populations and to support such niche markets as college students and shift workers</li> <li>• Educate agencies and stakeholders about the transportation options available in the Rogue Valley by continuing to update the transportation providers matrix</li> <li>• Facilitate collaboration among agencies to share vehicles and other transportation resources</li> <li>• Continue to develop projects which coordinate service to niche markets, such as purpose-specific shuttles</li> <li>• Develop and annually update a database of agencies who serve transit-dependent persons</li> </ul>
2.2	Remove barriers to the use of public transit services by working in partnership with non-profits, for-profits and other community organizations	<ul style="list-style-type: none"> <li>• Expand the knowledge of and use of the Helping Hands Bus Pass Program</li> <li>• Create new fare subsidy programs and leverage community funding</li> <li>• Work with organizations to deliver customized travel training to target populations</li> </ul>
2.3	Leverage non-transit funding by providing support to organizations and programs that deliver cost-effective mobility options for target populations	<ul style="list-style-type: none"> <li>• Provide operating support for agencies that enhance mobility of the target populations</li> <li>• Encourage capital acquisitions by human service transportation providers to expand the availability of services to target populations</li> </ul>
2.4	Utilize technology to enhance efficiency in delivering transportation services	<ul style="list-style-type: none"> <li>• Support technology applications that enable trip-level coordination and improve cost-effectiveness</li> <li>• Update the OBSS software</li> </ul>

<b>3.0</b>	<b>Expand Multi-modal Choices</b>	
3.1	Address hard-to-meet transportation needs with efficient, affordable and customized solutions	<ul style="list-style-type: none"> <li>• Continue to create specialized shuttles to serve niche markets. These shuttles can address spatial gaps, temporal gaps and trip-type needs.</li> <li>• Encourage the development of more volunteer-based programs for transporting individuals who require door-to-door assistance</li> </ul>
3.2	Encourage multi-modal planning that anticipates growth in bicycle use, vanpools and rideshares.	<ul style="list-style-type: none"> <li>• Promote the use of the community bike share</li> <li>• Advocate for better biking infrastructure in each community</li> <li>• Continue to reach out to businesses and neighborhoods not currently served by transit to encourage the development of vanpools and ridesharing</li> </ul>
3.3	Support pedestrian infrastructure to promote safety and ease in accessing bus stops	<ul style="list-style-type: none"> <li>• Work with communities and Jackson County to develop pedestrian infrastructure, such as sidewalks and crossings to enhance access to transit</li> </ul>
3.4	Support planning and land development policies that promote livable, walkable, and aging-friendly communities and foster the vital connection between housing and transportation	<ul style="list-style-type: none"> <li>• Encourage human service agencies and large employers to consider locating near existing transit service</li> <li>• Encourage city and county planners to consider the RVTD service footprint while promoting TOD policies</li> </ul>
3.5	Promote regional connectivity through partnerships with neighboring counties and public/private sector partnerships	<ul style="list-style-type: none"> <li>• Continue to work with Josephine County to support the intercounty Rogue Valley Commuter Line, as funding permits</li> <li>• Continue to foster partnerships with CCO's and other organizations to provide destination-specific transportation for their clients and members</li> </ul>
<b>4.0</b>	<b>Coordinate Land Use Development and Regional Planning with Transit</b>	
4.1	Integrate transit issues into implementation of the adopted Greater Bear Creek Valley Regional Problem Solving Plan	<ul style="list-style-type: none"> <li>• Encourage jurisdictions to adopt funding to support transit into urban reserve area.</li> <li>• Plan for the increased transit needs when Medford expands its urban growth boundary (UGB).</li> </ul>

Goal	Objective	Potential Project or Strategies
4.2	Encourage city planners, service providers and major trip generators to analyze the feasibility of maintaining or extending transit services	<ul style="list-style-type: none"> <li>• Participate in land use planning efforts by service providers and major trip generators (TODs, hospitals, large employers, secondary and post-secondary schools, concentrated housing, etc.)</li> </ul>
4.3	Educate UWR-associated agencies and stakeholders about the implications of planning guidelines and policies	<ul style="list-style-type: none"> <li>• Use various formats, including forums hosted by the mobility manager, to share transit implications of local planning policies</li> <li>• Engender support from agencies and stakeholders around those planning initiatives that will promote increased mobility of the target populations.</li> </ul>

# Chapter 1: Plan Overview

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This introductory section sets forth the federal requirements for a Coordinated Public Transit/Human Services Transportation Plan that shape this *United We Ride Plan*, an update to RVTD's 2013-2018 *United We Ride Plan for the Rogue Valley*.

## Federal Statute and Requirement

The FAST Act, *Fixing America's Surface Transportation Act*,<sup>1</sup> signed into law on December 4, 2015, continues the federal requirement for the adoption and periodic update of locally developed Coordinated Public Transit/Human Services Transportation Plans (Coordinated Plans) as a condition for receiving funding for transportation programs sponsored by the Federal Transit Administration (FTA). Coordinated Plans identify the transportation needs of individuals with disabilities, older adults and people with low incomes; provide strategies for meeting those local needs; and prioritize transportation services and projects for funding and implementation. Guidance on the content, process, and timelines for the adoption and updating of a Coordinated Plan is provided in FTA Circular 9070.1G.<sup>2</sup> This circular states that a Coordinated Plan must be developed "through a process that includes participation by seniors, individuals with disabilities, representatives of public, private and nonprofit transportation and human service transportation providers, and other members of the public."

Prior to the FAST act, SAFETEA-LU, *Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users*,<sup>3</sup> required that projects selected for funding under the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access and Reverse Commute (JARC – Section 5316)) and New Freedom (Section 5317) programs be derived from a locally developed, Coordinated Public Transit/Human Services Transportation Plan. Similar to the FAST act, SAFETEA-LU mandated that the plan be developed through a process that included representatives of public, private, and non-profit transportation and human services providers and members of the public. The objective of each Coordinated Plan was to identify the transportation needs of individuals with disabilities, older adults and people with low incomes. The desired outcomes included identifying unmet mobility requirements as well as available resources in order to provide strategies for meeting the needs and furthering collaborations between public transportation providers and human services providers. The requirement for a Coordinated Plan continued with the passage of MAP-21, *Moving Ahead for Progress in the 21<sup>st</sup> Century Act*,<sup>4</sup> adopted in July 2012.

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<sup>1</sup> Public Law 114-94.

<sup>2</sup> Issued June 6, 2014.

<sup>3</sup> Public Law 109-059, signed into law August 2005.

<sup>4</sup> Public Law 112-141, signed into law July 6, 2012.

In addition to the aforementioned FTA requirements, the administrative rule of Oregon's Special Transportation Fund (STF) requires that STF Agencies, such as the Rogue Valley Transportation District (RVTD), prepare a plan to guide the investment of STF funds in order to maximize the benefit to older adults and people with disabilities within each jurisdictional area.

All of these requirements are combined into this *United We Ride Plan for the Rogue Valley*. This plan serves as an update to the original Coordinated Public Transit/Human Services Transportation Plan, which was written and adopted in 2006 and updated in 2013.

## **About this *United We Ride Plan***

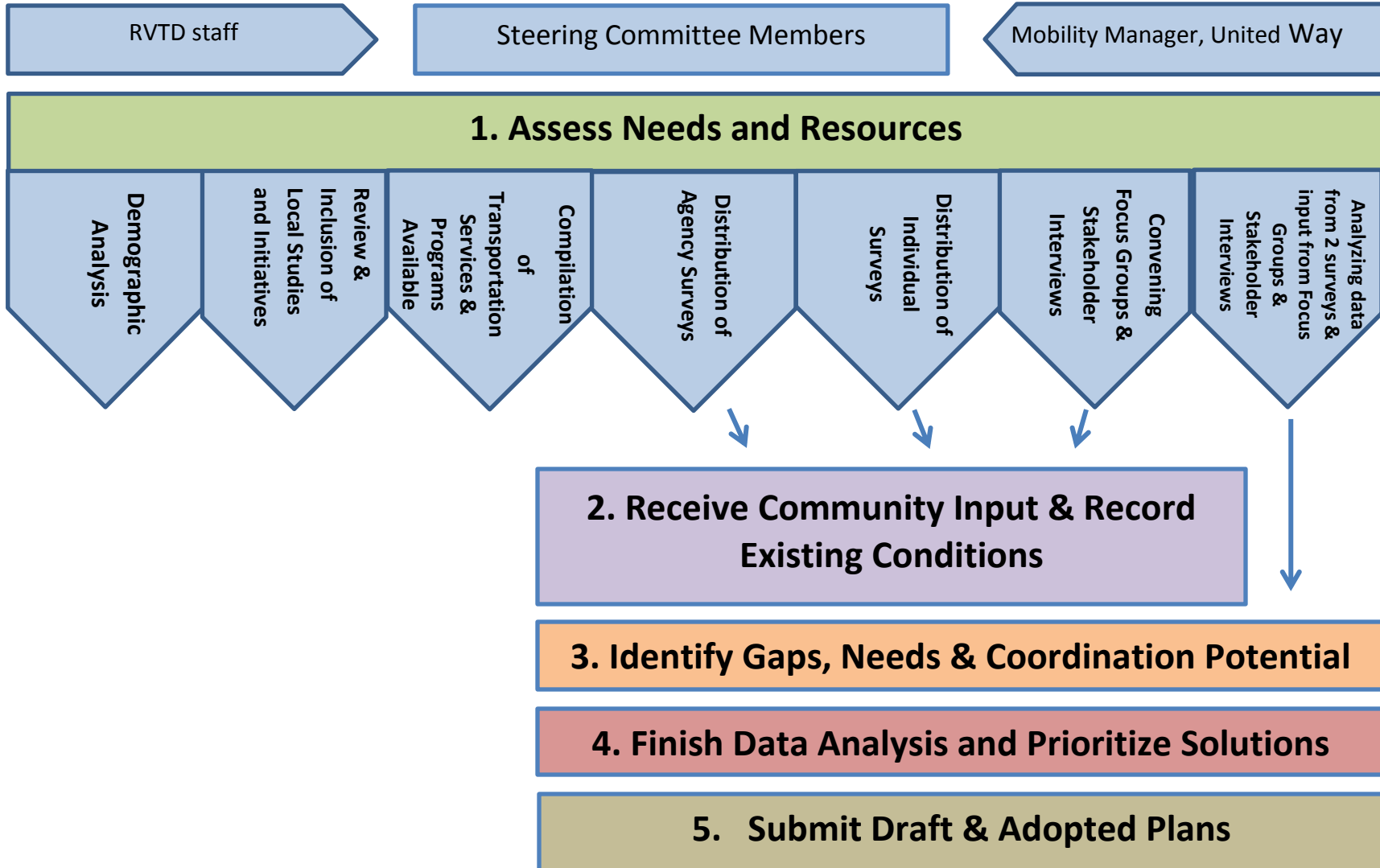
The purpose of this 2017 update to the Coordinated Public Transit/Human Services Transportation Plan is to ensure the continued relevancy of the Coordinated Public Transit/Human Services Transportation Plan, adopted in 2006, and its subsequent update, *United We Ride Plan for the Rogue Valley*, adopted in 2013. This iteration of the *United We Ride Plan* will continue to focus on improving the mobility of three target populations: people with disabilities, older adults and persons of low income. In addition, this update will:

5. Fulfill the FTA circular 9070.1G requirement by updating the Coordinated Plan every four years.
6. Document changing and evolving mobility needs within Jackson County and the resources which are available to the target populations.
7. Document new unmet transportation needs while validating those previously identified.
8. Identify priority needs toward which funding may be targeted as it becomes available.

In February 2016, the 28 member *United We Ride* Steering Committee (see Appendix A) developed a process to guide the development of the Plan, which is outlined in Figure 1-1. An overview of the entire project, including its purpose, goals and process, is provided in Figure 1-2. Between February and November 2016, Steering Committee members distributed both the individual and agency surveys, held focus groups and conducted stakeholder interviews. The Steering Committee met on February 26, 2016, April 15, 2016, July 15, 2016 and February 10, 2017. 170 individuals participated in nine focus groups and 58 people took part in 10 stakeholder interviews. In all, 73 non-profit agencies, community groups, health care providers, faith-based communities and large employers provided input (see Appendix B).

The agency survey was distributed to nonprofit agencies, faith groups, older adult organizations, community organizations, and the housing authority. In order to receive data from the three target populations of the *UWR Plan*, the individual survey was distributed to agency clientele, patients, members of community organizations, older adult groups, and employees of a large Rogue Valley employer. 624 individuals, who were associated with an agency or organization, and 49 agencies and community organizations completed surveys. An additional 83 Rogue Valley residents completed the individual survey on-line.

**Figure 1-1: United We Ride Plan Process**



**Figure 1-2: United We Ride Plan Overview**



## 2017 Update to the United We Ride Plan for the Rogue Valley: Coordinated Public Transit/Human Services Transportation Plan

*To improve mobility in the Rogue Valley  
through coordinated partnerships and projects*

### PROJECT OVERVIEW & PURPOSE

Federal legislation under SAFETEA-LU (*Safe, Accountable, Flexible, Efficient Transportation Act – A Legacy for Users*) requires a **locally developed plan that establishes a “unified comprehensive strategy for public transportation service delivery”** through a coordinated planning process to address the unmet transportation needs of:

- Persons with disabilities
- Older adults, and
- Individuals of low income.

The Coordinated Plan is necessary for funding eligibility in the following federal program:

**Seniors and Persons with Disabilities Capital Funds (Section 5310)** – Capital funding to public and private non-profit organizations serving the transportation needs of older adults and persons with disabilities.

### PROJECT GOALS

- To identify **new needs or continuing unmet transit needs** of the target groups.
- To **identify and promote partnerships**, among public or private, for-profit and non-profit agencies or organizations working to address specialized transportation needs.

### PROJECT PROCESS

#### Establish Steering Committee

- Guide and advise on process
- Help extend project efforts to stakeholders

#### Public Outreach

- Focus Groups
- Stakeholder Interviews
- Agency Survey
- Consumer Survey

#### Plan Development

- Compile community outreach findings
- Summarize demographic & other findings
- Identify and address:
  - Populations to be served
  - Types/categories of unmet needs
  - Gaps in transportation services
- Define coordination and mobility goals
- Define strategies for closing gaps
- Define Coordinated Plan tools

#### Plan Implementation

- Plan **prioritizes** coordination opportunities
- Identifies possible **coordinated responses**



## Chapter 2: Target Population Analysis

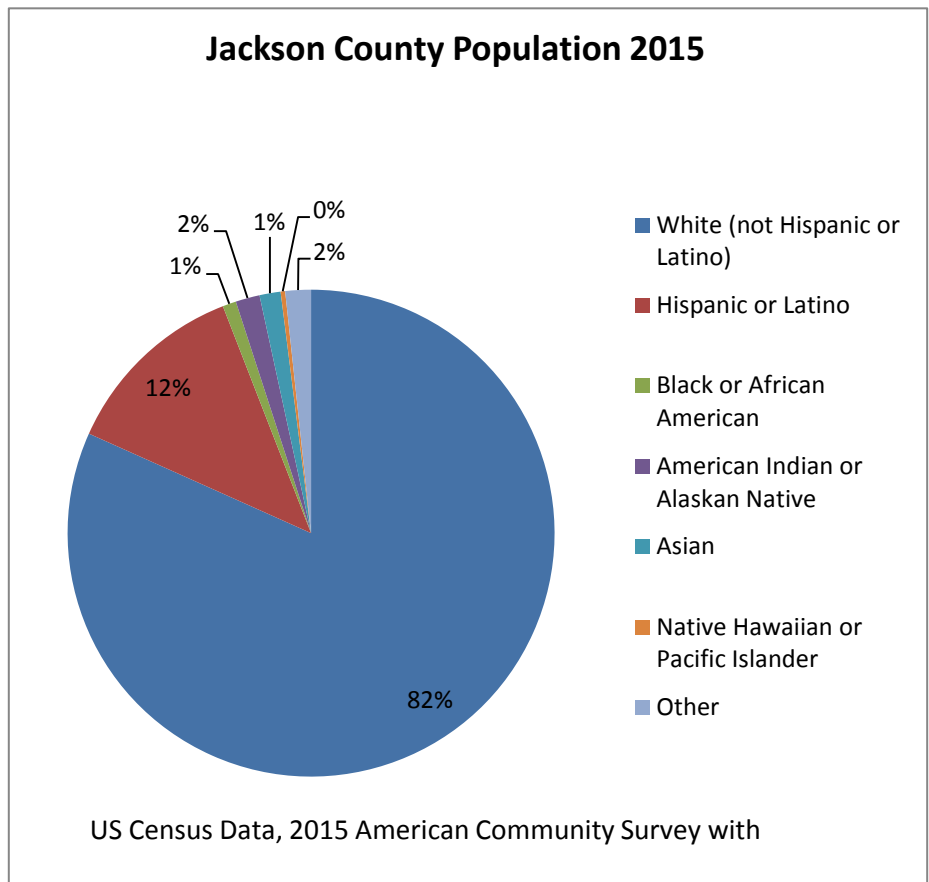
*Jackson County demographics are examined in terms of race/ethnicity, age and the target populations of SAFETEA-LU: older adults, low-income persons and people with disabilities. Population growth and changes provide a foundation for estimating both the need and the potential demand for transportation services by the three target populations.*

*Needs assessment studies and initiatives undertaken by Rogue Valley organizations and selected income studies are also included in this chapter to demonstrate the correlation between transportation barriers and low-income, disabilities and advancing age.*

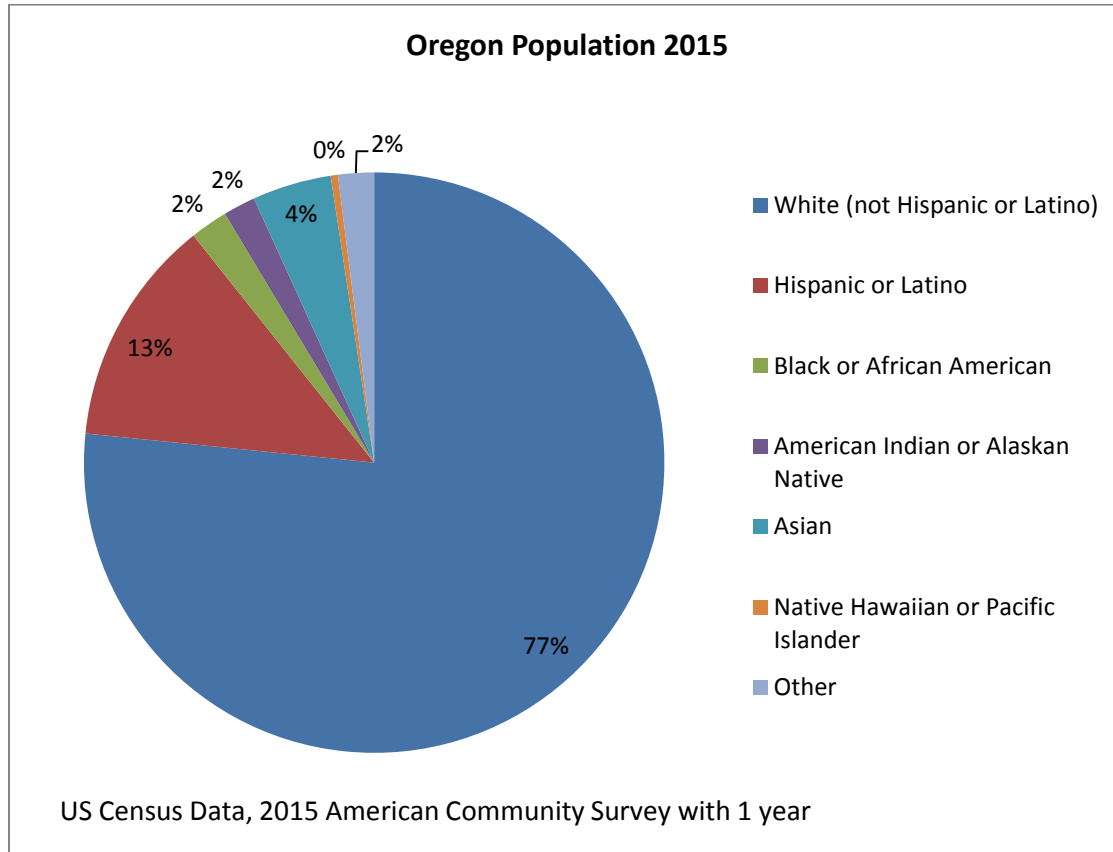
### Race and Ethnicity

As Figure 2-1 demonstrates the population of Jackson County is not racially diverse. More than 80% of the residents of Jackson County characterize themselves as White and the next three racial/ethnic groupings, Hispanic or Latino, American Indian or Alaskan Native, or Asian, comprise a combined 16% of the population. The State population has a lower percentage of residents who classify themselves as White; however, as Figure 2-2 shows, the percentages of other racial/ethnic populations are similar to Jackson County's percentages.

**Figure 2-1: Jackson County Racial/Ethnic Composition**



**Figure 2-2: Racial/Ethnic Composition of Oregon**



## Growth of Target Populations

Jackson County's population grew 17.3% in the 15 year period 2000-2015, representing an addition of 31,298 individuals. As Table 2-1 demonstrates:

- The **adult population, ages 18 to 64, increased by 13.4%** or 14,598 persons.
- The **low-income population**, with incomes at or below 100% of the United States poverty level, almost doubled, with an **increase of 91.6%** or 20,390 individuals. Among the age groups of **persons with low-income, the senior population increased a significant 150%** or 2,922 individuals.
- The **senior population**, represented by those age 65 and above, **increased by 52.6%** or 15,245 individuals.

**Table 2-1: Jackson County Target Group Populations 2000-2015**

<b>Population Comparisons 2000-2015</b>				
<b>Target Populations</b>	<b>Jackson County 2000</b>	<b>Jackson County 2010</b>	<b>Jackson County 2015</b>	<b>Percentage Change 2000-2015</b>
<b>Total Population</b>	<b>181,269</b>	<b>203,462</b>	<b>212,567</b>	<b>17.3%</b>
Children Ages 0 to 17	43,170	44,312	42,925	-0.6%
Adults Ages 18-64	108,146	123,060	122,744	13.5%
Seniors 65+	28,999	35,834	44,516	53.5%
<b>Persons of Low-Income (all ages)</b>	<b>22,269</b>	<b>29,887</b>	<b>42,659</b>	<b>91.6%</b>
Children Ages 0-17	7,322	8,749	11,707	59.9%
Adults Ages 18-64	13,003	18,550	26,086	100.6%
Seniors 65+	1,944	2,588	4,866	150.3%
<b>Seniors (ages 65 and above)</b>	<b>28,999</b>	<b>35,834</b>	<b>44,244</b>	<b>52.6%</b>
				<b>Percentage Change 2010-2015</b>
<b>People with Disabilities</b>	<b>*</b>			
Ages 18-34 with hearing difficulty	**	4,441	4,491	1.1%
Ages 18-34 with vision difficulty		1,622	2,314	42.7%
Ages 18-34 with cognitive difficulty		5,871	9,149	55.8%
Ages 18-34 with an ambulatory difficulty		8,876	7,401	-16.7%
Ages 18-34 with a self-care difficulty		2,208	2,962	34.1%
Ages 18-34 with an independent living difficulty		4,562	6,659	46.0%
Ages 65+ with hearing difficulty		6,645	7,143	7.5%
Ages 65+ with vision difficulty		1,932	2,597	34.4%
Ages 65+ with cognitive difficulty		3,260	4,292	31.7%
Ages 65+ with an ambulatory difficulty		8,067	11,025	36.7%
Ages 65+ with a self-care difficulty		3,772	3,489	-7.5%
Ages 65+ with an independent living difficulty		5,276	6,803	28.9%
<p>*Population totals for people with disabilities cannot be computed using US Census data since the same individual can be counted in several categories.</p> <p>**The Census Bureau introduced a new set of disability questions in the 2008 American Community Survey, which means data from prior years cannot easily be compared. Therefore, the percentage change for people with disabilities will be for a five year range only, 2010 to 2015.</p> <p>Sources: US Census Data sources: Table S1810 Disability Characteristics, 2015 American Community Survey 1-Year Estimates; Table S1810 Disability Characteristics, 2010 American Community Survey Estimates 1-Year Estimates; Poverty Status in the Past 12 Months: 2015 American Community Survey 1-Year Estimates, Poverty Status in the Past 12 Months: 2010 American Community Survey 1-Year Estimates, Poverty Status in the Past 12 Months: 2000 American Community Survey 1-Year Estimates.</p>				

As individuals age, mobility often lessens. To analyze the potentially increasing transportation needs of this demographic, Senior Adults are examined by three age groups in Table 2-2.

**Table 2-2: Senior Adult Population Growth in Jackson County and State of Oregon**

Age Group	Population Within Jackson County 2010	Population Within Jackson County 2015	County Population Increase 2010 to 2015	Overall County Population Percentage 2015	Population Within Oregon 2010	Population Within Oregon 2015	Statewide Increase 2010 to 2015	Overall State Population Percentage 2015
65 to 74	18,847	25,830	37.1%	12.2%	293,145	395,106	34.8%	9.8%
75 to 84	11,566	12,479	7.9%	5.9%	165,717	181,441	9.5%	4.5%
85+	5,421	5,935	9.5%	2.8%	78,462	84,329	7.5%	2.1%
Total 65 and Over	35,834	44,244	23.5%	20.8%	537,324	660,876	23.0%	16.4%
All ages	203,206	212,567	4.6%	100%	3,837,972	4,028,977	10.2%	100%
Please note: The population data differs slightly between Tables 2-1 and 2-2. In order to obtain the population totals for specific age ranges, data for the above table was obtained from Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010-July 1, 2015.								

## Key Demographic Findings: Senior Adult Population

- In 2015, **almost 21% of Jackson County's population was comprised of Senior Adults**. The population of **Seniors ages 65 to 74**, the youngest age grouping of Senior Adults, **increased significantly at the rate of 37% in five years**.
- **In all three age groupings, the percentage of Jackson County Seniors grew at a higher rate than the State cohort.**
- **The percentage of Senior Adults living in Jackson County with disabilities was higher than the State of Oregon in all six categories of disabilities** provided in United States Census data. **5.2%** of Senior Adults in Jackson County **reported having an ambulatory disability** as compared to 3.7% of Oregon residents (see Table 2-3). These individuals may require specialized transportation options.

**Table 2-3: State versus County Comparison of People with Disabilities Population**

Age Group	Disability Category	Population Within Jackson County 2015	Percentage of County Population 2015	Population Within Oregon 2015	Percentage of State Population 2015
Ages 18 to 64	Hearing Difficulty	4,491	2.1%	71,299	1.8%
	Vision Difficulty	2,314	1.1%	51,722	1.3%
	Cognitive Difficulty	9,149	4.3%	157,886	3.9%
	Ambulatory Difficulty	7,401	3.5%	139,492	3.5%
	Self-care Difficulty	2,962	1.4%	51,210	1.3%
	Independent-living Difficulty	6,659	3.1%	109,406	2.7%
Ages 65 and over	Hearing Difficulty	7,143	3.4%	114,721	2.8%
	Vision Difficulty	2,592	1.2%	42,193	1.0%
	Cognitive Difficulty	4,292	2.0%	65,230	1.6%
	Ambulatory Difficulty	11,025	5.2%	148,152	3.7%
	Self-care Difficulty	3,489	1.6%	49,906	1.2%
	Independent-living Difficulty	6,803	3.2%	91,215	2.3%
Source: US Census Bureau, Table S1810 Disability Characteristics: 2015 American Community Survey 1-Year Estimates.					

## Key Demographic Findings: People with Disabilities

Disabilities often become more common as people age. According to the Oregon Office on Disability and Health, almost 83% of Oregonians with disabilities acquired their disability after the age of 22. In their 2014 annual report, the most recent year when both State and County data is available, the Oregon Office on Disability and Health reported that among adults ages 19-39, 18% have a disability; among 40-59 year olds, 27.3% have a disability; among 60-70 year olds, 37.2% have a disability; and among those age 80 or older, 51.6% have a disability.

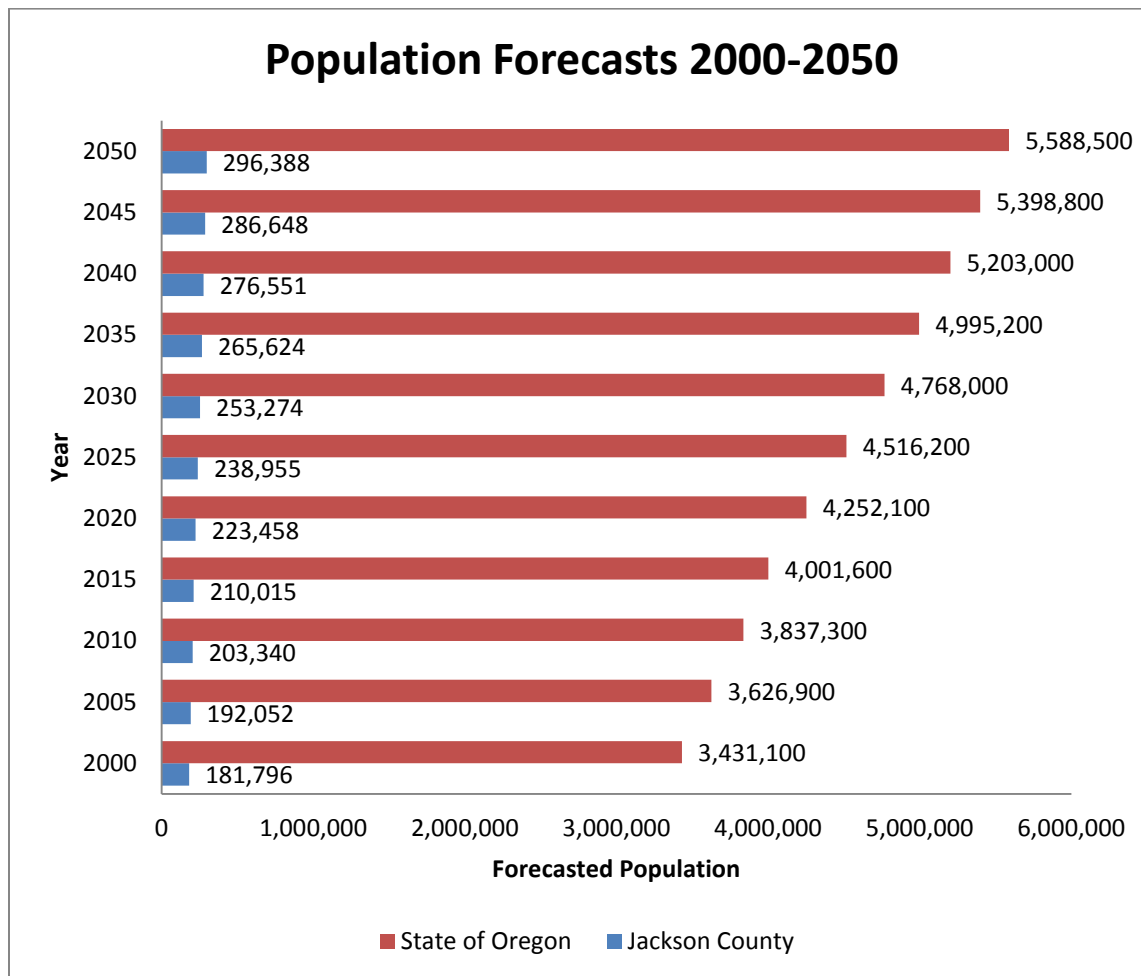
- Data from that same report indicated that **almost one-third of Jackson County residents (30.1%) over the age of 18 have disabilities.**

The US Census Bureau classifies disabilities as “difficulties” in the following six areas: hearing, vision, cognitive, ambulatory, self-care, and independent living. When the State and Jackson County proportion of adults with disabilities is compared, in almost all cases the County has higher percentages.

- The **percentage of the Jackson County adult population, ages 18 to 64, with disabilities is higher than the State of Oregon percentage in four of the six categories:** hearing, cognitive, self-care and independent living.
- **Older adults with disabilities in Jackson County have higher than state percentages in all six categories.**
- This data indicates that specialized transportation options may be required to meet the needs of people with disabilities.

## Jackson County Population Projections

Anticipation of future County growth is fundamental to transportation planning. The State of Oregon Office of Economic Analysis provides population projections in five-year intervals for each county. In its *Forecast of Oregon’s County Populations and Components of Change 2010-2050* report, Jackson County can expect steady long-range growth. Between 2015 and 2050, the County’s population is anticipated to grow by 41%, representing over 86,000 new residents, while the State’s population is expected to grow by almost 40%, representing almost 1,587,000 new residents. Additional information on County population growth is discussed in Chapter 7 as it pertains to land use and transportation.

**Figure 2-3: 50 Year Jackson County Population Forecast**

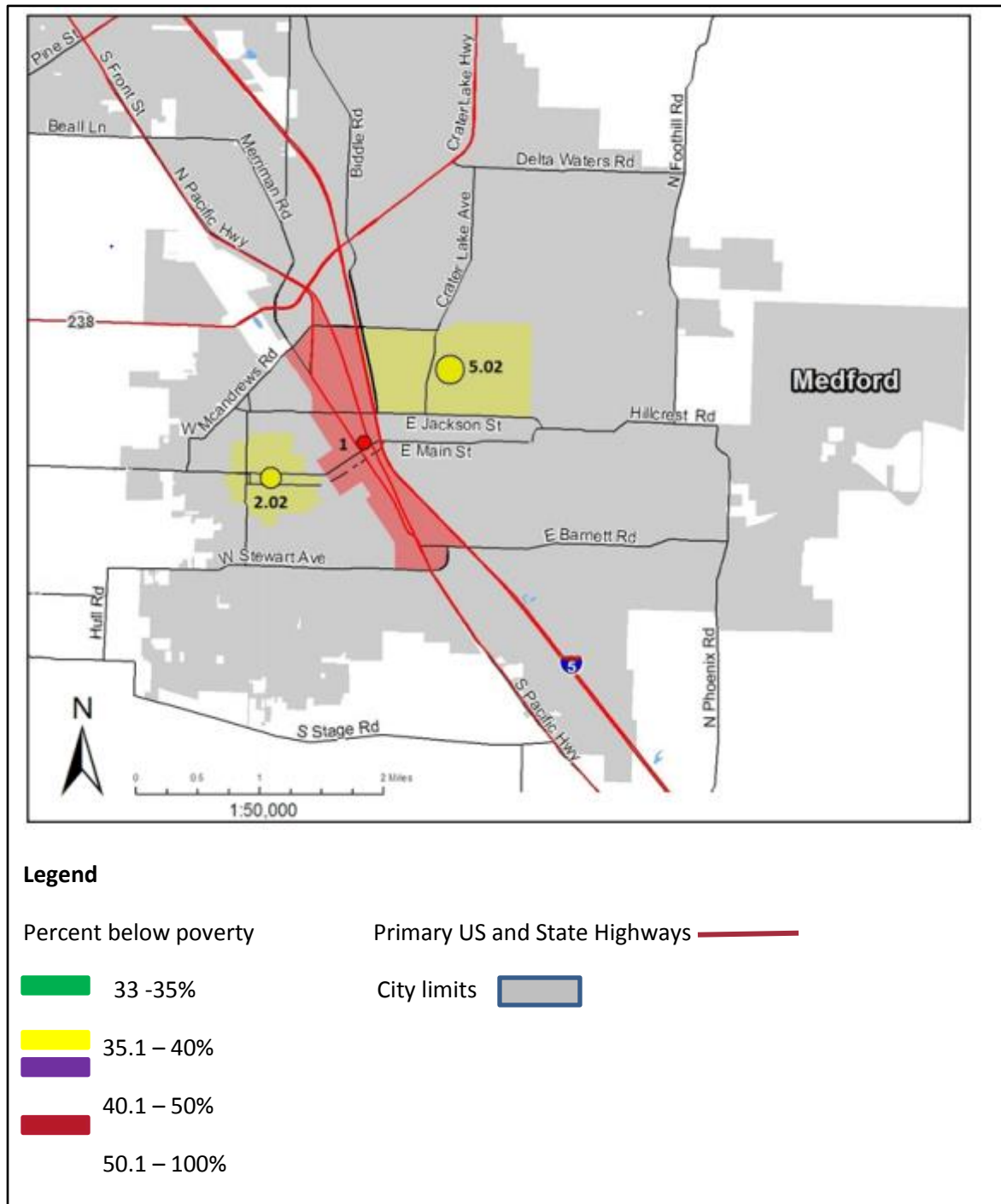
## Geographic Distributions by Target Population

It is alarming that US Census Tract 1 (Figure 2-4), sandwiched between Highway 99 and Interstate 5 in the central part of Medford, contains **the highest concentration of poverty of any census tract in the State of Oregon**. More than half of the residents of this tract live below the federal poverty level. Almost one-third of the residents live in households with combined annual incomes of less than \$10,000 per year. This tract contains the highest percentage of residents working in the service sector (42%) of any high-poverty tract in Oregon and **double the statewide percentage of people with disabilities (28.5%)**.

Census Tract 2.02, is located adjacent to Tract 1 and contains the area along West Main Street is also a high-poverty area. A high percentage of residents have annual household incomes of less than \$10,000.

Census Tract 5.02, east of Interstate 5 and south of McAndrews Road also contains a high percentage of individuals with annual household incomes of less than \$10,000.

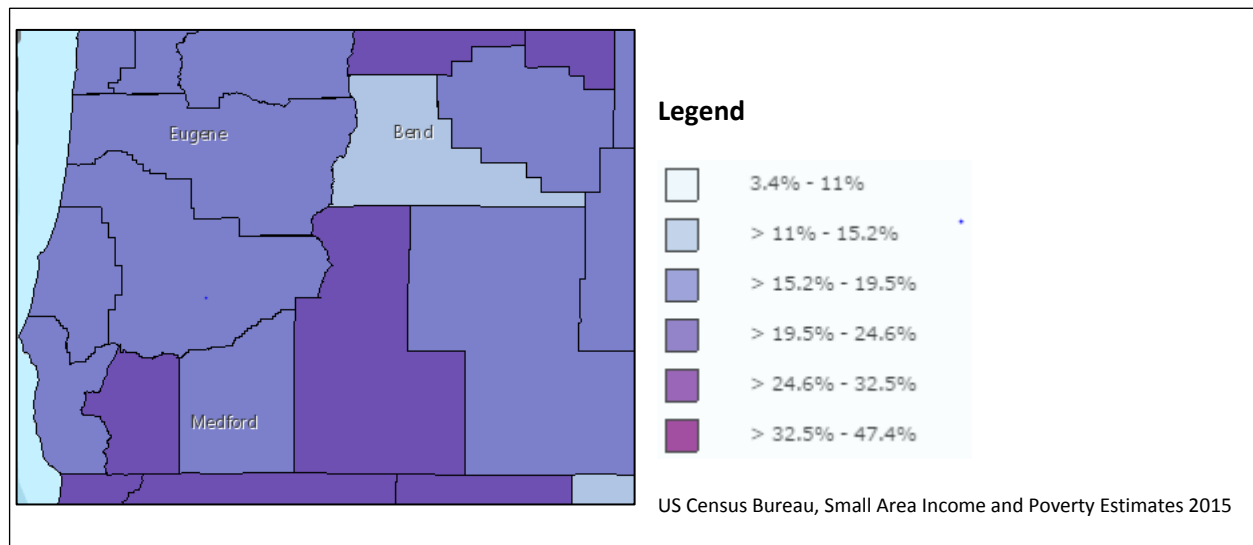
**Figure 2-4: Census Tracts with High Percentages of Low-Income**





While the poverty rate of Jackson County is alarming, the counties to its east and west, Josephine and Klamath have higher overall rates of poverty. According to the latest estimates of the US Census Bureau, Jackson County's poverty rate is in the range of 19.5% to 24.6%, whereas Josephine and Klamath counties are both in the next highest range, 24.6% to 32.5% (see Figure 2-5).

**Figure 2-5: County Comparison of Poverty, All Ages**



## Income-Related Studies

According to the U.S. Department of Commerce's Bureau of Economic Analysis 2015 report, Oregon's per capita personal income (PCPI) was \$41,681 in 2014. **Oregon's PCP was 90.4% of the nation's PCPI (\$46,129).** This income gap has remained relatively steady over the last nine years. Some of the explanations for this gap include: lower industry wages, a faster-growing population, lower wages in high-paying occupational groups, and a larger share of part-time workers in Oregon, compared with the nation as a whole. **In 2014, Oregon's PCP grew more rapidly than other western states at a rate of 4.6%, ranking it 32<sup>nd</sup> nationally.**

The ALICE report and the US Census Bureau's Poverty Hotspot analysis, summarized in this section, provide a deeper understanding of the implications of this income gap.

### The ALICE report: A study of Financial Hardship

*The ALICE report: A study of Financial Hardship*, produced by the United Ways of the Pacific Northwest, provides a framework to measure and understand the struggles of the growing number of households in our area who do not earn enough to afford the basic necessities. This population is designated as ALICE, Asset Limited, Income Constrained, Employed. In the Pacific Northwest, 1.6 million households (35%) struggled to afford basic household necessities in 2013. **In Oregon, 230,328 households (15%) lived in poverty and 346,700 households (23%) were ALICE.** The ALICE threshold is the average level of income a household needs to afford the basic, which include (housing, child care, food, health care and transportation). The ALICE threshold is adjusted for each county.

The ALICE report suggests four main causes for the high percentage of ALICE households in the Pacific Northwest. These causes represent the situation for economically-constrained, working families in Jackson County, as well.

1. **Low wage jobs dominate the local economy:** More than half of all jobs in the Pacific Northwest pay less than \$20 per hour, with most paying between \$10 and \$15 per hour. These jobs, especially service jobs that pay below \$20 per hour and require only a high school education or less, will grow far faster than higher-wage jobs in the Pacific Northwest over the next decade.
2. **The basic cost of living is high:** the cost of basic household expenses in the Pacific Northwest is more than what most of the region's jobs can support. The average annual household budget that includes housing, child care, food, health care and transportation for a family of four (two adults, one infant and one preschooler) ranges from \$46,176 to \$52,152, which is double the U. S. Poverty rate of \$23,836 for a family of four.

3. **Jobs are not located near housing that is affordable:** It is difficult for ALICE households in the Pacific Northwest to find both housing affordability and job opportunities in the same county.
4. **Public and private assistance helps, but doesn't achieve financial stability:** Assistance provides essential support for households below the ALICE threshold but cannot raise all households to economic stability. Government, nonprofit and healthcare organizations spend \$21 billion on services for ALICE and poverty-level households in the region to supplement their income, but even that total is 25% short of raising all Pacific Northwest households above the ALICE threshold.

**Table 2-4: Consequences of Households Living Beneath the ALICE Threshold in the Pacific Northwest**

	Impact on ALICE	Impact on Community
<b>HOUSING</b>		
Living in substandard housing	Inconvenience; health and safety risks; increased maintenance costs	Worker stressed, late and/or absent from job – less productive
Move farther way from job	Longer commute; costs increase; less time for other activities	More traffic on road; workers late to job
Homelessness	Disruption to job, family, school, etc.	Costs for homeless shelters, foster care system, health care
<b>CHILD CARE EDUCATION</b>		
Substandard child care	Safety and learning risks; health risks; limited future employment opportunity	Future burden on education and social services; less productive worker
No child care	One parent cannot work; forgoing immediate income and future promotions	Further burden on education system and other social services
Substandard public education	Learning risks; limited earning potential/mobility; limited career opportunity	Stressed parents; future burden on social services
<b>FOOD</b>		
Less healthy	Poor health; obesity	Less productive worker/student; future burden on health care system
Not enough	Poor daily functioning	Even less productive; future burden on social services and health care system

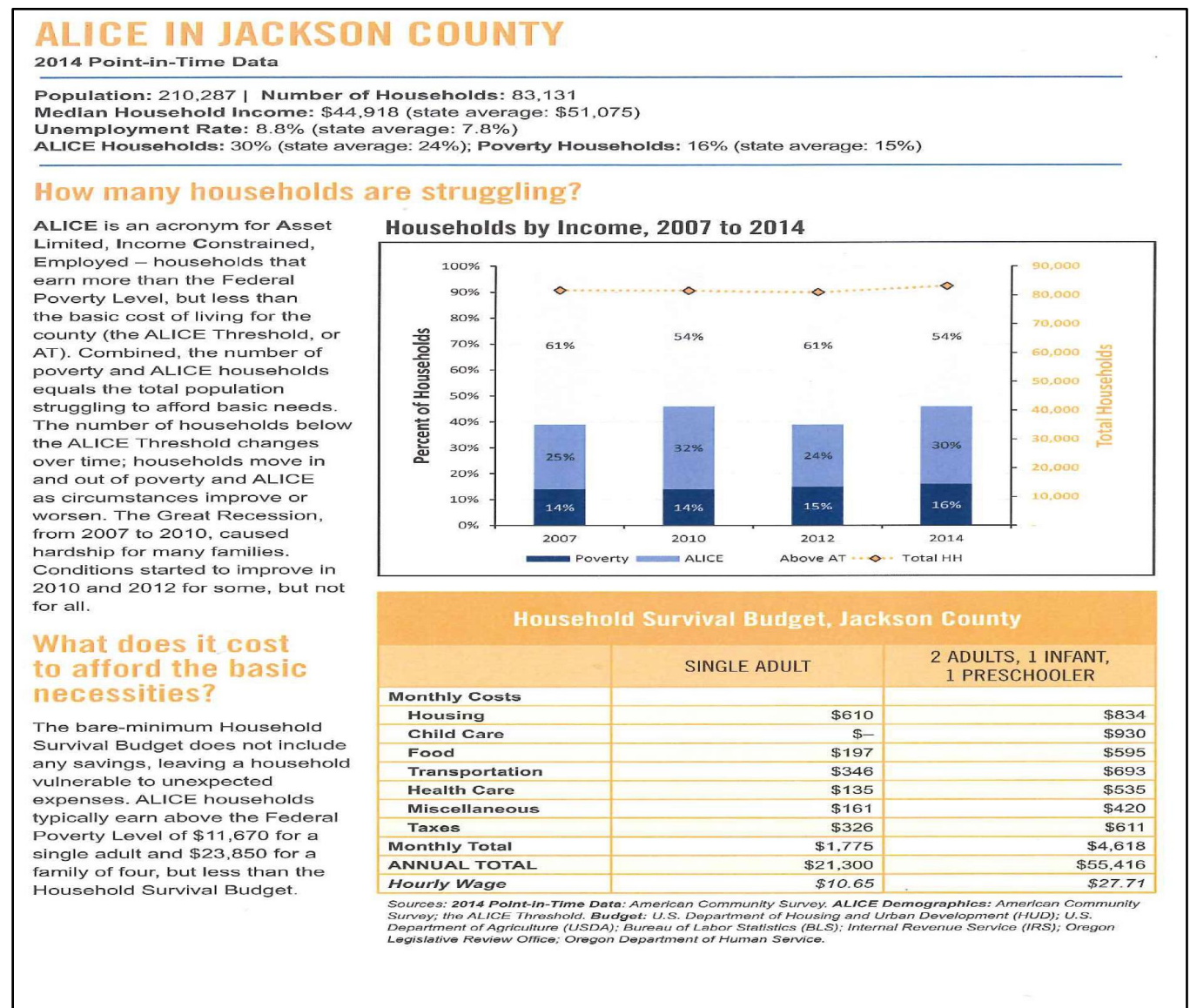
	Impact on ALICE	Impact on Community
<b>TRANSPORTATION</b>		
Old car	Unreliable transportation; risk of accidents; increased maintenance costs	Worker stressed, late, and/or absent from job – less productive
No insurance/registration	Risk of fine; accident liability; risk of license being revoked	Higher insurance premiums; unsafe vehicles on the road
Long commute	Less time for other activities; more costly	More traffic on road; workers late to job; greater burden on road maintenance services
No car	Limited employment opportunities and access to health care/child care	Reduced economic productivity; higher taxes for specialized public transportation; greater burden on emergency vehicles
<b>HEALTH AND HEALTH CARE</b>		
Underinsured	Forgo preventive health care; more out-of-pocket expense	Workers report to job sick; spread illness; less productive; absenteeism
No insurance	Forgo preventive health care; use Emergency Department for non-emergency care	Higher insurance premiums for all to fill the gap; more expensive health costs
<b>INCOME</b>		
Low wages	Longer work hours; pressure on other family members to work (drop out of school); no savings	Worker stressed, late and/or absent from job – less productive; higher taxes to fill the gap
No wages	Cost of looking for work and finding social services	Less productive society; higher taxes to fill the gap.
<b>SAVINGS</b>		
Minimal savings	Mental stress; crises; risk taking; use costly alternative financial systems to bridge gaps	More workers facing crisis; unstable workforce; community disruption
No savings	Crises spiral quickly, leading to homelessness, hunger, illness	Costs for homeless shelters, foster care system, emergency health care

Source: United Way ALICE Report – Pacific Northwest, 2015.

