Oregon Senior Corps Programs  
Transportation Services

Issue Area: Human Needs  
Service Category: Senior Citizens Assistance

COMMUNITY NEED
Describe the problem at the state level (written for all): 
Oregon is 10th in the nation in the number of people over the age of 65. In less than 10 years, it’s projected that Oregon will rank fourth with almost 200,000 more men and women over the age of 65, and this trend will continue into the following decade. The fastest growing age group in Oregon consists of those over the age of 85, and it’s projected that this age group will double in size in 20 years. Nearly 10,000 or 17% of this population group in Oregon are low income. 
(Testimony of Barry Donenfeld, ED of Mid-Willamette Valley Senior Services Agency and President of the National Association of Area Agencies on Aging, before the Senate Special Committee on Aging, March 14, 2002.)

Currently, one in four drivers is a mature driver (age 65 and older). In the next decade, that number is expected to double. (Oregonsafemobility.org website. – 2003)

According to the National Household Travel Survey sponsored by the US Dept of Transportation in 2001, the “Pacific” area, including Oregon, was the 6th worst area of the country for isolation of non-drivers age 65 and over (out of 9 areas). According to the survey, 48% of non-drivers 65 and over in the area stay home when they would like to be able to get out, due to lack of workable transportation options.

The lack of transportation leaves many Oregonians isolated, without the ability to get to medical appointments and grocery shopping, as well as maintaining social contact with the larger community. Senior Corps volunteer drivers can assist with transportation needs of older adult Oregonians.

Describe community need at project level (City, district, county) and client served (each project writes their own):

Describe how the need will be addressed, the contribution of the project toward the effort (foreshadow the service activity) (each project writes their own):

What will change (end outcome) written for all: 
Providing transportation to _____ (Enter project target population here, e.g. older adults, non-drivers over the age of 65, low income seniors, and/or disabled persons) can contribute to the recipient’s ability to remain living independently.
SERVICE ACTIVITY
Service description and beneficiaries: (Enter #) Senior Corps volunteers will serve as drivers or escorts for (Enter project target population here), e.g. older adults, non-drivers over the age of 65, low income seniors, and/or disabled persons) with transportation needs. Senior Corps volunteers will provide transportation services and as needed visit with the client to make sure they are not in need of further assistance (i.e. medical or social service intervention).

(Enter local Senior Corps program name here) will identify and/or work with (enter partnering agency where referrals for transportation come from) to identify people in need of transportation.

Scope of service: Senior Corps volunteers will serve as drivers/escorts for approximately (enter # range) hours a week for (enter #) months.

Add additional details if needed (each project writes their own):

ANTICIPATED INPUTS
Volunteer numbers/number of hours:
(Enter #) Senior Corps volunteers will serve a total of (enter #) hours over the program year.

Training/Supervision:
Senior Corps volunteers will be oriented and trained for (enter #) of hours by (enter name of local agency) before beginning service. Training topics will include: (enter topics).

Material Resources (if applicable):
(Enter either name of local agency or “RSVP volunteers”) will provide vehicles. Mileage will be reimbursed by (name of agency) upon request.

Add additional details if needed (each project writes their own):

ANTICIPATED ACCOMPLISHMENTS/OUTPUTS:
(Enter project target population here) in need will receive transportation services from Senior Corps volunteers.

Indicator: Number of clients who receive transportation; number of trips provided monthly in total.

Target: (Enter #) recipients who will receive transportation services
(Enter #) trips per recipient
(Enter #) trips will be provided monthly in total

How measured: transportation records
**ANTICIPATED INTERMEDIATE IMPACT/OUTCOME:**
Transportation recipients will report high customer satisfaction with the quality of the Senior Corps transportation services.

*Indicator:* The percent of transportation recipients (those that have used the service at last 6 times in the last 6 months) who indicate they are satisfied with the transportation service in all 4 areas of service quality: ease, respect, promptness and safety (report “very satisfied” or “somewhat satisfied” on Question 4a-d)

*Target:* 75% of transportation recipients who indicate they are satisfied with the transportation service in all 4 areas of service quality: ease, respect, promptness and safety (report “very satisfied” or “somewhat satisfied” on Question 4a-d)

*How measured:* Transportation Service Questionnaire

**ANTICIPATED END IMPACT/OUTCOME:**
The transportation service will contribute to recipients’ ability to live independently.

*Indicator:* The percent of recipients (those that have used the service at last 6 times in the last 6 months) who report that the transportation service is both important to maintaining their independence (“very” or “somewhat” important – Q.6) and improves their ability to continue to live independently (“strongly” or “somewhat” agree-Q. 7).

*Target:* 75% of recipients who report that the transportation service is both important to maintaining their independence (“very” or “somewhat” important – Q.6) and improves their ability to continue to live independently (“strongly” or “somewhat” agree-Q. 7).

