A Multi-Method Evaluation

of the

Phoenixville Community Health Foundation's

Ride for Health Initiative

Conducted by

The Human Organization Science Institute
Villanova University

May 2011

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Executive Summary

This Executive Summary synopsizes a comprehensive evaluation report submitted to the Phoenixville Community Health Foundation (PCHF) by Villanova University's Human Organization Science Institute (HOSI).

The Ride for Health Initiative: A Brief Overview

One of the Phoenixville Community Health Foundation's "over-riding" goals is to "achieve access to and awareness of needed prevention and treatment services for all Phoenixville area citizens." In November of 2006, working hand in hand with the Transportation Management Association of Chester County (TMACC), the PCHF planned and funded a new and innovative initiative, Ride for Health. The initiative is aimed at facilitating access to medical/dental treatment and prevention to economically needy persons in the Greater Phoenixville (PA) area, persons who because of time and expense might otherwise forego such medical intervention. Ride for Health is indeed innovative. A literature search by the evaluators and efforts by TMACC revealed very few similar programs that used private cabs, and none that had been rigorously evaluated. As Ride for Health has matured, transportation to ancillary services has been added – services that contribute to quality of life and healthier lifestyles such as job training, access to housing shelters, and probation/parole appointments. Core support such as visiting a welfare office is also permissible. However, Ride for Health is not to be used for transportation to/from work, shopping, or recreation.

A rider survey conducted as part of the evaluation described the typical rider as a female in her early 30s. She is non-Hispanic, is equally likely to be either black or white, and speaks English as her primary language. She likely has at least one child under the age of five and lives with at least one other adult.

Essential features of Ride for Health Initiative include:

- Local health and human service agencies determine client eligibility and schedule rides
- A local cab company (Pottstown Cab) provides rides at a somewhat lower than market rate
- TMACC maintains program and fiscal oversight including reimbursing the cab company
- Ongoing funding is provided by the Phoenixville Community Health Foundation

Since its inception, continuous quality improvement has remained a hallmark of the initiative marked by quarterly discussion sessions among PCHF, TMACC, health and human service providers and cab company representatives wherein problems and best practices are identified and process analysis is applied to solve issues and iron out programmatic wrinkles.

Summary of Key Findings and Recommendations

A multi-method evaluation design was utilized featuring: a statistical profile, client survey, client and provider agency staff focus groups, a cost-benefit analysis, individual interviews, and narratives of typical clients. Here we summarize key findings by methodology. Please note that the full report not only amplifies these findings, but also offers a series of observations for stakeholders to discuss and consider.

Key Findings by Methodology

Statistical Profile

- The number of annual current riders (currently 307) has increased 700% since the initial year, 2006-2007; this now constitutes approximately one ride per day (rides are not available on Sundays)
- The number of annual rides (currently 926) has increased 500% over the same period.
- The average ride is 27 miles round trip and costs $51.

The Cost Benefit-Analysis

- Partner agencies seem diligent in maintaining the eligibility criteria of the Ride for Health Initiative. Among the 35 cases selected in the sample for the cost-benefit analysis, only one ride seemed to have a reasonable public transportation option, and this single ride is without insight as to possible special circumstances relating to the client. (Because a thorough analysis of each case, using Google Maps, took on average 20 minutes, the sample size for the cost-benefit analysis was limited to 35; the sample was drawn from rides during the month of October, 2010.)
- Among the 35 rides analyzed, over 70% were theoretically possible through public transportation. However, the time and effort required to use public transportation presented serious barriers to treatment access for clients. Indeed, on average, Ride for Health saved a rider almost one-half a day travel time (3 hours and 44 minutes) compared to taking public transportation.
- For every PCHF dollar spent to support Ride for Health (exclusive of TMACC administrative costs), at least 61 cents of benefit is returned to the rider. Rider benefits for the analysis included savings in transportation time and money that would have been spent on public transportation. Time saved was valued conservatively at $7.25 per hour, the current minimum wage in Pennsylvania. Public transportation savings were estimated from fares a person would have paid to reach their destination.
- While the primary purpose of Ride for Health is to help persons obtain medical and human services, there are ancillary economic benefits to the cab company. Payments to the Cab Company benefit its drivers and other employees, and the local economy. An additional 88 cents are realized as net social benefits because of these payments to the Cab Company. When summed with the 61 cents of benefits above, the return on a dollar is $1.49.
- The inclusion of TMACC administrative costs adjusts the overall total benefit to $1.11 per dollar expended.
- The benefit estimates above are conservative and in all likelihood are considerably underestimated. For example, research has provided solid costs to society for factors such as a visit to a hospital emergency room, a stay in a drug and alcohol rehabilitation facility, incarceration – all of which can potentially be avoided for certain clients through participation in Ride for Health. To illustrate, the cost to society of someone in jail for a year is approximately $27,740. Agency staff reported several probation/parole clients who have been kept out of jail because of Ride for Health. While impossible to estimate an exact figure, such savings to society are real and present.