**In Jackson County, 46% of the 82,983 households are struggling, with 16% living at or below the poverty level and 30% representing ALICE households.** The annual household budget for a family of four to afford the basic necessities in 2013 was \$52,704, whereas, the median county-wide household income was \$43,363. **This median household income is only 86% of the state average.**

The transportation-related consequences for households living beneath the ALICE threshold include unreliable transportation, risk of accidents and increased maintenance costs associated with older cars; risk of fine, accident liability and risk of license being revoked for those operating a car with no insurance and/or registration; long commute to low-paying jobs; limited employment opportunities and access to health care and child care for zero car households. The transportation needs of zero car households are described further in the *Rogue Valley Metropolitan Planning Organization Transportation Needs Assessment for Traditionally Underserved Populations Report*, which is found in the Needs Assessment Studies and Initiatives section of this report.

**Figure 2-6: ALICE Report for Jackson County**



## US Census Bureau Poverty Hotspots

**Jackson County has six high poverty “hotspots,” three of which are in Medford and one each in White City, Phoenix, and southwestern Jackson County.** A hotspot is defined by the Census Bureau as a census tract or contiguous group of tracts with poverty rates of 20% or more for two consecutive measurements. These poverty rates were measured in the Census Bureau’s 2009-2013 and 2008-2012 American Community Surveys (ACS). In 2015, the Department of Human Service’s (DHS) Office of Forecasting, Research and Analysis created a *High Poverty Hotspots Report* for Jackson County utilizing data from the Census Bureau data, DHS and Oregon Employment Department. According to the data, 14% of the county’s population, 23% of its poor, and 26% of SNAP (Supplemental Nutrition Assistance Program) clients live in one of the three Medford hotspots, while 7% of the county’s population, 9% of its poor, and 8 percent of its SNAP clients live in the White City, Phoenix and southwestern Jackson County hotspots. Knowledge about local high poverty hotspots can be helpful when designing and locating programs and services which target people of low-income.

## Needs Assessment Studies and Initiatives

### **RVMPO Transportation Needs Assessment for Traditionally Under-served Populations, final Report, March 2016**

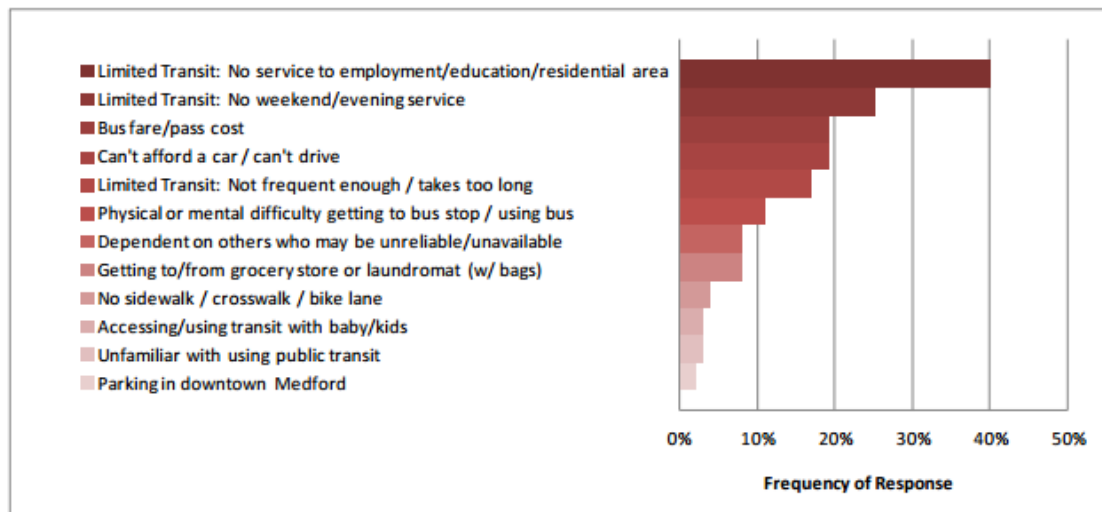
The Rogue Valley Metropolitan Organization (RVMPO) is a consortium of seven cities and the surrounding rural areas in Jackson County that are within or adjacent to the Medford Urbanized Area. The RVMPO also includes the Oregon Department of Transportation (ODOT) and the Rogue Valley Transportation District (RVTD). Other agencies that participate in the work of the RVMPO include: Oregon Department of Environmental Quality (DEQ), the Oregon Department of Land Conservation and Development (DLCD), the Federal Highway Administration (FHWA), the Federal Transit Administration (FTA), and the U. S. Environmental Protection Agency (EPA). In 2016, the RVMPO conducted an environmental justice analysis to investigate factors that both benefit and impede transportation for the following target populations: person of low-income living below the federal poverty level; minorities who do not identify as “White alone”; younger persons (individuals under the age of 18); senior adults age 65 and above, and zero-car households living in census blocks containing twice the regional average for zero-car households. The data pertinent to the *United We Ride Plan for the Rogue Valley’s* targeted audiences will be discussed below.

Forty agencies, operating within the RVMPO area who serve one or more of the target populations, responded to the transportation assessment survey, 90% of whom serve low-income individuals and 42% of whom serve senior adults over the age of 65.

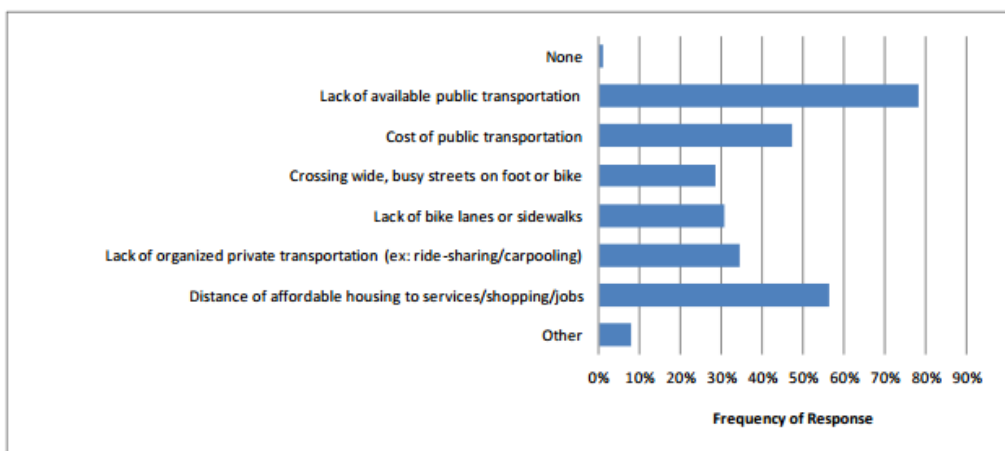
The **five most cited transportation challenges faced by clients** included temporal and spatial gaps in the transit system, including no transit service to employment/education/residential area; no weekend/evening transit service; and transit not frequent enough or takes too long. Other barriers include the cost of bus fare and bus passes and the client either could not afford or drive a car.

The second greatest barrier cited in the assessment, **no weekend or evening service, has been rectified** partially with the return of Saturday service in July 2016. Evening service, which operated until 10 pm on certain routes prior to the March 2015 service reductions, continues to have reduced hours. Route 10 and Route 60, the routes with the greatest ridership, operate until 8:48 pm and 8:18 pm, respectively.

**Figure 2-7: Biggest Transportation Challenges faced by Target Populations that Agencies Serve**

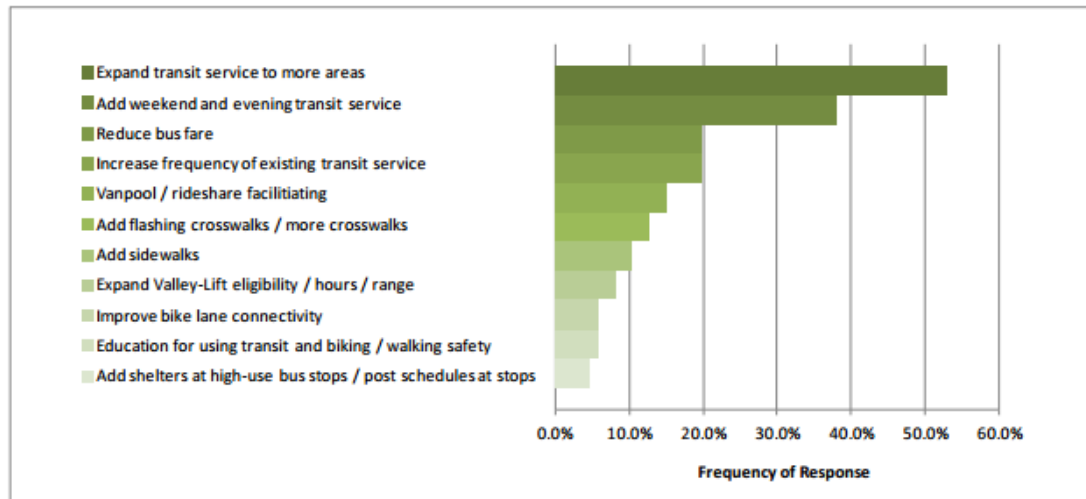


**Figure 2-8: Transportation Barriers within the Existing RVTB system that Burden Target Populations**





**Figure 2-9: Improvements to the Transportation System (Infrastructure and/or Service that would Provide the Biggest Benefit for the Target Populations**



The main findings of the survey include:

**Over 90% of the respondents identified as working with low-income individuals.** This includes low-income minority, low-income seniors, and low-income younger persons.

**The lack of public transit service to existing employment, education, and residential areas,** was the most frequently stated transportation challenge that target populations face. When a specific location was given by the respondent, **the most frequent locations included employment and education areas in western White City and service to Eagle Point.**

The overall lack of available public transportation in the region, followed by the **distance of affordable housing to services, shopping and jobs,** were stated to be the most common barriers burdening target populations.

Respondents indicated that the **most beneficial improvements to the transportation system would include expanding transit service to more areas.** When a specific location was given by the respondent, the most common expansion areas stated were to employment and education areas in western White City and service to Eagle Point.

In addition to the survey, the RVMPO identified areas containing high concentrations of target populations and designated these as “areas of concern.” **Two of these areas of concern, Downtown/West Medford and White City, contained multiple target populations and multiple need indicators.** The analysis of the Downtown/West Medford area of concern discovered: a high percentage of low income households, zero-car households, minority populations and younger person populations; lack of bike lane connectivity; distance of West Medford low income/minority/zero-car household



residential areas to grocery stores; and a high number of vehicle crashes involving a bicyclist or pedestrian within low income and minority areas.

In the White City area of concern, findings included high percentages of low income households, minority populations, and households with young persons; no grocery stores exist in White City; and lack of transit to western White city major employment area.

## Jackson County Community Services Consortium – Homeless Task Force

In operation since 1986, Jackson County Community Services Consortium is a collaboration of agencies, schools, colleges and universities, local government entities, service clubs, individuals and other organizations. Its overarching mission is to bring together people helping individuals and families, opening up opportunities for coordination, collaboration, partnership, support and collective learning.

The Homeless Task Force, one of the Consortium’s five committees, works to reduce the numbers, mitigate the impact and improve outcomes for people who experience homelessness in Jackson County. The Homeless Task Force serves as the area’s Continuum of Care and oversees the annual homeless count. **The January 25, 2016 Point-in-Time Count represents the data collected from 527 homeless persons in Jackson County on that date.**

**Table 2-5: Point in Time Count for January 25, 2016**

Total Households and Persons						
	Sheltered			Unsheltered	Total	
	Emergency	Transitional	Safe Haven			
Total Number of Households	138	112	0	207		<b>457</b>
Total Number of Persons	151	137	0	239		<b>527</b>
Number of Children (under 18)	30	26		26		<b>82</b>
Number of Persons (18 to 24)	8	16	0	21		<b>45</b>
Number of Persons (over age 24)	113	95	0	192		<b>400</b>

**Table 2-5 continued: Point in Time Count for January 25, 2016**

<b>Gender</b>					
	<b>Sheltered</b>			<b>Unsheltered</b>	<b>Total</b>
	Emergency	Transitional	Safe Haven		
Female	80	48	0	73	<b>201</b>
Male	71	89	0	165	<b>325</b>
Transgender (male to female)	0	0	0	1	<b>1</b>
Transgender (female to male)	0	0	0	0	<b>0</b>
<b>Ethnicity</b>					
	<b>Sheltered</b>			<b>Unsheltered</b>	<b>Total</b>
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	124	126	0	203	<b>453</b>
Hispanic/Latino	27	11	0	36	<b>74</b>
<b>Race</b>					
	<b>Sheltered</b>			<b>Unsheltered</b>	<b>Total</b>
	Emergency	Transitional	Safe Haven		
White	123	119	0	182	<b>424</b>
Black or African-American	12	7	0	20	<b>39</b>
Asian	0	0	0	2	<b>2</b>
American Indian or Alaska Native	5	2	0	13	<b>20</b>
Native Hawaiian or Other Pacific Islander	2	5	0	2	<b>9</b>
Multiple Races	9	4	0	20	<b>33</b>

A major activity of the Consortium is the annual Project Community Connect. Now in its seventh year, Project Community Connect (PCC) offers the Rogue Valley Community an opportunity to help neighbors, especially those who are experiencing homelessness or on the verge of losing their homes. The event aims to bring together all sectors of the community to create real solutions to the complex

problems these individuals face. To that end, medical and dental care, veterans' services, job-related trainings, legal services, haircuts, birth certificates, help applying for benefits, and many other types of assistance are provided at the day-long event.

Recently, Jackson County Commissioners passed a resolution to create a ten-year plan to end chronic homelessness in the county. The strategy for this ten-year plan will be developed in conjunction with the Consortium and the Homeless Task Force and will include a strong public education component.

**The Homeless Task Force has identified “Increasing community awareness of homelessness” as an ongoing goal.** Community awareness of the lives and personal circumstances of the local homeless population is vital to the ongoing work of the Homeless Task Force, because:

- Educating people of a need in a community increases philanthropic giving, which is necessary for the success of many other projects.
- An informed population is more likely to respond favorably to government-sponsored initiatives such as the Jackson County Commissioners' ten-year plan to end chronic homelessness.
- This informed population is more likely to encourage local government officials to seek additional programs that work to end homelessness in the county.
- Creating a community able to see those living homeless as fellow citizens lowers the possibility of confrontation and friction.

## **Jackson County, Oregon Community Needs Assessment 2014**

ACCESS, Jackson County's Community Action Agency, addresses the needs of the most vulnerable populations: seniors, people with disabilities, and persons with low to moderate income. **Every two years, ACCESS undertakes a community needs assessment** to help the community to determine which programs and services are most needed, especially by these target populations. The primary objectives of the 2014 assessment included: utilizing the knowledge and experience of multiple organizations and agencies to gather the best data possible to identify current critical needs; find out where, if any, “gaps” are within the current programs or services being offered; and find the most efficient and effective ways to serve the community in these economically challenging times.

The current assessment, adopted in May 2014, followed a process designed by a Community Planning Committee, composed of representatives from ACCESS, City of Medford, City of Medford Police Department, Disability Advocacy for Social and Independent Living, Hearts with a Mission, Jackson County Commission on Children and Families, LaClinica, Rogue Valley Council of Government – Senior and Disability Services, Salvation Army, Southern Oregon Headstart, Southern Oregon University, State of Oregon Department of Human Services, and United Way of Jackson County. In order to receive input from consumers and service providers, two separate surveys were distributed. Fifty-two agencies and 443 individuals participated in the surveys.

## Consumer Findings

- Of the 443 respondents: 61% female, 38% male, 23% employed, 62% unemployed and 15% retired. Five percent of households reported monthly income of greater than \$2,501, while 38% reported monthly income of \$1,000 or less. 88% indicated that they were low income. Clients served per agency ranged from 40 to 50,000 annually.
- **39% indicated that lack of transportation is their largest barrier to accessing services.**
- Among the *services received* during 2013, the top five responses were:
  - Food Stamps (54%)
  - Emergency Food Box (30%)
  - Health Insurance (20%)
  - Medical care (21%)
  - **Transportation (185)**
- For services *needed but not received* by respondents, the top five were:
  - Affordable Housing (49%)
  - Dental Care (46%)
  - Rental Housing Assistance to get into and/or maintain a rental unit (43%)
  - Health Insurance (37%)
  - Energy/Fuel Assistance/Weatherization (35%)

## Agency Findings

- Responding agencies represented the following services: housing, job assistance, child care, emergency shelter, health care, youth services, financial assistance, dental care, senior services, energy and fuel assistance, disability services, Meals on Wheels, emergency food boxes, mental health services, in-home care, transportation, drug and alcohol programs, and respite care.
- Agencies reported that the **most critical needs in the community are**:
  - Housing (24%)
  - Jobs/Employment
  - Health Care (13%)
  - Food (6%)
  - Transportation (5%)
- Agencies responded that the **most critical UNMET needs in the community are**:
  - **Transportation (16%)**
  - Housing (12%)
  - Mental Health services (9%)
  - Health Care (5%)
  - Job Training/Assistance (5%)
  - Dental Care (4%)
- Agencies indicated that they would like to see new interagency partnerships across multiple disciplines developed rather than focusing on sector-specific partnerships.

- **Agencies would like to see better communication regarding the types of resources available on a real-time basis, such as the implementation of a county-wide 2-1-1.**

### **Overall Summary**

Consumers identified affordable housing, meaning housing which costs 30% or less of a family's gross monthly income, as the most important need they are not receiving. Paying in excess of 30% for rent creates a situation in which the family is cost burdened, and therefore unlikely to be able to afford food, clothing, transportation and medical care.

Both survey groups identified employment and/or living wages as critical needs. A living wage indicates that the earnings are sufficient to cover the basic living costs of food, housing, childcare and utilities.

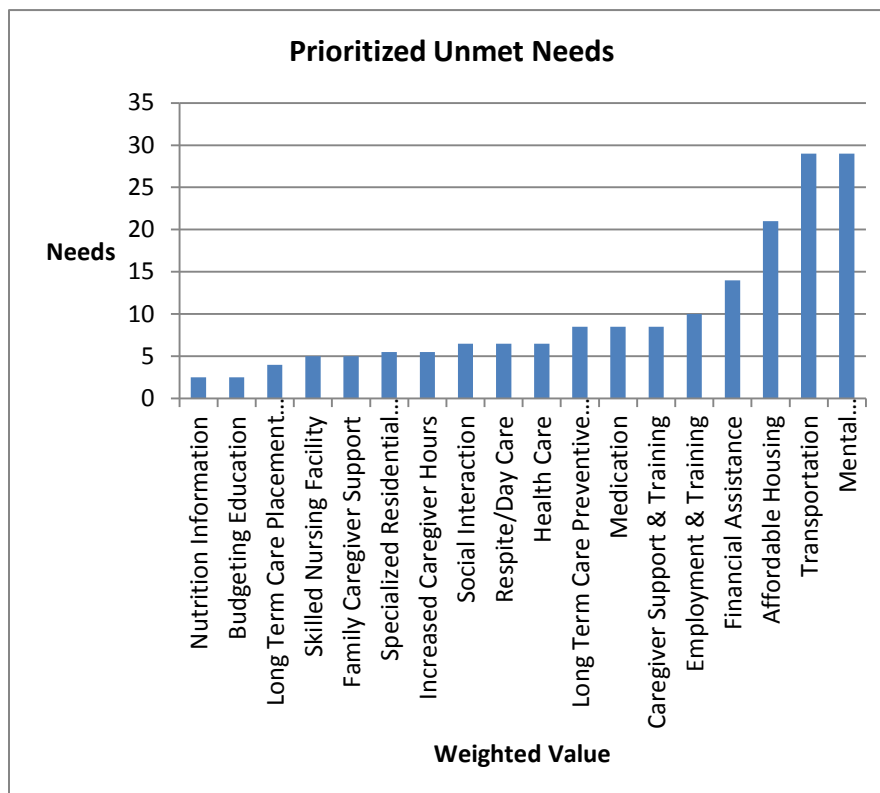
The Community Needs Assessment of 2014 graphically highlights the importance of developing comprehensive approaches to economic development and the shortage of affordable housing. Without living wage jobs, both individuals and families in Jackson County will be overly burdened by housing expenses, which can result in the increased need for safety net social services to assist with necessities, such as food and energy assistance.

## **Senior and Disability Services of the Rogue Valley Council of Governments: Area Agency on Aging 2013-2016 Area Plan**

The Rogue Valley Council of Governments (RVCOG) has been the designated Older Americans Act Area Agency on Aging (AAA) for both Jackson and Josephine Counties since 1974. This report anticipates an enlarging scope of need in the next 20 years, due to immigration to the Rogue Valley and a progressively aging and disabled demographic. Reasons for this growing demographic include: aging Boomer population, increased immigration due to the popularity of Southern Oregon as a retirement destination, advances in medical technology that contribute to a higher survival rate for individuals with severe injuries or disabling chronic conditions, and the greater frequency of age-related chronic conditions as life spans increase.

**Figure 2-10: Population Projection for Seniors and People with Disabilities**

Demographic	Jackson County Number	Jackson County Percentage
Year 2000 Total Population	181,269	100%
Year 2000 Individuals Over 65	29,292	16.2%
Year 2000 Individuals Over 80	8,334	4.6%
Year 2000 People with Disabilities (over age 21)	30,725	16.9%
Year 2010 Total Population	203,950	100%
Year 2010 Individuals Over 65	36,977	18.1%
Year 2010 Individuals Over 80	10,638	5.2%
Year 2010 People with Disabilities (over age 21)	30,463	14.9%
Year 2020 Total Population (projected)	238,865	100%
Year 2020 Individuals Over 65	49,383	20.7%
Year 2020 Individuals Over 80	11,297	4.7%
Year 2020 People with Disabilities (over age 21)	No projection available	No projection available

**Figure 2-11: Unmet Needs Reported by Agencies**

In June 2011, 42 agency directors responded to a RVCOG AAA online survey about Long Term Care Services in Jackson and Josephine Counties. These agencies serve approximately 20,500 people in Jackson County. The graph of Prioritized Unmet Needs illustrates that the top two needs identified in the survey were transportation and mental health/addictions/counseling.

In concert with the on-line survey detailed above, the RVCOG AAA conducted a

Seniors Needs Assessment/Interest survey in February 2012. At the same time, they held several focus groups and interviews. In the general population focus group, the identified highest needs were:

- Concern about having enough financial resources and about directing control of one's own finances
- Desire to have "neighbors helping neighbors? To help each other stay at home
- Affordable health and dental care
- Worry about the state of Social Security
- Getting assistance with the complexity in the Medicaid application process
- Cost of medications
- Respite care
- Learning about available resources
- Having affordable person care and home care assistance
- Health insurance interrupted in the future
- Affordable housing
- Fear of eviction
- Food assistance and preparation assistance
- **More affordable, easier-to-use transportation that meets the needs of rural residents and travels across county lines.**

All of the services funded by Older Americans Act (OAA) Title III B are important for older adults and people with disabilities. However, RVCOG has responded to rising demand and costs, coupled with declining resources and prioritized the use of funding as follows, from most critical to less critical:

- Guardianship/Conservatorship
- Preventative Screenings, Counseling, and Referral
- Aging and Disability Resource Connection (ADRC) Information and Assistance
- ADRC Options Counseling
- Respite Support
- **Transportation<sup>5</sup>**
- Contracted Information and Assistance Services

## **Senior and Disability Services of the Rogue Valley Council of Governments: 2015-2016 Senior Needs Survey**

Between October 2015 and March 2016, The Area on Aging conducted a survey to better understand the services seniors need to ensure that those facing aging or disability issues, or those caring for individuals with such issues, are able to live as independently as possible. 749 surveys were completed,

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of which 726 contained usable data. The survey was available on-line and in paper form. The respondents were identified at events where seniors gather, such as the ACCESS health fair, Food and Friends meal Sites, AARP Vital Aging Conference, Alzheimer's caregivers and area senior centers. The majority of the respondents were female (67%) and white (95%). While the survey contained data from both Jackson and Josephine Counties, 76% of the respondents were residents of Jackson County.

Survey respondents listed the following transportation needs: more affordable transportation, affordable transportation to live entertainment, more public transportation, more bus routes, free medical transportation, more transportation options in Eagle Point, more useful public transportation that includes buses that go where people need/want to go, public transportation that is more frequent and affordable so people do not have to drive themselves, better bus schedules including early morning and late evening, more frequent bus service and longer hours, free transportation, help with bus passes, transportation located near HUD Housing, weekend bus service, weekend and evening RVTB bus service, RVTB bus service to Eagle Point and Upper Rogue (including Butte Falls and Prospect), low cost transportation for basic non-medical needs outside the Urban Medford area (such as Ruch), bus service on Biddle Road, Central Point Court bus needs wheelchair-access door, more rides for grocery shopping, and transportation to shopping.

Key-findings included:

**Almost three-fourths (74%) of the seniors do not receive assistance with transportation.** Of those who did, **58%** stated that they **relied on family to provide transportation** and **35% relied on friends**. Almost half (47%) used some kind of public or volunteer transportation. **9% reported frequently missing activities because of lack of transportation issues.**

**84% report an awareness of transportation services available in the Rogue Valley, while only 16% recounted usage of these services.**

**Affordable housing** was reported as a problem by 29% of those age 59 or younger, 10% of those age 60 to 79 and 6% of those age 80 or older. Almost two-thirds of the youngest group was waiting for Section 8 housing, while 47% of the middle group and 25% of the oldest group were.

In the event of an emergency or natural disaster, **35% of respondents stated that they would need help evacuating.** 21% knew about the Disaster Registry, but only 14% were listed on the Disaster Registry.

## United Way of Jackson County's Mobility Management Survey

In March 2015, United Way of Jackson County created and distributed a Mobility Management survey to partner agencies and other community organizations.



Key findings included:

**88% of the respondents reported that transportation is a barrier for their clients.** The top three barriers were client does not own/lease a vehicle, client cannot afford gas, and no bus stop within walkable distance of client's home.

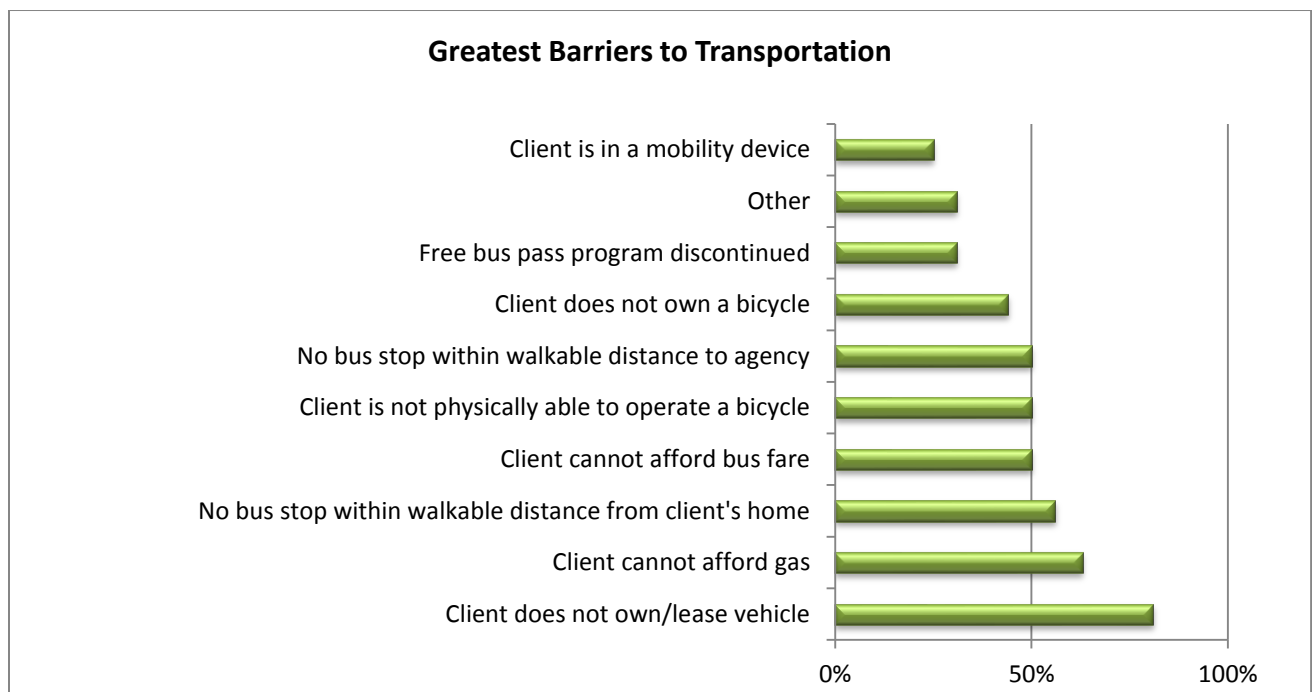
13% reported that their agency/organization has vehicles available for transporting clients

19% reported that transportation is a barrier for agency/organization staff

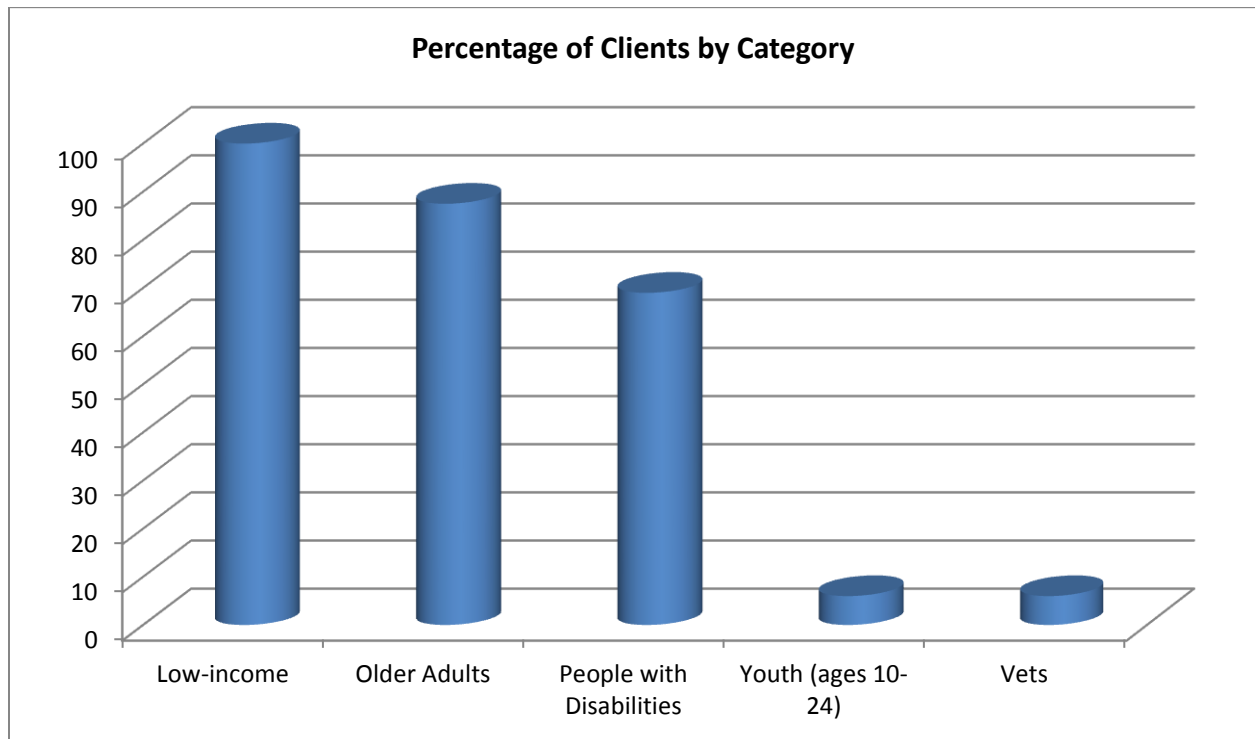
**Almost 100% of the respondents reported serving persons of low income.**

**69% of the agencies and community organizations reported serving all three subpopulations: people with disabilities, persons of low-income and older adults.**

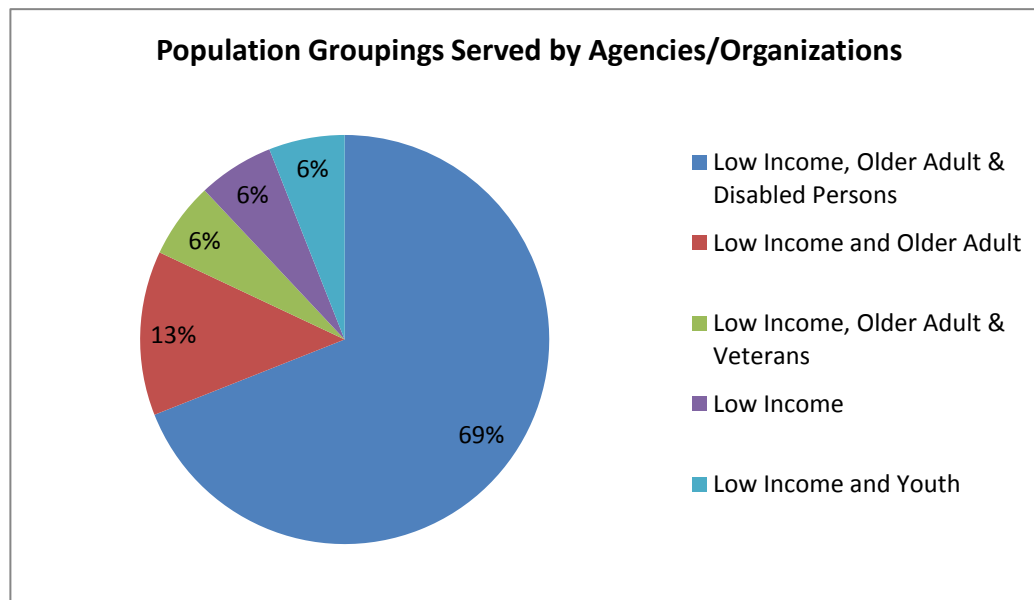
**Figure 2-12: Transportation Barriers Encountered by Agency Clients**



**Figure 2-13: Percentages of Clients in Target Populations**



**Figure 2-14: Target Populations Served by Agencies and Organizations**



## Transit Customer Satisfaction Surveys

### Rogue Valley Transportation District On-Board Survey, 2015

In the fall of 2014, Rogue Valley Transportation District (RVT) conducted an on-board passenger survey. The primary objectives of this survey were to examine rider demographics and rider travel behavior characteristics. The secondary objective was to evaluate the expanded services hours, which would inform decisions on short-term service cuts.<sup>6</sup>

The self-administered surveys were distributed across all routes and time periods within RVT's schedule during the week of November 17 – 22, 2014. RVT exceeded its goal of 931 by collecting 1801 survey responses during that one-week period.

**Figure 2-15: Comparison of RVT Riders 2005-2014**

	2005	2008	2011	2014
Age between 19 & 64	74%	77%	87%	90%
No Driver's License	69%	63%	66%	68%
Walked to bus stop	73%	72%	88%	88%
5 minutes or less to bus stop	69%	57%	49%	36%
Annual household income less than \$15,000	50%	36%	58%	66%
Using the bus for work	24%	29%	18%	20%
Using the bus at least 5 days per week	54%	50%	42% <sup>7</sup>	69%
Would not make the trip if bus service were not available	26%	34%	31%	38%

While the origin mode varies by route, the **vast majority of passengers (88%) walk to the bus**. A **significant increase in biking to the bus stop** has occurred since 2011. System-wide, passengers who bicycle to the bus stop has increased from 4% to 7%, with the largest increases occurring on Routes 30, 1, and 24.

<sup>6</sup> Please note: These service cuts began in March 2015.

<sup>7</sup> Question was phrased "a least 5 trips per week" during this survey.

**Figure 2-16: Passenger's Destination by Route**

Route	Home	Work or Work-related	University/School	Shopping	Other	Medical Services	Recreational/Social	Social Services
1	28%	26%	8%	9%	19%	7%	1%	2%
2	36%	15%	7%	15%	9%	11%	4%	2%
10	34%	27%	12%	10%	7%	4%	3%	2%
24	32%	11%	6%	4%	6%	39%	2%	0%
30	47%	16%	11%	16%	11%	0%	0%	0%
40	25%	30%	15%	10%	7%	4%	3%	7%
60	35%	31%	6%	7%	10%	8%	2%	1%
Total	33%	26%	10%	10%	8%	7%	3%	2%

The majority of passengers are traveling home (33%). **The only instance where a destination response exceeded “home” was medical services on Route 24 (39%).**

Passengers most likely to be traveling to work use Routes 1, 10, 40 and 60 buses. 10% of passengers are traveling to school, the highest percentage of whom are on Route 40. **Passengers on Route 40 are three times more likely than any other route to indicate “social services” as their destination.** Passengers traveling to shopping are more likely to use Routes 2 and 30.

### **Income, Employment and Size of Household**

**Over 60% of transit users do not have vehicles in their households.** Passengers on Routes 1, 2 and 30 are the least likely to own vehicles, whereas, passengers on Routes 10 and 60 are the most likely to own vehicles. **The percentage of passengers owning zero vehicles rose 23% since 2011,** with the largest increases occurring on Routes 24 and 30.

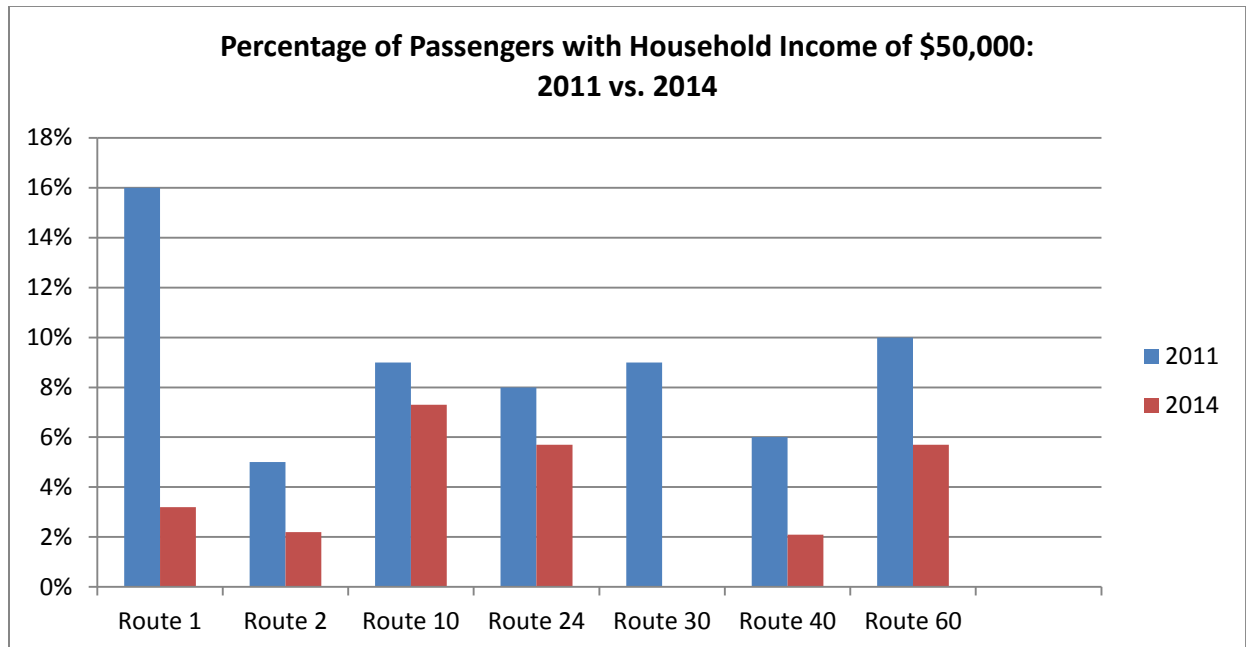
42% of passengers live in households of 3 or more people, which represents a decrease of 21% since 2011. Riders on Routes 2 and 60 tend to have the largest households, while those on Route 30 have the smallest.

**75% of passengers are part of households with at least one working person, an increase of 4% since 2011.** Riders on Routes 10 and 60 are the most likely to have employed people living in their households, while those on Routes 2 and 24 are the least likely. **Passengers on Routes 2 and 24 recorded the most significant decreases in household employment; each recorded an approximate 30% decline** in household employment. Route 30 reversed that trend with a similar increase in household employment.

**47% of passengers report a household income of \$10,000 or less,** an increase of approximately 10% since 2011. Passengers on Routes 1, 2, 24 and 40 tend to have lower household incomes. **Each of those**

four routes reports greater than 50% of their ridership has household income less than \$10,000. Passengers on Routes 10 and 60 report the highest household incomes. Since 2011, households with incomes of \$50,000 or more have decreased by 30%, with the largest decreases occurring on Routes 1, 30, 40 and 60.

**Figure 2-17: Household Income of RVTD Riders: Comparison of 2011 and 2014 Data**



## Valley Lift Passenger Survey

In May 2015, TransLink conducted a survey of Valley Lift passengers. 330 individuals completed the survey, **66%** identified themselves as **retired**, **16%** as **Veterans** and 55% as single.

The key findings indicate a ridership that is heavily reliant upon Valley Lift for transportation. Of the respondents answering questions:

- **81% do not have a car**
- 68% do not have a driver's license
- 37% never use RVTD's fixed route transit service
- **23% have no relative within 40 miles or more that could provide transportation**
- **29% would not be able to make medical trips without Valley Lift** -- 52% would ask a friend for transportation, 26% would take a taxi and 25% reported they would use TransLink. (Respondent could choose three answers for this question.)

- **49% would not be able to make non-medical trips without Valley Lift** -- 53% would ask a friend for transportation, 24% would take a taxi and 11% would use a retirement facility shuttle. (Respondent could choose three answers for this question.)
- The most common uses of weekly Valley Lift trips reported by passengers included: shopping, medical, social/religious/personal business and social services.

## Summary of Target Population Studies

Demographic data was analyzed to determine the number of Jackson County residents who are low-income, disabled or older adults. **Jackson County's population**, currently 212,567, **increased 17% during the 15-year period** between 2000 and 2015, which represented an additional 31,298 persons. **The low-income population nearly doubled during that period (91.6%) and Seniors with disabilities increased 150%.** Currently, older adults comprise almost 21% of the county population and the percentage of older adults with disabilities is higher than the State of Oregon in all categories of disabilities. Almost one-third of the county's residents, age 18 and older, reported having a disability, many of whom require specialized transportation services. The Rogue Valley contains three poverty "hot spots," defined by the US Census Bureau are areas with poverty rates of 20% or greater. These are located in portions of Medford, White City and Phoenix. **The poverty hotspot in Medford contains the highest concentration of residents living in poverty of any area in the state.**

Needs assessment studies and initiatives undertaken by local organizations **reveal many transportation-related consequences of persons of low-income, chief among them is the lack of public transit service to existing employment, education and residential areas**, especially in locations in western White City and portions of Eagle Point. In most of the assessments, **transportation was named as the greatest barrier to accessing services and older adults reported their greatest unmet need was transportation.**

## Chapter 3: Transportation Resources Available to Target Populations

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*This chapter provides an overview of the available public transit and publically funded specialized transportation resources in the Rogue Valley. At the conclusion of this chapter are a series of matrices that can inform and assist prospective riders. These summaries of service characteristics inform the United We Ride Plan but also are potentially valuable as stand-alone tools to advise agency personnel and gatekeepers and the consumers with which they work.*

### Public Transportation Provided by RVTB

#### Overview of RVTB Services

RVTB's various transit services are described here. A matrix Figure 3-6 at the end of this subsection provides key operating characteristics by service to assist potential riders in navigating through the existing transportation network. The Rogue Valley Transportation District (RVTB) serves most of the urbanized area in Jackson County and provides three basic transportation modes, fixed route, paratransit services and a connector that serves areas outside of RVTB's district boundaries. In addition, its Way to Go program helps riders connect with additional transportation options.

- **Fixed-route bus service** – regularly scheduled buses on routes serving the general public in Medford, Ashland, Central Point, White City, Jacksonville, Phoenix, Talent. Service is available Monday through Friday from 5:00 a.m. to 7:00 p.m. and on Saturdays from 8:00 am to 4:30 pm.
- **Valley Lift paratransit service** - is a paratransit service for people whose disability may prevent them from using the local fixed-route bus due to the effects of a disability. The service is provided in compliance with the guidelines of the Americans with Disabilities Act (ADA). The service is available within ¼ of a mile to either side of RVTB's fixed-routes services. Service is available during the same days of the week and hours of the day as the RVTB fixed-route bus service.
- **Valley Lift PLUS** – provides transportation to eligible riders, certified through the State of Oregon Department of Human Services, to make non-medical trips using RVTB's Valley Lift vehicles. Service is provided within 1 ½ miles to either side of RVTB's fixed-route bus service. There is no fee charged to eligible riders.

- **DD53 Transportation Program** – began in March 2012, providing employment transportation to individuals with developmental disabilities within the Valley Lift service area. DD53 clients are determined eligible through a list provided to RVTB by Jackson County Developmental Disability Services. No fare is charge to a rider for this service.
- **The Rogue Valley Connector (RV Connector)** – provides transportation services to the communities of Trail, Shady Cove, Eagle Point and White City with connections to RVTB’s fixed route bus service in Medford. The RV Connector’s primary purpose is to provide transportation options to older adults and people with disabilities. Space is available to the general public on a space-available basis. All transportation requests must be scheduled 24 hours in advance. The RV Connector operates Monday through Friday 6:30 am to 5:00 pm.
- **Way to Go Program** – is a transportation demand management program designed to provide individuals with alternatives to driving alone. These alternatives include coordinated access to vanpool and carpool programs as well as providing subsidies and transit discounts to employers to encourage automobile commuting alternatives. This program also promotes the use of bicycles and pedestrian travel through outreach programs, teaching travel safety and travel training to educate riders on how to use public transportation.

At the end of this chapter, a series of matrices present the detail for each service that would assist prospective riders in using RVTB services. These summaries of service characteristics inform the *United We Ride* Plan but also are potentially valuable as stand-alone tools to advise agency personnel and gatekeepers and the consumers with which they work.

## RVTB Funding Base

RVTB’s annual transit budget of \$10,409,408 is funded by a mixture of local, state and federal sources. The most recent revenue and expense data available is for the 2015-2016 fiscal year, provided in Table 3-1. District funding through property tax accounted for almost 23% of the 2016 operating revenues, just under \$2.4 million. Passenger fares generated almost \$1.5 million, which represented over 14% of revenue. State and Federal grants provide the largest source of revenue, accounting for almost 59% of the budget at \$6,108,989. Five years earlier, during fiscal year 2010-2011, operating revenue was significantly higher at \$14,453,445.

When fare revenue is compared over a five year period, the actual dollar amounts are similar. In 2010-2011, fares generated \$1,456,345 as compared to the \$1,495,227 in 2015-2016. Fare revenue is



dependent upon system-wide hours of operation. When RVRTD service cuts occurred in 2015, ridership declined and fare revenues diminished, as depicted in Figure 3-1.

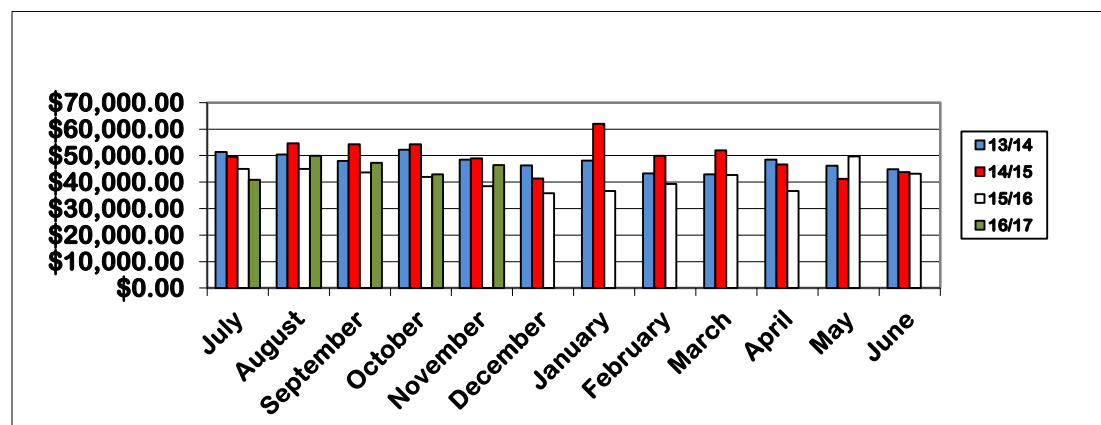
Operating expense for fixed route services, including both personnel and materials and supplies, a category which includes fuel and insurance, accounts for almost 83% of overall expenses. In 2010-2011, the operating expense for fixed route services was \$8,046,787, which represented 46% of the operating expense.