*How measured:* Transportation Service Questionnaire
Transportation Record

Number of trip's per client per month

Program Year: ________________

Site/Station: ___________________________  Supervisor: ___________________________

Instructions: Write in each Month and Year in the top row (e.g. 01/06, 02/06). Enter the names of all the clients under “Client Name.” For each Mo/Yr, enter the total number of trips provided to each of the clients listed. At the end of the program year, total the numbers of trips each client received in the last column.

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1 “Trip” is a one way ride
Transportation Instrument (Output), REV 10/18/06
The Transportation Services Questionnaire (next page) measures the following Performance Measurement outcomes, as written in the Oregon Transportation work plan:

**Intermediate Outcome** (target statement): 75% of transportation recipients who indicate they are satisfied with the transportation service in all 4 areas of service quality: ease, respect, promptness and safety (report “very satisfied” or “somewhat satisfied” on Question 4, a-d).

**End Outcome** (target statement): 75% of recipients who report that the transportation service is both important to maintaining their independence (“very” or “somewhat” important – Q.6) and improves their ability to continue to live independently (“strongly” or “somewhat” agree-Q. 7).

**Who should complete this survey?** Transportation recipients who have used the service at least six times over the last six months should complete the survey.

**Who should administer this survey? What kind of training do they need?** Ideally, someone who is familiar with the program and can explain how the data will be used should administer the survey. This person should be able to answer questions about the survey in a neutral way, without suggesting how the respondent should answer survey questions.

**How should the survey be distributed?** The survey can be handed directly to recipients or mailed to their homes. Respondents should be given a cover letter explaining the purpose of the survey, how the data will be used, who to contact if they have questions, and how confidentiality will be protected, as well as when and where they should return the survey. If mailed, provide a stamped, self-addressed envelope.

**When should this survey be completed?** This survey should be completed every six months to collect data from as many recipients as possible.

**Can I add my own questions to the survey?** If you need to add additional questions to collect information for other grants or program purposes, add them at the end of the survey, after the last question.

**Examples of other questions that individual projects might want to add:**
- How did you hear about the transportation service?
- Have you ever been denied transportation? Yes □ No □ If so, why?
- What other transportation options would you like?
- Weekend □ Night time □ Holiday □ Other
- Are you eligible for Medicare? Yes □ No □

**Can I omit some of the questions?** This is not recommended. However, if you feel it is necessary to omit some questions, be sure you do not omit questions that respond to your outcome target statements.

**What about confidentiality?** It is important to maintain confidentiality so respondents feel they may answer questions honestly. This can be done in different ways; for example: (1) provide an envelope for the respondent to seal their survey into after completion; (2) don’t ask for names; if you need to track who has/has not completed the survey, use a code number; (3) keep completed surveys in a safe location where only you and the necessary staff have access.
Oregon Senior Corps Transportation Services Questionnaire

Name: ___________________________ Date: __________________

(Enter the Name of the agency/program here) must conduct an evaluation to see how well the program is meeting its objectives and your needs. We ask you to help us in this by filling out this questionnaire.

This evaluation is extremely important, and it is required by our funders. We look forward to receiving your comments. Thank you very much for taking the time to help us.

Note: This survey is completely confidential and the services you receive will not be affected in any way.

1. On an average, how often do you use the (local program name) transportation services?
   - Weekly
   - Monthly
   - Other (please specify)_________________

2. How long have you been receiving the (local program name) transportation services?
   - 1-5 months
   - 6-11 months
   - 1-2 years
   - 3-5 years
   - More than 5 years

3. Please tell us what you use transportation services for. (Please check all that apply).
   - To get to medical appointments
   - To get prescriptions filled
   - To get to grocery stores
   - To run other errands (bank, etc.)
   - To get to cultural/community events
   - To get to other destinations
     (please specify)_________________

4. How satisfied are you with each of the following:
   - Ease in setting up ride
     - Very Satisfied
     - Somewhat Satisfied
     - Somewhat Dissatisfied
     - Very Dissatisfied
     - No Opinion
   - Prompt and reliable service
   - Safe drivers
   - Respectful treatment
     (including cultural, ethnicity/race)

Transportation Instrument (Intermediate and End Outcome), REV 10/18/06
Please comment on your responses to question 4.

5. If (local program name) were not available, what other option would you use? Check the one option you would most likely use.

- [ ] No other option available
- [ ] Hire/pay someone
- [ ] Family member
- [ ] Friend or neighbor
- [ ] Other (please specify) ______________

6. How important is this service for maintaining your independence?

- [ ] Very Important
- [ ] Somewhat Important
- [ ] Not very Important
- [ ] Not at all Important
- [ ] No Opinion

7. In my opinion, (local program name) improves my ability to continue to live independently.

- [ ] Strongly Agree
- [ ] Somewhat Agree
- [ ] Somewhat Disagree
- [ ] Strongly Disagree
- [ ] No Opinion

8. Is there anything else you would like to tell us about the transportation service?

Please return this survey to: (program should provide instructions for returning surveys here)

Thank You!