The Rider Survey

- More than 95% of the 70 riders responding to the survey judged the cab drivers to be careful with their driving and courteous and respectful.
- More than 95% also agreed that the cabs were clean inside. More than nine in ten agreed that they were able to get rides on the day they needed them.
- With respect to punctuality, the results were less positive as 75% indicated that they were picked up on time. This was reinforced in the focus groups where the issue of punctuality related to several other issues such as waiting time and communication.
- Clients, on the survey and in the focus groups, reported being extremely satisfied with and grateful for the cab service. They were especially positive about the drivers' interaction with them.
- Practically all survey respondents (97%) would recommend Ride for Health to others.

The Focus Groups

The focus groups with riders yielded the following:

- Riders (as well as partner agency staff) confirmed that they do not have other reasonable means of transportation to travel to their health and human service appointments.
- Riders affirmed that the program helped them stretch limited financial resources.

- Riders independently validated survey findings asserting that the cab drivers were excellent and safe drivers and "courteous," "friendly," and "helpful" individuals.

The Focus Group with agency staff yielded the following:

- Agency staff give the initiative special praise asserting that transportation is a critical issue that is often overlooked, or the "elephant in the room" that no one wants to deal with.
- Because of the Ride for Health, partner agencies no longer have to divert their limited resources to providing and/or arranging travel for their clients.
- Overall management of the initiative was judged to be extremely effective, with TMACC, PCHF, the Pottstown Cab Company and the partner agencies consistently communicating with one another. The quarterly partners meetings play a vital role in promoting the flow of information and analyzing program performance.
- Partner agencies commended TMACC as being especially receptive and responsive towards feedback (good and bad).
- The rapport among the partner agencies, clients, Cab Company owners, and the cab drivers is extremely positive.
- The partner agencies note that Cab Company owners go out of their way to accommodate requests from the partner agencies, often accepting last minute requests or communicating with partner agencies after office hours.

Recommendations

The following recommendations, proffered by the evaluators, are described and analyzed in more detail in the full report.

Recommendation 1: Assist the Cab Company to obtain access to someone(s) who speaks Spanish. A significant portion of the riders are Spanish speaking and often struggle to communicate with the Cab Company and cab drivers.

Recommendation 2: Closely analyze, and perhaps flowchart, communication among parties involved in securing/delivering the ride in order to explore ways to further enhance the process.

Recommendation 3: Review thoroughly the voucher record keeping with an eye towards maximizing accuracy and including how the data are recorded and utilized for program quality improvement and decision making.

Recommendation 4: Create a highly visible identification for the exterior of the cabs (perhaps some type of magnetic sign), as well as a Ride for Health identification for both drivers and clients.

Summary

The evaluators are very grateful for the opportunity to assess Ride for Health. The initiative was found to be innovative, well-run, continuously improving through effective processes and structures, cost efficient, highly utilized and meeting a basic health access need.