RVRTD's specialized transportation, including its Federally-mandated Americans with Disabilities (ADA) complementary paratransit accounts for 16% of operating expense, which is significantly down from the 38.2% it represented in the 2010-2011 budget.

**Table 3-1: Rogue Valley Transportation District  
Revenues and Expenses for FY Ending June 30, 2016  
Comprehensive Annual Financial Report**

<b>Revenue Supporting Operations</b>		
Riders Fare – charges for services	\$ 1,495,227	(14.36%)
Property Tax	\$ 2,355,302	(22.63%)
State Payroll Assessment	\$ 232,484	( 2.23%)
Federal and State Grants	\$ 6,108,989	(58.69%)
Interest & Miscellaneous Income	<u>\$ 217,406</u>	<u>( 2.09%)</u>
	<b>\$10,409,408</b>	<b>100%</b>
<b>Operating Expense</b>		
Personnel Services	\$ 4,903,086	(60.68%)
Materials and Supplies	\$ 1,778,062	(22.01%)
Capital Outlay	\$ 18,797	( 0.23%)
Special Transportation	\$ 1,295,773	(16.04%)
Debt Service	<u>\$ 84,265</u>	<u>( 1.04%)</u>
	<b>\$ 8,079,983</b>	<b>100%</b>

**Figure 3-1: Farebox Comparison for Fiscal Years 2013-2016**



## RVTD Fare Structure

RVTD's current fare structure includes:

- **Fixed-route** passenger fares are \$2.00 for full-fare passengers and \$1.00 reduced-fare for passengers who are 10-17 years of age, 62 years of age and older, on Medicare, or a person with a disability. Children ages 0-9 ride for free when accompanied by a fare-paying passenger. Fare passes of various time periods and denominations are also offered.
  - Monthly passes are \$56.00 for full fare riders and \$28.00 for reduced-fare passes to seniors, children, people on Medicare, and persons with disabilities. A 20-Ride punch pass is available at \$32.00 for full fare riders and \$16.00 for those that qualify for reduced fares. A \$44.00 Summer Youth Pass is available for ages 10-18 during the months of June through August. The general All Day Pass is \$5.00.
- **Valley Lift** standard cash fare is \$4.00 per one-way trip. Guests pay the same fare as Valley Lift passengers, and personal care attendants and children under the age of 10 ride for free. Scrip coupons that can be used in place of cash are also available and can be purchased in booklets to be used for Valley Lift services.
- **Rogue Valley Connector** standard cash fare is \$5.00 per one-way trip. Children under 10 ride for free. RV Connector passengers can purchase a RVTD All Day Pass for \$2.00, discounted from the regular \$5 fare, to connect to the RVTD system.
- **Helping Hands Bus Pass** is a six-ride pass available for purchase only by 501(c)3 non-profits. The cost per pass is \$6. RVTD requires a minimum purchase of 50 passes.

The City of Ashland also provides reduced cost passes through the Senior Center and the Department of Human Services (DHS) office to eligible residents.

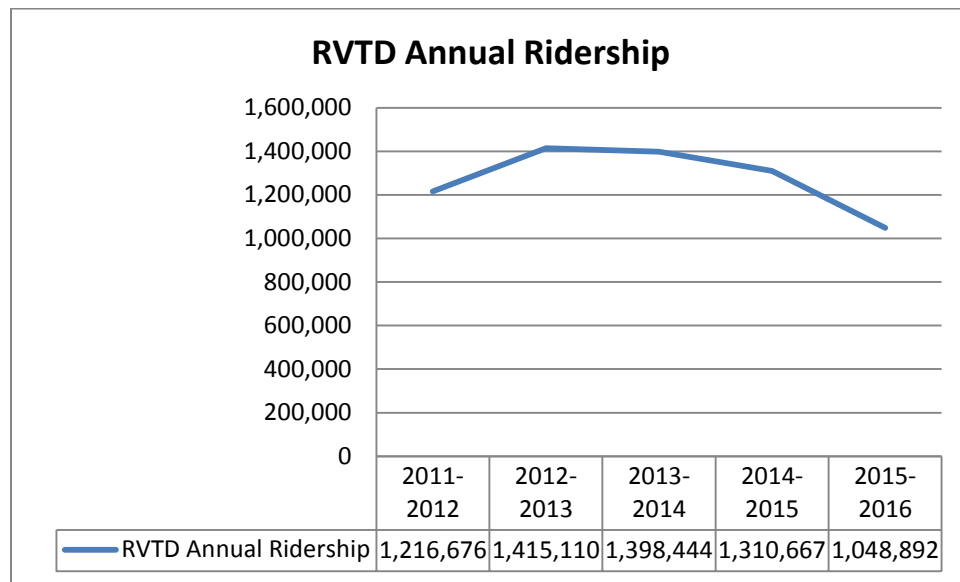
## Trends in RVTD Use

Figure 3-2 reflects the overall decline in ridership since FY 2012-2013, which had the five year overall high of over 1.4 million total rides. 2012-2013 was the first time since the recession that the total number of rides has surpassed 1.4 million. When the tax levy proposed on the November 2014 ballot did not pass, Saturday service was eliminated; evening service after 7 pm was discontinued; airport service on Route 21 was eliminated and the headway on Route 10 were increased to 30 minutes. Ridership plummeted in 2015 by 20% due to the aforementioned service cuts which were instituted in March 2015. With the passage of the tax levy in May 2016, evening service has been restored; Saturday service

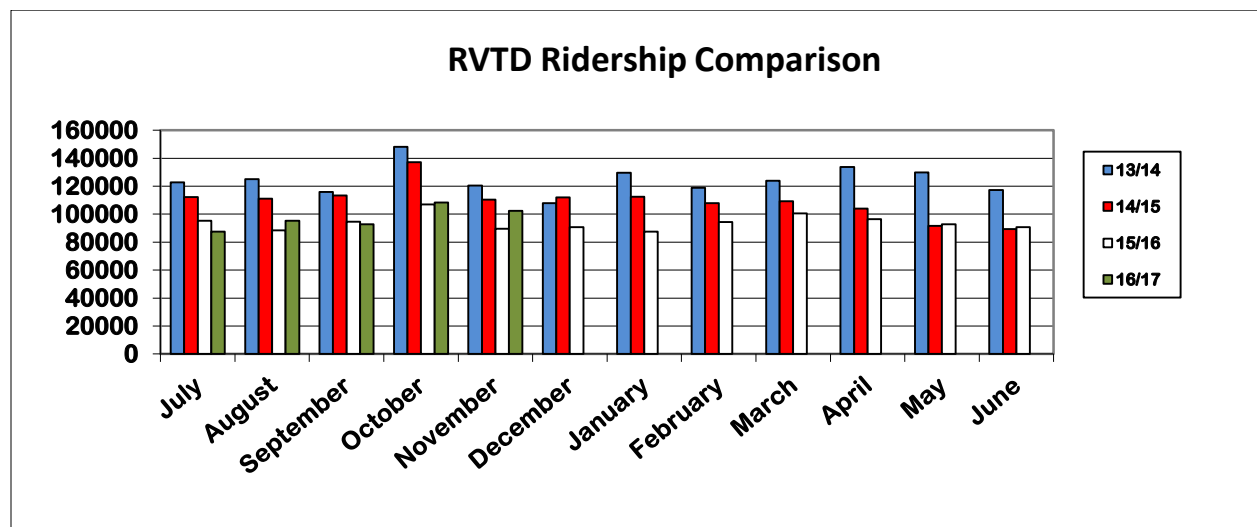
has returned; the headway on Route 10 has been decreased to 20 minutes; and multiple system enhancements have occurred, including a Rogue Community College shuttle, decreased headway on Route 24, and the creation of a new route, Route 25, to serve southwest Medford. These service improvements were unfolded during the months of July 2016 to January 2017. Data is not available yet to analyze ridership patterns due to these service enhancements.

Some monthly ridership patterns are apparent (see figure 3-3). October is consistently the month with the highest ridership and December is often the month with the lowest ridership. As previously noted, the service cuts which occurred during portions of the 2014-2015, 2015-2016 and 2016-2017 years also changed ridership patterns.

**Figure 3-2: Comparison of RVTD Ridership by Fiscal Year**

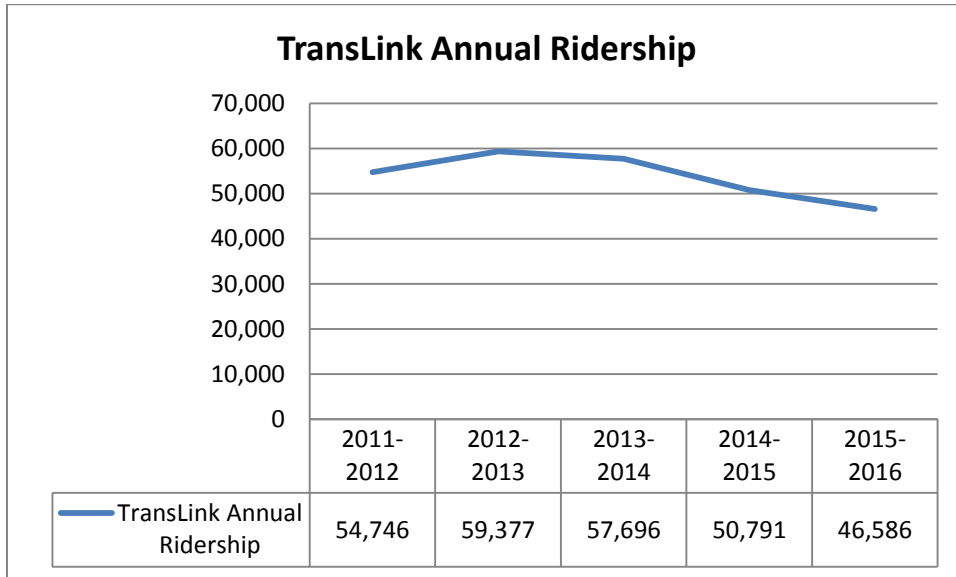


**Figure 3-3: Comparison of RVTD Ridership by Month for Fiscal Years 2013-2016**



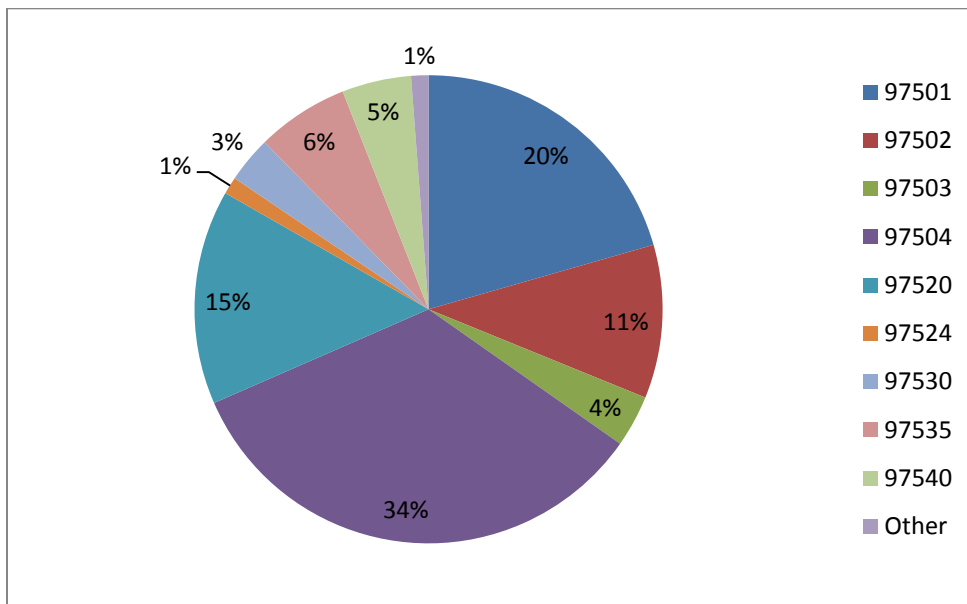
From a high of 59,377 annual rides in FY 2012-2013, ridership on TransLink has declined approximately 21.5% (see Figure 3-4). The TransLink service routes and hours of operation must coincide with RVTB routes and hours; therefore, some of the ridership decline in recent years resulted from the service cuts, as well.

**Figure 3-4: Comparison of TransLink Annual Ridership by Fiscal Year**



In a May 2015 demographic analysis using zip code of residence (see Figure 3-5), Valley Lift determined that the majority of its riders live within the areas of Medford (54%), Ashland (15%) and Central Point (11%). Residents of Jacksonville, Phoenix and Talent accounted for a combined 14% of the ridership.

**Figure 3-5: Valley Lift Ridership by Zip Code of Residence**



## Regional Transportation Options

### Josephine Community Transit

Josephine Community Transit (JCT), the public provider for the greater Grants Pass urban area, operates fixed route, demand response paratransit services and Rogue Valley Commuter Line (RVCL), which provides intercity travel between Grants Pass and Medford.

**Fixed Route service** is available to the general public between the hours 6:30 am and 7:30 pm and provides service in and around the City of Grants Pass for a full standard fare of \$1.00. Service to the north for the communities of Merlin, Sunny Valley and Wolff Creek and to the south for Cave Junction require a full standard fare of \$2.00. Young children under the age of six ride for free. Children 16 and under, seniors over the age of 62 and persons with a disability pay half the full fare.

**Paratransit service** is a curb-to-curb transit system available within  $\frac{3}{4}$  mile on each side of the fixed route. Trips must be scheduled the prior day and the fare is \$2.00 per one-way trip. Service is available from 6:30 am to 7:30 pm Monday through Friday. JCT provides additional demand response service outside the  $\frac{3}{4}$  mile service area when the schedule allows and space is available. Premium fares of \$4.00 are charge for same day and non-medical will-call trips.

**The Rogue Valley Commuter Line (RVCL)** began service in September 2014 with Congestion Mitigation Air Quality funds made available through the Middle Rogue Metropolitan Planning Organization. This service is a demonstration project for commuter transit between Grants Pass, Rogue River, Gold Hill and Medford. Transfers can be made to the fixed route transit systems of Josephine Community Transit and Rogue Valley Transportation District, at either end of the line within 60 minutes for free. Funding is scheduled to last through September 2017, and local funds have been secured to continue the service for an additional year.

Trips depart five times per day from Grants Pass, and stops are made in Rogue River, Gold Hill and Medford, and there is no need to schedule trips in advance. The fare is \$2.00 one way. There are no reduced fares or passes, however, the JCT monthly commuter pass is accepted on the RVCL and must be purchased from JCT. JCT \$20 punch cards are also honored on the RVCL.

A summary of these services is available at the end of the chapter after the summary of public transportation resources.

### Other Regional Services

**The Rogue Valley Connector (RV Connector)** -- provides transportation services to the communities of Trail, Shady Cove, Eagle Point and White City with connections to RVTD's fixed route bus service in Medford. Since its inception in December 2014, the RV Connector's primary purpose has been to provide transportation options to older adults and people with disabilities. In 2016, ridership was

opened to the general public on a space-available basis; meaning if there are additional seats not reserved for seniors or people with disabilities, the general public is allowed to occupy them on a first-come, first-served basis. The RV Connector is funded through Special Transportation Funds (STF) specifically allocated to RVTB for the purpose of serving older adults and people with disabilities living in areas outside of RVTB's district boundaries.

**Greyhound**, with a bus terminal located within one block of the Front Street Transfer Station, offers daily service from Klamath Falls to Medford and to communities along the Interstate 5 corridor as well as connections to RVTB and JCT.

The **Klamath Shuttle** provides daily bus service between Klamath Falls and Medford. Additionally, it operates SouthWest POINT and Crater Lake Trolley.

**Senior and Disability Services of RVCOG** contracts with the Rogue River Community Center to provide transportation for persons in rural areas around Rogue River. The services are provided by volunteers on a mileage reimbursement basis, using funding sources Title XIX of the United States Social Security Act and OAA Title IIIB.

**SouthWest POINT** provides regional transportation with daily bus service between Klamath Falls and Brookings, with stops in White City, Medford, Ashland, Gold Hill, Grants Pass, Selma, Cave Junction, O'Brien, Gasquet, Crescent City, and Smith River. This route provides connections to rail, local buses and regional transit, such as **Amtrak** via the **Amtrak Thruway Bus** in Klamath Falls, RVTB and **Greyhound** in Medford, JCT and Greyhound in Grants Pass and Coastal Express of Curry Public Transit in Brookings.

In addition, the Klamath Shuttle operates the **Crater Lake Trolley**, which provides service between Klamath Falls and Crater Lake National Park from mid-June through Labor Day. The trolleys used in the Park are ADA-compliant and designed to accommodate riders with disabilities. Amtrak passengers can connect to the Crater Lake Shuttle in Klamath Falls.

## **Additional Mobility Alternatives: Community Bike Share/Car Share Options**

### **Bike Share for the People of Jackson County**

In response to the need for an affordable, reliable means of transportation for low-income, disabled and older adults to access education, employment and services, Jackson Care Connect, a Coordinated Care Organization, and United Way of Jackson County partnered to subsidize the first poverty-based bike share in the country. Bike Share for the People of Jackson County, operating through Zagster, a national bike share company, launched in July 2015 with 28 bikes and five stations located in Ashland, Medford and White City. Riders join through the Zagster website or the Zagster mobile app and choose an annual membership of \$20 or a casual pass which provides the first two hours of daily use for free. In the first year, five bikes and one station were added to the system, 295 individuals joined and almost 1000 rides

occurred. Four additional community partners, Rogue Community College, Providence Medford Medical Center, ACCESS and Oregon Department of Transportation (ODOT), provided funding.

### **zipcar**

SOU began a partnership with zipcar, an international car sharing network, in the fall of 2015, to offer an alternative to car ownership for students, faculty/staff and the community. To utilize the car share, student and faculty/staff drivers must be at least 18 years old and community members must be at least 21. A one-time application fee and the purchase of a plan are required prior to first-time use. Fuel, insurance, and 180 free miles per day are included in each plan type. Reservations are made through the zipcar mobile app, phone, or zipcar website. Rental times can range from one hour to multiple days.

## **Existing Coordinated Projects**

### **STF-Funded Transportation Programs**

Several transportation programs coordinate their work with RVTB. This subsection details the programs receiving STF [Specialized Transportation Funding] through RVTB and the TransLink program, the designated Medicaid brokerage for this region by the State of Oregon.

The STF Program is funded by a combination of cigarette tax revenue and Transportation Operating Funds from Oregon Department of Transportation to provide a continuing source of funding in support of transportation services for seniors and persons with disabilities of any age. For Jackson County, RVTB is designated as the regional STF agency and monitors each transportation program detailed to ensure that they conform to STF program requirements:

- **Community Volunteer Network RSVP/Call-A-Ride** offers free transportation to seniors 60 or older and persons with disabilities to access medical related appointments. Transportation is provided by volunteer drivers in their own vehicles on weekdays generally from 9 am to 4 pm. Volunteer drivers are eligible to receive a per mile reimbursement for their services if they choose.
- **Living Opportunities** supports persons with developmental disabilities with transportation for employment and day support services in Jackson County. Service is available 24 hours per day, seven days per week, but trips are generally scheduled between 8 a.m. and 8 p.m. and the service is free to enrolled clients.
- **RVTB's Rogue Valley Connector** provides transportation to seniors and people with disabilities living outside the RVTB's district boundaries in the communities of Trail, Shady

Cove, Eagle Point, and White City. RV Connector operates weekdays from 6:30 am to 5:00 pm. All transports must be scheduled 24 hours in advance.

- **STF Discretionary Program Projects** for the fiscal years 2016-2019 include: RVTD Long Range Plan Update, OBSS on-line Configuration, Veterans Mobility Project, TransLink remodel, Route 24 30 minute headways, and Bike Share for the People of Jackson County.
- **United Way of Jackson County Mobility Management Project** collaborates with community partners to initiate and support transportation option opportunities, including the Bike Share for the People of Jackson County; encourages and promotes alternatives to driving alone; provides travel trainings; and works to remove barriers for vulnerable populations, including older adults, people with disabilities and persons of low-income.

A summary of these services is available at the end of the chapter after the summary of public transportation resources.

## TransLink Brokerage

TransLink is a Medicaid Non-Emergency Medical Transportation (NEMT) brokerage. Currently, TransLink serves the following Coordinated Care Organization (CCO) and FFS (fee-for-service) populations:

- Oregon Health Authority (OHA) FFS members living in Jackson, Josephine, Douglas, Coos, Curry, Lake and Klamath Counties
- Jackson Care Connect - Jackson County
- PrimaryHealth of Josephine County - Josephine County
- Cascade Health Alliance / Sky Lakes Medical - Klamath County
- Western Oregon Advanced Health - Coos and Curry Counties

**The TransLink Medical Transportation Brokerage** provides non-emergency medical transportation to eligible Oregon Health Plan and eligible Medicaid clients traveling to authorized medical services appointments within the counties of Coos, Curry, Douglas, Jackson, Josephine, Klamath and Lake Counties. Riders must choose a care provider within or nearest the city or town they live.

TransLink matches the most appropriate and cost-effective mode of transportation to meet a client's trip need, including distribution of bus passes, taxi services, wheelchair or stretcher vans and shuttles or travel reimbursements that can compensate for mileage, meals and lodging. Travel reimbursements to authorized participants are loaded on to debit cards and paid weekly.



A summary of these services is available at the end of the chapter after the summary of public transportation resources.

## Oregon Brokerage Software System

RVTD's Valley Lift and TransLink have benefited from the Oregon Brokerage Software System, termed OBSS. The OBSS software helps TransLink provide cost effective, coordinated NEMT services.

The OBSS program provides for the following functions:

- Call taking of trip requests
- Viewing capacity of transportation providers to handle individual trip requests
- Assignment of trips to appropriate transportation provider
- Mapping trip distances and other tools to identify trip costs
- Billing of trip across multiple funding sources
- Reporting by providers, by funding source and other important variables
- Logging of customer complaints

The OBSS helps to ensure improved service to riders by getting their trip request to the most efficient and lowest cost provider. It helps ensure that all trip revenues that could come to RVTD or other providers are identified and sought. Its easy adaptability and reporting functions have greatly enhanced coordination around these administrative functions.

RVTD received a grant through the Oregon Department of Transportation in 2016 to enhance functionality of the OBSS software services. Enhancements include online scheduling and improved scheduling efficiencies. Implementation of the enhancements is expected to be in place in 2018.

## Summary of Public Transportation Resources

In addition to its **fixed-route system**, RVTD offers three transit modes for people with disabilities: **Valley Lift**, its ADA complementary paratransit program, **Valley Lift Plus** program that serves eligible non-ADA riders who require paratransit services and the **DD53 transportation program** for people with developmental disabilities to make work-related trips.

Regional travel options include **Josephine Community Transit's Rogue Valley Commuter Line**, **RVTD's Rogue Valley Connector**, **Greyhound**, **Klamath Shuttle**, **SouthWest POINT** and **Crater Lake Trolley**.

In addition to the Rogue Valley Commuter Line, Josephine Community Transit operates a **fixed-route system** and a **paratransit service**.

**RVTD manages the STF-funded programs**, and currently provides funding to Community Volunteer Network's RSVP/Call-A-Ride, Living Opportunities' transportation program for people with developmental disabilities, United Way's Mobility Management program and the Rogue Valley Connector.

**TransLink**, a Medicaid **NEMT brokerage**, provides transportation to authorized medical services for eligible residents of Coos, Curry, Douglas, Jackson, Josephine, Klamath and Lake Counties.

## Service Matrices

These matrices summarize the services provided by RVTD fixed-routes, RVTD Valley Lift, RVTD Plus, RVTD DD53, RVTD Way to Go programs, Josephine Community Transit fixed-routes, Josephine Community Transit Demand Response, Josephine Community Transit's Rogue Valley Commuter Line, STF funded programs, and the TransLink brokerage.

<b>RVTD - Fixed Route Services</b> <a href="http://www.rvtd.org">www.rvtd.org</a> 541-779-BUSS (2877)						
Description of Services	Service Area	Eligibility	Reservations	Days and Hours of Service	Fare Policy	
Fixed route bus service consisting of eight routes and one shuttle serving stops throughout the Rogue Valley	Medford, Ashland, Jacksonville, Central Point, Phoenix, Talent, and White City	General Public	Not Applicable	<b>Operating Hours</b> (in general) Mon-Fri 5:00 am-7:00 pm  Saturday 8:00 am – 4:30 pm  Operating hours vary by route, please visit <a href="http://www.rvtd.org">www.rvtd.org</a> for details  <b>Customer Service</b> @ Front Street Station Mon-Fri 6:00 am-6:00 pm	<b>FARES</b> \$2.00 Full Fare \$1.00 Reduced Fare (62+ years, 10-17 years of age, Medicare cardholders, and people with disabilities holding an eligible ID Card).  Ages 0 - 9 ride free with a responsible, fare- paying passenger  Transfers - valid for one additional boarding within 90 minutes of the time issued  <b>FARE PASSES</b> \$56.00 Full Fare Monthly Pass \$28.00 Reduced Fare Monthly Pass \$32.00 20 Ride Full Fare Punch Card \$16.00 20 Ride Reduced Fare Punch Card \$ 5.00 All Day Pass \$44.00 Summer Youth Pass Ages 10-18  <i>The City of Ashland also provides reduced cost passes to eligible residents; contact the city for more information.</i>	

<b>RVTD – Valley Lift (Paratransit Services)</b> <a href="http://www.rvtd.org">www.rvtd.org</a> <b>541-779-BUSS (2877)</b>						
Description of Services	Service Area	Eligibility	Reservations	Days and Hours of Service	Fare Policy	FY 15/16 Annual Trips
Valley Lift is a shared ride, origin-to-destination, wheelchair-accessible transportation service for people whose disabilities prevent them from using the lift-equipped buses on RVTD's fixed routes.	Within ¾ mile of RVTD fixed-route service	Persons with disabilities who hold a Valley Lift ID card distributed by RVTD	<p>Rides are scheduled through the Call Center at (541) 842-2050</p> <p>Call center lines are open Monday through Friday from 8:00 am to 5:00 pm.</p> <p>For inquiries about Valley Lift service and establishing eligibility, call (541) 842-2050 or download the Valley Lift Riders Guide at <a href="http://www.rvtd.org">www.rvtd.org</a></p>	<p><b>Operating Hours</b>  Mon-Fri  5 am to 7 pm</p> <p>Saturday  8:00 am to 4:30 pm</p>	<p><b>FARES</b>  \$4 one-way</p> <p>Personal Care Attendant may ride for free with holders of valid Valley Lift ID card.</p> <p>Children under 10 – free with fare-paying passenger</p>	46,586

<b>RVTD – PLUS</b> <a href="http://www.rvtd.org">www.rvtd.org</a> 541-779-BUSS (2877)						
Description of Services	Service Area	Eligibility	Reservations	Days and Hours of Service	Fare Policy	FY 15/16 Annual Trips
Provides non-medical transportation to individuals who are certified as eligible for transportation by the State of Oregon Department of Human Services.	Within 1 ½ mile of RVTD fixed-route service	Must be certified as eligible through the State of Oregon Department of Human Services	Rides are scheduled through the Call Center at (541) 842-2050  Call center lines are open Monday through Friday from 8:00 am to 5:00 pm.	<b>Operating Hours</b> Mon-Fri 5 am to 7 pm  Saturday 8:00 am to 4:30 pm	No charge to eligible riders	

<b>RVTD – DD53</b> <a href="http://www.rvtd.org">www.rvtd.org</a> <b>541-779-BUSS (2877)</b>						
Description of Services	Service Area	Eligibility	Reservations	Days and Hours of Service	Fare Policy	FY 15/16 Annual Trips
Provides employment transportation to individuals with developmental disabilities within the Valley Lift service area.	Within 3/4 mile of RVTD fixed-route service	Must be certified as eligible through Jackson County Developmental Disability Services.	<p>Rides are scheduled through the Call Center at (541) 842-2050</p> <p>Call center lines are open Monday through Friday from 8:00 am to 5:00 pm.</p>	<p><b>Operating Hours</b></p> <p>Mon-Fri 5 am to 7 pm</p> <p>Saturday 8:00 am to 4:30 pm</p>	No charge to eligible riders	

<b>RVTD – Way to Go Program</b> <a href="http://www.rvtd.org">www.rvtd.org</a> 541-842-2060	
Way to Go Program Service	Service Details
Overall Program Details	<p>RVTD houses the Transportation Options program for southwest Oregon. Our program promotes alternatives to driving alone.</p> <p>Education: programs in local schools include "<b>Gus Rides the Bus</b>" Interactive Bus program, bicycle safety education classes and Walk and Bike to School Day. Jackson County in partnership with RVTD will provide Safe Routes To School program at designated schools.</p> <p>Public Outreach: RVTD hosts a booth at local events throughout the year to promote transportation options.</p> <p>Employer and Student Outreach: contact RVTD to learn more about the employee bus pass program, carpool matching, park &amp; ride lots, and our other services to employees and students.</p> <p>Government Outreach: the Transportation Options program works with local government to promote policies and infrastructure.</p>
Go By Bike	<p><b>Go by Bike Week</b> is promoted annually to set aside a week in which individuals ride their bikes to work and other destinations. Visit <a href="http://goRogueValley.org">goRogueValley.org</a> to pledge to ride and for more details about events during the week.</p>
Way to Go Business Network	<p>Offers a full range of services to help employers address their transportation needs, including a bus pass program for employees, improved facilities for bicyclists and pedestrians and a commuter rewards package. <b>The Rogue Commute Challenge</b> is an annual competition designed to encourage workplaces to walk, bike, and carpool, use transit or telecommute.</p> <p><b>Emergency Ride Home Program</b> is an opportunity for employers in the Rogue Valley to offer each employee up to four (4) free taxi rides home each year, should they experience a personal or family emergency on a day when they have commuted to work without a car (bike, bus, walk, carpool, vanpool). RVTD offers this program at no cost to both the employer and the employee.</p>
Group Bus Program	<p>With the <b>U-Pass</b>, the monthly price of bus fare is \$3.85 per employee for companies that buy the pass for all of their employees. That's 93% less than the cost of a regular monthly bus pass based on the likelihood that not all employees will ride the bus. A minimum of 10 employees at an organization is required for participation in the program and there is no cost to the employee for the pass.</p> <p>The <b>Fare Share</b> option costs the employer \$0.45 per person per month for all their employees. Employees then purchase their monthly transit pass for \$10, rather than the normal \$56 monthly fare, which provides a 82% savings on the bus pass purchase. A minimum of 100 employees is required for participation in the Fare Share program.</p>

<b>RVTD – Way to Go Program, cont’d</b> <a href="http://www.rvtd.org">www.rvtd.org</a> 541-842-2060	
Way to Go Program Service	Service Details
Telework and Alternative Schedules	<p>RVTD will survey employees and produce a Commute Trip Reduction Report to determine if there is a demand from employees for teleworking opportunities.</p> <p>Telecommuting and decreasing commute trips by implementing alternative work schedules is not only beneficial to employees but reduces parking congestion, traffic congestion and each business’ carbon footprint.</p>
Carpool and Vanpool	<p><b>Drive Less Connect</b> matches you with people that have the same travel needs. Using Drive Less Connect’s ride matching function, you can set up and manage your own carpool or join an existing carpool to work. Drive Less Connect is a free online matching service provided for all of Oregon, Washington, and Idaho.</p>
Park and Ride Lots	<p>Park &amp; Ride lots provide free automobile parking for those riding the bus or carpooling. Most also provide bicycle parking facilities. Lots are not owned by RVTD, and overnight parking is not allowed in these lots. The parking party accepts responsibility for loss or damages.</p>
Ashland Bike Swap	<p>The annual Ashland Bike Swap promotes bicycle transportation and recreation and also benefits bike safety education by providing a community venue for buying and selling working-condition bicycles and related equipment.</p>
Education Programs	<p><b>Free Transit Tips classes</b>, which provide travel training for riding the bus, are held most months on a Friday afternoon at the Santo Community Center, at 701 N Columbus Ave in Medford. Find the date of the next class and register with Medford Parks and Recreation: 541- 774-2400. After completing the Transit Tips Classes, you will be ready to ride the bus with confidence.</p> <p><b>Gus the Interactive Bus:</b> This Interactive bus program is open to pre-school, elementary and middle school classes. The class includes a short video, a ride on the bus, and a pass good for 6 FREE rides. The program operates on Fridays during the school year.</p>
Safety for Alternative Modes	<p>Provides safety tips for pedestrians, skateboarders, bicyclists, and persons on scooters.</p> <p>Also includes the walking school bus program which usually consists of parent volunteers walking a group of students to school along a designated route, with set times and places to pick up the students along the way.</p> <p><b>Bicycle Rodeos</b> are held throughout the year to teach children safe bicycling skills.</p>



STF Funded Programs (5310 and DD53) and TramsLink Brokerage							
Agency	Contact Information	Description of Services	Service Area	Eligibility	Days and Hours of Service	Fare Policy	FY 15/16 Annual Trips
Community Volunteer Network RSVP/Call-A-Ride	<a href="http://www.retirement.org/cvn/rsvp">www.retirement.org/cvn/rsvp</a> (541) 857-7783	Utilizes volunteer drivers to provide transportation to medical-related appointments for individuals with no other means of transportation.	Within Jackson county	Must be a Senior (60+) or a person with a disability	General hours are Mon - Fri 9 am – 4 pm	No enrollment fee, but donations are welcomed.	
Living Opportunities	<a href="http://www.livingopps.org">www.livingopps.org</a> (541) 772-1503	Provides transportation services for persons with developmental disabilities.	Jackson County	Transportation is provided for employment and day support services for enrolled clients	Living Opportunities operates 24 hours a day, 7 days per week, transportation generally happens between 8 am – 8 pm	No fare for clients enrolled in Living Opportunities program.	13,152
United Way of Jackson County/Mobility Management	<a href="http://www.unitedwayofjacksoncounty.org">www.unitedwayofjacksoncounty.org</a> (541) 773-5339	Works with community partners to remove transportation barriers for vulnerable populations and initiates and supports other transportation options.	Jackson County	General Public	Office Hours are Mon – Fri 8:30 am – 4:30 pm	No fee	n/a

<b>TransLink</b> <b>www.rvtd.org</b> <b>541-842-2060</b>						
Description of Services	Service Area	Eligibility	Reservations	Days and Hours of Service	Fare Policy	FY 15/16 Annual Trips
<p>TransLink provides non-emergent medical transportation (NEMT) to eligible Oregon Health Plan clients traveling to covered medical services.</p> <p>Non-Emergent Medical Transportation is scheduled with the most appropriate and most cost-effective mode of transportation that meets the individual needs of the client, this could be a bus ticket, bus pass, sedan, wheelchair van, stretcher van, or other type of transportation, as necessary.</p> <p>Transportation reimbursement is also available that may include mileage, meals and lodging. Travel reimbursement to authorized participants are loaded onto debit cards and typically paid out weekly.</p>	<p>Counties of Coos, Curry, Douglas, Jackson, Josephine, Klamath and Lake, although NEMT services are provided statewide when services are not available locally.</p>	<p>TransLink is responsible for verifying each client's eligibility prior to providing services.</p> <p>TransLink assumes full financial risk in serving a person who is not confirmed as eligible by the Department of Human Services. Eligibility is assessed daily and can change from week to week. Clients must choose a medical care provider in their local area. Transportation outside of a client's local area for services which are available locally typically are not eligible for NEMT services.</p>	<p>Rides can be scheduled Monday thru Friday 7 am to 5 pm.</p> <p>(voice): 1-541-842-2060</p> <p>(toll free): 1-888-518-8160</p> <p>7-1-1 Oregon Relay Service</p> <p>Rides should be scheduled at least 2 business days in advance, if possible</p> <p>Same day transportation is available when there is an urgent medical need or a physician needs to see the client immediately due to an unforeseen medical issue or situation.</p>	<p>Non-Emergent Medical Transportation services may be provided 24 hours a day, 365 days a year.</p> <p>However, it may be difficult to arrange transportation that takes place after hours or on weekends or holidays. Clients are encouraged to plan ahead and schedule their NEMT requests as soon as they know about their appointment.</p>	<p>Transportation services are provided at no cost to eligible clients.</p>	270,000

<b>Josephine Community Transit – Fixed Route</b> <a href="http://www.co.josephine.or.us">www.co.josephine.or.us</a> 541-747-5452						
Description of Services	Service Area	Eligibility	Reservations	Days & Hours of Service	Fare Policy	FY 15/16 Ann
Fixed route bus system serving the Grants Pass area	City of Grants Pass, Fruitdale, Redwood Highway, Lower River Road, Demaray Merlin and Murphy	General Public	N/A	Monday-Friday 6:30 am – 7:30 p,	<b>Grants Pass Area</b> \$1 Full Fare \$3 Daily Pass \$38 Monthly Pass  <b>North County &amp; Cave Junction</b> \$2 Full Fare \$6 Daily Pass \$50 N. County Monthly Pass  Children (under 6)- Free Children 6-16 Half Full Fare Senior (62 and over) Half Full Fare Disabled Half Full Fare	
<b>Josephine Community Transit – Paratransit Demand Response</b>						
Curb-to-curb transportation for people traveling within the greater Grants Pass area who cannot use the regular JCT fixed-route bus because of a disability.	Within ¾ mile on each side of an existing JCT fixed-route bus.	Persons with disabilities who are paratransit eligible and Seniors age 62+	Eligible riders can schedule a trip by calling JCT dispatch, Sunday-Friday from 8 am to 5 pm. Rides scheduled for Monday must be called in Sunday by 5:00 pm.	Monday – Friday 6:30 am – 7:30 pm	Fares are per one-way ride. Additional charges apply for additional stops.  \$2 Zone 1 City of Grants Pass  JCT script may be purchased in \$10 and \$20 booklets	n/a

<b>Josephine Community Transit – Rogue Valley Commuter Line (RVCL)</b> <a href="http://www.co.josephine.or.us">www.co.josephine.or.us</a> 541-747-5452						
Description of Services	Service Area	Eligibility	Reservations	Days and Hours of Service	Fare Policy	Annual Trips
Commuter transit service between Grants Pass, Rogue River, Gold Hill and Medford	One designated stop in each of these locations: Grants Pass, Rogue River, Gold Hill and Medford.	General Public	n/a	5 daily trips from Monday – Friday occur on this schedule:  Monday – Friday 6:30 am – 4:15 pm in Grants Pass  Monday – Friday 7:30 am – 5:15 pm in Medford	\$2 one-way  No reduced fares or passes  JCT monthly commuter passes and JCT punch cards are honored on RVCL.  Transfers can be made to the RVTD and JCT fixed-route systems.  Transfers valid for 60 minutes on RVTD and JCT.	FY 2015 10,962  FY 2016 15,2115

<b>Josephine Community Transit – Rogue Valley Commuter Line (RVCL)</b> <a href="http://www.co.josephine.or.us">www.co.josephine.or.us</a> 541-747-5452						
Description of Services	Service Area	Eligibility	Reservations	Days and Hours of Service	Fare Policy	Annual Trips
Commuter transit to Cave Junction	Serving Wonder, Selma, Kirby and Cave Junction	General Public	n/a	5 daily trips Monday – Friday Leaving Grants Pass at 5:35 am 6:35 am 12:15 pm 4:35 pm 5:35 pm	\$2 one-way  \$1 reduced fare  Monthly and daily passes available.	
Commuter transit to North end of Josephine County	Serving Merlin, Hugo, Sunny Valley and Wolf Creek	General Public	n/a	3 daily trips Monday – Friday Leaving Grants Pass at 6:15 am 12:30 pm 5:35 pm	\$2 one-way  \$1 reduced fare  Monthly and daily passes available	

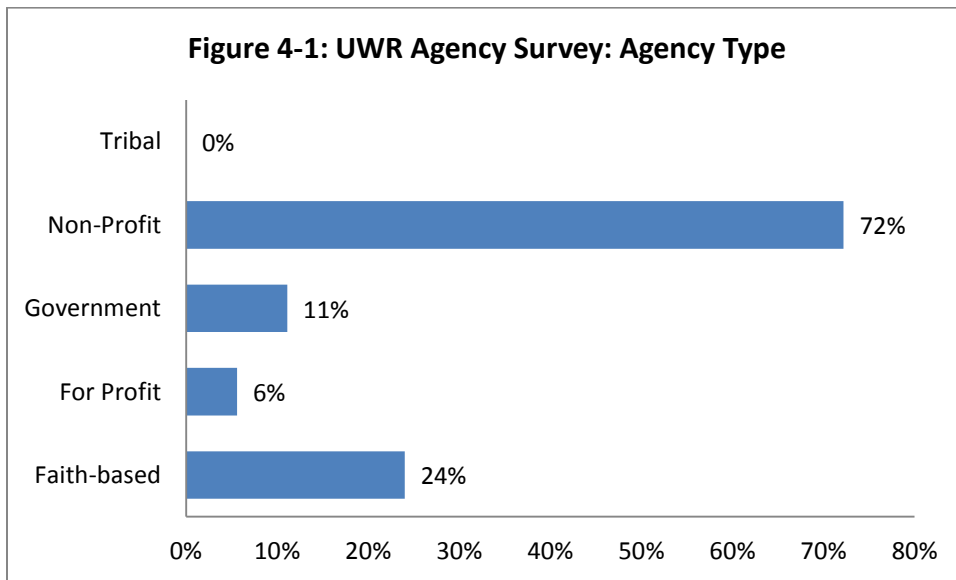
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## Chapter 4: Agency & Community Organization

*As part of the UWR Plan process, surveys were distributed to agencies and community groups to identify demographics of the groups they serve and to solicit input on the transportation barriers faced by their clients, patients or members, most of whom are representative of the three UWR target populations: persons of low income, people with disabilities and older adults.*

### Survey Responses from Agencies and Community Groups

A total of 54 agency surveys were returned (see Appendix C), representing 49 unique organizations. Surveys were emailed or mailed to non-profit agencies, government agencies, community organizations, retirement centers, older adult groups and faith-based organizations. The top two responding groups were non-profits (72%) and faith-based organizations (24%). Participants are listed by category in Table 4-1.



**Table 4-1: Organizations Who Participated in the UWR Agency Survey**

**FOR PROFIT**

AllCare Health

Morrow Heights Assisted Living

Ridgeview Assisted Living

**NON-PROFIT**

ACCESS

Addictions Recovery Center

A sante Ashland Community Hospital

Asante Physician Partners

Ashland Chamber of Commerce

Ashland Family YMCA

Care Oregon

Central Point Retirement Center

Community Works

Compass House

Donald E. Lewis Retirement Center

Eastwood Baptist Church

Family Solutions

Hearts with a Mission

Jackson Care Connect

La Clinica

Larson Creek Retirement Center

Living Opportunities

Magdalene Home

Maslow Project

OnTrack, Inc.

Path Church

Quail Ridge Retirement Community

Rogue Community Health

Rogue Retreat

Rogue River Community Center

Rogue Valley Council of Governments

Rogue Valley Family YMCA

Roots and Wings Community Preschool

Ross Knotts Retirement Center

Teresa McCormick Center

Trail Community Church

The Arc, Jackson County

United Way of Jackson County

Westminster Presbyterian Church

**FAITH BASED**

Ascension Lutheran Church

Eastwood Baptist Church

First Congregational UCC, Ashland

First Church of the Nazarene

First Presbyterian Church of Phoenix

Hearths with a Mission

Magdalene Home

Medford United Church of Christ

Path Church

Trail Community Church

Westminster Presbyterian Church

**GOVERNMENTAL**

Jackson County Mental Health

DHS Self-sufficiency

Medford Disability Services Office

Jackson County EXPO

Housing Authority of Jackson County

Senior and Disability Services (RVCOG)

\*Agencies could select one or more categories.



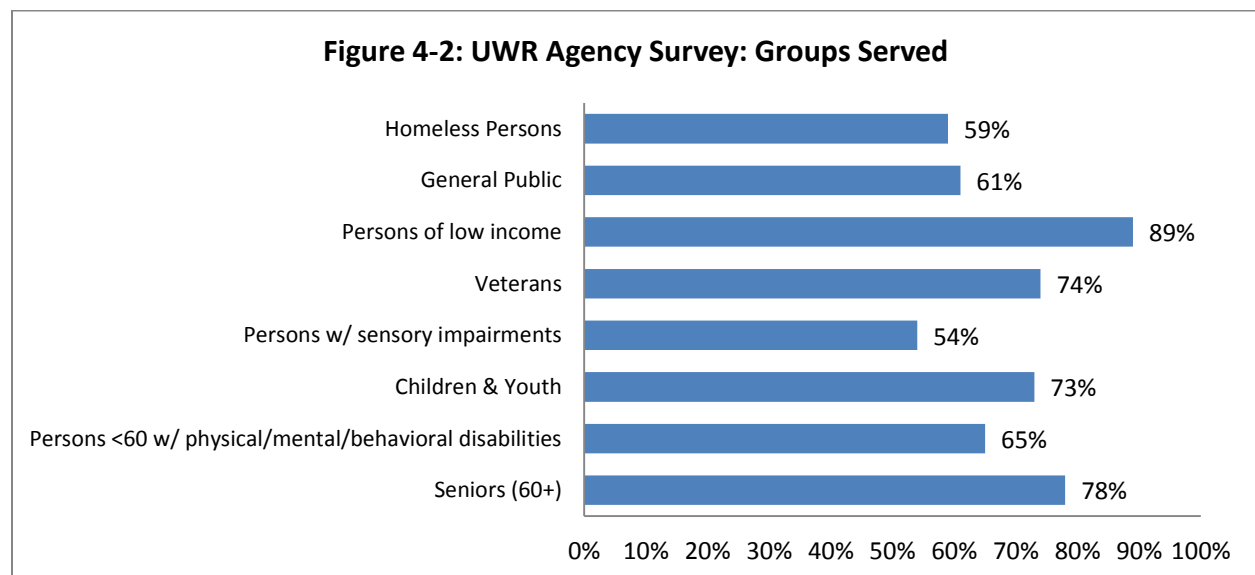
## Characteristics and Caseload of Participating Agencies & Organizations

**Non-profit organizations comprised 72% of the respondents**, faith-based organizations 24%, government 11% and for profit organizations 6%. No tribal organizations responded. Although these organizations reported a **combined caseload of 183,977 persons**, it is important to note that there is overlap among these caseloads. Nevertheless a combined caseload of almost 185,000 persons indicates a significant portion of Jackson County's overall population of 212,567 is receiving services. Figure 4-2 represents the groups served by the reporting organizations. Responding organizations tended to report serving more than one client group. **Persons of low income represented the largest caseload group being served (89%), followed by Senior Adults (age 60+) at 78%, Veterans at 74% and Children and Youth at 73%.**

The five organizations with the largest caseloads include Jackson Care Connect, AllCare Health, ACCESS, LaClinica, and Asante Physician Partners; each of whom has a caseload of 10,000 persons or greater. **Collectively, they report serving 119,544 individuals.**

Thirty-four agencies/organizations reported a total of **4,314 individuals who require daily transportation assistance**. Since these 34 agencies represent a collective caseload of 130,954 persons, **3.3% of their caseloads need daily assistance with transportation.**

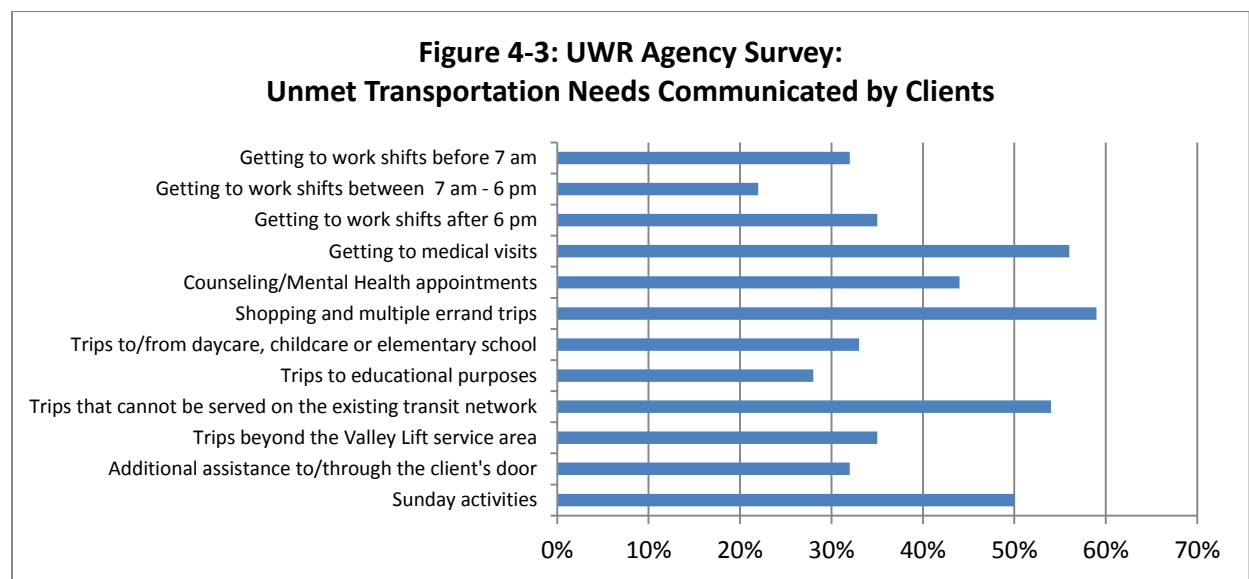
Thirty-one agencies, with a combined caseload of 108,486 persons, **reported 8,747 individuals traveled to their site daily, which represents 8% of their clients**. 34 agencies, with a combined caseload of 104,994 individuals, stated that they **served 229 clients in wheelchairs daily at their sites (0.2% of their combined caseloads).**



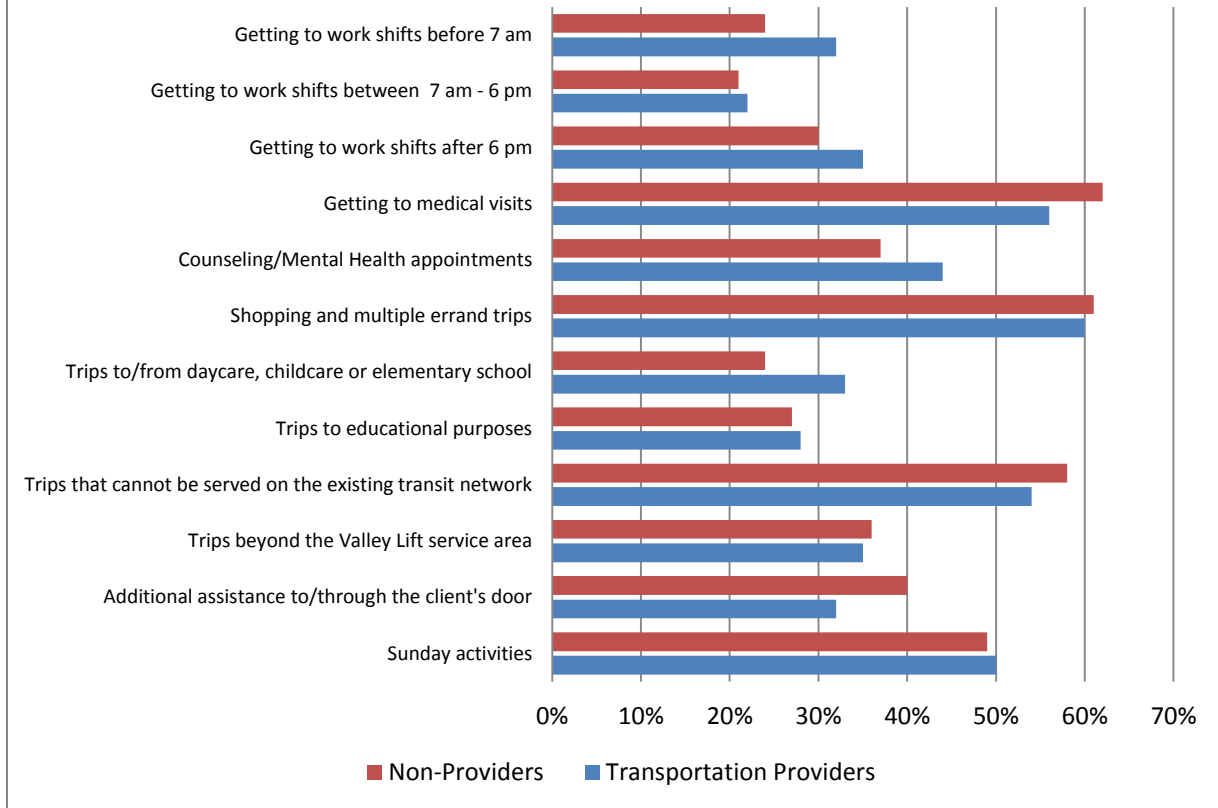
## Perceptions of Unmet Transportation Needs

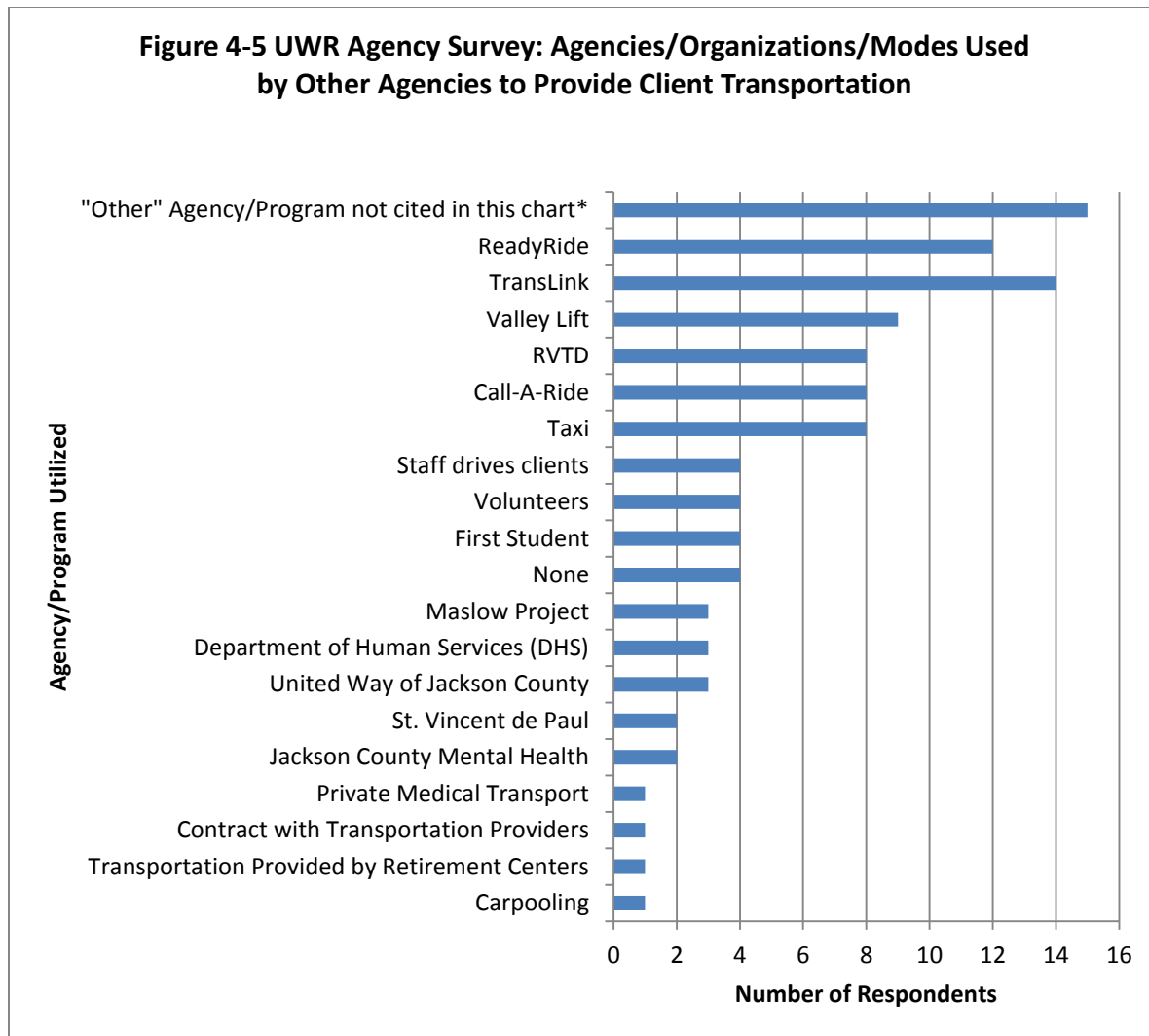
Interestingly, the percentages of unmet transportation needs communicated to agencies by clients were almost exactly the same percentages as those reported by those agencies/organizations which provide transportation (see Figures 4-3 and 4-4). Transportation providers described greater gaps in existing service than did non-providers, especially for individuals traveling to work shifts that begin prior to 7 am or after 6 pm. Non-providers of transportation reported high percentages of clients needing medical transportation or trips that are not currently served on the existing transit network. **The three greatest unmet needs, as reported by both providers and non-providers, were medical trips, shopping/multiple errand trips, and trips that cannot be served on the existing network.**

Selecting from 20 options to describe the programs or services used by their clients or members for transportation, the top three categories chosen by agencies and organizations were TransLink, “other,” and ReadyRide. The “other” category included transportation assistance provided by ACCESS, community health workers, Compass House staff, Creative Supports, Early Intervention, Education Service District, Family Nurturing Center, Head Start, Kid Time, Oregon Health Plan, Rogue Community Health, Salvation Army, Senior Services, and WorkSource Oregon. Agencies also reported that their clients benefit from the bicycles donated from the Central Point Police Department which are distributed by the Teresa McCormick Center to individuals who need transportation to social services, employment or educational opportunities. Bikes are also donated to organizations by Medford Police Department and the Ashland Bike Swap.



**Figure 4-4: Contrasting Reported Transportation Needs by Providers versus Non-Providers**





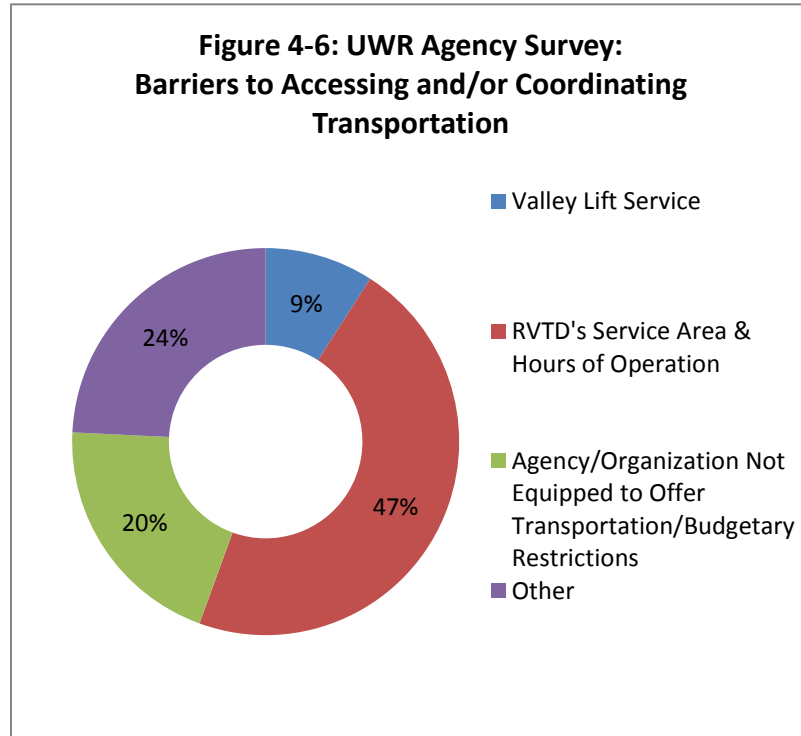
## Transportation Barriers

Agencies and organizations identified multiple transportation barriers, **56% of which were related to Valley Lift and RVTD service**. The majority of the barriers are classified into four categories: Valley Lift Service, RTVD service area and hours of operation, agency/organization not equipped to offer transportation or “other” – an assortment of miscellaneous barriers. The following are descriptions of barriers noted within each category:

Valley Lift – Service boundary is too limited; numerous scheduling mistakes, last-minute cancellation of rides, windows for pick-up, and no same-day ride scheduling

RVTD – Service area is too limited; many agencies/organizations are located outside the RVTD service area; fare is too expensive for clients; limited hours of operation; no weekend service; location of stops

too far away from home or destination; need to reinstate bus pass program for low-income individuals; the bus is too hard to navigate for families carrying belongings and strollers or for individuals with groceries; and service to general population is limited in Upper Rogue; clients in rural areas have no access to bus service



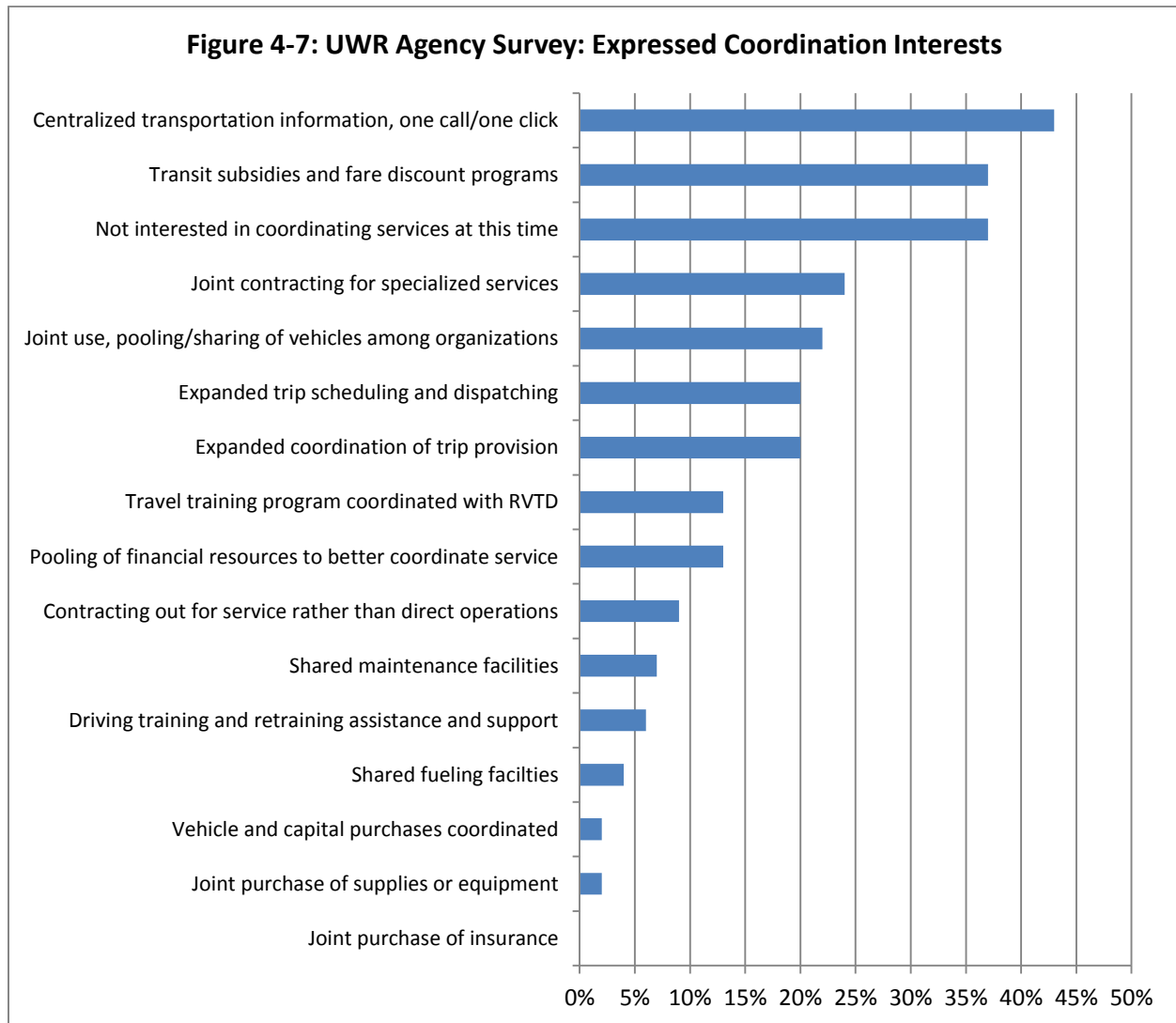
Agency/Organization not equipped to offer transportation – Multiple agencies offer no transportation services to their clients; many of whom cite budgetary restriction as the reason.

Other – Expense of using cab when traveling outside the RVTD service area; clients face barriers for non-medical transportation needs; lack of access to other agency's vehicles; and senior citizens who continue to drive because they do not have other transportation options.

## Transportation Coordination among Agencies/Organizations

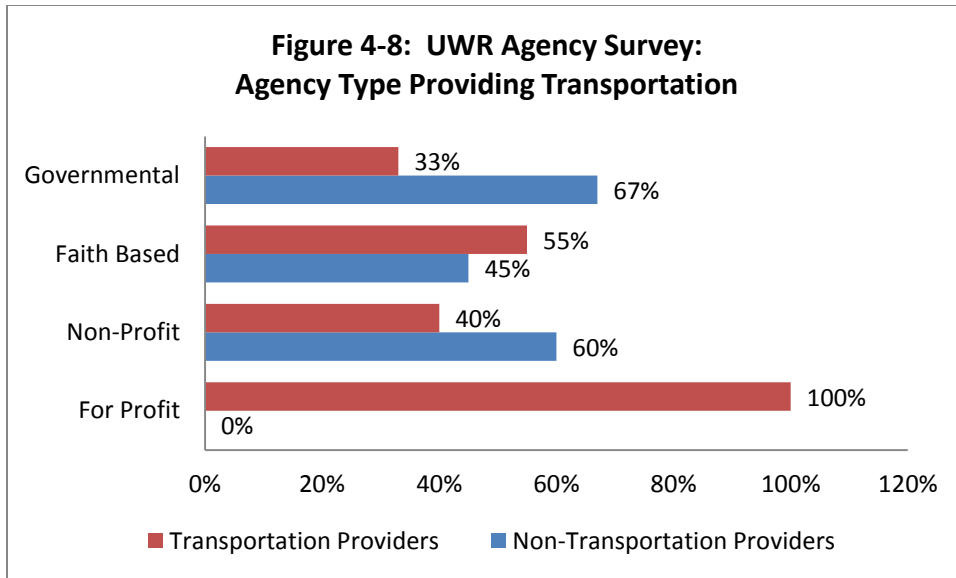
Survey respondents chose from a broad range of opportunities for potential coordination. **Over one-third of the respondents currently were not interested in coordinating services (37%).** The greatest level of interest for coordination included **centralized transportation information – one call/one click (43%), transit subsidies and fare discount program (37%), joint contracting for services (24%) and joint use, pooling or sharing of vehicles among organizations (22%).**

Four other areas of coordination showed more modest interest: **expanded trip scheduling and dispatching** (20%), **expanded coordination of trip provision** (20%), **travel training program coordinated with RVT** (13%) and **pooling of financial resources to better coordinated service** (13%).

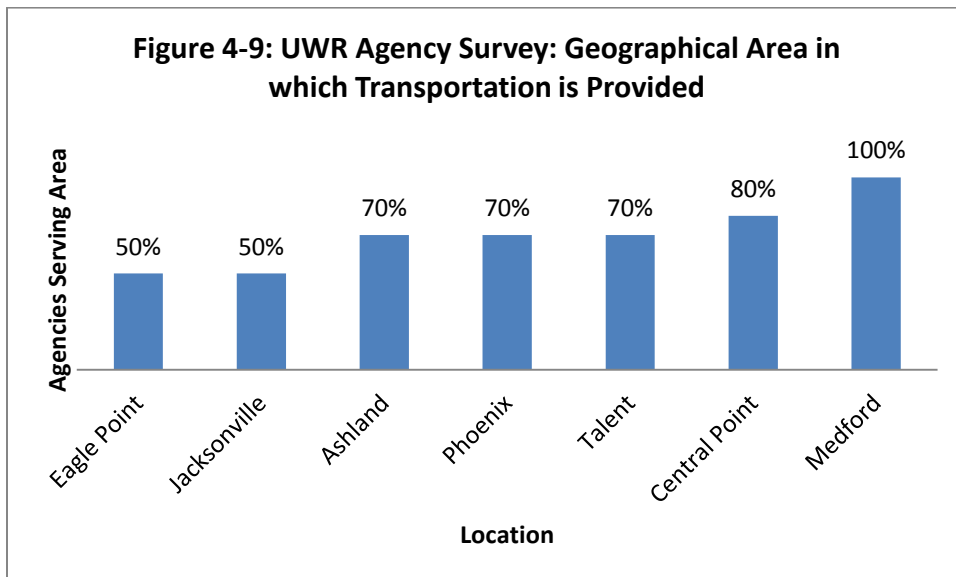


## Agencies and Organizations that Provide Transportation

Of the ten transportation providers who described their service area, **100% reported providing service in Medford** and only 50% reported serving Eagle Point and Jacksonville (Figure 4-9). **Only 15% reported having cooperative transportation arrangements** with other agencies or organizations; two organizations described arrangements with RVT and ReadyRide.



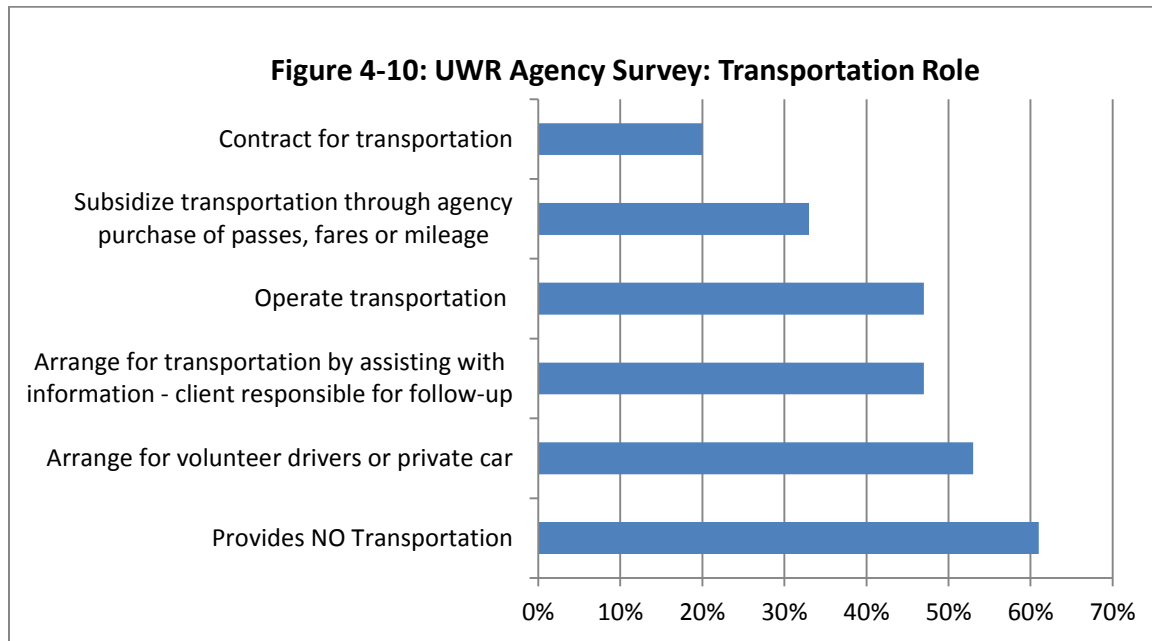
Four of the organizations self-reported as both “faith based” and “non-profit”; therefore, Figure 4-8 shows some duplication of transportation efforts.



## Transportation Roles

The **majority of the respondents neither operate transportation nor provide transportation assistance.** Of those who do provide transportation support, over 50% arrange for volunteer drivers and less than 50% provide transportation information and rely upon the client or member to provide his or her own

follow-up. For those who supply drivers, a total of **218 drivers were reported as used in their transportation program, 178 of which are paid.**



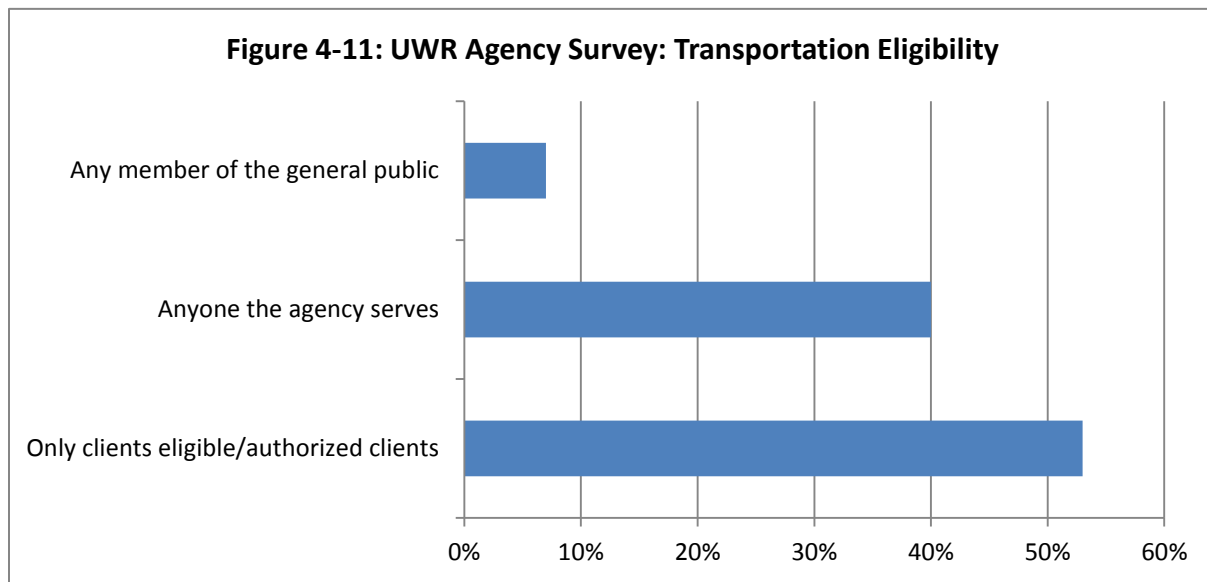
## Transportation Budgets

11 of the agencies and organizations who participated in the survey provided transportation budgets with costs presented in Figure 4-12 by functional area. A total of **\$146,200 dollars in annual transportation expense was reported.** When forecasting changes to transportation next year, 23% of these agencies anticipated an increase in transportation budget and 77% expected the budget to remain the same.

**The funding sources most frequently noted included private donations or grants (77%) and fundraising (29%).** Specific funding sources cited included State of Oregon DD53 funding, Special Transportation Fund (STF) dollars, donations by clients and Department of Human Services (DHS) funding.

Less than 10% of the respondents reported offering transportation assistance to the general public, while **over 50% stated that only clients or members who meet eligibility requirements are provided with transportation support.**





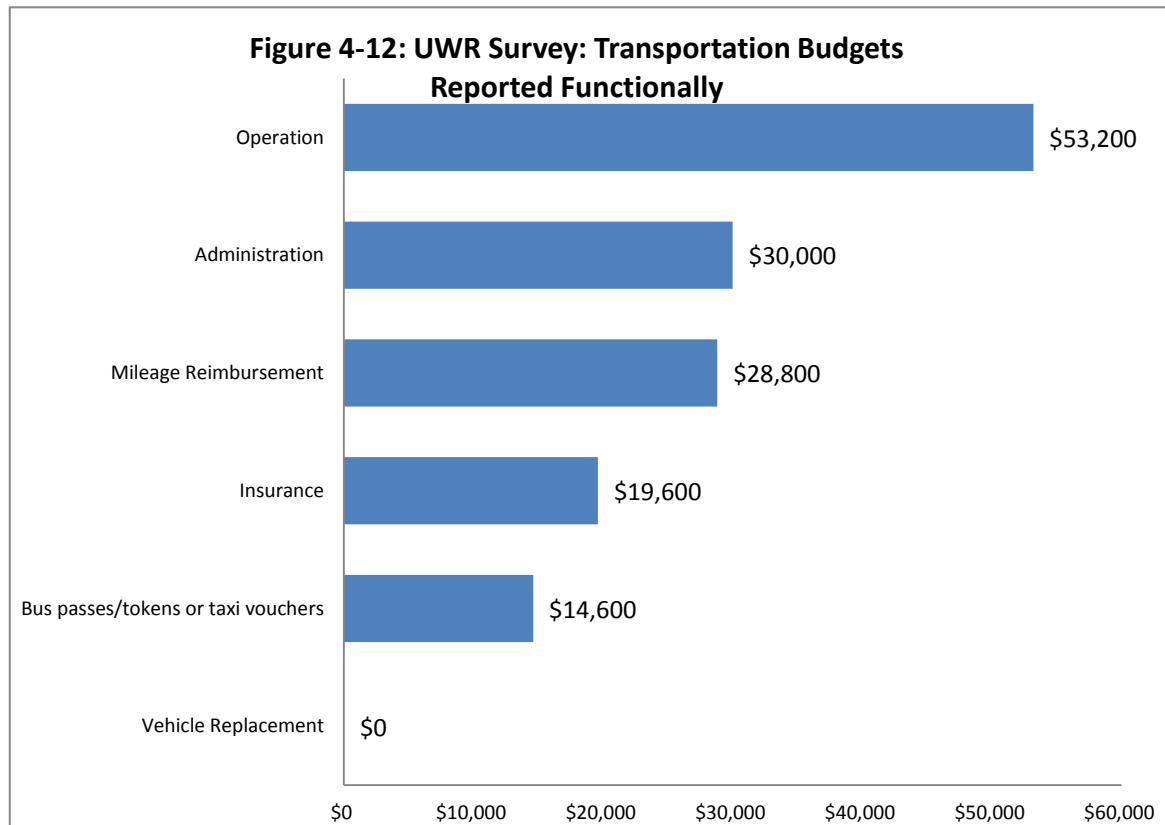
## Vehicular Use by Agencies and Organizations

Only 47 vehicles were reported as used by agencies or organizations for client or member's transportation needs, the majority of whom were operated by non-profits. The 12 agencies providing passenger trip information reported **17,332 one-way trips per month** or more than **4030 one-way trips per week**. Responses ranged from 14,148 trips per month by AllCare Health to 4 trips per month by the Housing Authority of Jackson County.

**Table 4-2: UWR Agency Survey: Vehicles Reported by Agency Type**

Vehicle Characteristics	All Agencies	For Profit	Non-Profit	Faith-based	Government
Responses	n =16	n =1	n =10	n=4	n =1
<b>Total Vehicles</b>	<b>47</b>	<b>2</b>	<b>40*</b>	<b>4</b>	<b>1</b>
Passenger Capacity					
5 or fewer passengers	6	0	6	0	0
6 to 10 passengers	7	2	3	1	1
11 to 15 passengers	12	0	9	3	0
16+ passengers	0	0	0	0	0
Lift-equipped vehicles	10	0	10	0	0

\*not all agencies indicated passenger capacity



## Summary of Findings

Forty-nine agencies and community organizations participated in the “Agency Survey” as part of the UWR Plan process. Each of these entities provided demographic data for the groups they serve and input on the transportation barriers faced by their clients, patients or members, most of whom are representative of the three UWR target populations.

These groups reported a total of 4,314 individuals who require daily transportation assistance. Regardless of whether these organizations were transportation providers or not, **they reported that the three greatest unmet transportation needs were medical trips, shopping/errands trips, and trips that cannot be made on RVTD’s system.** The majority of the respondents neither operate transportation nor offer transportation support services to their clients but **many expressed an interest in coordinating services, such as combining efforts to centralize transportation information (one call/one click), participate in transit fare discount programs and jointly contract for transportation services.**

Funding for transportation services remains limited with 23% of respondents anticipating an increase in their organization's 2017 transportation budget. Private donations or grant monies were the most frequently cited funding sources.

The respondents identified multiple transportation barriers. The majority of these barriers can be classified into four categories: Valley Lift Service, RTVD service area and hours of operation, agency/organization not equipped to offer transportation or "other" – an assortment of miscellaneous barriers. **56% of the participants reported issues related to Valley Lift and RVTD services.**

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## Chapter 5: Consumer Outreach & Findings

707 persons completed the consumer survey entitled “Transportation Survey for the Residents of Jackson County” (Appendix D). Of those, 624 persons completed the survey through 16 agencies and organizations that distributed it to their clients, patients, members or staff. These individuals are representative of all three target audiences served by the *UWR Plan*. Figure 5-1 provides an analysis of the populations represented by the 16 agencies and organizations.

83 individuals completed the survey on-line and their responses cannot be tabulated according to which population they represent. Therefore this data is treated in a separate section within this chapter.

The individual surveys were distributed as part of the *UWR Plan* process (outlined in Figure 1-1)

### Demographics of the Survey Participants Associated with an Agency or Organization

#### Figure 5-1: Survey Participants and the Populations They Represent

##### People with Disabilities

Living Opportunities

##### Persons of Low Income & Older Adults

Foster Grandparent Program (Community Volunteer Network)

##### Persons of Low Income

Department of Human Services (DHS)

Canterbury Hills Residents (Housing Authority of Jackson County)

##### Older Adults

Ashland Senior Center

Eagle Point Senior Center

Medford Senior Center

Seniors at Talent Community Center

##### All Three Target Populations

Addictions Recovery Center

Asante Clinics

Butte Falls Community

Jackson County Mental Health

Rogue Valley Veterans and Community Outreach (RVCCO)

Rogue River Estates Residents (Housing Authority of Jackson County)

Shady Cove Residents

##### Large Employer (All Three Target Populations)

Rogue Valley Manor

**AGE:** 562 individuals provided age range data. The age ranges used in this survey were: under 19, 19-34, 35-54, 55-64, and 65 and over.

- **71.9% of the survey participants were age 35 or over.**
- Those **ages 35-54** had the greatest participation, **representing 183 individuals or 32.6%** of the total respondents.

- The second largest group, **persons aged 19 to 34, made up 24.7% or 139 persons.**

**GENDER:** 541 persons provided a description of their gender.

- **59.5% (322 persons) female**
- **40.5% (219 persons) male**

**EMPLOYMENT STATUS:** Of the 527 persons responding:

- **34.9% employed (184 persons)**
- **47.2% not employed (249 persons)**
- **17.8% retired (94 persons)**

**DISABILITIES:** Of the 463 persons responding:

- **53.3% (247) reported having a disability.**
- **Of those with a disability, 41.3% (102 persons) stated that the disability created transportation challenges.**

**TOTAL HOUSEHOLD INCOME:**

Total household income could not be compared to household size because many participants did not answer both the household income and household size questions. Of the 481 persons responding:

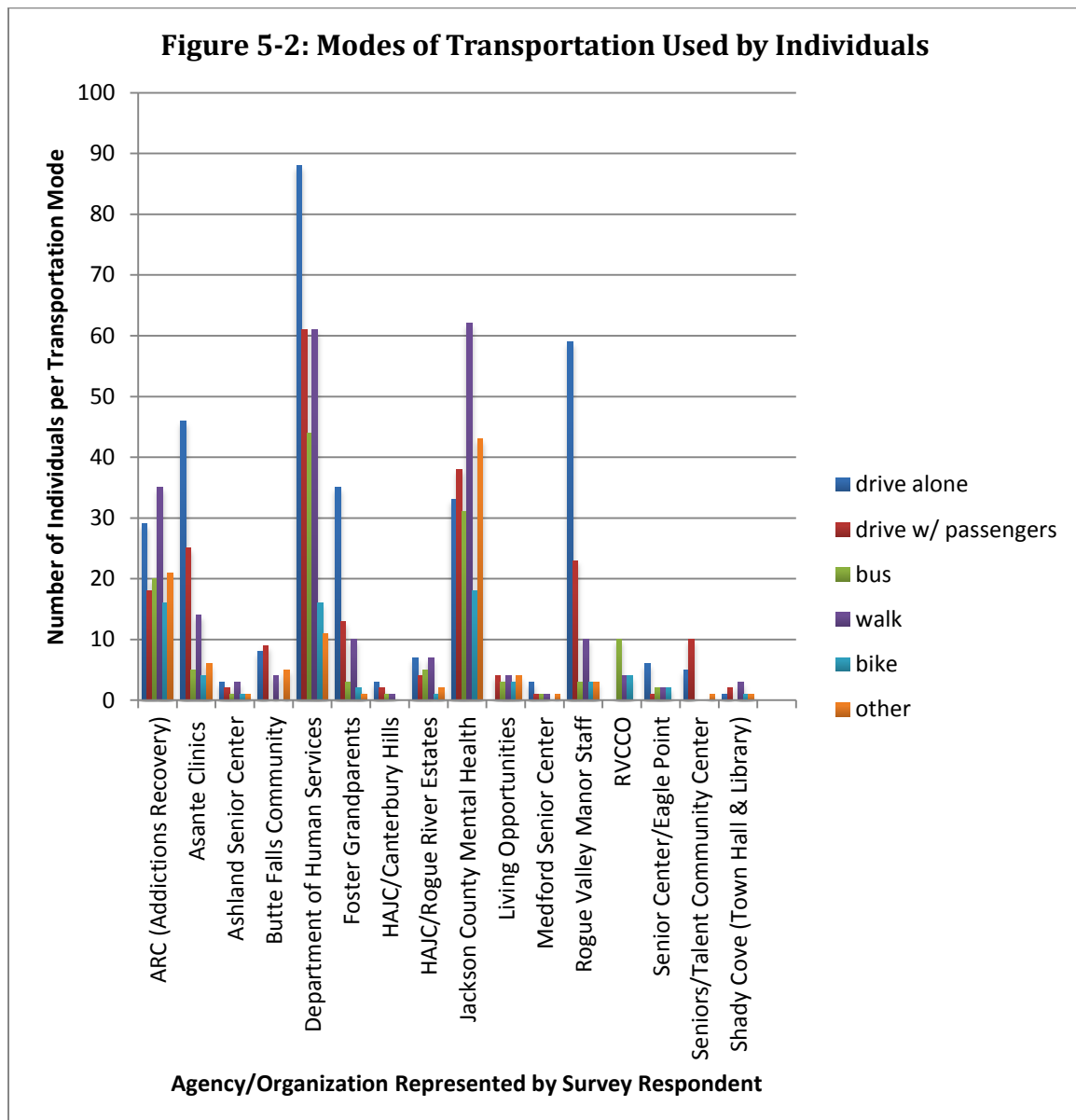
- **49.5% report a household income of \$0 to \$9,999. Since the 2016 federal poverty income level is \$11,800 for a household of one, this data indicates at least 50% of the respondents live in poverty.**
- **An additional 19.1% report household income of \$10,000 to \$19,999, which dependent upon household size could increase the number of households in poverty.**
- **Only 5.2% report household incomes of greater than \$65,000.**

**HOME ZIPCODE:** Of the 529 persons responding:

- **49.3% of respondents live in the Medford zipcodes (97501 and 97504)**
- **12.3% live in Ashland (97520)**
- **11% live in Central Point (97502)**

## Modes of Transportation

Participants indicated all the types of transportation they use during the week (Figure 5-2). **The most common mode of transportation was solo occupant of a vehicle.** Of the 1060 responses given, **over 50% traveled by car: 30.8% indicated that they drive alone and 20% stated they drive with passengers.** **After vehicle use, walking was the most used mode, representing 20.8% or 221 individuals.** Of the 49% who use modes other than vehicle, **12.2% (129 persons) used the bus**, 6.7% biked (71 persons) and 9.4% indicated “other.” Motorcycle was the most cited other mode.

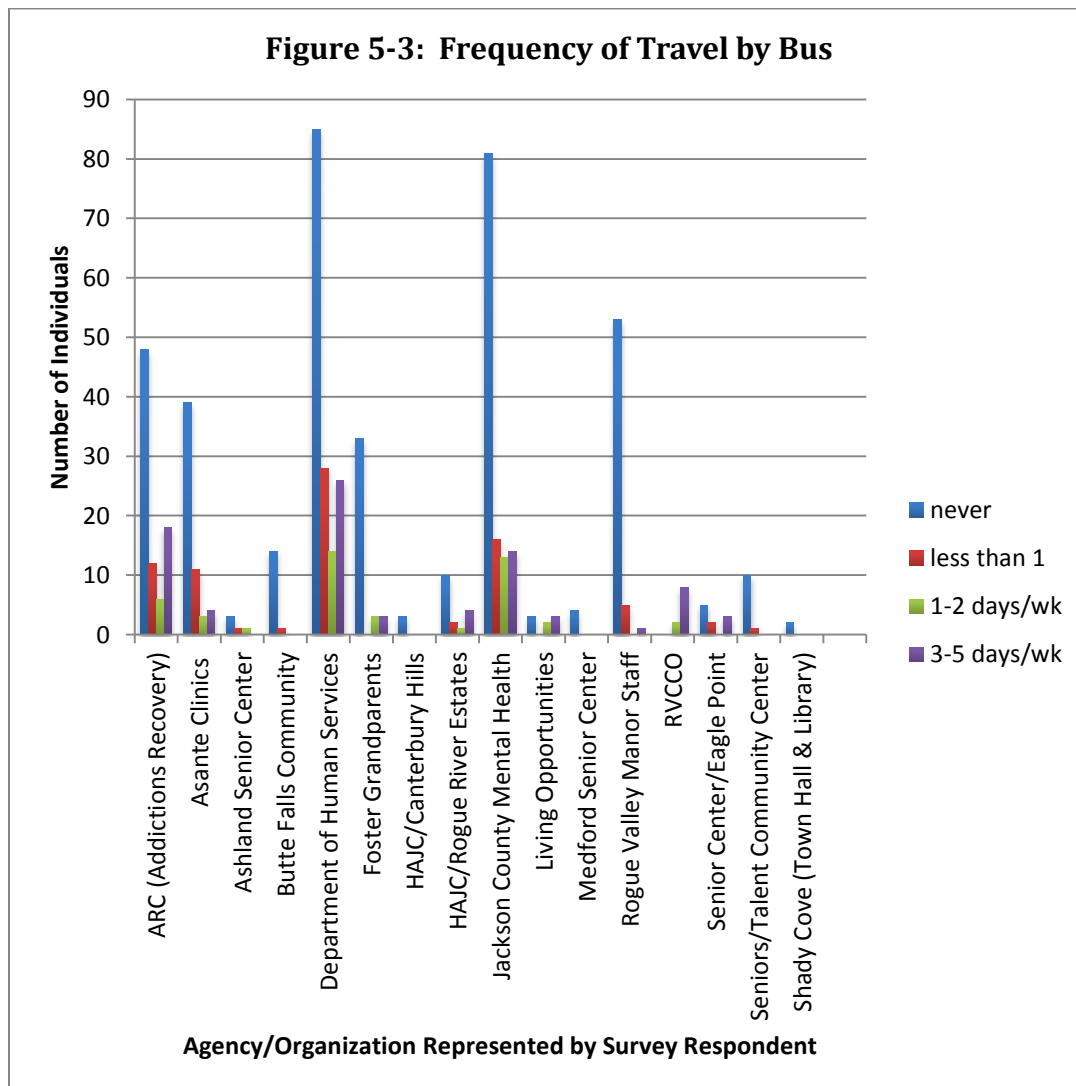


## Use of Public Transit

As Figure 5-3 demonstrates **almost two-thirds of the 601 respondents (65.4%) reported never using public transit**. Of those who use public transit, 13% ride the bus less than weekly, 7.5% ride it one or two times per week and 14% ride it three to five times per week.

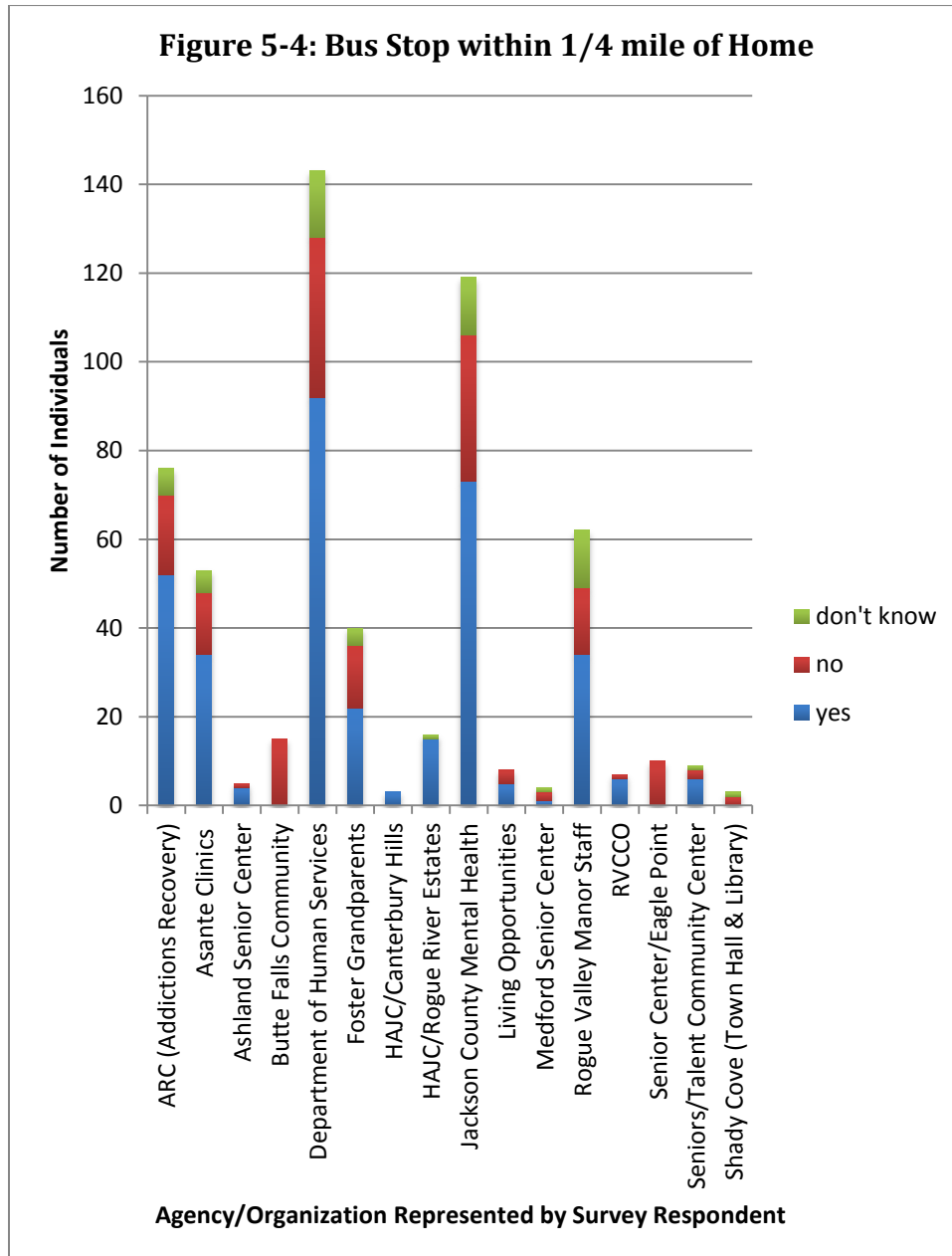
**80% of Senior Adults indicated no use of public transit**, while 8.7% stated they take the bus three to five times per week.

The participants from three agencies reported the highest frequency of using public transit three to five times per week: ARC (21.4%), DHS (17%) and Jackson County Mental Health (11.3%).

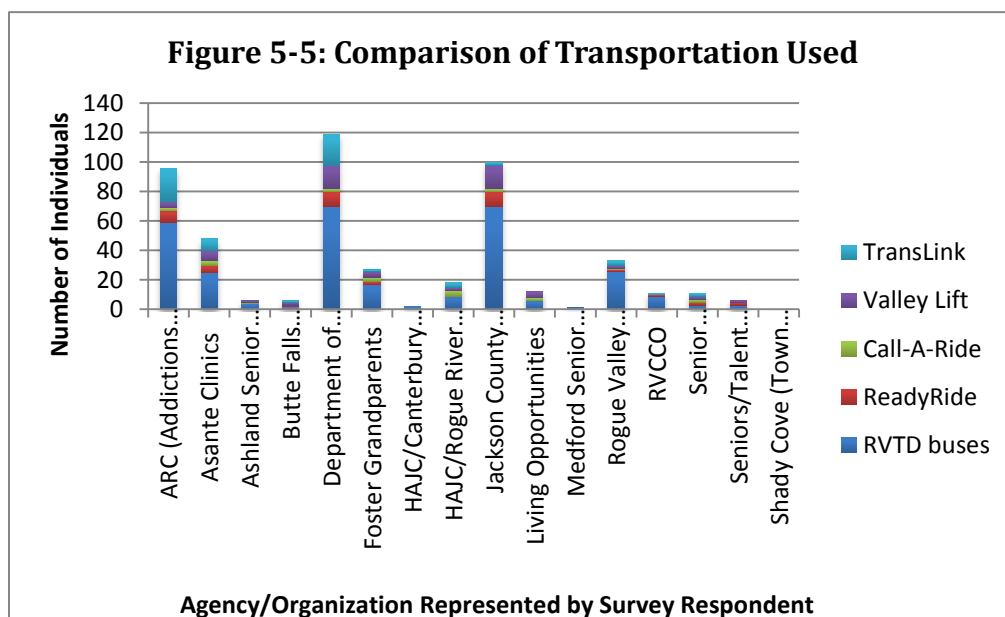




The distance to a bus stop was frequently reported by survey participants as a barrier to public transit use. Almost 100% of Veterans, Senior Adults and Housing Authority of Jackson County residents were knowledgeable about the location of the nearest bus stop to their residence (Figure 5-4). Overall 60.6% live within ¼ mile; 28.9% did not, and 10.5% do not know whether the nearest bus stop is within ¼ mile of their home.



## Use of Bus, Paratransit and Non-Emergency Medical Transportation



When polled whether they have **ever** used public transit, paratransit or non-emergency medical transportation:

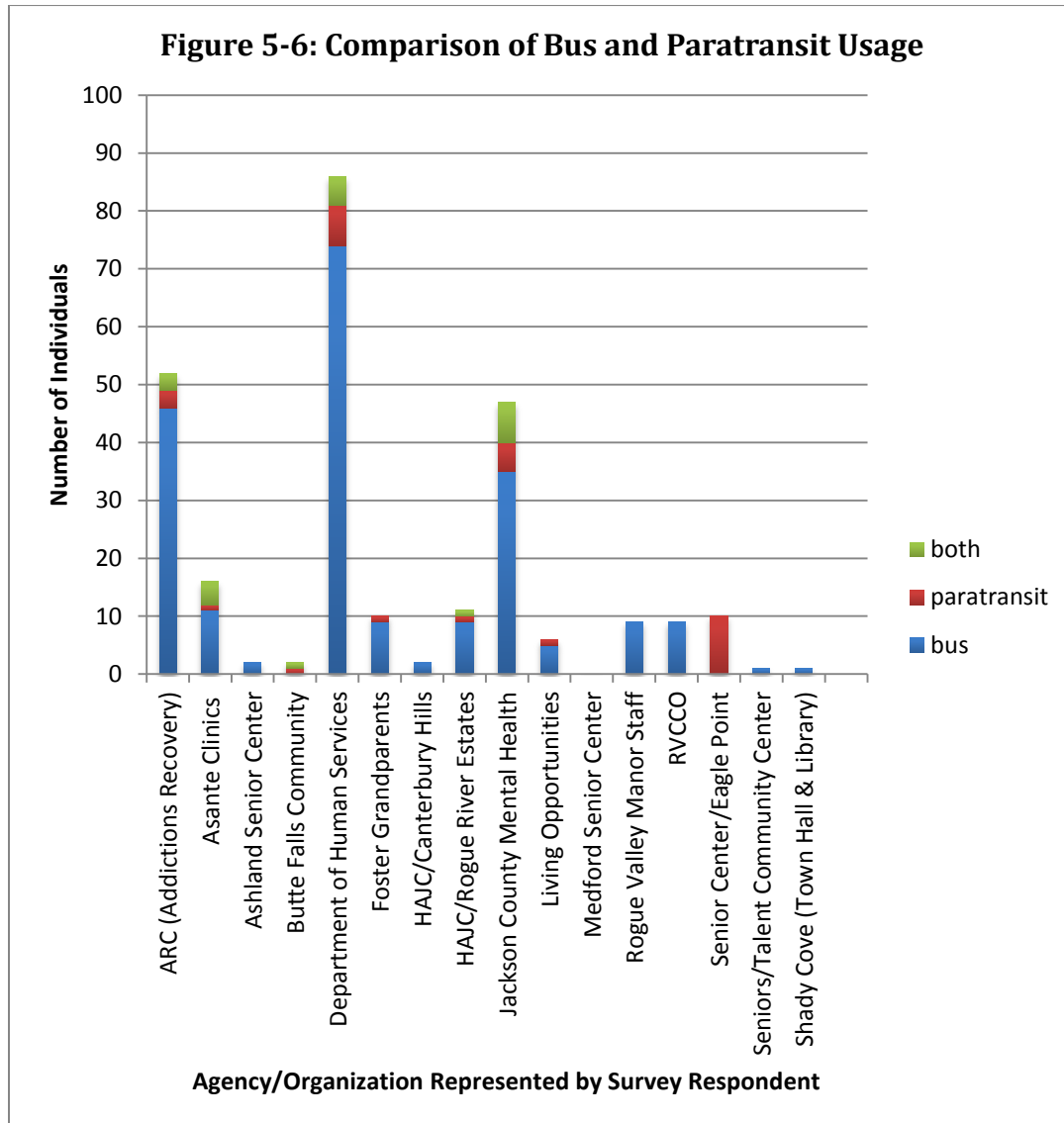
- 66% reported riding the bus
- 11.3% reported using TransLink
- 10.2% reported using Valley Lift
- 7.7% reported using ReadyRide
- 4.6% reported using Call-a-Ride

A comparison of users of regular transit, paratransit, and non-emergency medical transport revealed:

- **23.6% have use NEMT** (non-emergency medical transportation) provided by TransLink, Call-A-Ride and ReadyRide
- **10% have used paratransit services** provided by Valley Lift
- **66% have used RVTB transit**

Each of the transportation choices were utilized by at least 10 of the 16 represented agencies/organizations (Figure 5-5). The largest reported users of TransLink were associated with the ARC, DHS and the Asante Clinics located in Ashland and Talent.

In a separate question comparing regular transit and paratransit use, 264 respondents indicated that **80.7% ride the bus, 11.4% use paratransit services and 8% rely on both** (see Figure 5-6).



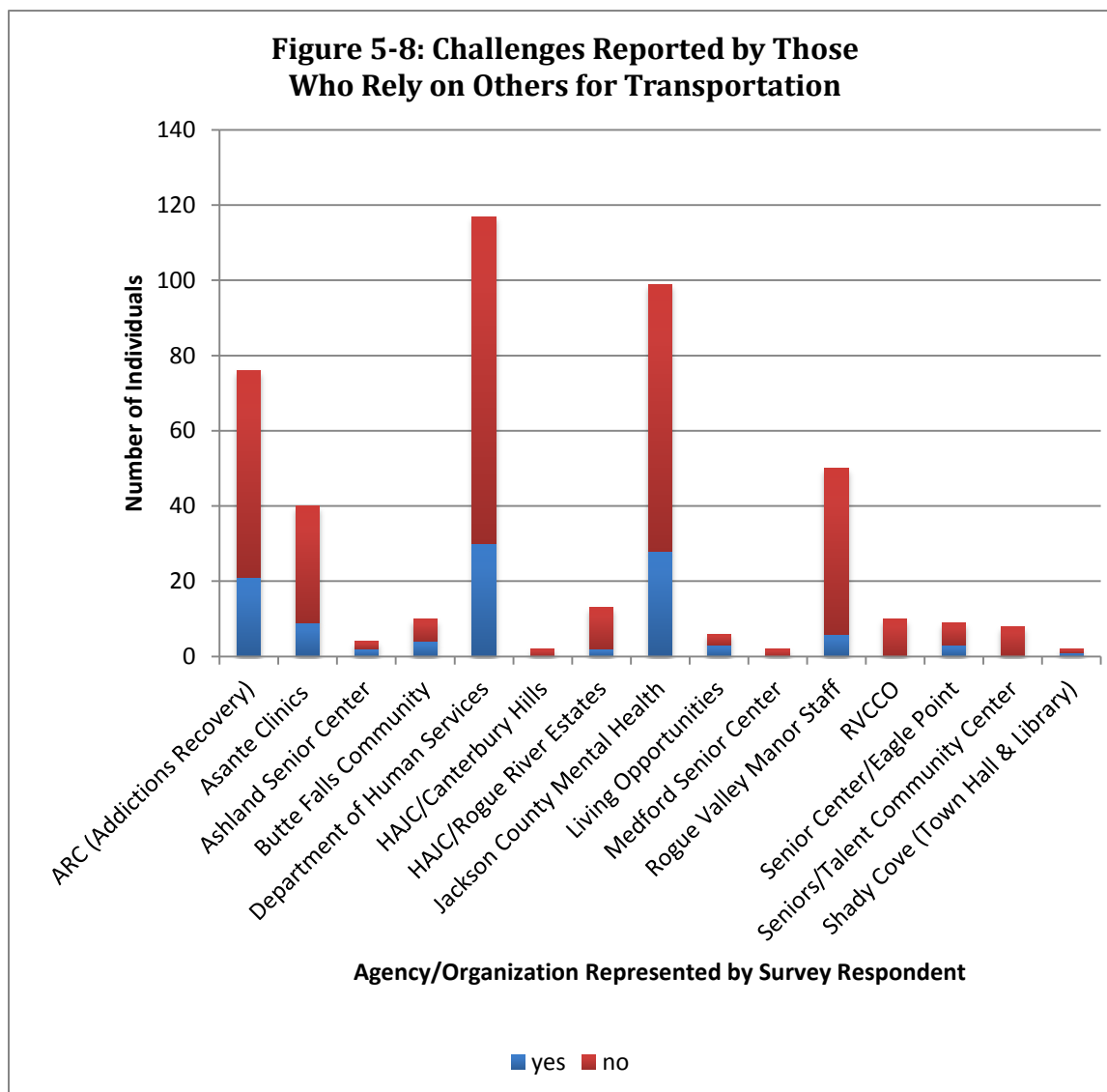
## Common Destinations

**Figure 5-7: Common Destinations of Public Transit Users by Category**

Agency/ Organization Represented by Survey Participant	Destinations								
	Work	Education	Shopping	Personal Business	Social	Entertainment	Recrea- tional	Medical	Other
ARC (Addictions Recovery Center)	26	13	22	36	20	15	16	28	9
Asante Clinics	6	4	8	19	5	3	4	9	7
Ashland Senior Center	1	0	1	2	1	3	2	2	1
Butte Falls Community	1	0	2	0	1	1	0	3	2
Dept. of Human Services	57	43	58	42	33	25	33	33	13
Foster Grandparents	3	2	5	3	4	3	1	8	1
HAIJ/Canterbury Hills	0	1	2	0	0	0	0	0	0
HAIJ/Rogue River Estates	1	1	5	5	6	2	2	8	0
Jackson County Mental Health	16	14	37	39	24	20	22	30	7
Living Opportunities	5	0	5	5	4	2	5	3	0
Medford Senior Center	0	1	1	1	1	1	0	1	0
Rogue Valley Manor Staff	13	6	7	6	3	5	6	4	6
RVCCO	4	2	7	8	4	2	4	5	1
Senior Center/Eagle Point	1	1	2	3	2	1	1	3	1
Senior/Talent Community Center	0	0	0	0	0	1	0	1	1
Shady Cove (Town Hall & Library)	1	1	0	0	0	0	0	1	0
TOTALS	135	89	162	169	108	84	96	139	49

Of the nine categories representing common destinations, **the top four destinations were personal business, shopping, medical appointments and places of employment.** Of the 49 individuals who chose “other,” few destinations were specified. Those that were included medical appointments, treatments, mental health appointments, meetings, classes at Jackson County Mental Health and “use of the bus only rarely out of necessity.”

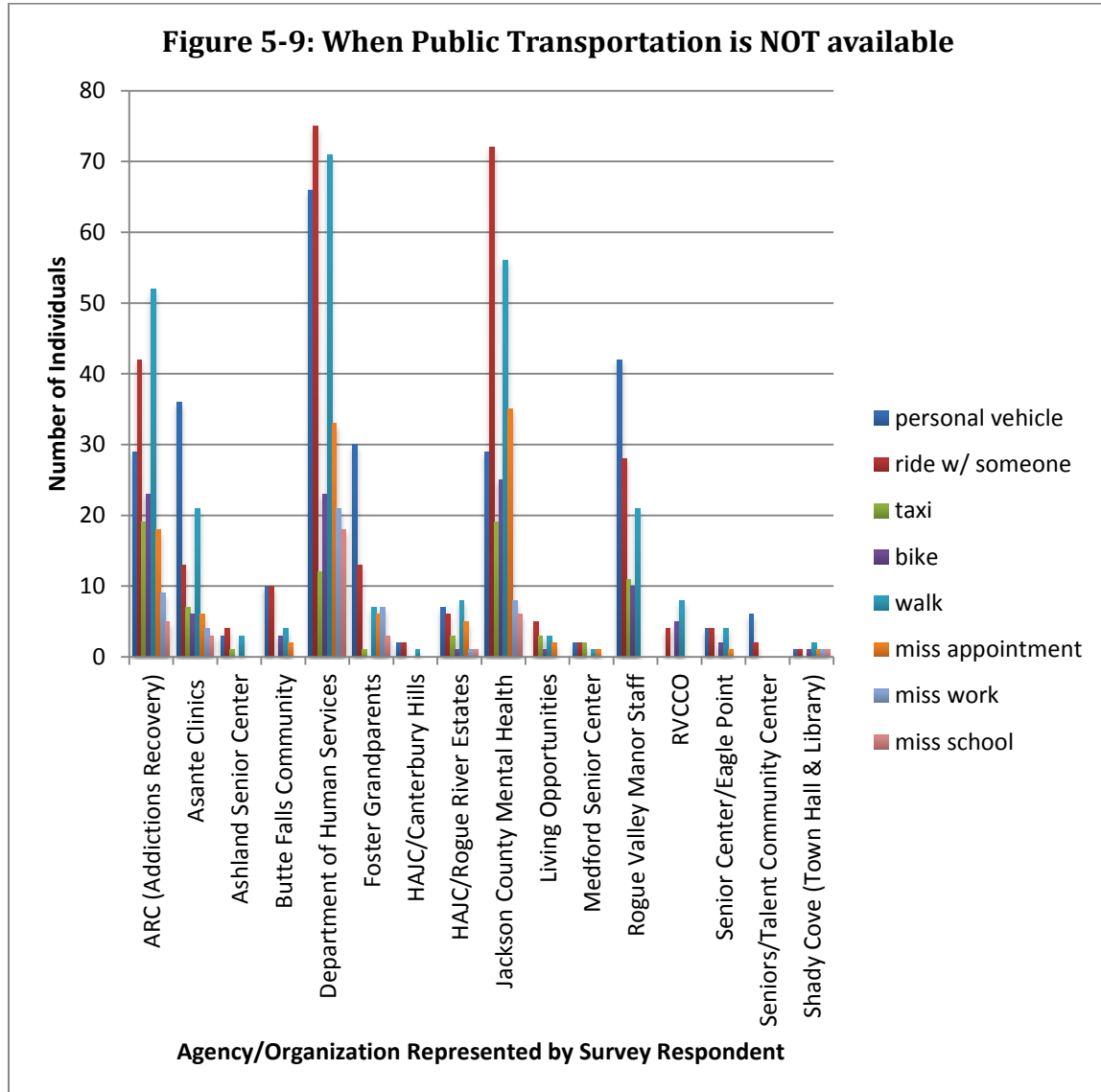
## Transportation Challenges



In order to determine additional transportation barriers, survey participants who regularly must travel with others were asked if this transportation arrangement presented any significant challenge. Of the 448 persons who responded, **24.3% reported that either providing a ride to another person or relying on a ride from another person presented a significant challenge.** Clients from Addictions Recovery, Department of Human Services and Jackson County Mental Health reported encountering the most challenges. No individual from Foster Grandparents responded to this question because it was added after the survey was distributed to individuals in that group. Of the 43 Foster Grandparents participants who indicated the modes of travel

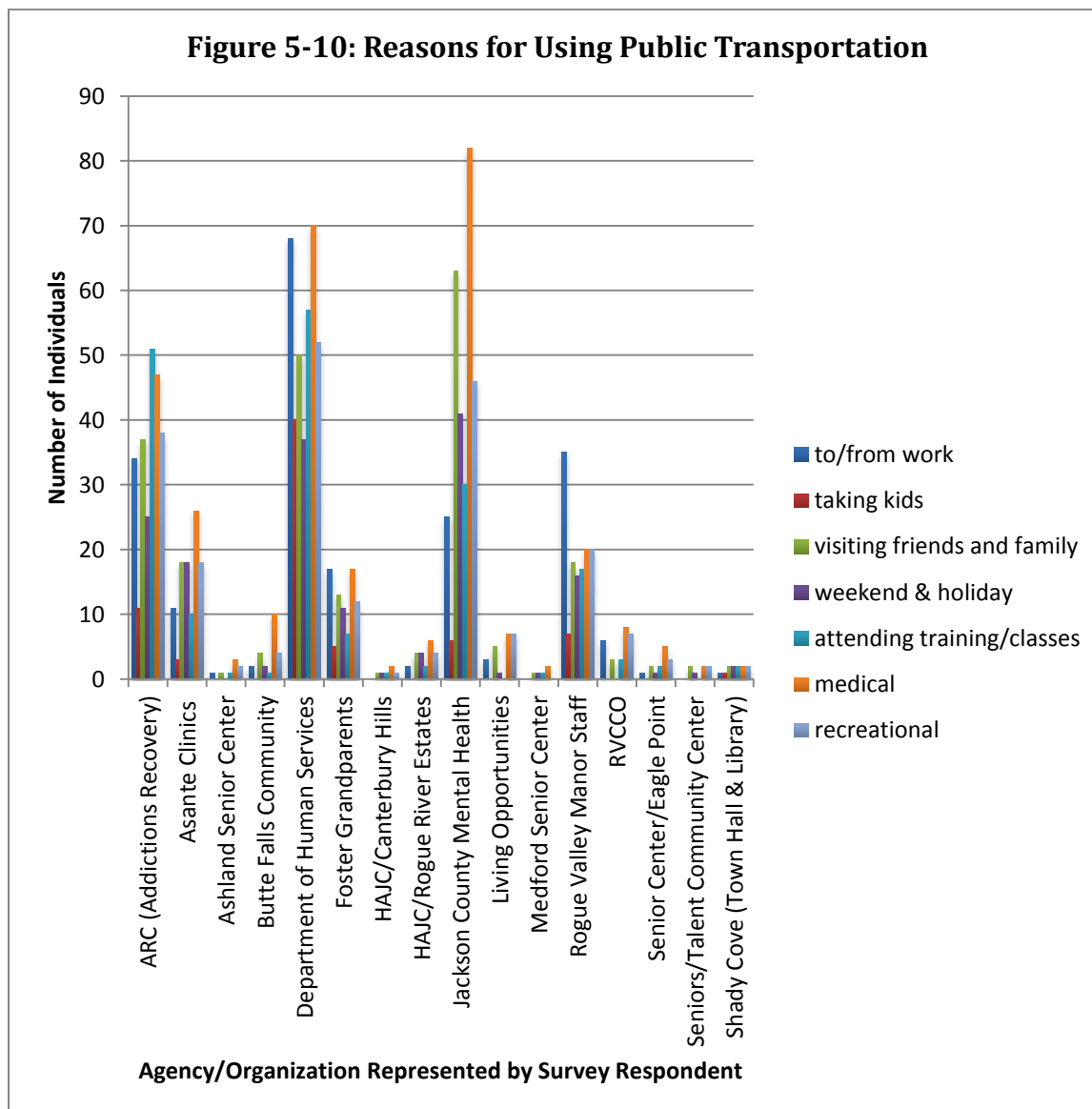
they use weekly, 13 indicated that they carpool; therefore, the percentage of survey participants who indicated traveling with another presents a significant challenge may have been greater than the 24.3% represented in Figure 5-8 if the Foster Grandparents data had been available.

**Challenges cited by the survey participants included time constraints, dependability, lack of money for gas or transportation modes requiring fare, dependence upon another, trying to find a ride, the driver's availability not matching the rider's schedule and paying the driver for gas.**



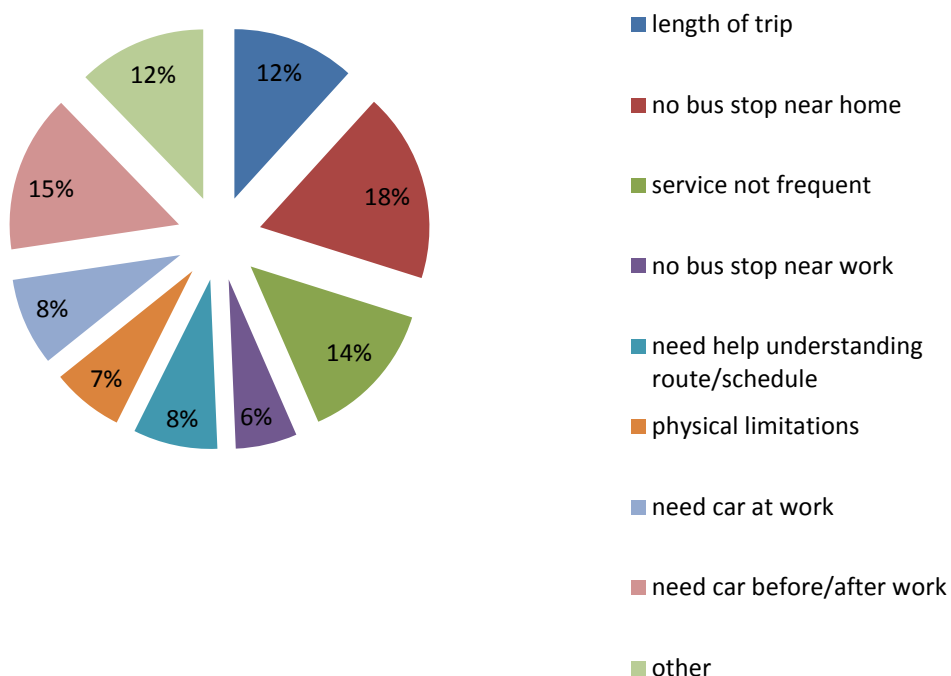
Many of the survey participants rely on riding with others or walking to their destinations when public transportation is not available (Figure 5-9). **Clients of Jackson County Mental Health, DHS, ARC and staff of Rogue Valley Manor were the groups that had the highest percentages**

of persons who rode with others. These same four groups also had the highest percentage of persons who walked when public transit was not available. Clients of the same three agencies, Jackson County Mental Health, DHS and ARC also reported missing appointments, work and/or school when public transportation was not available.



As depicted in Figure 5-10, **The top four reasons for using public transportation** among the 1,376 responses **were medical** (309 persons, representing 22.5%), **going to and from work** (206 persons, representing 15%), **visiting friends and family** (224 persons, representing 16%) and **attending recreational activities and events** (218 persons, representing 15.8%). **The least cited reason was transporting children** to childcare, school or school activities (73 persons, representing 5%).

**Figure 5-11: Reasons Reported for NOT Using Public Transit**



**Temporal and geographical gaps in RVTD's service were the basis for three of the top four reasons given for not using public transit.** As Figure 5-11 depicts 24% stated absence of bus stops near their home or work; 14% reported that the bus service was not frequent enough for their travel needs; and 12% described the length of the bus trip as too great.

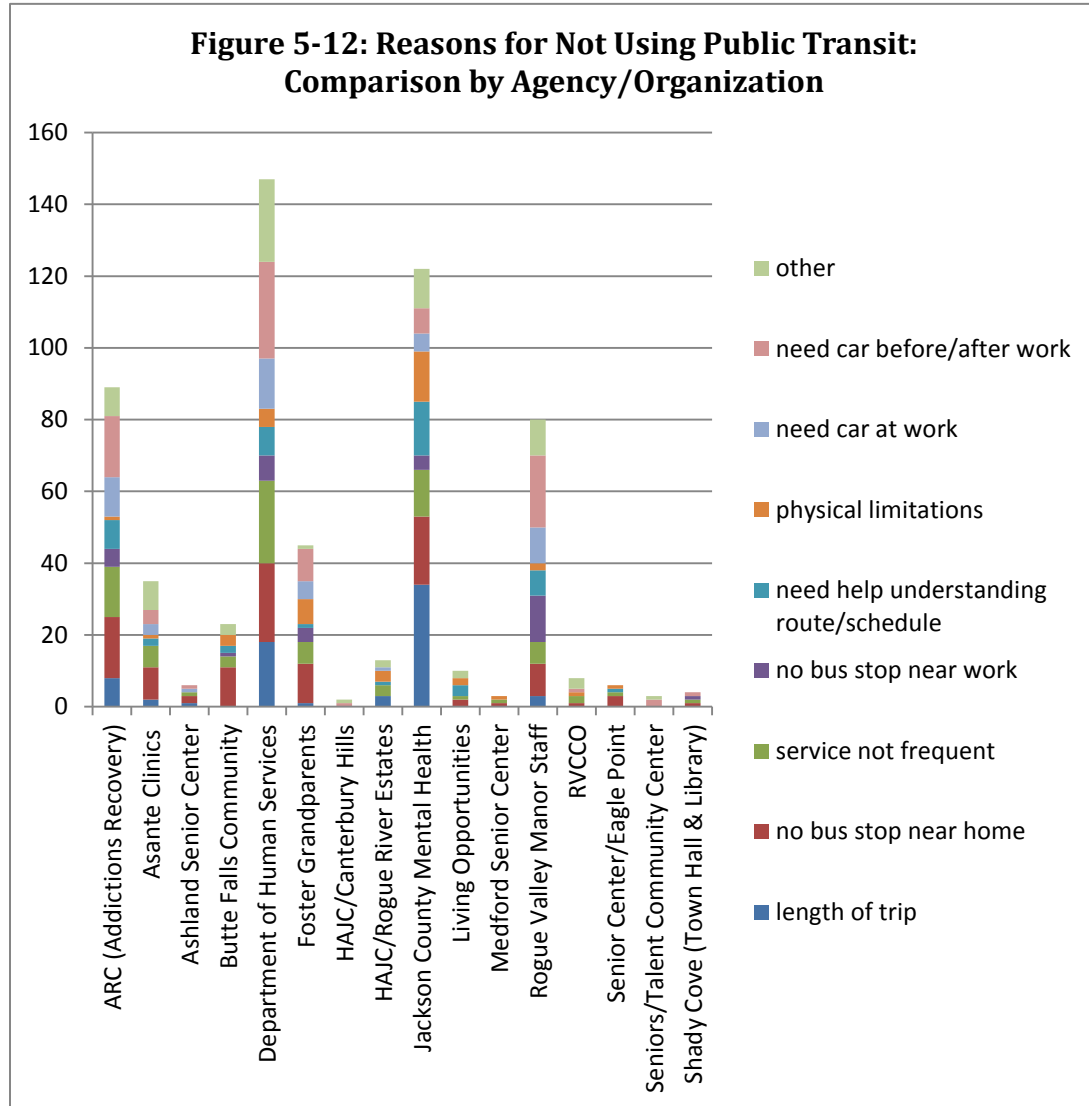
**Physical limitations** that hamper an individual's ability to use public transportation were described by **15% of the participants**. These limitations included:

- the use of a mobility device: wheelchair, scooter, cane
- difficulty walking the distance to and from the bus stop
- specific ailments such as incontinence, seizures and anxiety disorders
- inability to sit for the duration of the trip
- pain intensified by standing on crowded bus or by sitting on bus for long periods of time
- wait at bus stop is too long for medical condition

**Almost one-quarter (23%) described dependence upon private automobile before, during or after work hours** as the reason they cannot use public transit.



The “other” category was chosen most often by individuals associated with the ARC, Asante Clinics, DHS, Jackson County Mental Health, RVCCO and Rogue Valley Manor (see Figure 5-12). While diverse reasons were specified by those who indicated “other” reasons for not using public transit, these comments can be grouped in three categories: bus schedule, bus service area, and bus environment.



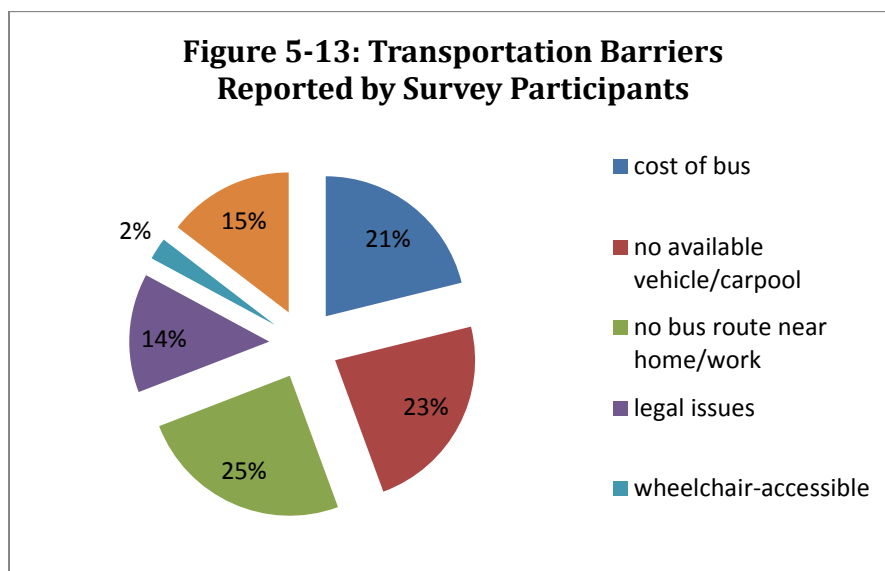
- Participants who described the **bus schedule** as the reason for not using public transit often reported lack of late night and weekend service and a too-complicated schedule as barriers to transit use.
- Individuals who labelled the **bus service area** as a barrier reported no bus routes in their neighborhood or community.

- In addition to comments about the crowding on the bus, other statements about the **bus environment** involved descriptions of the physical condition of the bus, fellow riders, and the transfer station. Those regarding the physical condition included: “Dirty, unpleasant atmosphere.” “Bus doesn’t feel safe or clean.” “Bus is nasty and unclear.” “Unclean!” Observations about fellow riders included: “There are undesirable people at many of the bus stops.” “People on the bus bother me.” “I’ve been sexually harassed on the bus and at bus stops.” “Creepy bus people.” Descriptions of Front Street included; “I’ve been sexually harassed at Front Street.” “Transfer station on Front Street is full of crime, drugs, homeless. Does not feel safe at all.”

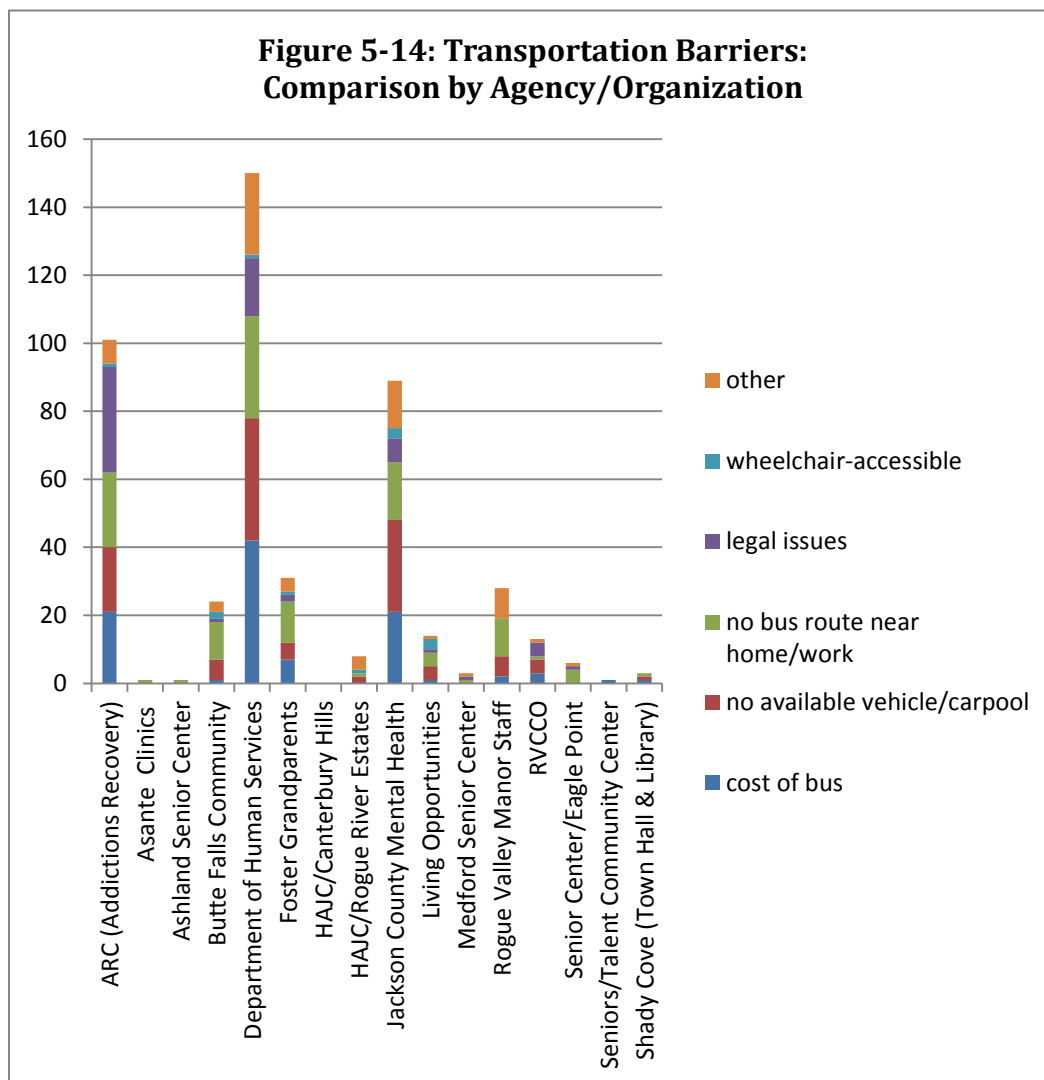
**The categories of explanations why transit is not used** appeared to be characteristic of the survey participants’ experiences. The length of the bus trip, the frequency of bus service, the absence of bus stops near home or work, the need of a personal vehicle before, during or after work, individual physical limitations and difficulty understanding route/schedule information **were all expressed by participants in groups with 40 or more respondents.** These groups included: ARC, DHS< Foster Grandparents, Jackson County Mental Health, and the Rogue Valley Manor staff.

## Barriers Identified by Agencies and Community Organizations

During the development of the consumer survey, categories of transportation barriers faced by clients, members, patients or staff were solicited from agencies and community organizations. These include: accessibility for individuals with mobility impairments, no bus service near home and/or work, cost of public transit, no available car or carpool, and legal issues, such as loss of license due to revocation for driving impaired or not paying child support.



The top three transportation barriers cited by survey participants were no bus route near home, place of employment or both (25%), the cost of bus fare (21%) and the unavailability of either a car or a carpool (23%) (see Figure 5-13).



The three top barriers are depicted also in Figure 5-14. When analyzed by agency or organization, those with the highest percentage of participants **with no available bus service** were:

- **Rogue Valley Manor Staff 39%**
- **Foster Grandparents 38.8%**
- ARC 21.8%
- DHS 20%

Those citing the cost of bus fare as a barrier included:

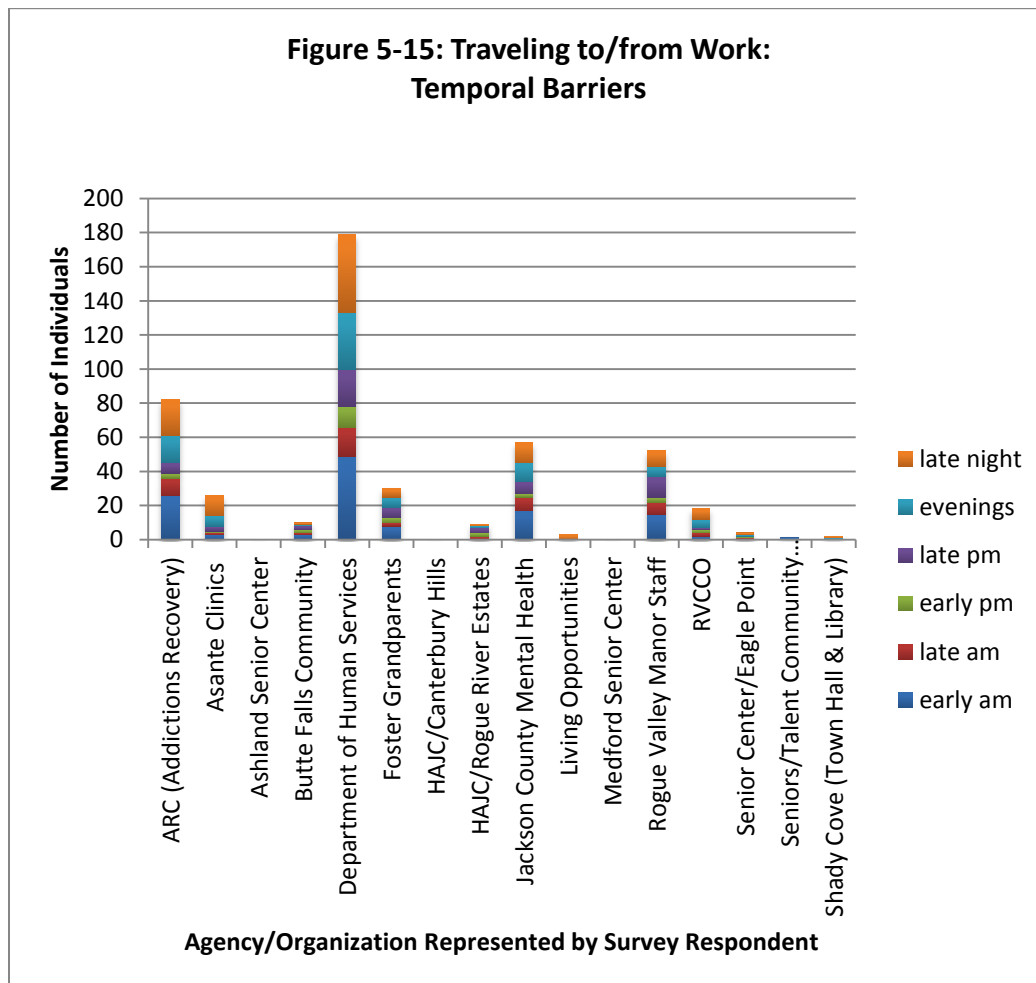
- **DHS 28%**
- Jackson County Mental Health 23.6%
- ARC 20.8%

**Those with no available car or carpool included:**

- **Jackson County Mental Health 30.3%**
- **DHS 26%**
- **ARC 18.8%**

**The groups reporting zero or few barriers, Asante Clinics, Ashland Senior Center, Canterbury Hill residents, and Talent Seniors, were the same groups that reported the highest percentage of individuals who either drove alone or with passengers (see Figure 5-2) as their primary mode of transportation.**

## Temporal Barriers



This question assumes a Monday through Friday work schedule because at the time of the survey RVTB was not in service on Saturdays. The following time slots were provided for this survey question:

Early Morning: 5 am to 8 am

Late Morning: 8 am to Noon

Early Afternoon: Noon to 3 pm

Late Afternoon: 3 pm to 6 pm

Evening: 6 pm to 9 pm

Late Night: 9 pm and later

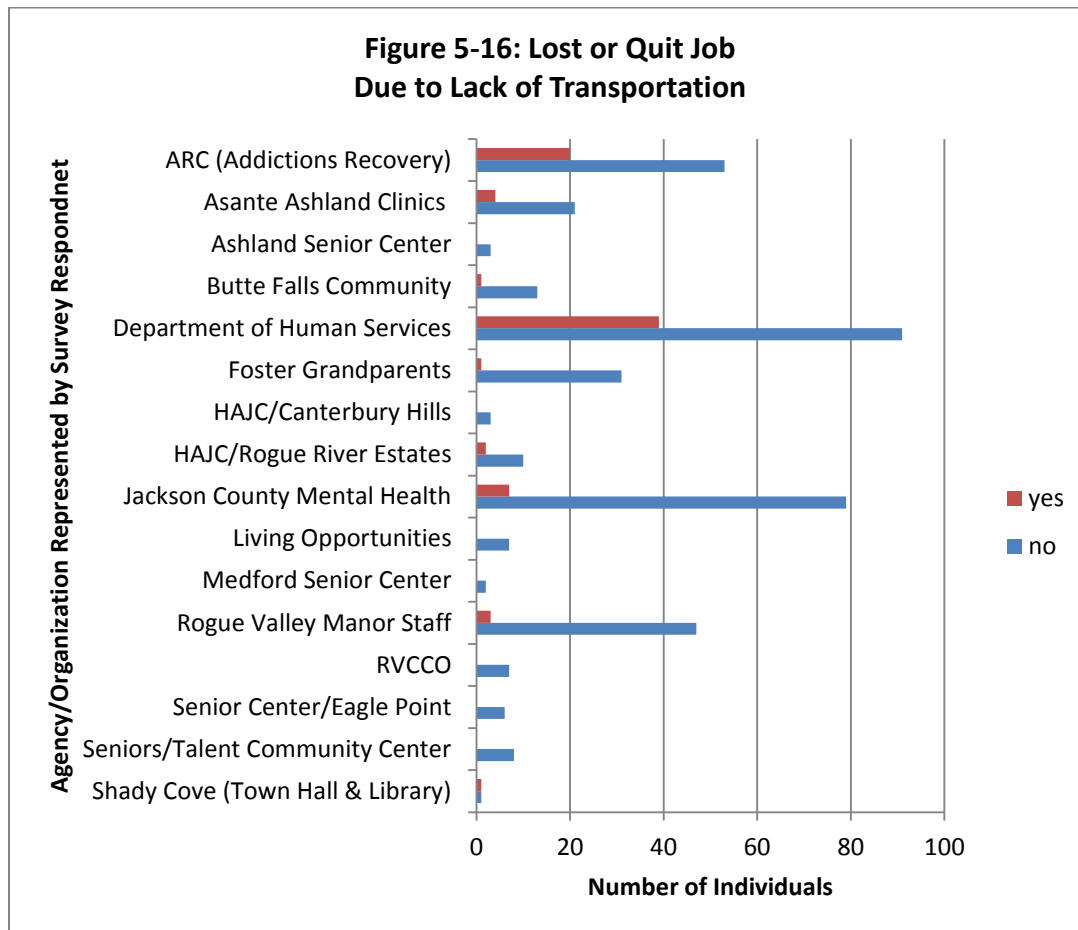
These time slots were based on shift information provided by large employers and do not coincide with the 2017 service hours of RVTB. The early morning time period begins before RVTB service; the evening time period extends beyond RVTB service hours; and there is no RVTB service during the late night time period. As Figure 5-15 depicts **the number of individuals traveling to and from work experienced the greatest difficulties when traveling early morning, evenings or late night, which are times when RVTB is either not operational or is operational for only a portion of the specific time period.** When individuals were analyzed by the categories provided in Figure 5-1, **persons of low income, Senior adults and workers faced difficulties traveling to and from work in all three time slots: early morning, evenings and late night.**

## Geographical Barriers

Persons living in outlying areas such as Butte Falls and Shady Cove and portions of Eagle Point and Central Point are either underserved or not served by public transit. The Upper Rogue Community Center discontinued its transportation program in the summer of 2014. In response, RVTB created the Rogue Valley Connector service to provide transportation services within the communities of Trail, Shady Cove and Eagle Point with connections to RVTB's fixed route service in Medford. Passengers can board the Connector at one or more stops in these communities or be picked up at their home if they have disabilities and live within ¼ mile of the route. Many individuals, however, have expressed that they are not within walking distance of the Connector's bus stops or do not have transportation to these locations.

**Survey participants in Butte Falls and Shady Cove reported multiple transportation barriers,** including: inability to work due to lack of transportation; cannot attend classes, medical appointments, court-mandated meetings, physical therapy; unable to find a ride into Medford for services; not able to shop at larger grocery store with more reasonable prices; and diminished social and recreational activities, such as volunteer work or attending events. One respondent wrote, "When we become unable to drive, we will have to move! We don't want to move!"

## Missed Opportunities due to Transportation Barriers



**17% of the 460 respondents reported quitting or losing a job due to lack of transportation** (see Figure 5-16). The two organizations reporting highest job loss were DHS with 30% incidence (39 individuals) and the ARC with 27.4% (20 individuals). While the outlying areas of Shady Cove, Butte Falls and Eagle Point reported few instances of job loss due to transportation barriers, the majority of the respondents in these areas were 65+, which is typically viewed as retirement age.

Survey participants provided **descriptions of how lack of transportation affects their daily activities**. These responses included:

- Social isolation because access to bus is too far away or activities are too far removed from the bus route
- Loss of potential and current jobs
- Cannot travel to and from work using public transportation
- Often late to work or other activities due to length of bus trip or bus running behind schedule

- Miss recovery-based meetings
- Unable to attend classes, trainings or court-mandated appointments
- Inability to access medical care or medication
- Cannot attend physical or occupational therapy
- Unable to shop at grocery store that has fresh produce or lower prices
- No weekend service to go to other towns
- Inability to attend church on Sundays
- Miss large events where community services are available, such as the Stand Down at the VA SORCC and Project Community Connect
- Cannot attend volunteer activities that occur at night or own weekends
- Miss school events
- Cannot live in certain locations due to lack of bus service
- Have to rely on taxis for night and weekend transportation
- Difficult to arrange transportation with children

**When grouped by age or other characteristic, several shared experiences emerged.** Senior adults mentioned that lack of transportation diminishes their social lives, leads to social isolation and creates the inability to attend weekend activities, recreational opportunities or gatherings with friends and family. Veterans voiced similar concerns, stating that lack of transportation limits their ability to shop and limited night and weekend service inhibits their volunteer work and ability to visit family and friends.

## Demographics of On-line Survey Participants

While the 83 individuals who completed the consumer survey on-line cannot be associated with a particular agency or organization, they are representative of Jackson County residents and their responses, when coupled and compared to the agency/organization respondents, provide a fuller understanding of the transit habits and transportation barriers of Rogue Valley residents.

### **AGE:**

80 individuals provided age range data. The age ranges used in this survey were: under 19, 19-34, 35-54, 55-64, and 65 and over.

- **83.8% of the survey participants were age 35 or over.**
- Those **ages 35-54** had the greatest participation, **representing 40 individuals or 50%** of the total respondents.
- The second largest group, **persons aged 55-64, made up 22.5% or 18 persons.**

**GENDER:**

76 persons provided a description of their gender.

- **63.2% female (48 persons)**
- **36.8% male (28 persons)**

**EMPLOYMENT STATUS:**

Of the 82 persons responding:

- **91.5% employed (75 persons)**
- **4.9% not employed (4 persons)**
- **3.7% retired (3 persons)**

**DISABILITIES:**

Of the 72 persons responding:

- **13.9% (10 persons) reported having a disability.**
- **Of those with a disability, 2.8% (3 persons) stated that the disability created transportation challenges.**

**TOTAL HOUSEHOLD INCOME:**

The income ranges used in this survey were: \$0-\$9,999, \$10,000-\$19,999, \$20,000-\$29,000, \$30,000-\$44,999, \$45,000-\$65,000 and \$65,000+. Of the 73 individuals providing household income information:

- 65.8% reported household incomes greater than \$45,000.
- **46.7% reported household incomes above \$65,000.**
- 20.6% reported household incomes between \$30,000 and \$44,999.
- 4% reported household incomes of \$0 to \$9,999

**HOME ZIPCODE:** 73 persons provided home zipcode information.

The three zipcodes with the highest populations included:

- Medford 97501 (29%)
- Medford 97504 (26%)
- Ashland 97520 (25%)



**Keyfindings of Demographic Analysis:**

Compared with the survey participants who were organized according to the agency or organization they represented, the 83 individuals who answered some or all of the survey questions on-line were:

**Older:** 83.8% age 35 and older compared to 71.9% of the agency/organization participants

**Higher Employment Rate:** 91.5% employed compared to 34.9% employed.

**Lower Retirement Rate:** 3.7% compared to 17.8%.

**Lower Number of People with Disabilities:** 13.9% compared to 53.5%

**Higher Household Income:** 4% reported household incomes of \$0 to \$9,999 as compared to 49.5% of the agency/organization participants; whereas 46.7% reported household incomes of greater than \$65,000 compared to 5.2% of the agency/organization participants.

**Home Zipcode:** The percentage of individuals residing in Medford zipcodes was similar: 54% to 49.3%. 25% of on-line participants live in Ashland as compared to 12.3% of agency/organization participants.

**Key Findings of Transportation Barriers:**

7.5% (6 persons) report either quitting or losing a job due to lack of transportation.

The top transportation barriers faced by on-line participants included:

73% reported no bus route near their home or work

27% reported no available vehicle or carpool

16% cited the cost of the bus

**Over one quarter of respondents (26.5%, 22 individuals) reported missing opportunities due to lack of transportation:**

- Access to better doctors, grocery shopping, appointments, shopping for basic amenities
- Opportunities to hang out with friends in the evenings and on the weekends
- Socializing in situations where alcohol is involved
- Limited access to certain locations due to limited weekend service
- Missed important meetings that are mandated by Social Services
- Recreational activities

- Traveling to Medford for medical appointments, volunteer activities and classes from other areas
- Limited to jobs within walking distance in areas with no bus service, such as parts of White City

**The top five reasons for not using the bus provided by 66 individuals included:**

Need car before or after work (45%)

No bus stop near my home (44%)

Bus service not frequent enough (41%)

Need car at work (29%)

Length of trip (26%)

Fourteen persons provided **descriptions of how lack of transportation affects their daily activities**. These responses included:

- Have to walk home late at night from work
- Cannot work or meet anyone out of the area
- Cannot go grocery shopping
- Often miss important meetings and classes
- Have to scrounge for volunteers to drive me on errands
- Makes me feel frustrated, dependent, demeaned
- If I weren't able to drive, walk or bike, I would not be able to hold down a job or shop for myself.
- I work around the bus schedule.
- I walk 3 to 4 miles to go to volunteer activities.
- I go to work early and wait until my shift starts in order to take the bus. I have always commuted by bus.

## Summary of Consumer Survey Findings

707 persons participated in the Transportation Survey for the Residents of Jackson County, over 600 of whom represent the target populations of the *UWR Plan*. **The most common mode of transit utilized by the respondents was personal vehicle without passengers**, followed by walking. **Almost two-thirds reported never using public transit, including 80% of the older adult participants**. Individuals associated with the ARC, DHS and Jackson County Mental Health had the highest frequency of public transit usage. Of the participants who regularly ride the bus, paratransit or non-emergency medical transportation (NEMT), almost 24% used NEMT provided by TransLink, Call-A-Ride or ReadyRide.

The top four destinations by category were personal business, shopping, medical appointment or places of employment. For those who regularly used public transit, the top four reasons for

travel included medical appointments, going to and from places of employment, visiting friends and family, and attending recreational activities and events.

**Reported transportation barriers included: proximity to bus stops near work or home, temporal and geographical gaps in the RVTB service area, cost of bus fare and gas, legal issues, employment shifts not corresponding to public transit hours of operation, and mobility issues, among others.** 17% described losing or quitting a job due to lack of transportation and over 24% stated that providing a ride to another person or relying upon others for transportation created significant challenges.

Survey participants described the **multiple daily effects of lack of transportation.** These responses included **social isolation, loss of potential and current jobs, inability to travel to and from work using public transit, missing recovery-based meetings, classes, medical care, physical and occupational therapy, and inability to attend worship services or other events that occur at night and on the weekend.**

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## Chapter 6: Focus Group & Stakeholder Interview Findings

### Focus Groups

Between April and July 2016, Steering Committee members conducted 9 focus groups in Jackson County. These focus groups were attended by 170 individuals who represented the mobility needs of one or more of the three target populations, older adults, people with disabilities or persons of low income.

The focus groups were conducted as part of the *United We Ride Plan* process (outlined in Figure 1-1), and the findings were analyzed alongside those from the agency survey, the stakeholder interviews, and the individual survey. Over 170 individuals participated in these focus groups which followed the same format as the stakeholder interviews, with one trained facilitator asking these open-ended questions:

- What works for you for transportation in the Rogue Valley?
- What does not work for transportation in the Rogue Valley? (What are the barriers to transportation?)
- What can be better?

The following section contains verbatim conversations. Highlights from these focus groups are presented in the chapter summary.

#### Figure 6-1: Focus Groups and the Populations They Represent

##### People with Disabilities

Jackson County Self Advocates

##### Persons of Low Income & Older Adults

Foster Grandparent Program – Community Volunteer Network

##### Persons of Low Income

Department of Human Services (DHS) – Employment Group  
TANF (Temporary Assistance for Needy Families) Marketplace

##### Older Adults

Talent Community Center  
Ashland Senior Center  
Medford Senior Center

##### All Three Target Populations

Rogue River Estates

##### Large Employer (All Three Target Populations)

Rogue Valley Manor

## Senior Citizen's Focus Group at Talent Community Center

### Food and Friends' Congregate Meal Site

June 28, 2016  
15 participants

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#### ***What works for you for transportation in the Rogue Valley?***

Most of us still drive our own car and can go where we want.

Some of us carpool.

I have a disability and use ReadyRide. It works well.

When RVTD added service to Harry and David, it took people off the streets and employed them. We need more routes.

#### ***What does not work for you for transportation in the Rogue Valley? (What are the barriers to transportation?)***

My sister, age 97, used to call in and make an appointment days ahead with TransLink to get picked up. The wait was too long to be picked up from the home and back home.

Call-a-Ride works great!

My friend used to take me places like shopping, doctor's office, errands, etc. Now she no longer drives, and I don't have a car or anyone to take me places.

#### ***What can be better?***

Frequency. I would ride the Route 10 to do shopping, etc. in Ashland from my home in Talent, but the buses that are supposed to run every 30 minutes are always late. I often wait 45 minutes to catch the bus, which is too long. Parking is a huge problem in Ashland, and if I took the bus, I wouldn't have to find a place for my car.

If the bus routes covered more areas, I would ride the bus. Right now, they don't have service close enough to the places I want or need to go.

Amtrak would be nice. We need trains through here so we don't have to connect in Klamath Falls.

## Senior Citizen's Focus Group at Medford Community Center

July 20, 2016

4 participants

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### ***What works for you for transportation in the Rogue Valley?***

My husband and I use our own car. I usually ride instead of drive.

I use my own car but arthritis makes it hard to drive, so I'll have to rely on buses more. I ride the bus on occasion.

I only ride the bus in the mornings, by afternoon I'm too tired.

I'm 93 and still drive my own car. My license is up for renewal and I might not pass the driving test. If that happens, I'll need to ride the bus more.

I use my own car. I hardly ever ride the bus.

### ***What does not work for you for transportation in the Rogue Valley? (What are the barriers to transportation?)***

Valley Lift treats my friends badly. It's the most inefficient way to run a bus there is. My friends are held captive. For instance, three people were on the bus, two wanted to go to the Senior Center and had to wait until the van ran a long route, dropped off one person, double backed to the Senior Center and dropped him off. Another friend always waits 45 minutes to an hour and sometimes waits 1 and ½ hours to be picked up by Valley Lift. The inefficiency of Valley Lift gets me. It gets my dander up. My friends are held captive without a voice because they need Valley Lift to get to the doctor's so they have to ride around and around until the driver will let them off. The Valley Lift drivers say that they have to go the route given them by the computer. Is this problem because of the computer? My friends are trapped by this inefficient system.

Handicap cabs cost \$20 one way! \$40 round trip!

I've heard too many stories about people being hurt by the inefficiency of Valley Lift. I don't think Valley Lift is trying to be efficient and helpful. Just too many stories otherwise.

Is it the scheduling for Vets and Disabled people that won't let the Valley Lift pick you up before their scheduled time? I've heard if the driver is early, he just has to pull over to the side of the road and wait. This makes Valley Lift so inefficient. People might want to be picked up earlier. Do they not pick up people early because they have to follow the schedule so that someone at the office knows when people are on the bus in case of a medical emergency?

We live off of Columbus and the bus stop is too far away.

If I didn't have a car, I couldn't get to my exercise class. My gym is not on a bus route. I need my class to remain flexible. We need more bus routes.

The bus stops are always way across busy streets that don't have marked crosswalks. Older people can't walk fast enough to get across the street and cars are speeding through above the speed limit, like on Barnett near the hospital.

Especially in wheelchairs, people can't get across the street before the light changes. 20 second crossings! Who can get across in that time?

My friend got driven all around town on Valley Lift until he only had 30 minutes to shop at Walmart once Valley Lift got him there. Since his return trip on Valley Lift was scheduled for 30 minutes after he got there, he told the driver to take him home because he didn't have time to shop now. All that time on Valley Lift and he didn't even get to shop.

Our moral, spiritual, mental isn't keeping pace with technology. Valley Lift doesn't take physical condition into account. After being in a doctor's office for two hours, a person doesn't want to ride on Valley Lift for another two hours just to get home.

So discouraged with Valley Lift. Need to make handicapped situation first and foremost.

If you ride the bus, it takes most of the day to get to one place and back home.

\$4 each way on Valley Lift gets to be cost prohibitive if you have to go on it several times a week.

Valley Lift get subsidies. Valley Lift needs to lower the fare. They waste so much fuel keeping to the routes, bypassing stops, coming back to the same stop.

Would use bus stops, especially in the winter, if the stops were closer. In winter, I have to drive 8 blocks, find a place to park in order to catch the bus.

Can't use the apps. I don't have a smart phone. Don't know how to use one.

### ***What can be better?***

Have the bus drivers take a customer service class – how to interact with the public. Drivers are impatient with seniors who are slower.

Seniors are a growing population and senior transportation needs must be addressed.

Need bus stop at South Medford High School.

Start factoring in the growing senior population and their needs. There are more of us and we are staying around longer and we still vote. Many of our seniors are very sharp!



Need bus stops near all senior and low-income housing. There is a lot of senior and low-income housing. The bus stop needs to be directly in front.

The bus stops are too far away.

I don't want to cross the busy street without using the light. The traffic light might be blocks away, so in order to get to a bus stop, I have to walk blocks out of my way to find a traffic light and then backtrack to the bus stop. It is too far to walk but I need the safety of the traffic light.

Need more and more accessible options.

Transportation at senior housing/senior communities, when offered, is very limited – usually only to doctor's appointments, pharmacy, etc. There are so many needs not addressed.

The best thing on earth for seniors will be when the self-driving cars are working.

Need to focus on improving Valley Lift. We need more vehicles so wait time isn't so long. Seniors want to use Valley Lift instead of the bus. We are living longer and there is a big percentage of seniors in the Rogue Valley and it keep rising. There is a huge amount of us.

The whole process is being driven by computers instead of the human factor. Valley Lift needs to think about which people are using their service.

RVTD and Valley Lift need to stop spending money on ads. You are in the business to serve. Need to focus on people and their needs.

## Rogue River Estates Focus Group

### Housing Authority of Jackson County -- low-income housing

#### 15 participants

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#### ***What works for you for transportation in the Rogue Valley?***

Valley Lift

RVTD Bus

Housing Authority of Jackson County residents appreciate the special RVTD bus rates they get.

RVTD has many destinations that help many people.

Metro Medical

Personal vehicle (9 residents have their own vehicle)

TransLink

***What does not work for you for transportation in the Rogue Valley? (What are the barriers to transportation?)***

Disability bus will not take them to certain destinations like church activities (bus limitations).

Valley Lift has limitations of a quarter of a mile for destination points.

People who have disabilities, need special type of rides.

Have more bus rides or routes to the Rogue Regional Medical Center (Route 24). (Provide more than once an hour.)

Taxis are expensive.

***What can be better?***

Weekend Service (Saturday and Sunday (Church service))

Evening hours for entertainment

Table Rock Road – Senior Square Dance Center (other seniors would like to go but no transportation)

Can get rides to venues but cannot get ride back home at night.

Specific type of van that can take a group of people to certain events.

Provide a grocery shopping van on a specific type of day like Thursday.

Have Housing Authority provide a van to go grocery shopping or other necessities by providing a signup sheet. Residents are willing to pay a few dollars for each ride and set a certain time limit on each trip.

## Department of Human Services, Ashland Office

Tuesday Employment Group

June 21, 2016

6 participants

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***What works for you for transportation in the Rogue Valley?***

Buses

## Cars

My own car (5 of the 6 participants own a car)

Get help from my family to get around.

Good service on the bus within Ashland for job searching. Taking the bus is easier than using my car.

### ***What does not work for you for transportation in the Rogue Valley? (What are the barriers to transportation?)***

Having to switch bus lines – takes too long to get to Medford from Ashland

Time between buses is too long

Gas money: What I get monthly helps but I have a beast vehicle and have to borrow an old, unreliable car from family members because it uses less gas than mine.

Getting money together to get a car

Vehicle takes too much gas – need to get estimates for repair. May be able to get help through my DHS worker because I can get a voucher during employment search.

### ***What can be better?***

Need buses available on the weekends.

Time between buses needs to be shorter.

We need more buses. The buses are very crowded during peak times.

Questionable people are on the bus. Makes me less likely to take the bus. Each time I've been on the bus, there have been questionable people.

## Rogue Valley Manor Staff Focus Group

### 20 Participants

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### ***What works for you for transportation in the Rogue Valley?***

Nothing at the moment

***What does not work for you for transportation in the Rogue Valley? (What are the barriers to transportation?)***

Stops are too far away

Not enough stops/not frequent enough

***What can be better?***

Weekend service available

More frequent stops

A stop at the Manor

A stop at Ellendale would be beneficial – Independent Manor residents would most likely use it, if it stopped at the front entrance

## Foster Grandparents Program Focus Group – Low-income Senior Adults

46 participants

April 28, 2016

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***What works for you for transportation in the Rogue Valley?***

40 responded they use their own cars or rely on a friend or family member to drive them

5 responded they use transit

2 responded that they walk

Car is old- can't afford to replace it. No buses available in rural Jacksonville.

Car has too many miles on it.

Maintenance is expensive.

Maybe Brammo could use cutting-edge motorcycle to help people get to the bus line.

***What does not work for you for transportation in the Rogue Valley? (What are the barriers to transportation?)***

Don't feel safe on public transportation

Don't qualify for Valley Lift

Hours are insufficient

No UBER

Weekend hours/evening hours are needed

Can't get to doctor's appointment. Office is off bus line

Routes are limited

Can't get to cheaper grocery stores like Winco, Grocery Outlet, Food4Less

Property tax fails with the younger demographic because they aren't the ones riding the bus.

We overall think the levy will fail.

Why don't transportation dollars come from marijuana? Or business owner tax since they benefit from people getting to their businesses.

The bus that comes through Rogue River every day 4 to 5 times a day doesn't have a lot of riders – this seems like a waste

We need passenger trains

Valley Lift's return time takes too long

### ***What can be better?***

Saturday service

Evening service

Service to Eagle Point

Shuttle to the mall and specialized shuttles

Use advertising on the bus to generate funds

We need an educational shuttle to go from RCC to SOU to attend OLLIE

Create more volunteer programs like Call-A-Ride but with a bigger scope of services like trips to groceries and pharmacy

Carrying groceries is difficult on the bus and to and from the bus stop

Is there a cab voucher program?

Would like to see a good tool that lists all the transportation resources. ACCESS does a good job of distributing resources at the food pantry. Perhaps the transportation resource sheet could be distributed there.

## Senior Citizen's Focus Group at Ashland Senior Center

July 13, 2016

6 participants

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### ***What works for you for transportation in the Rogue Valley?***

My car works for me right now.

My car.

I don't drive at night.

I don't rely on the bus. I walk. I need information on the buses.

I use RVTB. I've explored many RVTB bus lines and like the 30 minute connections to the hospital that are now being proposed.

Except for the distance between bus stops, the bus works well.

I use the bus passes available through the Ashland Senior Center. It may take me more than 12 weeks to use the 20-punch pass, but I appreciate it.

I'm excited about the Saturday bus! I like that improvement.

I appreciate the transfers. In bad weather, I can make connections.

Valley Lift is a bonus for us here at the Senior Center. The Valley Lift van brings people here who could not otherwise get here. We do a fair amount of giving out Valley Lift vouchers at the Senior Center.

The Bus Pass and Valley Lift program works well at the Ashland Senior Center. Approximately \$30,000 is spent annually on the program by the City of Ashland. This program would be useful for other cities to do for their citizens. It's efficient. The Senior Center is already doing programs for the senior demographic, so handing out bus passes makes sense here. South Valley is also already doing programs for the demographic audience served by the Bus pass and Valley Lift program, so it makes sense to distribute the passes and vouchers there. It would make sense for other cities to use agencies for distribution of bus passes and vouchers.

***What does not work for you for transportation in the Rogue Valley? (What are the barriers to transportation?)***

The distance of the bus stops.

Lack of buses hitting certain neighborhoods like Quiet Village, Oak Knoll, and Mountain Meadows. Quiet Village and Oak Knoll have ranch-style houses that would allow older adults to stay in their homes longer if they opted to give up their license but there is no bus service in those neighborhoods. We don't won't people to keep driving themselves when they should no longer be driving, but when no public transportation is available, people drive themselves.

Discomfort and safety of bus stops along Highway 99. The bottom of Arnos and Talent Avenue and Talent Avenue and 99 are stops that were put in when Route 10 got changed because the levy didn't pass the first time.

I'm a senior with a disability: vertigo. I much prefer riding than driving, but the stops are 7/10 or 1 mile from my house. Highway 99 is hot, dusty, and dangerous. I wish the stops were not there.

I voted for the levy both times in spite of all the bus stop changes. The buses used to be wonderful. I could put my bike on. Now I have to drive everywhere. Before the stops were changed in Talent, I hardly ever drove. Now I have to drive. Please move the stops to Creel instead of Arnos. So many people can't walk so far. Move the Arnos stop up to Talent Avenue to make it more pleasant without everything rushing by on Highway 99.

There is not much need for the stops between the center of Talent and Arnos because no one is living there.

It would be nice if Valley Life could extend it ¼ mile range a little more to include more residents.

It would be great to have a small bus twice a day to connect up to the hospital on Maple. The incline is a challenge. Serving those neighborhoods with a shuttle of some sort would be helpful.

We need a bus that would serve Oak Knoll. Seniors live out there and would be able to come to the Senior Center on the bus.

Since the bus goes to the hospital on Barnett, it is needed at the Ashland hospital, too.

Timeframe to apply and receive Valley Lift is too long. Can this be shortened? Sometimes people who have doctor's appointments are not aware of the application time and they miss appointments while waiting to be approved.

***What can be better?***

The singing bus driver we used to have was great!

We need to extend the Route 10 to at least Ashland Hills to serve the food bank and Oak Knoll residents.

There is not enough parking for the handicapped in Ashland. I saw a woman with a walker having to walk for blocks due to lack of handicapped-designed parking. It's treacherous especially in the dark. We need to make adjustments for older citizens and people with disabilities.

We need more handicapped parking spots downtown, especially in light of the proposed reduction of parking in downtown Ashland.

We need a shuttle to the Farmer's Market. There are so many cars and so much traffic there when the Farmer's Market is open. A shuttle would help the congestion and get people there to shop who don't drive.

## TANF (Temporary Assistance for Needy Families)

### Marketplace/DHS Focus Group

39 participants

July 14, 2016

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#### ***What works for you for transportation in the Rogue Valley?***

My own vehicle.

Mainly everyone here in this group relies on their own car.

RVTD's Saturday hours again are helping me.

My bike.

Walking.

Taxis, when I can afford them.

#### ***What does not work for you for transportation in the Rogue Valley? (What are the barriers to transportation?)***

Walking everywhere. It takes time, exhausting.

Gas prices and car insurance prices.

The cost of keeping my car running is very high and I can always afford to use my car.

My son uses TransLink, but TransLink has strange rules about going on particular paths instead of going the most direct route. My son is on the van sometimes for two hours, just getting to work. He's late for work because of TransLink following this obscure rule about the particular routes. This costs time and creates difficulty for the employees and employers.



Not enough bus stops in main areas.

The buses don't go frequently enough.

If people are needing services and don't take the first bus available in the morning, they have an hour wait so they miss jobs and appointments.

Bad roads – they put lots of wear and tear on my vehicle.

We need safe bus routes.

The parking situation in downtown Medford is bad. There is 1 hour parking and it's a \$25 fine to go over time. If someone parks for a little over two hours, they get double fines, so that \$50. Each additional hour is another \$25 fine. This situation hurts people who are trying to receive help or have long appointments. They can't afford the fines, but they need to stay where they are after the one hour limit is up.

### ***What can be better?***

The public transit system here has always been pitiful.

Expand buses to include other geographical areas. Current service is very limited.

There's a big service industry in the Valley but usually those employees get off at hours when the bus is not running.

We need a better freeway system.

We need more traffic lights, especially in areas where families are taking their children to school. We need lights in family areas/neighborhoods. Vehicles don't stop when they should when families are trying to travel on foot.

We need more biking paths, lanes, areas.

We need transporter stations – beam me up, Scottie.

## **Jackson County Self Advocates Focus Group**

### **19 participants**

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*The Jackson County Self Advocates is a group of local persons who experience barriers.*

### ***What works for you for transportation in the Rogue Valley?***

Personal vans help me get to the YMCA.

When Valley Lift is on time.

Having a car and riding bike (2 responses).

Bus service on Saturday.

Good transportation is good to get you around.

Bus drivers are very nice (2 responses).

Color-coded schedule.

Valley Lift – smaller groups of people

Good that we have bus.

Buses are kept clean.

Valley Lift is good.

Bus pass works well.

People who do bus training, ride for free.

***What does not work for you for transportation in the Rogue Valley? (What are the barriers to transportation?)***

Scheduling in advance.

Valley Lift does not.

People who ride the bus are unsafe to ride with.

My scheduling, not showing up.

45 minutes late to 45 minute early: this Valley Lift window too long to bring me to work.

No bus routes to places I want to go (2 responses).

I feel unsafe at the bus stop, especially at night in North Phoenix and East Medford.

How long it takes to wait for Valley Lift. Schedule one hour before my appointment.

***What can be better?***

Bus routes not accommodating to go to church.

Scheduling more routes.

People, other riders, being safer.

Bus numbers need to be lower on the pole so people could read them better.

More frequent bus time.

Expand routes (3 responses).

Better lighting around stops in the dark.

More bus seating that is covered (at bus stops).

Security cameras at stops to increase security.

Survey riders and place bus.

Stops near riders.

Max trains.

Longer hours for popular routes.

Valley Lift schedule a Dutch Bro stop.

## Stakeholder Interviews

Between May and November 2016, Steering Committee members interviewed ten key stakeholders in Jackson County. Each of these stakeholders either provided current information on the mobility needs of one or more of the three target populations, older adults, people with disabilities or persons of low income, or managed resources for members of one or more of these target groups.

The stakeholder interviews were conducted as part of the *United We Ride Plan* process (outlined in Figure 1-1), and the findings were analyzed alongside those from the agency survey, the focus groups, and the individual survey. Fifty-eight individuals participated in these interviews, which followed the same format

as the focus groups, with one trained facilitator asking these open-ended questions:

- What works for you for transportation in the Rogue Valley?
- What does not work for transportation in the Rogue Valley? (What are the barriers to transportation?)
- What can be better?

The following section contains verbatim conversations. Highlights from these interviews are presented in the chapter summary.

Figure 6-2: Stakeholder Organizations and the Populations They Represent

### People with Disabilities

Employment First Group  
Living Opportunities  
Mental Health Advisory Committee

### Persons of Low Income

Maslow Project  
Jackson Care Connect

### Older Adults (and People with Disabilities)

Rogue Valley Council of Governments - Senior and Disability Services

### All Three Target Populations

Providence Medford Medical Center  
Southern Oregon University

### Large Employer (All Three Target Populations)

Harry and David

### Community

Ashland Chamber

## **Stakeholder Interview**

### **Living Opportunities**

#### **Interviewees: Living Opportunities Leadership**

**June 9, 2016**

**25 people**

#### ***What works for you for transportation in the Rogue Valley?***

Sara - the Talent/Ashland goes frequently (every 30 min)

Valley Lift “eventually” shows up

The bus to White City is appreciated

Some of the drivers are very good with the people we serve (acknowledge the person, attentive to needs; consistency is important, so we appreciate it when the drivers are consistent - with rules, interactions, expectations, etc.)

The fees are reasonable, including the punch cards, monthly passes, reduced fares etc.  
Buses accommodate bicycles/wheelchairs etc.

ReadyRide is prompt, and they accept “begging” to get squeezed in

Hybrid vehicles are nice

Taxis are nice for recurring events, and send consistent drivers (private taxi company)

Bus drivers will even drop off people along the route not designated stops only

Driver will return to site to get paid if taxi fare not available

Works well to have vehicles available at sites on-demand

Would be helpful to have various sizes of vehicles

#### ***What does not work for transportation in the Rogue Valley? (What are the barriers to transportation?)***

Limited exceptions for extended service routes

Would be great if they (Valley Lift) would come to Administration (Living Opportunities, 861 Valley View Medford)

Valley Lift is inconsistent with training drivers, some impatient with us and timing, regardless of the fact that we have to wait for them. (Autism and OCD behaviors delay passengers getting on)

Saturday, nights, weekends would be great

It would be great to have consistency with driver relationships, as opposed to just being whomever is available, for reoccurring rides.

Would be nice to have notes, etc. for driver for when there is someone different to know what to expect

The scheduling system is cumbersome, and it would be great to have a less time intensive system for changes/coordination

An app or other automated system for requests would be great (Uber-like)

Timing is inconsistent

Direct feedback/comments are not easily tracked/submitted so we can reinforce positive aspects (although there is someone available if we call); maybe there is a lack of awareness among users as to how to submit feedback

Sometimes people get confused, and it would be good to not have the added pressure of getting a strike against them

Inconsistencies with rules regarding staff accompanying individuals for trip-training for riding the bus (stressful for individual and everyone involved if the first impression is that the system is a hassle)

### ***What can be better?***

Collaborative training efforts (Living Opportunities would be happy to provide training to drivers around disabilities etc. to broaden understanding)

Automated scheduling system

Trip training

More extensive route boundaries

Person centered interactions/flexibility and accommodations

Numerous sized vehicles/options

More resources, more routes, nights/weekends

Nights and weekends

Shorter Windows (when they will be arriving etc.)

Not having to use a fax to schedule Valley Lift

Automated scheduling updates for drivers (on-the-fly)

Wireless updating for systems/updates/schedules

Consistent interactions with clients would help create ease for use

Having drivers understand client needs would help them (perhaps) be more patient about person-centered needs

Training drivers about expectations and how they can interact could help smooth interactions

## **Stakeholder Interview**

**Employment First**

**13 participants**

**May 3, 2016**

*Employment First is both a philosophy and an Oregon state policy. As a philosophy, Employment First is based on the presumption that working- age adults and youth with Intellectual/Development Disabilities can work in jobs fully integrated in the community. Integrated employment includes typical workplace settings where there are regular opportunities for meaningful interaction with co-workers without disabilities and/or customers or the general public. The local group includes representatives from case management (Creative Supports and Jackson County Developmental Disability Services), Oregon Vocational Rehabilitation, School Transition teachers and administrators,*

*agencies providing employment services (Living Opportunities, Pathways, Goodwill, Aspire, ACES) and private Job Developers.*

***What works for you for transportation in the Rogue Valley?***

Buses are in good shape.

Routes to Ashland are good and close together.

It is good when the driver stops safely for people even if they aren't at a stop.

Stipulation that Valley Lift doesn't make person leave before work ends is important.

***What does not work for you for transportation in the Rogue Valley? (What are the barriers to transportation?)***

Need more stops in White City

Transfer from Central Point to White City is brutally long

Add Vilas routes

Access to Table Rock campus would be great

Need to go further than RVMC – extend that route.

Long (45 minute-ish) wait for Valley Lift is anxiety-inducing.

Dropping off lift clients without someone meeting the client is dangerous.

***What can be better?***

Bump Ashland back to 20 minute.

The Jacksonville route.

Reestablish route to airport.

Go direct to Medford rather than transfer from Central Point, White City

Evening and weekend services are missed

Even expanding Valley Lift itself to evenings and weekends would be great



It would be nice for bus to go out to Eagle Point

Rogue Valley Connector to Shady Cove can be lumped together with people that have incompatible schedules

Minibuses could be better and cost-effective

## **Stakeholder Interview**

**Jackson Care Connect**

**Interviewee(s): Health Resiliency Specialist, Population Health Department  
June 16, 2016**

### ***What works for you for transportation in the Rogue Valley?***

How over the years TransLink has expanded services immensely. It used to be very narrow where people could go. Now there are so many non-medical services that they can get rides to. TransLink works well with us to meet the needs of especially our high risk members and finding a solution.

RVTD Bus – without them people would not be able to go places. It is great that they are expanding services again, especially Saturday service.

It is great that people can bring their bike on the bus. That really increases where they can go that is not right on the bus line.

### ***What does not work for you for transportation in the Rogue Valley? (What are the barriers to transportation?)***

There is a gap – nothing on Sunday. Many of our members have to get a cab if they want to get into town on Sunday in order to go grocery shopping, do errands that they cannot do because they are working during the week. Also they want to be able to go places to do social things, have friends, for entertainment. This is really important for reducing isolation and building social skills. All key to good health.

Challenge for rural populations – the bus does not reach many members, they have to walk over a mile to get to the bus line. Just not enough coverage.

The cost of the bus is too much for some people. Especially homeless members cannot afford the cost of riding the bus regularly.

***What can be better?***

Funding solutions for the extremely low-income to afford the bus.

Expanding to rural areas and Sundays.

## **Stakeholder Interview**

### **Maslow Project**

**June 8, 2016**

***What works for you for transportation in the Rogue Valley?***

RVTD does provide a valuable service. RVTD works with Maslow Project as a partner to reduce rates for bus passes. Especially the deal for students is really important.

There are bus routes that take people where they need to go to receive some services.

The commuter line to Grants Pass is very helpful for the individuals that Maslow works with for trips to services in Jackson County if they are living in Jo County. Many families are going back and forth between Grants Pass and Medford, partly because of the shelters and staying with friends or family.

***What does not work for you for transportation in the Rogue Valley? (What are the barriers to transportation?)***

The amount of bus routes – limited routes, especially on the weekends and evenings. This is a real challenge for the youth that Maslow works with who are trying to work. A lot of effort goes into getting them jobs and ready to work, then they can't get to work or most often it is that they can't get home from work in the evening after the bus stops running. This put young people in an unsafe situation trying to get home or they have to give up their job. The Rogue Valley Manor is a large employer for this population and there is no bus route to get them there, it is too far from the closest bus line to walk up there when it is hot out.

***What can be better?***

Increased bus routes, longer hours, weekends (including Sundays), and more between Jackson and Josephine County.

## **Stakeholder Interview**

### **Mental Health Advisory Committee**

**September 7, 2016**

**12 Participants**

*Members of the Mental Health Advisory Committee include mental health clients and representatives from mental health organizations, Veterans Administration, Living Opportunities, Developmental Disabilities (Jackson County), the jail and probation and parole.*

#### ***What works for you for transportation in the Rogue Valley?***

Bus tokens, friends, parents, grandparents

Valley Lift

Ready Ride

Translink

Partnerships with local nonprofits

Having Saturday back is amazing

Bicycles

#### ***What does not work for you for transportation in the Rogue Valley? (What are the barriers to transportation?)***

Half hour wait times on Valley Lift

Waiting outside on Valley Lift

No Saturdays for Valley Lift

Limited evening hours

The further from Medford the harder everything is for transportation.

Children mental health clients can't use The Drop because of transportation.

Eagle Point or Applegate

No car, no license, work hours, can't attend required groups for probation and parole. Really tough on ex-cons.

Highway 62 and 99 have dangerous bike lanes especially in the dark.

***What can be better?***

More routes

More hours

Staff wouldn't have to transport clients.

Rural routes of any kind

Creating some sort of support for prison parolees and discharges from the state hospital.

Cleaning the bike lanes (broken glass, trash, etc.)

**Stakeholder Interview**  
**Ashland Chamber**  
**1 participant**  
**October 5, 2016**

***What works for you for transportation in the Rogue Valley?***

RVTD route maps

***What does not work for you for transportation in the Rogue Valley? (What are the barriers to transportation?)***

Lack of Saturday service

Visitors are looking for access points, particularly beyond the downtown core- like ScienceWorks.

***What can be better?***

Expand service outside of core

**Stakeholder Interview**  
**Providence Medford Medical Center**  
**1 participant**  
**August 22, 2016**

***What works for you for transportation in the Rogue Valley?***

Most employees utilize their own cars to get to work.

I think the employees would support another levy for the service.

***What does not work for you for transportation in the Rogue Valley? (What are the barriers to transportation?)***

There is an expressed interest in public transportation, but most employees live in outlying areas and have no service in their areas.

Grants Pass employees can't use the transportation option there because of the timing of the routes.

***What can be better?***

Management and other employees wish the transportation service area was much wider.

## **Stakeholder Interview**

**Harry and David**

**1 participant**

**August 11, 2016**

### ***What works for you for transportation in the Rogue Valley?***

Some employees do use public transportation (those that it is available to), and more would if it would fit work times and be available in the areas in which they live.

Some do ride bikes to work, and some are brought to work by someone else.

Employees don't carpool to work.

### ***What does not work for you for transportation in the Rogue Valley? (What are the barriers to transportation?)***

Public transportation for a large part doesn't match with our work shifts.

Availability is a huge issue. Harry and David pulls many of our employees from outlying areas.

There are many people we would hire for vacant spots, but those people can't get here because they rely on public transportation.

We have pulled people in from as far away as Yreka and Grants Pass. Workers from Grants Pass cannot use the Grants Pass transportation option because of route timing.

### ***What can be better?***

The transportation issue is really affecting our work force.

Harry and David has talked about an employer busing program to get people to work.

## **Stakeholder Interview**

**Southern Oregon University – Staff from 5 Resource Centers**

**Multiple participants**

**August and September 2016**

Staff from Queer Resource Center, Women's Resource Center, Multi-cultural Resource Center, Commuter Resource Center and Environmental and Community Engagement Center were interviewed during the months of August and September 2016.

***What works for you for transportation in the Rogue Valley?***

There is a public transportation available for students who rely heavily on public transportation

Students and staff are happy about the expansion of services after the vote

There is a new subcommittee on campus that includes International students, students with disabilities and other student.

RVTD is funding transportation student positions

RVTD application that shows “where are the buses” – developed in last year

There appears to be a trend that people have gone more from automotive use to bus use

The reduced bus prices for students

\$15 bus tickets for students

Route from RCC to Ashland to Crater High – the right stops

Bus was clean when I rode on it

Bus was timely when I rode on it

***What doesn't work for you for transportation in the Rogue Valley? What are the barriers to transportation?***

Students who want to get involved on campus in the evenings – there is an issue with the timeliness of bus transport- impedes participation of programs/events/classes in evening

Lack of bike lanes downtown – connections to bike lanes such as A Street to Tolman Creek – there are gaps

There are so many commuters from Medford and Grants Pass – It takes too much time to get to SOU and is too much for many students

For night classes for student who go from Ashland to Medford for classes in Medford= they can get there – but not back – classes end after end of bus transportation

Weekends are an issue – not enough transport

It takes between 45 minutes to an hour between Medford and Ashland Campus

Public transportation is limited in scope

Concerns about how often bus transportation runs – need more

Need more transportation options – RVTB is the only thing that exists

The hours of availability of buses

Concerns about the security on buses – some questionable passenger characteristics

***What can be better?***

Add light rail between Ashland/Medford

Develop the “Zip Car” program – vehicles that can be rented from 1 hour to 7 days and returned to original location

Bike programs

Improved access to Amtrak in Klamath Falls

Additional/more frequent bus routes

Late night campus bus

Express routes between Grants Pass and Ashland

Express van between Medford and Ashland

Transit that is more widely publically funded

Addition of rail transport

Having a bus station in Ashland near SOU campus

Develop a light rail system

A well put together “Share a Ride” initiative

Make the student ID into the bus pass for students

Bring Uber into the valley

Promote a cultural shift to “not be hesitant” to use public transportation

Develop “Rogue Rapid Transportation (RRT) from Ashland to Roseburg and from Ashland to Redding

Develop a railway system

Extend the bus transportation times for students and for faculty

Offer the right times to accommodate SOU students later in the evening



## **Stakeholder Interview**

### **Senior and Disability Services – Rogue Valley Council of Governments**

### **Multiple Participants**

### **November 2016 and February 2017**

Staff from Senior and Disability Services furnished written comments to the three questions in November 2016 and three staff members participated in a follow-up interview in February 2017. Written and oral comments are incorporated below:

#### ***What works for you for transportation in the Rogue Valley?***

That we have a public transportation system, that it runs at night and on the weekends, and that Valley Lift is attached to it. Also that it runs out to White City, and Ashland and Eagle Point.

It works well for people who are able to take the bus.

Saturday service is good for working people.

#### ***What does not work for you for transportation in the Rogue Valley? What are the barriers to transportation?***

Not accessible for seniors and people with disabilities. Many seniors and people with disabilities cannot afford \$4 each way on Valley lift or stand at or walk to or from a bus stop. Valley Lift riders have reported to me being left at their doctor's office or other location for hours and not being picked up, even after following the rules. Limited geographic area served by Valley Lift.

There are frail, elderly citizens that are not eligible for medical transport via a CCO. Call-A-Ride is volunteer dependent and often not user friendly due to phone call volume and the need for voice messaging. Valley Lift does not allow the driver to walk the rider to and from the threshold of their home or medical office. This leaves those frail and often legally blind citizens unable to use the service. Macular degeneration is fairly common in the senior population. Hopefully transportation decision makers can visualize the start to finish transportation journey of a hard-of-hearing, walker-dependent, vision-impaired older person with arthritic hands. Start with I need to call and reserve a ride.

The cost for Dial a Ride for someone who needs a ride to dialysis three times a week and who is low income, but not low income enough for medicaid, is very high and eats into grocery budgets and utility budgets. There is no public transportation for seniors and people with disabilities who are unable to use the bus to go grocery shopping or pick up medications.

It's laborious to use public transit.

Infirmities and body restrictions impact the ability to use public transit. More and more people are becoming isolated with relation to their medical needs, recreation, and social engagement.

When a disabled individual needs to transfer from one mode of transportation to another (from a bus/van to a taxi, for instance) because the destination is not served by transit, there is great difficulty with timing of transportation providers and vehicle availability.

Without transportation to all areas, it is difficult to find housing.

Those with great physical impairments (one example was a legally blind person) drive out of necessity because they have no family available for transportation and no other modes of transportation available to them because of where they live or because they cannot afford other modes.

Many doctors in the Valley refer their older patients to OHSU for surgery and treatments and there are so many barriers they have to overcome to make these appointments: transportation, lodging, costs

Because the CCO's cover OHP-members (Medicaid), the needs for seniors stand out even more because many are not Medicaid-eligible.

Practitioners in Shady Cove and Eagle Point clinics have found that their patients, who receive referrals from them for medical – mind or body – services in Medford or other areas, cannot get to these appointments.

People in Josephine County often come to Medford for operations and medical procedures and cannot drive themselves home after these procedures. Could Valley Lift pick them up from the Rogue Valley Connector Line and transport them back and forth for these procedures? The complexity to coordinate such transportation is great and daunting for those who are ill and hauling oxygen tanks, etc. There needs to be increased ease of use.

### ***What can be better?***

An increase in the tax levy. More federal or state transportation fund? I don't know.

Collaborations for rural areas. Perhaps school buses or vehicles owned by businesses could be used to transport rural residents when they are not in use by the schools or businesses.

Collaborations still need money to work and organizations willing to collaborate often have budget constraints.

Can church groups help coordinate or provide rides for those needing to attend medical appointments?

Could an organization, such as Call-A-Ride, supply volunteers to be stationed at Front Street and the depot in Grants Pass to coordinate transportation for ill persons and older adults? Could these volunteers coordinate with Valley Lift, Rogue Valley Connector and Rogue Valley Commuter? It's too difficult for ill and older adults to coordinate these transportation options on their own.

Could transportation be coordinated between RVTB, JCT and the medical community to provide one ride daily from Grants Pass to Medford in the early morning and from Medford to Grants Pass in the afternoon for those needing medical transportation? Could there be transportation directly to medical appointments once the individuals reached Front Street station?

## Summaries

### Focus Group Findings

Between April and July 2016, **170 individuals participated in nine focus groups**. These individuals represented one or more of the *UWR Plan target* populations. Much of the focus group discussion, in each case, focused on transportation barriers. **The barriers reported correlate with those reported in the agency survey and the individual survey.** These include:

Public transit: Frequency of bus service along several routes needs to be increased, service area needs to be expanded, additional bus stops need to be added, hours of operation need to be expanded to include night service until 9 pm and weekend service on both Saturday and Sunday, hours of operation should coincide with employees' shifts at large employers, new routes need to be created for neighborhoods which currently are not served and all three hospitals should be served by public transit.

TransLink: Waiting time window for departures and pick-ups needs to be shortened, travel times could be shortened by more efficient scheduling.

Valley Lift: Fare is too expensive, schedulers are not helpful at the Call Center, drivers appear not to use the most direct routes, inefficient program, timeframe for approval of services is too long

Volunteer drivers: More programs with volunteer drivers, such as Call-A-Ride, are required to meet the demand, create more transportation programs with volunteer drivers. These new programs should be open to the general public and not have the requirement that the trips be limited to medically-related appointments for older adults and people with disabilities.

Not enough transportation options: Shuttles should be created to serve SOU students, OLLI students, and farmer's markets.

### Stakeholder Interview Findings

Between May and November 2016, Steering Committee members **interviewed ten key stakeholders** in Jackson County. Each of these stakeholders either provided current information on the mobility needs

of one or more of the three target populations, older adults, people with disabilities or persons of low income, or managed resources for members of one or more of these target groups. As with the focus group discussions, the majority of the stakeholder comments focused on transportation barriers. **While many of the reported barriers are specific to a particular group, the majority of the stated barriers correlate with those reported in the agency survey and the individual survey.** Stakeholders suggested improvements to decrease the transportation barriers. These included:

Public Transit: Increase RVTD's service area into rural communities, increase number of routes and areas/neighborhoods served, decrease the fare, increase hours of operation to match shift work and also increase evening and weekend hours of operation.

Valley Lift: Provide implicit bias training to drivers, work with local organizations to provide training for drivers so that they are knowledgeable of the needs of people with physical and developmental disabilities, encourage person-centered interactions, decrease wait times for riders to lessen their anxieties, create a new scheduling system that is more efficient, and expand the Valley Lift service area beyond the  $\frac{3}{4}$  mile shadow of RVTD routes.

Other transportation options: Improve bike lanes along Highways 62 and 99 and create lanes through or around downtown Ashland, and work with Josephine Community Transit to create a schedule which would allow those traveling to Medford for employment to use the Rogue Valley Commuter Line as a viable option.

## Chapter 7: Land Use and Transportation

*This chapter examines both the importance of coordinating public transit with land use and the development of local land use policies and practices. RVTD's physical boundaries are studied in relation to population densities and the location of human service agencies, medical facilities, education centers and residential facilities, all of which are common destinations of the target populations served by the United We Ride Plan. Urban Growth Boundary topics are discussed with regard to their implications for public transit. Four planning themes, Transit Oriented Development, Complete Streets, Livability Index and Aging-Friendly Cities, are reviewed to determine how they intersect with the United We Ride Plan findings. Finally, select built environment issues, such as the Oregon 62 Corridor Project, the Ashland Road Diet, and local bicycle and pedestrian improvement projects, are studied to determine how these projects remove transportation barriers, improve transit and increase livability for Rogue Valley residents.*

### RVTD District Boundaries and Distribution of Services

**Figure 7-1: Boundaries of Rogue Valley Transit District**

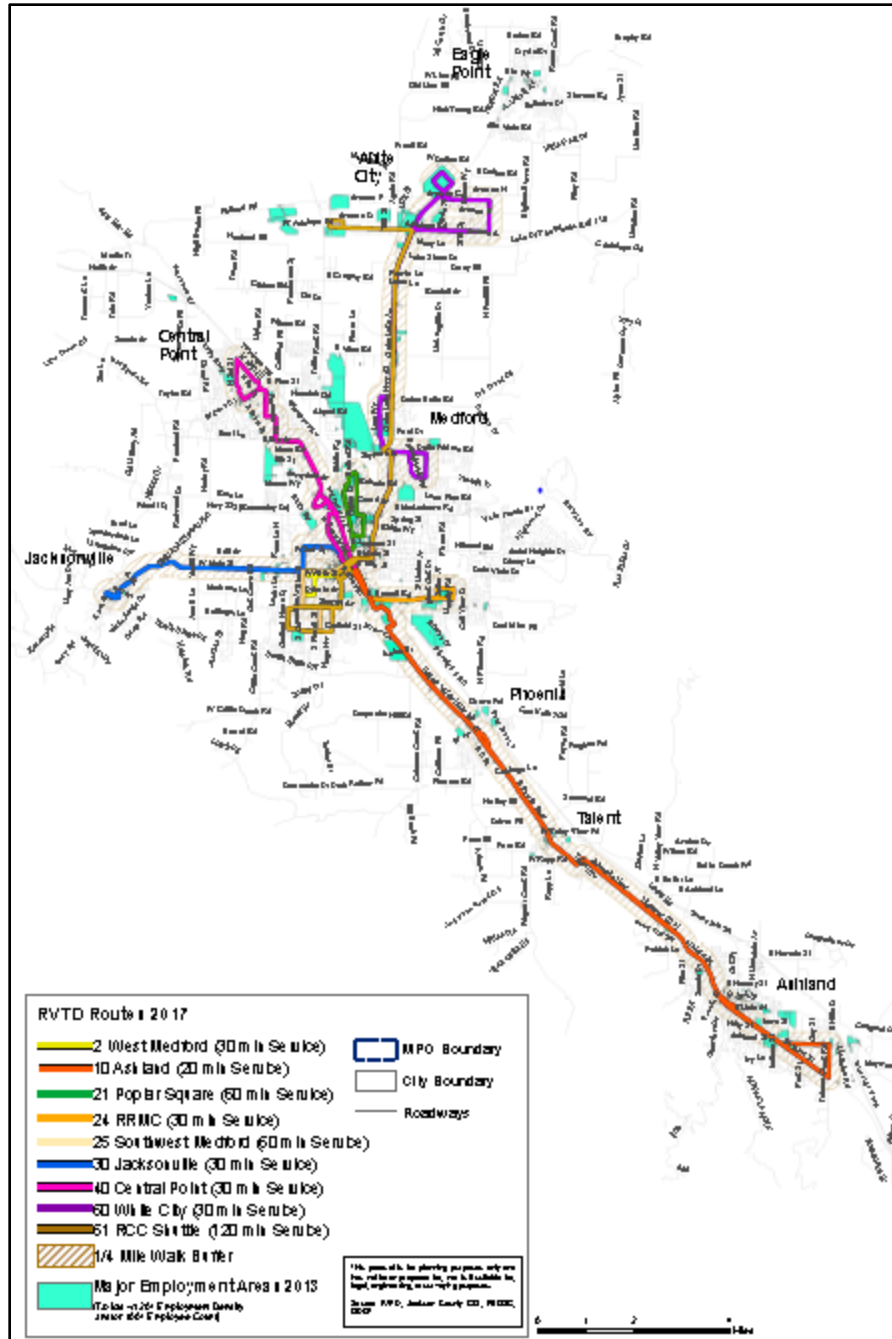


RVTD operates within the district boundaries depicted in Figure 7-1, providing service to Medford, Ashland, Central Point, Talent, Phoenix, White City and Jacksonville. The district boundaries represent 6% of Jackson County's overall land mass of 2,785 miles.

According to the 2010 US Census, Jackson County has a density of 73 persons per square mile. In order to describe how the population is served by the current distribution of RVTD services, an analysis of major employment areas and other common destinations was completed.

## Major Employment Areas

Figure 7-2: Major Employment Areas and RVTD Transit Routes



In an analysis by the RVMPO, 2013 major employment areas were superimposed on a map with 2017 RVTD transit routes. “Major employment areas” are defined as those with tax lots of employment density of more than 20 and/or more than 100 employees. While many of these areas are served by transit, employees’ ability to use public transit is limited in some cases by RVTD’s hours of operation. In such instances, employees’ shifts either begin or end outside of RVTD’s service times or, in the case of third shift workers, RVTD may not be operational during any part of their work hours.

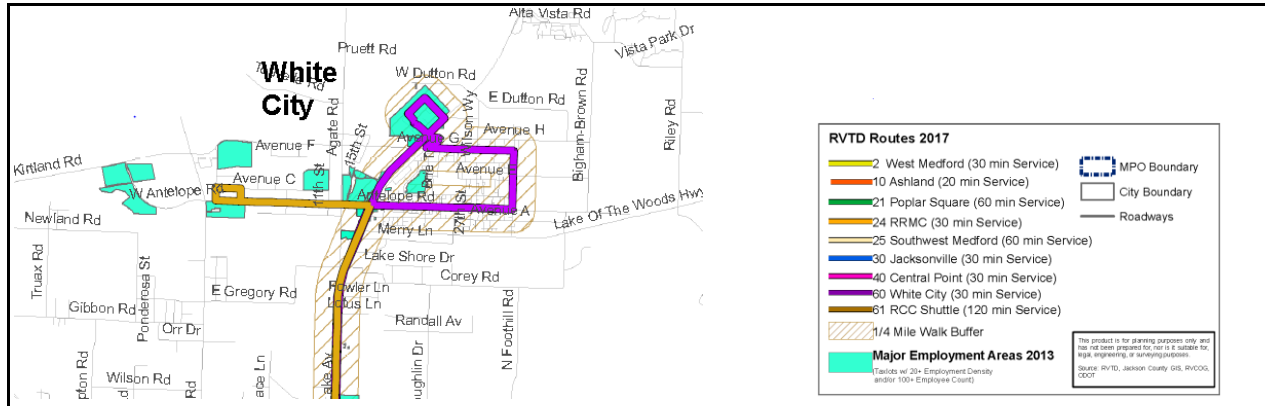
For the purposes of this *UWR Plan*, two unserved major employment areas are examined, one in White City and one in Medford. As depicted in Figure 7-2, large em-

ployers along Highway 62 in White City, including the Veterans Administration’s Southern Oregon Rehabilitation Center and Clinics (SORCC), are within ¼ mile walk of Route 60. The majority of the large employers located in western White City, including CareStream Health, Amy’s Kitchen, Jackson County and Rogue Community College, are not served by a bus route (See Figure 7-3). Although RVTD added



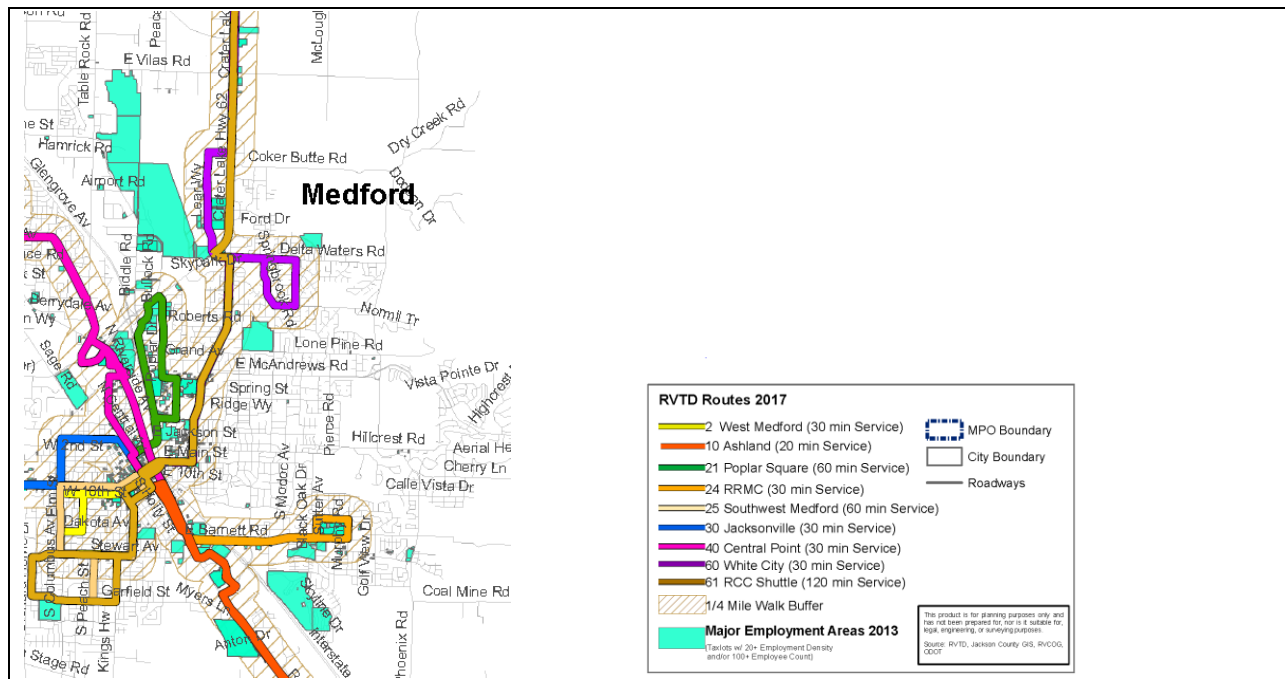
Route 61, known as the RCC Shuttle in 2016, its hours of operation do not coincide with most employees' shifts. This shuttle's route and hours of operation were designed to transport students from three Medford high schools to RCC and RCC students to the Front Street transfer station.

**Figure 7-3 Major Employment Areas in White City and RVTD Transit Routes**



A large percentage of Medford employers are served by transit; however, those located west of Lear Way, in the vicinity of the Rogue Valley International/Medford Airport, are not served by any transit route. This area is depicted in Figure 7-4.

**Figure 7-4: Major Employment Areas in Medford and RVTD Transit Routes**



## Common Destinations: Human Service Agencies, Medical Facilities, Residential Facilities and Education Centers

In order to determine common destinations of Seniors, people with disabilities and persons of low-income, information was solicited from staff of human service agencies, UWR Steering Committee members, and participants in focus groups and stakeholder interviews. The 280 identified destinations, depicted in Table 7-1, are grouped into four categories:

- Human Service Agencies
- Medical Facilities
- Residential Facilities
- Education Centers

**TABLE 7-1: Rogue Valley Destinations**

Code	Agency/Organization/Institution	Address	City
	<b>Human Service Agencies</b>		
H1	AARP	1195 E. Main St.	Ashland
H2	ACCESS	3630 Aviation Way	Medford
H3	ACCESS Food Pantry @ Buen Provecho Church	206 W. Wagner St.	Talent
H4	ACCESS Food Pantry @ Calvary Neighborhood Church	513 E. Pine St.	Central Point
H5	ACCESS Food Pantry @ Eagle Point Food Pantry	585 Nick Young Rd.	Eagle Point
H6	ACCESS Food Pantry @ First Christian Church	1900 Crater Lake Ave.	Medford
H7	ACCESS Food Pantry @ First Presbyterian Church	8th and Grape Streets	Medford
H8	ACCESS Food Pantry @ Gloria Dei Lutheran Church	745 N. 10th St.	Central Point
H9	ACCESS Food Pantry @ God's Food Pantry	1032 W. Main St.	Medford
H10	ACCESS Food Pantry @ Greensprings Com. Food Pantry	16151 Highway 66	Ashland
H11	ACCESS Food Pantry @ Joy Christian Fellowship	2715 Table Rock Rd.	Medford
H12	ACCESS Food Pantry @ Rogue Family Center	3131 Avenue C	White City
H13	ACCESS Food Pantry @ Rogue Valley Christian Church	1440 S. Oakdale	Medford
H14	ACCESS Food Pantry @ Salvation Army	922 N. Central	Medford
H15	ACCESS Food Pantry @ Seventh Day Adventist Church	1650 Clark St.	Ashland
H16	ACCESS Food Pantry @ Seventh Day Adventist Church	1900 Greenwood	Medford
H17	ACCESS Food Pantry @ St. Vincent de Paul	2424 N. Pacific Highway	Medford
H18	ACCESS Food Pantry @ Talent Food Pantry	105 N. Market St.	Talent
H19	ACCESS Food Pantry @ West Medford Pantry (Santos)	701 N. Columbus	Medford
H20	Addictions Recovery Center - Walk-in Clinic	1003 E. Main	Medford
H21	Addictions Recovery Center - Residential	923 W. Main	Medford



H22	Addictions Recovery Center - Fresh Start Detox	338 N. Front St.	Medford
H23	Aging and Disability Resource Connection (ADRC) {through Rogue Valley Council of Governments (RVCOG)}	155 N. 1st St.	Central Point
H24	American Red Cross	60 Hawthorne	Medford
H25	(The) Arc of Jackson County	121 N. Central	Medford
H26	Ashland Community Resource Center	572 Clover Lane	Ashland
H27	Ashland Emergency Food Bank	560 Clover Lane	Ashland
H28	Ashland Family YMCA	540 YMCA Way	Ashland
H29	Ashland Family Y (afterschool) at Walker Elementary	364 Walker Ave.	Ashland
H30	Ashland Family Y (afterschool Kinders Club - Grade K )	540 YMCA Way	Ashland
H31	Ashland High School	201 S. Mountain Ave.	Ashland
H32	Ashland Senior Center	1699 Homes Ave.	Ashland
H33	Ashland Supportive Housing (ASH)	693 Washington St.	Ashland
H34	ASH - Ashwood Inn	1610 Clark	Ashland
H35	Boys and Girls Club of Rogue Valley	307 W. Wagner Creek Rd.	Talent
H36	CASA (Court Appointed Special Advocates)	613 Market St.	Medford
H37	Central Point Senior Center	123 N. 2nd St.	Central Point
H38	Children's Advocacy Center	816 W. 10th St.	Medford
H39	Community Volunteer Network/Call-a-Ride/RSVP	One West Main, Suite 303	Medford
H40	Community Works	201 W. Main, Suite 3D	Medford
H41	Compass House	332 W. 6th St.	Medford
H42	Consumer Credit Counseling Service of Southern OR	820 Crater Lake Ave. #202	Medford
H43	Department of Human Services (DHS) - Medford	914 W. Main St.	Medford
H44	DHS	800 Cardley Ave.	Medford
H45	DHS - Child Welfare	909 Royal Court	Medford
H46	DHS - Child Welfare & Self-Sufficiency	1658 Ashland St.	Ashland
H47	DHS - Child Welfare & Self-Sufficiency	3131 Avenue C	White City
H48	DHS - Medford Senior Services	2860 State St.	Medford
H49	DHS - Disability Services	28 W. 6th St., Suite D	Medford
H50	DHS - Southern Valley Community Services	1658 Ashland St.	Ashland
H51	Down Syndrome Association of Southern Oregon	33 N. Central, Suite 205	Medford
H52	Disability Services	28 W. 6th St., Suite D	Medford
H53	Families for Community (at Health & Human Svc. Bldg.)	140 S. Holly	Medford
H54	(The) Family Nurturing Center	212 N. Oakdale	Medford
H55	Family Solutions	1836 Fremont St.	Ashland
H56	Family Solutions	358 S. Oakdale	Medford
H57	Family Solutions		Central Point
H58	Food and Friends (F&F) {through RVCOG}	155 N. 1st St. (P. O. Box 3275)	Central Point
H59	F&F @ Ashland Senior Center	1699 Homes Ave.	Ashland
H60	F&F @ Central Point Grange Hall	436 E. Pine St.	Central Point
H61	F&F @ Jacksonville I.O.O.F. Hall	175 S. Oregon St.	Jacksonville

H62	F&F @ Lions, Sight & Hearing Center	228 N. Holly	Medford
H63	F&F @ Phoenix Presbyterian Church	121 W. 2nd St.	Phoenix
H64	F&F @ Rogue Family Center	3131 Avenue C	White City
H65	F&F @ Senior Citizens Community Center	121 Loto Street	Eagle Point
H66	F&F @ Talent Community Center	206 E. Main St.	Talent
H67	Goodwill Industries of Southern Oregon	11 West Jackson	Medford
H68	Health Care Coalition of Southern OR	140 S. Holly	Medford
H69	Hearts with a Mission	521 Edwards St.	Medford
H70	Help Now!	33 N. Central, Suite 317	Medford
H71	HIV Alliance	140 S. Holly	Medford
H72	H.O.P.E. Equestrian Center	716 Riley Road	Eagle Point
H73	Jackson Co. Fuel Committee	995 Siskiyou Blvd.	Ashland
H74	Jackson Co. Health and Human Services	140 S. Holly	Medford
H75	Jackson Co. Developmental Disabilities Services	140 S. Holly	Medford
H76	Jackson Co. Environmental Public Health	1000 E. Main St., Suite 2	Medford
H77	Jackson Co. Mental Health	140 S. Holly	Medford
H78	Jackson Co. Public Health	140 S. Holly	Medford
H79	Jackson Co. Veteran Services	1000 E. Main, Suite 3	Medford
H80	Jackson Co. Library - Ashland	410 Siskiyou Blvd.	Ashland
H81	Jackson Co. Library - Central Point	116 S. Third St.	Central Point
H82	Jackson Co. Library - Eagle Point	239 W. Main St.	Eagle Point
H83	Jackson Co. Library - Jacksonville	340 C Street	Jacksonville
H84	Jackson Co. Library - Medford	205 S. Central Ave.	Medford
H85	Jackson Co. Library - Phoenix	510 W. 1st St.	Phoenix
H86	Jackson Co. Library - Shady Cove	22477 Oregon 62	Shady Cove
H87	Jackson Co. Library - Talent	101 Home St.	Talent
H88	Jackson Co. Library - White City	3143 Ave. C	White City
H89	Jacksonville Senior Center	175 N. Oregon St.	Jacksonville
H90	Living Opportunities (LO)	861 Valley View Dr.	Medford
H91	LO Semita Consulting @Health & Human Services Bldg.	140 S. Holly	Medford
H92	Magdalene Home	12 Black Oak	Medford
H93	Maslow	500 Monroe	Medford
H94	Medford Gospel Mission - Men's Shelter	125 W. Jackson	Medford
H95	Medford Gospel Mission - Women & Children	534 N. Bartlett Street	Medford
H96	Medford Methadone Clinic	777 Murphy Road	Medford
H97	Medford Senior Center	510 E. Main St.	Medford
H98	NOWIA Unete (Center for Farm Workers Advocacy)	27 N. Ivy	Medford
H99	Northwest Seasonal Workers Association	203 N. Oakdale	Medford
H100	OnTrack, Inc.	221 W. Main	Medford
H101	OnTrack in Ashland	1658 Ashland St.	Ashland
H102	OnTrack in White City	3131 Ave. C	White City

H103	Planned Parenthood	125 S. Central, Suite 201	Medford
H104	Planned Parenthood	1532 Siskiyou Blvd.	Ashland
H105	Phoenix Counseling Center	149 N. Main	Phoenix
H106	Project Dove (Medford School District)	815 S. Oakdale	Medford
H107	Resolve	1237 N. Riverside, Suite 25	Medford
H108	Rogue Community College - Riverside Campus	114 S. Bartlett St.	Medford
H109	Rogue Community College - Table Rock Campus	7800 Pacific Avenue	White City
H110	Rogue Community Health	19 Myrtle St.	Medford
H111	Rogue Community Health	99 Central Ave.	Ashland
H112	Rogue Community Health	8385 Division Road	White City
H113	Rogue Community Health @ Ashland High	201 Mountain Ave.	Ashland
H114	Rogue Community Health @ Eagle Point High	203 North Platt Street	Eagle Point
H115	Rogue Family Center	3131 Avenue C	White City
H116	Rogue Retreat	1410 W. 8th Street	Medford
H117	Rogue Valley Council of Gov'ts (RVCOG) - Sr. & Disability	155 N. 1st St.	Central Point
H118	Rogue Valley Family YMCA	522 W. 6th St.	Medford
H119	Y (afterschool) at Abe Lincoln Elementary	3101 McLoughlin Dr.	Medford
H120	Y (afterschool) at Central Point Elementary	450 S. 4th St.	Central Point
H121	Y (afterschool) at Griffin Creek Elementary	2430 Griffin Creek	Medford
H122	Y (afterschool) at Hoover Elementary	2323 Siskiyou Blvd.	Medford
H123	Y (afterschool) at Jacksonville Elementary	655 Hueners Lane	Jacksonville
H124	Y (afterschool) at Jefferson Elementary	333 Holmes Ave.	Medford
H125	Y (afterschool) at Jewett Elementary	1001 Manzanita St.	Central Point
H126	Y (afterschool) at Kennedy Elementary	2860 N. Keene Way Dr.	Medford
H127	Y (afterschool) at Lone Pine Elementary	3158 Lone Pine Road	Medford
H128	Y (afterschool) at Mae Richardson Elementary	200 W. Pine St.	Central Point
H129	Y (afterschool) at Orchard Hill Elementary	1011 La Lorna Dr.	Medford
H130	Y (afterschool) at Roosevelt Elementary	1212 Queen Anne Ave.	Medford
H131	Y (afterschool) at Wilson Elementary	1400 Johnson St.	Medford
H132	Rogue Valley Veterans & Community Outreach - RVCCO	601 N. Grape	Medford
H133	Roots & Wings	3073 Intenational Way	Medford
H134	St. Mary's High School	816 Black Oak Dr.	Medford
H135	(The) Rose Circle Mentoring Network	295 E. Main, Suite 6	Ashland
H136	Salvation Army	922 N. Central	Medford
H137	Senior Citizens Community Center	121 Loto Street	Eagle Point
H138	Senior Services	2860 State Street	Medford
H139	South Medford High School	1551 Cunningham Ave.	Medford
H140	Southern Oregon Child & Family Council (Headstart)	1001 Beall	Central Point
H141	Southern Oregon Rehabilitative Center & Clinics (SORCC)/Veterans Administration (VA)	8495 Crater Lake Highway	White City
H142	Southern Oregon University	1250 Siskiyou Blvd.	Ashland
H143	St. Vincent dePaul	2424 N. Pacific Highway	Medford

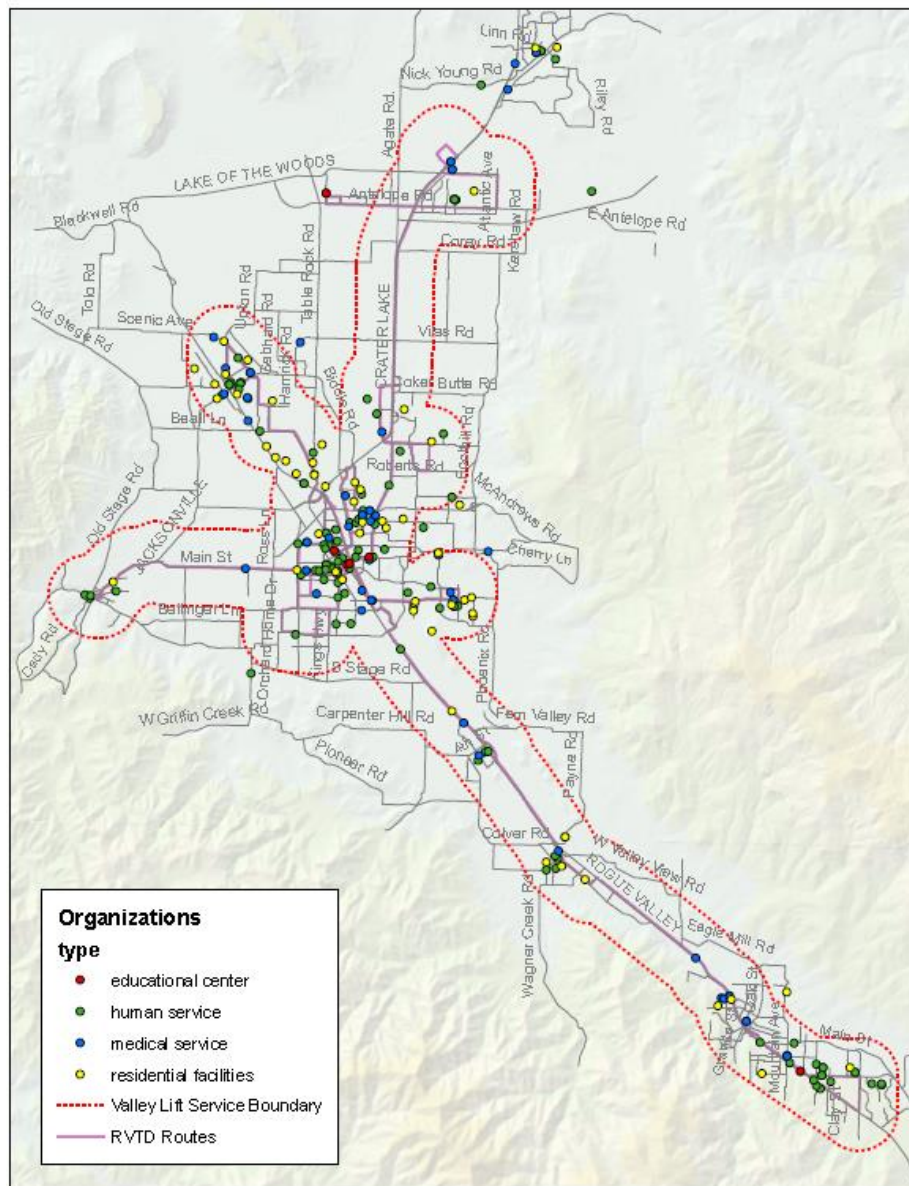
H144	Teresa McCormick Center	2500 S. Pacific Highway	Medford
H145	TransLink	239 E. Barnett Rd.	Medford
H146	United Way of Jackson County	1457 E. McAndrews	Medford
H147	Upper Rogue Community Center	22465 Highway 62	Shady Cove
H148	Veterans in Recovery	107 E. Main St., #11	Medford
H149	Vocational Rehabilitation	28 W. 6th St.	Medford
H150	WinterSpring Center - Transforming Grief and Loss	290 N. Main, #1	Ashland
<b>Medical</b>			
M1	Asante Ashland Community Hospital	280 Maple St.	Ashland
M2	Asante Behavioral Health Clinic	691 Murphy Rd., Suite 218	Medford
M3	Asante Cardiovascular & Thoracic	520 Medical Center Dr.	Medford
M4	Asante Endocrinology	55 Black Oak Dr.	Medford
M5	Asante Family Medicine	628 N. Main	Ashland
M6	Asante Family Medicine	691 Murphy Rd., Suite 107	Medford
M7	Asante Family Medicine	2859 State St., Suite 101	Medford
M8	Asante Family Medicine	49 Talent Ave.	Talent
M9	Asante Family Medicine	595 N. Main, Suite 1	Ashland
M10	Asante Family Medicine	595 N. Main St., Suite 1	Ashland
M11	Asante Family/Internal Medicine/Pediatrics/Gynecology	2859 State S., Suite 102	Medford
M12	Asante General Surgery/Gynecology	560 Catalina Dr.	Ashland
M13	Asante Internal Medicine	560 Catalina Dr.	Ashland
M14	Asante Neurology	520 Medical Center Dr., Suite 201	Medford
M15	Asante Pediatrics	628 N. Main St.	Ashland
M16	Asante Pediatric Hematology and Oncology	2825 E. Barnett Road	Medford
M17	Asante Pulmonary Consultants & Sleep Specialists	55 Black Oak Dr.	Medford
M18	Asante Rogue Regional Medical Center	2825 E. Barnett Road	Medford
M19	Asante Work Health	781 Black Oak Dr., #102	Medford
M20	Children's Dental Clinic	229 Stewart Avenue	Medford
M21	LaClinica - Phoenix Health Center	3617 S. Pacific Highway	Phoenix
M22	LaClinica @ Phoenix Elementary	215 Rose St.	Phoenix
M23	LaClinica - West Medford Health Center	1307 W. Main St.	Medford
M24	LaClinica - East Medford Dental Clinic	1113 Progress Dr.	Medford
M25	LaClinica - women's health	910 S. Central	Medford
M26	La Clinica - Wellness Center	730 Biddle Road	Medford
M27	LaClinica @ Health & Human Services Building	140 S. Holly	Medford
M28	LaClinica @ Jackson Elementary	713 Summit Avenue	Medford
M29	LaClinica @ Oak Grove Elementary	2838 W. Main Street	Medford
M30	LaClinica @ Washington Elementary	610 Peach St.	Medford

M31	LaClinica @ Jackson Elementary	713 Summit Avenue	Medford
M32	La Clinica @ Central Point Elementary	450 S. 4th	Central Point
M33	La Clinica @ Mae Richardson Elementary	200 W. Pine	Central Point
M34	LaClinica - Central Point Health Center	4940 Hamrick	Central Point
M35	LaClinica @ Crater High	655 N. 3rd	Central Point
M36	LaClinica @ Jewett Elementary	1001 Manzanita Street	Central Point
M37	LaClinica @ Scenic Middle School	1955 Scenic Avenue	Central Point
M38	Providence Medford Medical Center (PM)	1111 Crater Lake Ave.	Medford
M39	Providence Medical Group - Ashland	1661 N. Highway 99	Ashland
M40	Providence Medical Group - Central Point	870 S. Front St.	Central Point
M41	Providence Medical Group - Eagle Point	1332 Shasta Ave., Suite A	Eagle Point
M42	Providence Medical - Phoenix Family Practice	205 Fern Valley Rd., Suite 1A	Phoenix
M43	Providence Medical Group - Medford Medical Clinic	965 Ellendale Dr.	Medford
M44	Providence Medical Group - Medford Medical Clinic	3225 Hillcrest Park Dr.	Medford
M45	Providence Medical Group, Doctor's Clinic	1698 E. McAndrews	Medford
M46	Providence Medical Group - Medford Neurology	920 Royal Ave.	Medford
M47	Providence Medical Group - Medford Pediatrics	840 Royal Ave., Suite 110	Medford
M48	Providence Medical Group - Eagle Point Pediatrics	10830 Old Highway 62	Eagle Point
M49	Providence Medical Group - Physiatry	827 Spring St.	Medford
M50	Providence Medical Group - Medford Pulmonology	1698 East McAndrews, Suite 220	Medford
M51	Providence Medical Group - General Surgery	1698 E. McAndrews, Suite 160	Medford
M52	Providence Medical Group - Vascular & General Surgery	940 Royal Avenue, Suite 420	Medford
M53	Providence Medical Group - OB/GYN Health Center	940 Royal Ave., Suite 350	Medford
M54	Rogue Community Health	19 Myrtle St.	Medford
M55	Rogue Community Health	99 Central Ave.	Ashland
M56	Rogue Community Health	8385 Division Road	White City
M57	Rogue Community Health @ Ashland High	201 Mountain Ave.	Ashland
M58	Rogue Community Health @ Eagle Point High	203 North Platt Street	Eagle Point
M59	Southern Oregon Rehabilitation Center & Clinics (SORCC) -- Veterans Administration (VA)	8495 Crater Lake Highway	White City
M60	Valley Immediate Care	1600 Delta Waters Rd.	Medford
M61	Valley Immediate Care	235 E. Barnett Road	Medford
M62	Valley Immediate Care -- drug screening	815 N. Central	Medford
	<b>Residential Facilities</b>		
R1	Alderwood	131 Alder Street	Central Point
R2	Avamere Health Services of Rogue Valley	625 Stevens Street	Medford
R3	Barnett Woods	2979 E. Barnett Rd.	Medford

R4	Brookdale - Ashland	548 N. Main Street	Ashland
R5	Brookdale - Eagle Point	261 Loto Street	Eagle Point
R6	Brookdale - Medford	3033 E. Barnett	Medford
R7	Central Point Retirement Community	410 Richardson Drive	Central Point
R8	Donald E. Lewis Retirement Center	500 Ashland Way	Ashland
R9	Fountain Plaza Retirement	1441 Morrow Road	Medford
R10	Horton Plaza	1122 Spring Street	Medford
R11	Hope House (Salvation Army Housing)	1065 Crews Road	Medford
R12	Housing Authority of Jackson County (HAJC)	2251 Table Rock Road	Medford
R13	HAJC - Anderson Vista	571 Talent Avenue	Talent
R14	HAJC - Autumn Glen	2235- 2249 Table Rock	Medford
R15	HAJC- Barnett Townhomes	1852 Barnett Rd.	Medford
R16	HAJC- Canterbury Hills	3693 Arrowhead Dr.	Medford
R17	HAJC-Cherry Creek	1040 N. Berkeley Dr.	Medford
R18	HAJC-Chestnut Townhouses	450 - 455 Chestnut St.	Ashland
R19	HAJC-Countryside 4-Plex	501 - 505 Countryside Dr.	Central Point
R20	HAJC-Elk Street Townhomes	81 Elk	Medford
R22	HAJC-Finley Square	2300 -2390 Finley Lane	Medford
R23	HAJC-Freedom Square	3442 Avenue E	White City
R24	HAJC-S. Holly Street Apartments	325 and 343 S. Holly St.	Medford
R25	HAJC-Liberty Place	405 N. 2nd Street	Central Point
R26	HAJC-Lilac Meadow	3001 Cummings Road	Medford
R27	HAJC-Lilac Meadows, Phase II	3009 Cummings Road	Medford
R28	HAJC-Maple Terrace Apartments	5 Mace Road	Medford
R29	HAJC-Mill Creek Apartments	101 Onyx St.	Eagle Point
R30	HAJC-Narregan Apartments	1003 & 1005 Narregan St.	Medford
R31	HAJC-Osprey Apartments	250 Berrydale Ave.	Medford
R32	HAJC-Quail Run	320 Erickson Ave.	Shady Cove
R33	HAJC-Rocky Road/Carmel Circle	728 Rocky Road & 1278 Carmel	Medford
R34	HAJC-Rogue River Estates	1395 Poplar Dr.	Medford
R35	HAJC-Rose Garden	459 - 475 4th Street	Gold Hill
R36	HAJC- (The) Royal Apartments	726 Royal Ave.	Medford
R37	HAJC-Seroba Circle	161 Seroba Circle	Medford
R38	HAJC-Scenic Heights Apartments	1801 - 1843 Scenic Ave.	Central Point
R39	HAJC-Sheraton Court	3047 and 3049 Sheraton Court	Medford
R40	HAJC-Snowberry Brook	2261 Villard St.	Ashland
R41	HAJC-Southernaire Apartments	2578 Table Rock Road	Medford
R42	HAJC-Talent Duplexes	203 - 205 West Street	Talent
R43	HAJC-Talent Patio Village	233 Eva Way	Talent
R44	HAJC-West Main Apartments	1608 - 1612 W. Main	Medford

R45	HAJC-West Pine Terrace	345 W. Pine	Central Point
R46	HAJC-Willow Glen Apartments	1200 Cherry St.	Central Point
R47	Jackson House	300 Suncrest Road	Talent
R48	Larson Creek Retirement Center	1025 Ellendale Dr.	Medford
R49	Magdalene Home	12 Black Oak Dr.	Medford
R50	Morrow Heights	176 Ward Creek Rd.	Rogue River
R51	Mountain Meadows	857 Mountain Meadows Dr.	Ashland
R52	Northridge Center	3737 S. Pacific Highway	Medford
R53	Pioneer Village	805 N. 5th Street	Jacksonville
R55	Quail Ridge	1055 Ellendale Dr.	Medford
R56	Ridgeview Assisted Living	872 Golfview Dr.	Medford
R57	Rogue Valley Manor	1200 Mira Mar Avenue	Medford
R58	Ross Knotts Retirement Community	2874 Creekside Circle	Medford
R59	The Springs at Anna Maria	822 Gold View Dr.	Medford
R60	The Springs at Veranda Park	1641 Veranda Park Dr.	Medford
R61	Suncrest Place	300 Suncrest Road	Talent
R62	Twin Creeks	688 Twin Creeks Crossing	Central Point
R63	Weatherly Inn	2180 Poplar Dr.	Medford
	<b>Education Centers</b>		
E1	Abdill Career College	843 E. Main St.	Medford
E2	Pacific Bible College	409 N. Front St.	Medford
E3	Rogue Community College (RCC), Riverside Campus	117 S. Central	Medford
E4	Rogue Community College (RCC), Table Rock Campus	7800 Pacific Avenue	White City
E5	RCC/SOU Higher Education Center	101 S. Bartlett	Medford
E6	Southern Oregon University (SOU)	1250 Siskiyou Blvd.	Ashland

**Figure 7-5: Common Destinations Overlaid on Valley Lift Service Boundary and RVTB Routes**



With the exception of 10 organizations located either in White City or Eagle Point, all of the common destinations listed in Table 7-1 are located within  $\frac{1}{4}$  of a mile of an existing RVTB bus route. The 10, including one education center, four human service agencies, three medical providers and two residential facilities, are situated outside of the Valley Lift Service Boundary. This indicates that individuals who rely on Valley Lift services are able to access 96% of the common destinations.

While  $\frac{3}{4}$  of a mile generally is considered outside the range of walkability for most individuals, the vast majority of the common

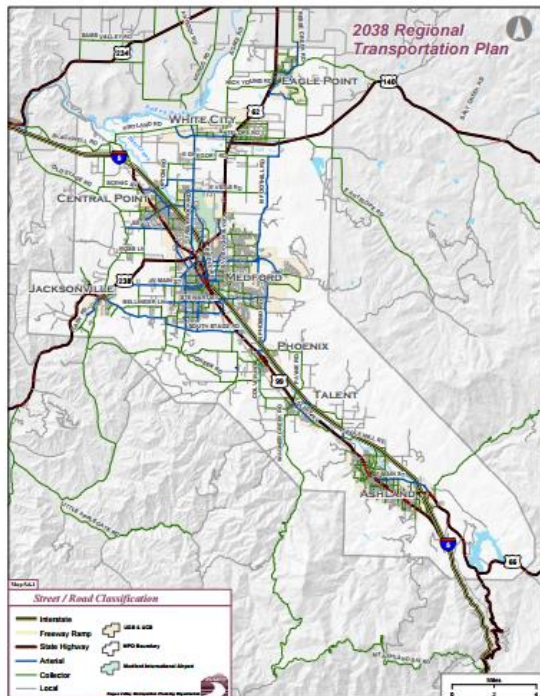
Source: Rogue Valley Transportation District, 2017

destinations, as depicted in Figure 7-5, are located within  $\frac{1}{2}$  mile of an existing bus route, which is considered within the walkable range.



## Rogue Valley Regional Transportation Plan (RTP) – Measures Supporting United We Ride Plan Findings

**Figure 7-6: Area of 2038 Regional Transportation Plan**



Metropolitan areas with populations of 50,000 or greater are required to establish a Metropolitan Planning Organization for transportation planning. The Rogue Valley Metropolitan Planning Organization (RVMPO) is a consortium of seven cities, the area of Jackson County that surrounds or is adjacent to the Medford Urban Area, Oregon Department of Transportation and Rogue Valley Transportation District (see Figure 7-5). Federal law requires that each area develops and maintains a Regional Transportation Plan (RTP), which forecasts at least 20 years into the future, in order to be eligible for state and federal funding. The RTP forecasts future population and employment to identify the resulting demand on the regional and collector street system.

*The Rogue Valley Regional Transportation Plan 2009-2034* developed by the RVMPO uses a “horizon year” of 2030. Population projections at the county level are estimated by the State, and the population estimates for the 2030 RVMPO are based on a combination of county-wide and local population estimates that forecast population growth both within and outside of Urban Growth Boundaries. The Rogue Valley Council of Governments supplied the RVMPO population allocations for the plan, as depicted in Figure 7-6.

**Figure 7-7: Population Allocations for the RTP**

<b>JURISDICTION</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>
Ashland	20,729	21,451	22,174	22,897	23,619
Central Point	16,748	18,164	19,579	20,995	22,410
Eagle Point	7,987	9,153	10,320	11,486	12,652
Jacksonville	3,036	3,246	3,455	3,665	3,875
Medford	80,704	85,463	90,223	94,982	99,742
Phoenix	5,907	6,270	6,634	6,997	7,361
Rural Jackson County	21,325	21,280	21,236	21,191	21,147
Talent	6,654	7,286	7,918	8,550	9,182
White City	9,106	10,304	11,502	12,701	13,899
<b>TOTAL</b>	<b>172,195</b>	<b>182,618</b>	<b>193,041</b>	<b>203,464</b>	<b>213,887</b>

Two areas of the RTP support *United We Ride Plan* findings. These include Transportation Demand Management and percentage of dwelling units within  $\frac{3}{4}$  mile walk to transit service with 30 minute headways.

Urban areas with populations over 25,000 are required to address Transportation Demand Management in their RTP. The purpose of Transportation Demand Management (TDM) is to reduce the number of single-occupancy vehicle rides by offering travel options. TDM strategies can include structural changes such as parking areas for carpools and bike lanes, as well as policy initiatives such as staggered work schedules. When these strategies are implemented, they may reduce or delay the need for street improvements, reduce energy consumption, improve air quality, lower transportation costs and increase employee retention. The Federal Highway Administration has predicted that TDM strategies will manage demand better than strategies to increase the capacity of facilities and infrastructure. *The Rogue Valley Regional Transportation Plan 2009-2034* continues two policies regarding TDM:

*Policy 6.A-1: The implementation of a regional Transportation Demand Management (TDM) program shall be an important component of a comprehensive strategy to reduce demands placed on the transportation system. Since TDM activities shall be utilized to address unusual, special and recurring events such as fairs, festivals and other cultural and large-scale activities.*

*Policy 6.A-2: Transportation Demand Management measures should be considered before transportation capacity expansion is determined to be necessary.*

The updated *Rogue Valley Regional Transportation Plan 2013-2038* has simplified these policies into Goal 6: Use diverse strategies to reduce reliance on single-occupant vehicles. Policies within Goal 6 include:

- Support Transportation Demand Management strategies
- Facilitate alternative parking strategies to encourage walking, bicycling, carpooling and transit

- Enhance bicycle and pedestrian systems.
- Support transit service.

RVTD's Transportation Demand Management program, established in 1993, seeks to improve the vitality of their seven-city service area by offering support, education and facilitation of transportation options and by adhering to the above RTP policies. As depicted in Figure 7-7, this multifaceted program, known as Commute Solutions, is designed to improve the mobility of employees and to allow employers to offer benefits which can lead to employee retention.

**Figure 7-8: RVTD's Commute Solutions: A Transportation Demand Management Program**

PROGRAM/ TRANSPORTATION MODE	DESCRIPTION	BENEFITS
Transit	Employers, organizations or schools can purchase bus passes for employees and students through the U-Pass and Fare Share bus pass programs	Reduces single-occupancy vehicle travel; boosts wages by lowering employee transportation costs; reduces company's carbon footprint; tax benefits
Walking	Promotes healthy lifestyle and active transportation alternative	Employees receive free safety gear; improves air quality and health
Biking	Promotes healthy lifestyle and active transportation alternative	Bicycle Commuter Subsidy; improves air quality and health
Vanpool	RVTD will help businesses establish vanpools.	Reduces single-occupancy vehicle traffic and lowers individual's transportation costs
Rideshare	<b>Drive Less Connect</b> is an on-line ride matching tool. Enables individuals to log trips made on foot, bike, or through rideshare.	RVTD will set-up a rideshare network at worksites for free. Reduces single-occupancy vehicle traffic and lowers individual's transportation costs
Emergency Ride Home	Employers can enroll in this program which offers 4 free taxi rides home per year per employee if they experience an emergency and have commuted to work without a car.	Encourages travel by bike, bus, walking, carpooling, or vanpooling
Other Programs	On-site audits of transportation options; new employee commuter kit; employee outreach	Educates employees about transportation options in the Rogue Valley

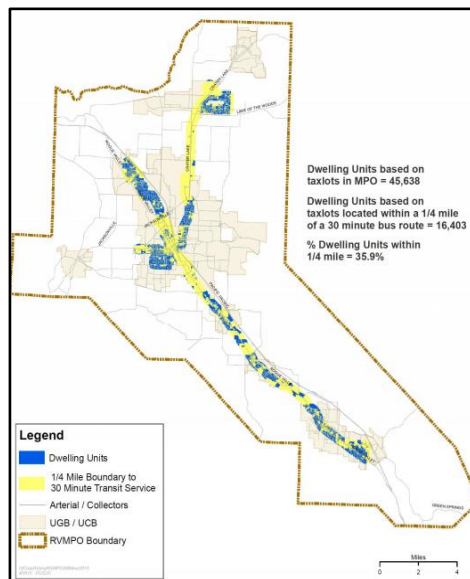
In April 2002, the Land Conservation and Development Commission approved seven alternative measures to the RVMPO's 2000 *Regional Transportation Plan*. These measures were incorporated into the 2005-2030 RTP plan. In particular, measure 2 which proposes "the percentage of dwelling units be within ¼ mile walk to 30 minute transit service," is relevant to the *United We Ride Plan's* analysis of

public transit and land use. These measures were incorporated into the most recent update of the RTP plan, *The Rogue Valley Regional Transportation Plan 2013-2038*.

A walking distance of ¼ mile from a dwelling is assumed to provide reasonable pedestrian access to a transit line. Only those transit lines that provide at least 30-minute service are counted towards meeting the benchmarks shown in Figure 7-8. In 2000, a geographic information system analysis revealed that 12% of dwelling units in the MPO were within ¼ mile walking distance to 30-minute transit service. In 2017, five of RVTD's nine routes provide 30 minute or more frequent headways. Three provide 60-minute headways, and one, a shuttle between area high schools and Rogue Community College's Table Rock Campus, provides service at established two time periods in the morning and two in the afternoon.

**Figure 7-9: Adopted 20 Year Target for Transit Availability**

Measure	How Measured	2000	Benchmark 2005	Benchmark 2010	Benchmark 2015	Target 2020
Measure 2: Percent of Dwelling Units within ¼ mile walk to 30-minute transit service	Determined through GIS (geographic information system) mapping	12% of dwelling units are within ¼ mile walking distance to 30-minute transit service	20%	30%	40%	50%

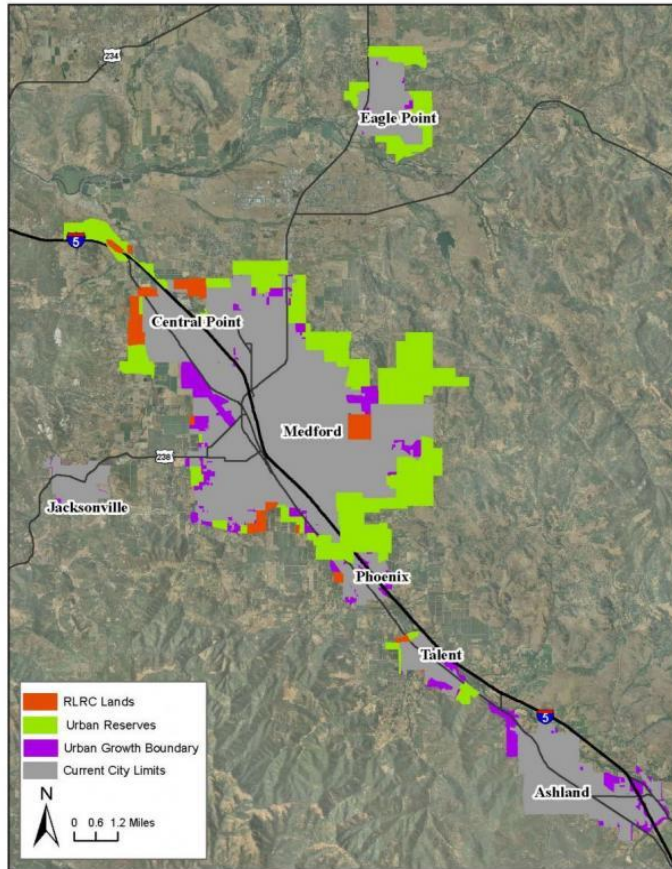


**Figure 7-10: Percentage of Dwelling Units within ¼ mile walk to 30-minute Transit Service**

According to the *RVMP Alternative Measures Update Final Report* (June 2015), the benchmark for 2010 was surpassed, with almost 36% of the Rogue Valley's population within ¼ mile of public transit operating on 30-minute frequency. Since that time, Route 25 serving southwest Medford and Route 61, the RCC Shuttle, have been added to the transit system and several routes have increased their frequency. These system-wide changes are expected to increase transit availability and reach the targeted 2020 benchmark of 50% of dwelling units within a ¼ mile walking distance of RVTD 30-minute transit service.

## Development of Jackson County Urban Growth Boundaries

**Figure 7-11: Jackson County Urban Growth Boundaries**



The Greater Bear Creek Valley Regional Problem Solving Plan is the result of more than a decade of cooperation between Jackson County and the cities of Ashland, Central Point, Eagle Point, Medford, Phoenix and Talent. The plan was designed as a coordinated plan outlining how the County and six cities could accommodate a doubling of the region's population within the next 50 years. In November 2011, the Jackson County Board of Commissioners adopted the Greater Bear Creek Valley Regional Problem Solving Plan as an amendment to its comprehensive plan which establishes Urban Reserve Areas (URA) for Central Point, Eagle Point, Medford, Phoenix, and Talent (see Figure 7-10). This amendment establishes URAs to accommodate planned residential, commercial and industrial growth to accommodate the forecasted doubling of the region's current population. In reaching this decision, Jackson County updated its

population forecast in the acknowledged comprehensive plan, analyzed buildable land in the Bear Creek Valley, and revised comprehensive plan policies about future urban development. In March 2013, the Land Conservation and Development Commission (LCDC) gave its final approved to the Bear Creek Valley Regional Problem Solving Plan.





## Planning Themes

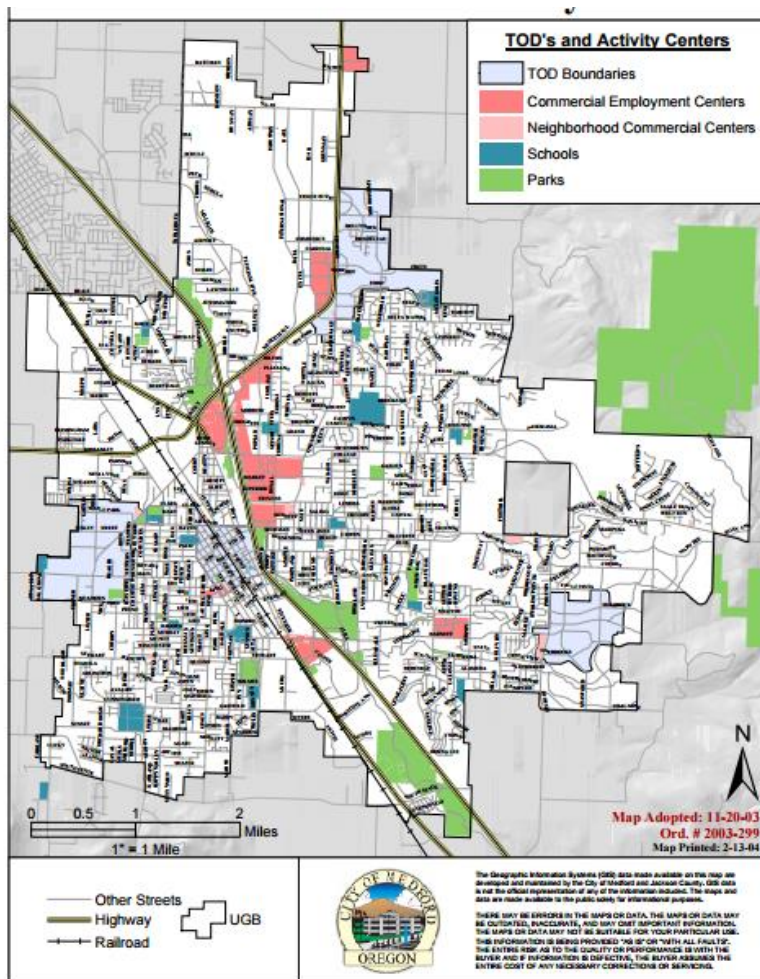
According to the *Medford Transportation Plan*:

Traffic patterns and the demand for transportation services within a community are closely interrelated with existing and anticipated future land use patterns. The location of housing, places of employment, shopping, education and other services, and the relationships between these land uses in terms of distance and transportation system connections, all influence the type and magnitude of travel demand that is experienced in a community. Locations where land use patterns are dispersed and built at lower densities will be difficult to serve by any other mode than the automobile. More compact, mixed use development where good multi-modal transportation system connections are provided will encourage the use of a variety of transportation modes making it possible for the traveler to choose whether to drive, walk, bicycle or take transit. To estimate the future relationship of land uses and transportation system performance, land use development expectations must be more specifically defined to describe the type, amount and location of anticipated future housing and employment growth. Planning for the community's land use and transportation system begins with a vision of where and how the community wants to grow, and follows with more technical analysis of population forecasts, allocations of future housing and employment to areas of the community and an analysis of how land use patterns affect the need for transportation facilities, and vice versa.

Land use and transportation connections can improve mobility choices for the three target populations of the *UWR Plan*, namely people with disabilities, older adults and individuals with low income. This section offers brief summaries of four planning concepts that can direct future land use: **Transit Oriented Development, Complete Streets, Livability Index, and Aging-Friendly Cities.**

### Transit-Oriented Development (TOD)

The *2001-2023 Rogue Valley Regional Transportation Plan* anticipates that a large proportion of future development will be directed to areas that can be well-served by transit – including the downtown, transit corridors, mixed-use areas and transit-oriented districts or TOD's. Between 2000 and 2023, the share of the City of Medford population that is anticipated to reside in a TOD will grow by 86%. The largest share of new TOD population is forecast in the Southeast Medford TOD – the area with the greatest opportunity to absorb new development. Population in the Downtown TOD is expected to grow only slightly as this area is largely fully developed. Population growth in West Medford TOD is expected to be more closely aligned with citywide population growth. These are only forecasts of anticipated growth patterns; achieving the forecasts and the attendant benefits to the transportation system will require conscious and specific changes to development policies and practices in Medford.

**Figure 7-13: Medford Conceptual TOD Boundaries and Other Activity Centers**

The City of Medford has designated four TOD areas, as shown in Figure 7-12:

1. Downtown
2. Southeast Medford
3. West Medford
4. North Medford

Currently under construction in Medford is Stewart Meadows Village, a 79-acre planned development which meets many of the characteristics of a TOD. The village, located west of Highway 99 and sited between Stewart Avenue and Garfield Street, will contain a promenade to encourage walking, retail shops, a 250 unit apartment complex and medical offices.

## Complete Streets

Central to the creation of livable communities is the ability for everyone to travel safely. Complete streets provide everyone with a choice of mobility options. According to the National Complete Streets Coalition, complete streets remove barriers by allowing “everyone to travel to and from work, school, and other destinations with the same level of safety and convenience, whether or not they have mobility, vision, or cognitive disabilities. Complete Streets also help people who are coping with temporary disabilities as well as those pushing strollers, pulling wheeled baggage or managing large packages.”

Since our current transportation system prioritizes fast automobile travel, it has created roads that are difficult to navigate or unsafe to travel by foot, bike or public transportation. Road crossings are long, sidewalks and bike lanes are often absent, and transit stops may offer no place to sit.



Keeping in mind the travel needs of the *United We Ride Plan's* target populations, "Incomplete streets" impeded mobility for people with disabilities and older adults. Incomplete streets may contain unpaved surfaces, disconnected, narrow or deteriorating sidewalks, lack curb cuts or ramps for mobility devices, have bus stops in areas not navigable with mobility devices or have inadequate crossing signals for blind pedestrians, people with low vision, slower walking individuals or people with cognitive disabilities.

While the design of complete streets will differ from one community to another, the National Complete Streets Coalition and Smart Growth America suggests that these attributes be considered:

- Sidewalks free of obstacles
- Pavement markings
- Median refuges or sidewalk bulb-outs to shorten crossing times
- Longer crossing times at signals
- Frequent and safe crossing opportunities
- Attention to detail at intersections
- Audible or tactile signals for people with disabilities
- Curb ramps
- Usable benches
- Transit stops with ample space to approach, wait and board safely
- Wide shoulders
- Narrower travel lanes
- Roundabouts
- Improved lighting
- Bike lanes or paths
- Special bus lanes

As previously mentioned, complete streets remove barriers and increase mobility. Other benefits include:

- Promotes active forms of transportation, such as bicycling and walking, which fosters good health
- Reduces CO2 emissions and oil dependence
- Improves travel safety for all ages
- Sustains the environment by retaining and treating stormwater run-off through landscaping, bioswales, rain gardens, etc.

In December 2015, several Rogue Valley community and government agencies worked collaboratively to host "An Active and Healthy Community" event with Mark Fenton, a public health, planning and

transportation consultant. Mr. Fenton encouraged community leaders to build environments, policies and programs that would create a community in which residents would walk, bicycle or take transit more of the time. In addition to improving peoples' health, active community designs lead to economically, environmentally and socially thriving communities where people of all ages, abilities and incomes can lead vibrant lives.

Additional information about Smart Streets is available at

<https://smartgrowthamerica.org/resources/complete-and-green-streets/>

## **AARP Livability Index**

As the U.S. population ages, communities face serious challenges as they prepare for the needs of an aging society. Taking a multifaceted approach to assessing livability at the neighborhood level, The American Association of Retired Person's (AARP) Public Policy Institute developed a Livability Index to measure housing, neighborhood, transportation, environment, health, engagement, and opportunity characteristics within communities. The Livability Index gives higher scores to communities with diverse features that help people of all ages, incomes and abilities, not just older adults. Jackson County received an overall score of 53, while the City of Medford received a higher overall score of 56. The two lowest scores for Medford were housing, due to affordability and access, and opportunity, which measures inclusion and possibilities. In the area of opportunity, Medford scored in the bottom 1/3 of communities for its low high school completion rate and economic opportunities. The two highest scores for Medford were transportation and engagement, which measures civic and social involvement. In the area of transportation, Medford ranked in the top 1/3 of communities for convenient transportation options including frequency of local transit service, the top 1/3 for transportation costs, with an annual household transportation cost of \$9,223, and the top 1/3 for safe streets.

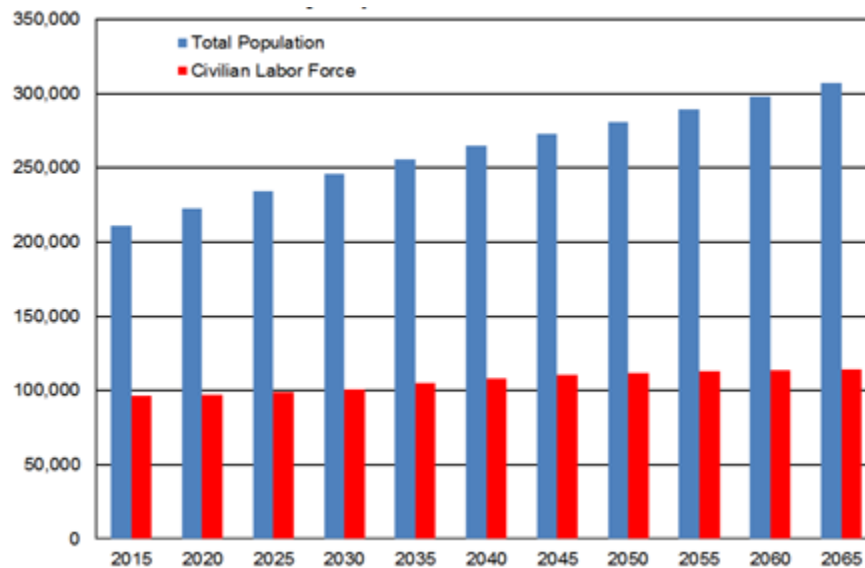
Individualized livability indexes for communities or specific zipcodes are available at <https://livabilityindex.aarp.org/>

## **Aging-Friendly Cities**

Population aging and urbanization are two global 21<sup>st</sup> century trends. The world is rapidly aging, and it is estimated that the global population of older adults (60+) will double from 11% to 22% by 2050; making it the first time in human history that older adults make up a larger percentage of the population than children, ages 0 to 14 years. According to a 2015 forecast by the State of Oregon Employment Department depicted in Figure 7-13, the Rogue Valley population is expected to peak around 2025 and then slowly decline. This tapered population growth is largely driven by an aging population, which will continue to increase the number of deaths, as well as, decrease the number of births, because fewer women will be child-bearing age. Net migration into the Rogue Valley is expected to grow. Jackson

County's total population is expected to be 306,858 by 2065, growing at approximately 1% per year between 2015 and 2025. This anticipated population growth in the near term is based on two assumptions: first, the Rogue Valley's economy will continue to improve over the next ten years, and second, an increasing number of baby boomers will retire to the area.

**Figure 7-14: Jackson County Population and Labor Force Forecast**



For more information on Rogue Valley population and demographic forecasts, visit:

<https://www.qualityinfo.org/-/rogue-valley-long-term-county-population-and-demographic-forecasts-implications-for-labor-force>

In 2007, working with focus groups in cities around the world, The World Health Organization (WHO) developed topic areas to engage cities to become more age-friendly. These eight topic areas can serve as a model to guide the development of age-friendly cities.

**Features of a city's physical environment which have strong influence on mobility, safety from injury, security from crime, health behavior and social participation:**

- Transportation
- Community Spaces and Buildings
- Housing

**Aspects of the social environment and culture that affect participation and mental well being:**

- Respect and Social Inclusion
- Civic Participatoin and Employment

- Social Participation

#### Social Environments and Halthand Social Service Determinants:

- Community Support and Health Services
- Communication and Information

The WHO study noted that transportation, including accessible and affordable public transportation, is a key factor influencing active aging. Transportation is tied intrinsically with the other guiding principles of age-friendly cities. For example, being able to move about a community determines social and civic participation and access to community and health services. 16 important features related to transportation were reported: availability, reliability and frequency, transportation routes to important travel destinations, age-friendly vehicles, specialized transport services for people with disabilities, priority seating for older adults; courteous drivers, safe and comfortable public transit, easy access to conveniently located transit stops and stations, easy to access information, community transportation options, affordable taxis, well-maintained roads, driving competence, and affordable and priority parking.

The complete WHO study, *Global Age-Friendly Cities: A Guide*, is available at [http://www.who.int/ageing/publications/Global\\_age\\_friendly\\_cities\\_Guide\\_English.pdf?ua=1](http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf?ua=1)

## Selected Built Environment Issues

**Figure 7-15: Phases I & II of Oregon 62 Corridor Project**



#### Oregon 62: I-5 to Dutton Road (also known as "Oregon 62 Corridor Project")

The Oregon 62 Corridor Project is designed to improve mobility and safety along a heavily-traveled section of Highway 62. This project is designed to improve mobility and safety in the OR 62 corridor. Current facilities for pedestrians and bicyclists are deficient and the corridor has high crash rates. In 2010, OR 62's project area had two locations with crash rates in the top 5% statewide and eight locations with crash rates in the top 10% statewide. Existing levels of congestion are high and projected to worsen.

The Oregon 62 Corridor Project will contain at least two phases. Phase I began construction in May 2016. This phase includes construction of a four-lane expressway with an interchange at the south end and an overpass at Coker Butte Road. Phase II is expected to begin construction in 2017, with an anticipated completion date in 2019. During Phase II, the expressway will be extended over Vilas Road, following the old Medco Haul Road, and end at a signal near Corey Road, south of White City. Phase III, dependent upon additional funding, may include multimodal options such as Park and Ride facilities, express bus lanes, and a signal prioritization for transit.

### **Ashland Road Diet**



Road diets are used to reallocate existing roadway right-of-ways to better serve transit, pedestrians, bicyclists, while still accommodating automobile traffic. Case studies of road diets throughout the United States have shown that reallocating the roadway can:

- Improve traffic flow
- Reduce vehicle speeds to desired operating speed
- Reduce the number of crashes
- Increase the safety of pedestrians and bicyclists

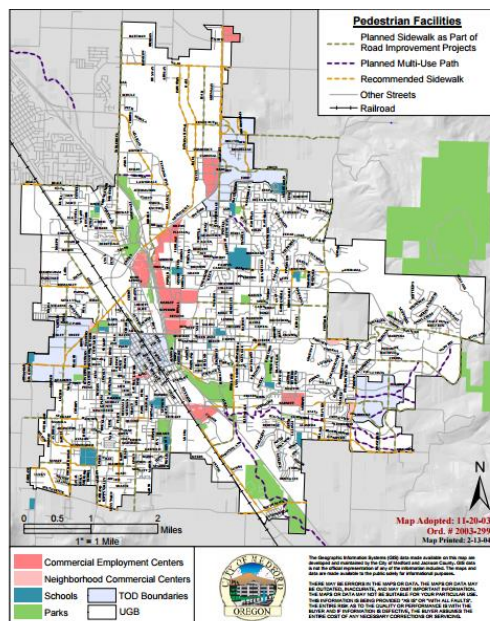
In the fall of 2012, traffic lanes in the area on North Main Street in Ashland between Bush Street and the railroad overpass were restriped to reduce the existing four traffic lanes to two lanes and reconfigured to include bicycle lanes and a center left turning lane. At its inception, the Road Diet was to be a one-year pilot project. In 2013, the Research Center at Southern Oregon University conducted a public opinion survey on the North Main Road Diet, a survey which was commissioned by the City of Ashland. The majority of the survey respondents reported that traffic had slowed since the reconfiguration and that traffic congestion had increased after the lane reconfiguration. 54% of respondents perceived increased bicycle safety after the Road Diet and many expressed that the safety of pedestrians had increased, as well. Of the 115 respondents who biked the section prior to the Road Diet, 76% stated that the reconfiguration made that section of the road safer for bicyclists. In December 2013, the Ashland City Council, with the recommendation of the Transportation Commission, voted to continue the traffic/bike/pedestrian reconfiguration of North Main Street.

### **Bicycle and Pedestrian Improvements**

Several cities within the RVMPO are dedicated to bicycle and pedestrian improvements. The City of Ashland, designated as a Bicycle Friendly Community, is one of only seven cities in the United State to reach the gold status of this award. The League of American Bicyclists noted Ashland's ongoing efforts to be a bike-friendly community, including:

- The updated Multi-Modal Transportation System Plan, Comprehensive Plan and Land Use Ordinances which focus on multi-modal equity and the City's efforts to make these standards a reality.
- The Ashland Watershed Master Trails Plan.
- The ongoing Bicycle Safety Education programs for elementary students, adults and Seniors.
- The many local bicycle friendly businesses who actively promote "bike to work" for employees which reduces in-town vehicle trips and the need for increased parking.
- The bike culture that includes events such as Care Free Day, Ashland Bike Swap and bicycle races, many of which raise funds for ongoing trail maintenance.
- The partnership that exists among the City of Ashland, bike advocates, cycling instructors and the broader community

**Figure 7-16: City of Medford Pedestrian Facilities**



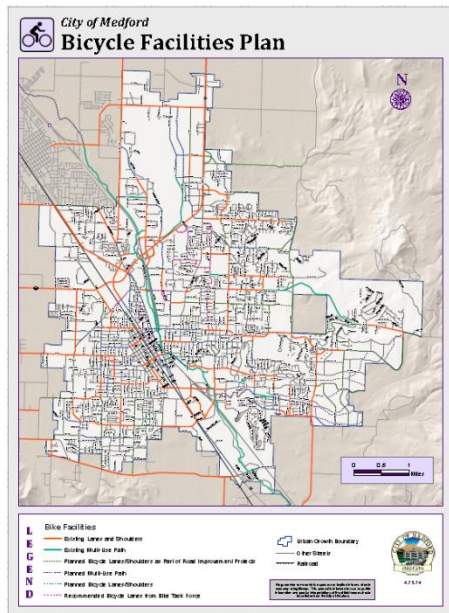
Other cities, such as Medford, have on-going programs of bicycle and pedestrian improvements, including sidewalk, multi-use paths and bicycle lanes. Figures 7-14 and 7-15 outline the current bicycle facilities and pedestrian facilities plans for the City of Medford.

The *2018-2021 Draft Statewide Transportation Improvement Plan for Southwest Oregon* identifies three proposed bicycle and pedestrian improvement projects in Jackson County. These include bike lanes, sidewalks and pedestrian crossings on Oregon Highway 99 between Birch Street and Coleman Creek Culvert, pedestrian signs and rectangular rapid flashing beacons at Siskiyou and Tolman Creek Road in Ashland and a multimodal safety upgrade

along West Valley View Road in Talent.

The local transit district also invests resources in improvements for pedestrians and bicyclists. RVTD's *Way to Go* program promotes bicycle and pedestrian safety and works with local governments to improve mobility and livability for Southern Oregon residents. Aspects of the *Way to Go* program include bicycle safety education classes, promotion of Walk and Bike to School Day, Drive Less Challenge, Rogue Commute Challenge, Go By Bike Week and the annual Ashland Bike Swap.



**Figure 7-17: City of Medford Bicycle Facilities Plan**

Other local pedestrian improvements include the Safe Routes to School program, which will be administered by Jackson County Health & Human Services staff. Until recently, Safe Routes to School was part of RVTD's *Way to Go* program.

The increase incidence of cyclists completing part of their journey on public transit presents a logistical challenge for RVTD. While multimodal transit is encouraged, the buses are often filled to capacity with riders and the bike racks are occupied, as well.

## Summary of Transportation and Land Use-Related Topics

RVTD provides service within its established district boundaries. While providing service to areas of Medford, Ashland, Central Point, Talent, Phoenix, White City and Jacksonville, **RVTD's current system does not provide transit to several major employment areas in White City and Medford or to many of the common destinations of the populations served by the *UWR Plan***, which includes human service agencies, medical facilities, residential facilities and education centers. The forecasted population growth of the Rogue Valley will continue to create development in areas not served by the RVTD system.

Urban Growth Boundaries (UGB) separate urbanizable land from rural land. **The City of Medford's intended expansion of its UGB in the near future presents challenges to public transportation.** This expansion will increase the area to be served by RVTD without immediately providing revenues to RVTD to fund the necessary service additions; therefore, no transit service within the expanded area will occur for an undetermined amount of time.

Land use and transit connections can improve mobility choices for the *UWR Plan* target populations. **The four planning concepts explored in this chapter, TOD, Complete Streets, Livability Index and Aging-Friendly Cities, demonstrate the cooperation needed between all organizations involved in urban development and transportation planning** when the overarching goal is public safety, improved livability and efficient transit for all members of the community.

Continued coordination of built environment issues, such as the Oregon 62 Corridor Project, the Ashland Road Diet and improvements to bicycle and pedestrian infrastructures, will continue to remove transportation barriers.



## Chapter 8: Recommendations

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As elucidated throughout this plan, the consequences of transportation barriers are vast and complicated. In the life of an individual, lack of transportation can impede the ability to carry out daily activities, maintain employment or preserve health. Notable among the daily difficulties are social isolation, loss of potential or current jobs, the inability to attend classes, trainings, court-mandated appointments, physical or occupational therapy, medical appointments, worship services, school events and recreational activities that occur in the evenings and on the weekends, and the inability to perform daily errands such as grocery shopping.

Specific transportation issues are described in detail in the findings of both the agency survey and the consumer survey and in the comments generated by the consumer focus groups and stakeholder interviews (see pages 4-6, 4-7, 5-12 through 5-17, 5-23, 6-29 and 6-30). Respondents to both surveys and participants in the focus group and stakeholder interviews consistently named transportation needs that cannot be fulfilled solely by the expansion of public transportation. While some transport of clients and members is undertaken by agencies, faith-based groups and other community organizations, few organizations reported providing such services (chapter 4). At the same time, these groups report 4,314 individuals from their caseloads and membership who are in need of daily transportation assistance. While it can be assumed that there are other Rogue Valley organizations providing transportation services that did not receive or respond to the UWR survey, it cannot be assumed that the transportation needs reported by agencies and organizations can be met without the collaboration between public transit providers and community groups. 22% of agencies and community groups expressed an interest in combining efforts to overcome transportation barriers through such activities as carpooling and joint or shared use of vehicles among their organizations. While this percentage indicates the possibility of partnerships, there has been little willingness among community groups, up to this point, to share transportation resources.

### Gaps

Chapters one through seven outlined seven categories of gaps in transportation service. These include:

- **Spatial Gaps in the RVTD System:** Large areas within the RVTD district boundary are currently not served by transit, including locations of major employers and areas of new development. Many outlying, rural areas have no transit options.
- **Temporal Gaps in the RVTD System:** Temporal gaps are experienced by those who need transportation along routes with large headways or who must travel in hours when public transportation is unavailable, such as early morning, nights and portions of the weekend.

- **Customer Service and Safety:** Valley Lift and RVTB riders expressed dissatisfaction with interactions with transit staff while scheduling rides through the Call Center or while riding the bus and safety concerns on the bus and at the transfer station.
- **Affordability:** The number of households living in poverty in Jackson County far exceeds State of Oregon percentages and many respondents expressed their inability to pay for transit fares, gas for their vehicles or gas reimbursement to other drivers.
- **Information:** Rogue Valley residents have expressed difficulty understanding transit schedules and desire more user-friendly information about bus stops and bus routes
- **Specialized Transport Options:** For adults who require door-to-door transportation assistance and do not use paratransit services and/or cannot afford taxi fare, there are few options.
- **Land Use Development and Built Environment Service Gaps:** Housing developments, such as Mountain Meadows in Ashland and the Housing Authority of Jackson County's Maple Terrace units near Central Point, places of employment such as Amy's Kitchen and Carestream, and service organizations, such as Ashland Community Resource Center and Ashland Food Bank, are far removed from transit routes. In addition, limited biking and pedestrian infrastructures restrict the ability of individuals to walk or bike to their destinations.

Methods to address these gaps are addressed in the goals and strategies that follow.

## Current and Potential Collaborations

### Mobility Management

With the realization that not all transportation obstacles will be eliminated through enhancement of the public transit system, community partnerships will play a vital role in removing transportation barriers, especially for those Rogue Valley residents who are members of the *UWR Plan's* target populations. To that end, the *2013-2018 United We Ride Plan* envisioned the creation of a Mobility Manager position at United Way of Jackson County to foster partnerships between RVTB and non-profits, human service organizations, community groups, faith-based organizations and for-profits. The aim of this partnership is to raise awareness of transportation needs and to move forward projects which will alleviate or eliminate specific transportation barriers and fulfill the *UWR Plan's* objectives. Since 2014, this position has received 5310 funding at the recommendation of RVTB's Special Transportation Advisory Committee and funding has been committed through 2019. Currently, over two dozen community leaders, including professionals in health care, transportation, business, housing assistance, non-profit agencies, for-profits and human service agencies, convene bimonthly with the Mobility Manager as part of the United We Ride Committee and oversee barrier removal projects.

## Specialized Transportation Needs

Since 2015, Jackson Care Connect, a Coordinated Care Organization (CCO) has **provided transportation assistance to its members to destinations that enable them to maintain health and wellness**. Through a contract with TransLink, members can access a plethora of services, including Women, Infant and Children (WIC) supplemental nutritional programs in Ashland and Rogue River, attend weight loss and wellness classes, secure pain management services, and access mental health care. AllCare provides similar trips to its members through its transportation service, ReadyRide. The continuity of the Affordable Care Act (ACA), which funds coordinated care, is currently in question. If the ACA funding becomes limited, these transportation services no longer will be funded in the same manner.

Community Volunteer Network's RSVP/Call-A-Ride Program is a **volunteer-driver based service which offers free rides to medical appointments for older adults and people with disabilities**. Additional volunteers are needed to provide transportation, especially in outlying, rural areas that have a small base of volunteer drivers but a great demand from target populations for assistance with medical trips.

**Intercounty travel** for employment, errands and medical trips is now possible through Josephine Community Transit's Rogue Valley Connector Line which provides connection between Grants Pass and RVTD's Front Street transfer station. Designated funding for this service is currently scheduled to end in the summer of 2017. Other regional transportation providers include SouthwestPOINT, Klamath Shuttle, Greyhound and the Amtrak thruway bus.

**Rural area transportation** between Medford and Shady Cove is provided through the Rogue Valley Connector for older adults, people with disabilities and the general population, as space allows. Funding for this program is dependent upon 5310 funding and the recommendation of the Special Transportation Advisory Committee.

## Implementation of Current and Potential Projects

**Specialized Shuttles:** In the fall of 2016, RVTD began operating one of the specialized shuttle services proposed in the *2013-2018 UWR Plan*. The RCC Shuttle (route 61) operates between the Table Rock Campus of Rogue Community College in White City and three local high schools, North Medford, South Medford and Central Medford, while providing connection to the transfer station at Front Street. If the hours of operation were extended in the future, employees of large employers located in western White City could use the RCC shuttle as a viable transportation option to access work.

As funding allows, specialized shuttle services could be expanded to serve Harry and David employees and SOU and RCC students. In collaboration with the administration of Harry and David, a shuttle could be developed to run between Front Street and the Harry and David campus during the early morning

hours, when RVTD is not operational, during the mid-day shift change, when Route 10 is overcrowded, and during the evening hours to accommodate third shift workers, when RVTD also is not in operation. In partnership with Rogue Community College, Southern Oregon University and possibly a third-party transportation operator, a shuttle could be created to provide transportation to evening classes both at the Higher Education Center in Medford and the SOU campus in Ashland. The ending time of evening classes at the Higher Education Center and at SOU is beyond the operating hours of RVTD.

Both consumers and agencies vocalized transportation to grocery stores as a top transportation need. In partnership with community organizations, local grocers, food wholesalers and other interested parties, a shuttle from Front Street could be developed to ferry individuals to local farmer's markets and to ACCESS' food trolley locations. Such a service would address many of the fresh food needs faced by those living in so-called "food desert" neighborhoods. Currently both CCO's serving Jackson County residents, AllCare and Jackson Care Connect, offer limited transportation to grocery stores for eligible members.

**Trainings:** The RVTD staff now contains two travel training professionals, one who specializes in travel trainings for Veterans and one who works with the general public. Individuals with questions about the transit system or with disabilities that hinder their use of public transit may benefit from travel trainings.

**Improved Interactions with Older Adults and People with Disabilities:** Working in conjunction with staff from agencies that serve individuals with disabilities and older adults, RVTD staff could receive implicit bias trainings at staff meetings. Individual RVTD staff members could work individually on their biases by taking the free and confidential assessments available at <https://implicit.harvard.edu/implicit/takeatest.html>.

**Enhanced Customer Service and Safety:** Recent building renovations at the Front Street transfer station and improvements to the RVTD website have been important customer service upgrades. Reports of perceived or real safety issues, as reported by survey respondents, focus group participants and stakeholder interviewees, must be addressed by RVTD to maintain public trust and confidence in the transit system.

**Multimodal Connections:** The Rogue Valley Council of Governments (RVCOG) will assume the administration of the Bike Share for the People of Jackson County in the spring of 2017. RVTD and other interested community organizations can work in conjunction with the RVCOG to strengthen the multimodal connections between transit riders who use the community bike share to make first mile/last mile connections to transit.

**Creation of Demand Response Service Pilot:** In order to fill gaps in the fixed-route system, especially in areas of lower population density, a pilot demand response project, should be initiated as funding allows.

**Assistance with Fares:** RVTD discontinued its distribution of free monthly bus passes to United Way of Jackson County in 2013 and to ACCESS in 2014. Since the cost of bus fare continues to be a barrier for

persons of low income, a roundtable of human service providers met with RVTD to create the Helping Hands Bus Pass program. Since 2014, non-profits have been able to purchase these six-punch bus passes and distribute them free-of-charge to eligible clients and members.

## GOALS

The Coordinated Public Transit/Human Services Transportation Plan, described here as the *United We Ride Plan for the Rogue Valley*, focuses on improving the mobility of three target populations, persons of low-income, people with disabilities and older adults, by documenting needs and envisioning strategies to address these issues. Accordingly, each plan establishes goals and objectives.

The 2013-2018 iteration of the Plan put forth four goals. While progress has been made toward these goals, they remain relevant to the 2017-2019 Plan update because the same issues which served as their basis still remain forefront as those faced by the target populations. The current findings created minor adjustments to the 2011-2018 goals; therefore, the goals for the *2017-2021 United We Ride Plan* are:

5. Enhance Public Transit
6. Increase Community Collaboration to Address Additional Transportation Needs
7. Expand Multimodal Choices
8. Coordinate Land Use Development and Regional Planning with Transit

## STRATEGIES

**Table 8-1: United We Ride Plan Goals, Objectives and Strategies**

Goal	Objective	Potential Project or Strategies
<b>1.0</b>	<b>Enhance Public Transit</b>	
1.1	Improve access to jobs, education and services by addressing temporal gaps in service	<ul style="list-style-type: none"> <li>• Sustain and expand RVTD frequency of service, as funding allows</li> <li>• Sustain and expand RVTD service area, as funding allows</li> <li>• Sustain and expand days and hours of operation, as funding allows</li> </ul>
1.2	Improve access to jobs, education and services by addressing spatial gaps in service	<ul style="list-style-type: none"> <li>• Expand service into areas within RVTD district boundaries without existing service, as funding allows</li> </ul>

Goal	Objective	Potential Project or Strategies
1.3	Increase the available transportation options	<ul style="list-style-type: none"> <li>Enhance RVTD's family of services including fixed-route, Valley Lift and Valley Lift Plus paratransit and RVTD's Way to Go program (travel training, van pool organization, rideshare matching, Drive Less Connect challenge, and promotion of active transportation modes, such as walking and bicycling), as funding permits</li> </ul>
1.4	Promote knowledge and ease of use of RVTD's existing services	<ul style="list-style-type: none"> <li>Educate transit users, staffs of human service agencies and community stakeholders on the use of Google Transit as a user-friendly trip planner</li> <li>Promote use of RVTD's website and OneBusAway app</li> <li>Research and promote transit apps that are designed to enable people with disabilities to navigate the transit system</li> <li>Establish text message capacity to notify riders of RVTD service changes or system disruptions</li> <li>Increase signage at bus stops, including route numbers, scheduling information, RVTD phone number and web address</li> <li>Continue to mail RVTD newsletter to Rogue Valley households</li> <li>Continue on-bus surveys of RVTD and paratransit passengers to capture data on customer satisfaction and the quality of service</li> </ul>
1.5	Anticipate increases in demand for RVTD services	<ul style="list-style-type: none"> <li>Determine a course of action for fleet, operational and technology decisions that will increase efficiency in light of increased demand for services, as funding allows</li> </ul>

Goal	Objective	Potential Project or Strategies
1.6	Improve on-street infrastructure to enhance the experience of transit users and pedestrians	<ul style="list-style-type: none"> <li>• Improve bus stops with the addition of bus shelters, benches and increased signage, targeting the routes with highest use by the target populations, as funding allows</li> <li>• Secure funding for improvements through Jackson County and the cities that make up the MPO</li> </ul>
1.7	Continue to build community support for RVTB services and public transportation	<ul style="list-style-type: none"> <li>• Provide forums on transportation topics hosted by the mobility manager</li> <li>• Utilize the PAC to garner support for upcoming ballot measures</li> <li>• Increase social media presence</li> <li>• Create new marketing strategies</li> <li>• Develop an electronic mail list of community supporters and transit users</li> </ul>
<b>2.0</b>	<b>Increase Community Collaboration to Address Additional Transportation Needs</b>	
2.1	Develop partnerships with non-profits, for-profits and other community organizations to enhance the mobility options available to the target populations	<ul style="list-style-type: none"> <li>• Continue to develop community partnerships and mobility management strategies to address the needs of the target populations and to support such niche markets as college students and shift workers</li> <li>• Educate agencies and stakeholders about the transportation options available in the Rogue Valley by continuing to update the transportation providers matrix</li> <li>• Facilitate collaboration among agencies to share vehicles and other transportation resources</li> <li>• Continue to develop projects which coordinate service to niche markets, such as purpose-specific shuttles</li> <li>• Develop and annually update a database of agencies who serve</li> </ul>

Goal	Objective	Potential Project or Strategies
		transit-dependent persons
2.2	Remove barriers to the use of public transit services by working in partnership with non-profits, for-profits and other community organizations	<ul style="list-style-type: none"> <li>Expand the knowledge of and use of the Helping Hands Bus Pass Program</li> <li>Create new fare subsidy programs and leverage community funding</li> <li>Work with organizations to deliver customized travel training to target populations</li> </ul>
2.3	Leverage non-transit funding by providing support to organizations and programs that deliver cost-effective mobility options for target populations	<ul style="list-style-type: none"> <li>Provide operating support for agencies that enhance mobility of the target populations</li> <li>Encourage capital acquisitions by human service transportation providers to expand the availability of services to target populations</li> </ul>
2.4	Utilize technology to enhance efficiency in delivering transportation services	<ul style="list-style-type: none"> <li>Support technology applications that enable trip-level coordination and improve cost-effectiveness</li> <li>Update the OBSS software</li> </ul>
<b>3.0</b>	<b>Expand Multi-modal Choices</b>	
3.1	Address hard-to-meet transportation needs with efficient, affordable and customized solutions	<ul style="list-style-type: none"> <li>Continue to create specialized shuttles to serve niche markets. These shuttles can address spatial gaps, temporal gaps and trip-type needs.</li> <li>Encourage the development of more volunteer-based programs for transporting individuals who require door-to-door assistance</li> </ul>
3.2	Encourage multi-modal planning that anticipates growth in bicycle use, vanpools and rideshares.	<ul style="list-style-type: none"> <li>Promote the use of the community bike share</li> <li>Advocate for better biking infrastructure in each community</li> <li>Continue to reach out to businesses and neighborhoods not currently served by transit to encourage the development of vanpools and ridesharing</li> </ul>
3.3	Support pedestrian infrastructure to promote safety and ease in accessing bus stops	<ul style="list-style-type: none"> <li>Work with communities and Jackson County to develop</li> </ul>



Goal	Objective	Potential Project or Strategies
		pedestrian infrastructure, such as sidewalks and crossings to enhance access to transit
3.4	Support planning and land development policies that promote livable, walkable, and aging-friendly communities and foster the vital connection between housing and transportation	<ul style="list-style-type: none"> <li>• Encourage human service agencies and large employers to consider locating near existing transit service</li> <li>• Encourage city and county planners to consider the RVTD service footprint while promoting TOD policies</li> </ul>
3.5	Promote regional connectivity through partnerships with neighboring counties and public/private sector partnerships	<ul style="list-style-type: none"> <li>• Continue to work with Josephine County to support the intercounty Rogue Valley Commuter Line, as funding permits</li> <li>• Continue to foster partnerships with CCO's and other organizations to provide destination-specific transportation for their clients and members</li> </ul>
<b>4.0</b>	<b>Coordinate Land Use Development and Regional Planning with Transit</b>	
4.1	Integrate transit issues into implementation of the adopted Greater Bear Creek Valley Regional Problem Solving Plan	<ul style="list-style-type: none"> <li>• Encourage jurisdictions to adopt funding to support transit into urban reserve area.</li> <li>• Plan for the increased transit needs when Medford expands its urban growth boundary (UGB).</li> </ul>
4.2	Encourage city planners, service providers and major trip generators to analyze the feasibility of maintaining or extending transit services	<ul style="list-style-type: none"> <li>• Participate in land use planning efforts by service providers and major trip generators (TODs, hospitals, large employers, secondary and post-secondary schools, concentrated housing, etc.)</li> </ul>
4.3	Educate UWR-associated agencies and stakeholders about the implications of planning guidelines and policies	<ul style="list-style-type: none"> <li>• Use various formats, including forums hosted by the mobility manager, to share transit implications of local planning policies</li> <li>• Engender support from agencies and stakeholders around those</li> </ul>

Goal	Objective	Potential Project or Strategies
		planning initiatives that will promote increased mobility of the target populations.

# Appendices

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Appendix A: *UWR Plan* Steering Committee

Appendix B: Participants in *UWR Plan* Development

Appendix C: Agency Survey

Appendix D: Consumer Survey

**Appendix A: United We Ride Plan Steering Committee Members**

NAME	ORGANIZATION
George Adams	STAC (Special Transportation Advisory Committee) and DSAC (Disability Services Advisory Council)
Hannah Ancel	Jackson Care Connect
Rick Bennett	AARP Volunteer
Scott Chancey	Josephine Community Transit
Al Densmore	John Watt Associates
Dee Anne Everson	United Way of Jackson County
Mike Faught	City of Ashland
Tom Forsythe	Harry and David
Tim Fountain	RVTD (Rogue Valley Transportation District)/TransLink/STAC (Special Transportation Advisory Committee)
Steven Lightman	Harry and David
Kathleen Mackris	Asante Ashland Foundation
Tucker McPhall	Rogue Valley Manor
Laura O'Bryon	RVCOG Senior and Disability Services
Deanna Page	Jackson County Mental Health
Amber Robles	Living Opportunities
Belle Shepherd	OHA (Oregon Health Authority)
Sue Slack	STAC (Special Transportation Advisory Committee)
Becky Snyder	Community Volunteer Network RSVP/Call-A-Ride
Ed Smith-Burns	LaClinica
Jackie Schad	ACCESS
Jenna Stanke Marmon	Jackson County
Jennifer Susi	Asante
Al Turner	SORCC (Southern Oregon Rehabilitation Center and Clinics)/Veterans Administration
Paige Townsend	RVTD (Rogue Valley Transportation District)
Christie Van Aken	Housing Authority of Jackson County
Constance Wilkerson	United Way of Jackson County
Janelle Wilson	SOU (Southern Oregon University) Student Life
Melissa Wolff	DHS (Department of Human Services)

## Appendix B: Organizations Who Participated in the *UWR Plan* Update

ACCESS	LaClinica
Addictions Recovery Center	Larson Creek Retirement Center
AllCare Health	Magdalene Home
Asante Ashland Community Hospital	Maslow Project
Asante Physician Partners	Medford Congregational United Church of Christ
Asante Talent Clinic	Medford Disability Services
Ascension Lutheran Church	Mental Health Advisory Committee
Ashland Chamber of Commerce	Mental Health Court Advisory Council
Ashland Family YMCA	Morrow Heights Assisted Living
Ashland First Congregational United Church of Christ	OnTrack, Inc.
Ashland Senior Center	Oregon Vocational Rehabilitation
Aspire	Path Church
CareOregon	Pathways
Central Point Retirement Community	Providence Medford Medical Center
Community Volunteer Network's Foster	Quail Ridge Retirement Community
Grandparents	Ridgeview Assisted Living
Compass House	Rogue Community Health
Department of Human Services	Rogue Retreat
Donald E. Lewis Retirement Center	Rogue River Community Center
Dunn House	Rogue Valley Council of Governments
Eagle Point Senior Center	Rogue Valley Family YMCA
Eastwood Baptist Church	Rogue Valley Manor
Employment First	Rogue Valley Veterans and Community Outreach
Family Solutions	Roots and Wings Community Preschool
First Church of the Nazarene	Ross Knotts Retirement Center
First Presbyterian Church of Phoenix	Senior and Disability Services
Goodwill of Southern Oregon	Shady Cove Town Hall
Harry and David	Southern Oregon University
Hearts with a Mission	Talent Community Center
Housing Authority of Jackson County	Teresa McCormick Center
Jackson Care Connect	The Arc Jackson County
Jackson County Developmental Disability Service	The Landing Community Center
Jackson County EXPO	Trail Community Church
Jackson County Library System	United Way of Jackson County
Jackson County Mental Health	Veterans Administration
Jackson County Self-Advocates	Westminster Presbyterian Church

## Appendix C: Agency Survey



### United We Ride Plan Update – Spring 2016 AGENCY SURVEY

Contact Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Site Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Zip code: \_\_\_\_\_

1. Please provide your agency/organization's mission: \_\_\_\_\_
  
2. Your agency type (*check all that apply*):  
☐ For profit      ☐ Non-profit      ☐ Faith-based      ☐ Government
  
3. Number of active clients on your agency's roster living in Jackson County.  
 A. \_\_\_\_\_ Total number of clients/consumers enrolled or on caseload lists      C. \_\_\_\_\_ Estimated # traveling to site daily  
 B. \_\_\_\_\_ Estimated daily # who require transportation assistance      D. \_\_\_\_\_ Estimated # on-site daily in wheelchairs
  
4. Please identify the client population(s) your agency serves (*check all that apply*):  
☐ Seniors (60+)      ☐ Veterans  
☐ Persons < 60 with physical/mental/behavioral disabilities      ☐ Persons of low-income  
☐ Children & Youth      ☐ General Public  
☐ Persons with sensory impairments      ☐ Homeless persons  
☐ Others (*please specify*) \_\_\_\_\_
  
5. Please specify the UNMET transportation needs communicated to you by your clients (*check all that apply*).  
☐ Getting to work shifts before 7 am      ☐ Trips to/from daycare, childcare or elementary school  
☐ Getting to work shifts between 7 am – 6pm      ☐ Trips to educational purposes  
☐ Getting to work shifts after 6 pm      ☐ Trips that cannot be served on the existing transit network  
☐ Getting to medical visits      ☐ Trips beyond the Valley Lift service area  
☐ Counseling/Mental Health appointments      ☐ Additional assistance to/through the client's door  
☐ Shopping and multiple errand trips      ☐ Sunday activities
  
6. What other agencies/organizations do you work with to provide transportation for your clients? \_\_\_\_\_
  
7. What primary barriers to accessing and/or coordinating transportation exist for your agency or organization? \_\_\_\_\_
  
8. Please indicate your areas of interest to coordinate transportation (*Check all that apply*):  
☐ Travel training program coordinated with RVTD      ☐ Expanded coordination of trip provision  
☐ Centralized transportation information, one call/one click      ☐ Expanded trip scheduling and dispatching  
☐ Joint contracting for specialized services      ☐ Vehicle and capital purchases coordinated  
☐ Joint use, pooling/sharing of vehicles among organizations      ☐ Shared fueling facilities  
☐ Transit subsidies and fare discount programs      ☐ Shared maintenance facilities  
☐ Pooling of financial resources to better coordinate service      ☐ Joint purchase of supplies or equipment


- ☐ Joint purchase of insurance  
☐ Driving training and retraining assistance and support  
☐ Other (please specify) \_\_\_\_\_

- ☐ Contracting out for service rather than direct operations  
☐ Not interested in coordinating activities at this time

Please continue on the back. Thank you!

9. Which best describes any transportation services provided by your agency? (check all that apply)

- ☐ No transportation operated, contracted or arranged  
☐ Operate transportation with full responsibility for the transportation by this agency  
☐ Contract for transportation, services provided by another entity under contract to your agency  
☐ Subsidize transportation through agency purchase of passes, fares or mileage reimbursement  
☐ Arrange for transportation by assisting with information; client responsible for follow-up  
☐ Arrange for volunteer drivers or private car  
☐ Other (please specify): \_\_\_\_\_

If you answered NO TRANSPORTATION to question #9,  here and return the survey. Otherwise, please complete questions #10 through #23. Thank you!

10. Who is eligible for your transportation?

- ☐ Only clients eligible/authorized clients  
☐ Anyone this agency serves  
☐ Any member of the general public

11. Transportation Budget (Estimated current year):

- \$ \_\_\_\_\_ For bus passes, tickets or tokens  
 \$ \_\_\_\_\_ For vehicle operations (drivers, maint., fuel)  
 \$ \_\_\_\_\_ Administration (advertising, marketing)  
 \$ \_\_\_\_\_ For vehicle replacement capital funds  
 \$ \_\_\_\_\_ Insurance  
 \$ \_\_\_\_\_ For taxi vouchers/other specialized transportation services  
 \$ \_\_\_\_\_ Mileage reimbursement for passenger trips  
 \$ \_\_\_\_\_ Other (please specify): \_\_\_\_\_

12. Compared to last year, did your agency transportation budget?

- ☐ Increase ☐ Decrease ☐ Stay the same

13. Drivers for transportation program:

\_\_\_\_\_ # Paid Drivers \_\_\_\_\_ # Volunteer Drivers

14. How many vehicles do you have available for client/customer transportation? \_\_\_\_\_

15. Number and Capacity of Available Vehicles:

- A. \_\_\_\_\_ # of sedans seating 5 or fewer passengers  
 B. \_\_\_\_\_ # of vans seating 10 or fewer passengers  
 C. \_\_\_\_\_ # of vehicles seating 11 to 15 passengers  
 D. \_\_\_\_\_ # of buses seating 16+ passengers  
 E. \_\_\_\_\_ # of vehicles lift-equipped

16. How many of your vehicles need to be replaced?

\_\_\_\_\_ # Now \_\_\_\_\_ # Within 1 year \_\_\_\_\_ # Within 2 years

17. Trips and Service Provided

Please tell us about the volume of service you provide:

- A. \_\_\_\_\_ Average number of one-way passenger trips per MONTH counting each round trip as (2) one-way passenger trips; count one trip each time a passenger boards the vehicle.

B. \_\_\_\_\_ Average number of vehicle miles per MONTH -- Average monthly number of miles traveled by your total fleet to transport riders.

18. Days and Hours of Transportation Operation

	Operating Hours	First Pick-Up	Last Pick-Up
Weekdays			
Saturdays			
Sundays			

19. Geographical area in which you provide transportation:

\_\_\_\_\_

20. Does your agency have any cooperative transportation arrangements?

\_\_\_\_\_ No

\_\_\_\_\_ Yes, cooperative agreements/arrangements with: \_\_\_\_\_

21. Funding Sources for Transportation Budget

*(Indicate source and identify other as appropriate)*

County/Local Funding

- ☐ General Funds  
☐ Tobacco Settlement Revenue  
☐ Other: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

Federal Funding

- ☐ FTA section 5310 (vehicles)  
☐ Comm. Dev. Block Grants (CDBG)  
☐ Health & Human Services  
☐ Other: \_\_\_\_\_

State Funding

- ☐ Education Dept.  
☐ Dept. Developmental Services  
☐ Dept. of Aging  
☐ Dept. of Rehabilitation  
☐ Dept. of Health Services  
☐ Other: \_\_\_\_\_

Other Funding

- ☐ Client Fees  
☐ Private Donations/Grants  
☐ United Way  
☐ Passenger Fares  
☐ Fundraising  
☐ Other: \_\_\_\_\_

22. Will your agency continue its client transportation over the next 5 years?

☐ Yes      ☐ No      ☐ Unsure

23. Is your agency likely to move within the next 5 years or establish an additional site?

☐ Yes      ☐ No      ☐ Unsure

The purpose of this survey is to collect data to identify both transportation barriers and transportation options, especially for people with low income, older adults and people with disabilities. This data is being collected by non-profit agencies, social service organizations and other community partners and will be used to update the Coordinated Public Transit/Human Services Transportation Plan. Thank you for your assistance!



## Appendix D: Consumer Survey

### TRANSPORTATION SURVEY FOR JACKSON COUNTY RESIDENTS

*The purpose of this survey is to collect data to identify transportation barriers, especially for people with low income, older adults and people with disabilities. This data is being collected by non-profit agencies, social service organizations and other community partners and will be used to update the Coordinated Public Transit/Human Services Transportation Plan. Thank you for your assistance!*

What type(s) of transportation do you use during the week? Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> drive alone           | <input type="checkbox"/> walk                       |
| <input type="checkbox"/> drive with passengers | <input type="checkbox"/> bike                       |
| <input type="checkbox"/> bus                   | <input type="checkbox"/> other mode; specify: _____ |

Please rank the modes of transportation you use (MOST TO LEAST).

- |   |  |
|---|--|
| <input type="checkbox"/> personal vehicle – driving alone | <input type="checkbox"/> bus                   |
| <input type="checkbox"/> share a ride/carpool             | <input type="checkbox"/> walk                  |
| <input type="checkbox"/> bike                             | <input type="checkbox"/> other; specify: _____ |

How often do you travel by bus?

- |   |  |
|---|--|
| <input type="checkbox"/> never                | <input type="checkbox"/> less than once per week |
| <input type="checkbox"/> 1 to 2 days per week | <input type="checkbox"/> 3 to 5 days per week    |

Is there a bus stop within one mile of your home? ☐ yes ☐ no ☐ don't know

If you use public transportation, do you use:

- |                              |                                      |                               |
|------------------------------|--------------------------------------|-------------------------------|
| <input type="checkbox"/> bus | <input type="checkbox"/> paratransit | <input type="checkbox"/> both |
|------------------------------|--------------------------------------|-------------------------------|

Have you EVER used any of the following? Check all that apply.

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> RVTB buses  | <input type="checkbox"/> Valley Lift |
| <input type="checkbox"/> RediRide    | <input type="checkbox"/> TransLink   |
| <input type="checkbox"/> Call-a-Ride |                                      |

Why do you use public transportation? Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> work                  | <input type="checkbox"/> social        |
| <input type="checkbox"/> education             | <input type="checkbox"/> entertainment |
| <input type="checkbox"/> shopping              | <input type="checkbox"/> recreational  |
| <input type="checkbox"/> personal business     | <input type="checkbox"/> medical       |
| <input type="checkbox"/> other; specify: _____ |  |

If public transportation is NOT available, what do you do? Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> use your personal vehicle | <input type="checkbox"/> walk             |
| <input type="checkbox"/> ride with someone else    | <input type="checkbox"/> miss appointment |
| <input type="checkbox"/> taxi                      | <input type="checkbox"/> miss work        |
| <input type="checkbox"/> bike                      | <input type="checkbox"/> miss school      |

Do you need transportation on a regular basis for any of the following? Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Getting to/from work                                  | <input type="checkbox"/> Attending training or classes      |
| <input type="checkbox"/> Taking kids to childcare, school or school activities | <input type="checkbox"/> Going to medical appointments      |
| <input type="checkbox"/> Visiting friends and family                           | <input type="checkbox"/> Recreational activities and events |
| <input type="checkbox"/> Weekend and holiday travel                            |   |

(Continued on reverse side)

During what time is it hardest for you to get to and from work? Check all that apply.

- ☐ Early Morning (5 am to 8 am)      ☐ Late Afternoon (3 pm to 6 pm)  
☐ Late Morning (8 am to Noon)      ☐ Evening (6 pm to 9 pm)  
☐ Early Afternoon (Noon to 3 pm)      ☐ Late Night (9 pm and later)

Have you ever quit a job or lost a job due to lack of transportation? ☐ yes ☐ no

What are your transportation barriers? Check all that apply.

- ☐ cost of bus  
☐ no available vehicle or carpool  
☐ no bus route near home or work  
☐ legal issues: loss of license  
☐ need wheelchair-accessible transport  
☐ other; specify: \_\_\_\_\_

What opportunities have you missed because you did not have transportation?

If you currently do not use the bus, why? Check all that apply.

- ☐ Length of trip      ☐ need car at work  
☐ No bus stop near home      ☐ need car before or after work  
☐ Service not frequent enough      ☐ other; specify: \_\_\_\_\_  
☐ No bus stop near work  
☐ Need help understanding route/schedule  
☐ Physical limitations

How does lack of public transportation affect your daily activities (work, shopping, etc.)?

#### DEMOGRAPHIC INFORMATION

Your age? ☐ under 19 ☐ 19-34 years ☐ 35-54 years ☐ 55-64 years ☐ 65 and over

Your gender? \_\_\_\_\_

Zip code where you live? \_\_\_\_\_ Zip code where you work? \_\_\_\_\_

Zip code where your childcare provider is? \_\_\_\_\_

Are you employed? ☐ yes ☐ no ☐ retired

Has your disability ever created challenges to transportation? ☐ yes ☐ no ☐ do not have disability

Total household income? ☐ \$0 to \$9,999 ☐ \$10,000 to \$19,999 ☐ \$20,000 to \$29,000  
☐ \$30,000 to \$44,999 ☐ \$45,000 to \$65,000 ☐ \$65,000+

Is English your first language? ☐ yes ☐ no

Number of adults in household? \_\_\_\_\_ Number of children in household under 19 years of age? \_\_\_\_\_