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Early in 2010, the Phoenixville Community Health Foundation (PCHF) requested that Villanova University, via its Human Organization Science Institute (HOSI), part of the Office of Planning and Institutional Research, submit a proposal to evaluate the Ride for Health Initiative, an initiative developed and supported by the Foundation. On March 17, 2010, HOSI submitted a proposal which was subsequently approved and which called for a multi-method evaluation plan. This evaluation report includes a brief discussion of the Ride for Health Initiative, the evaluation methodologies, the results, and several areas to consider as well as recommendations. An Executive Summary synopsizes the full document.

The Ride for Health Initiative: A Brief Overview of the Initiative

One of the Phoenixville Community Health Foundation's (PCHF) "over-riding" goals is to "achieve access to and awareness of needed prevention and treatment services for all Phoenixville area citizens." To examine treatment access and ways to enhance that access, with respect to the transportation needs of low income area residents, the PCHF funded a planning study in 2006 which was conducted by Transportation Management Association of Chester County (TMACC). In August 2006 TMACC submitted a report to the Foundation recommending a new initiative, Ride for Health, which featured:

- The provision of rides to medical and human service appointments for needy clients of local human service agencies
- Local human service agencies determining client eligibility and scheduling rides
- A local cab company (Pottstown Cab) providing rides at a somewhat lower than market rate
- TMACC maintaining program and fiscal oversight including reimbursing the cab company

In September 2006, PCHF funded the Ride for Health initiative. By November 2006, the initiative was operational and during its first twelve months 130 rides were delivered. Since its inception, continuous quality improvement has remained a hallmark of the initiative featuring quarterly discussion sessions among PCHF, TMACC, and partner agency representatives wherein problems and best practices are identified and process analysis is applied to solving issues and ironing out programmatic wrinkles. Over time the initiative has steadily grown in the number and types of clients served, the number of participating agencies, the number of rides, the sophistication of eligibility criteria and procedures, and operational budget.

Table 1 documents several key performance indicators contrasting year one, from November 2006 through October 2007with the most recent year, March 2010 through February 2011.

Table 1
Key Performance Indicators

Indicator	Initial Year	Most Recent Year
Number of Individual Riders	61	307
Number of Rides	130	926
Number of Referring Agencies	5	10
Total Budget	$22,500	$66,954

The original criterion that all rides must be scheduled by a participating community agency remains in effect but other requirements and specifications have evolved and the primary ones are spelled out in the current brochure, including:

- Clients must contact agencies by 3:00 p.m. the day prior to the ride
- Reservations may be made up to one month in advance
- Rides take place between 6:00 a.m. and 7:00 p.m. Monday thru Friday (7 a.m. to 7 p.m. on Saturday)
- Riders must be prepared for pick up thirty minutes before the scheduled time

- In terms of eligibility, clients must be economically needy. Individuals are not eligible if they qualify for state-subsidized paratransit programs such as the Pennsylvania Senior Citizen Shared Ride, Medical Assistance Transportation Program (MATP) or ADA. Literature advertising the initiative emphasizes that it is a program "to help individuals with no means of transportation."

Over time, the service expanded beyond medical/dental treatment and prevention (including pharmacy visits, drug and alcohol treatment) to include ancillary services that contribute to quality of life and healthier lifestyles such as job training, access to housing shelters and probation/parole appointments. Core support such as visiting a welfare office is permissible. However, Ride for Health is not to be used for transportation to/from work, shopping, or recreation.

A comprehensive manual which is periodically updated by TMACC, based on partner agency and PCHF input, details policies and procedures (e.g., cancellations and family ridership). The rules are clear and quite firm in certain areas. For example, if a client accrues two "no shows," eligibility is forfeited.

A quintessential function is the role that the human service agencies play as they perform eligibility screening, make reservations, and oversee client use.

TMACC continues to be the fiscal and monitoring agent, and also convenes the quarterly discussion meetings with partner agencies and PCHF staff.

It is important to note that Ride for Health is distinctive. A literature search was conducted but did not yield much in terms of the existence of similar programs , confirming the innovative nature of Ride for Health. Participating agency staff members corroborate this, describing Ride for Health as unique in its mission and in the way it operates in meeting that mission.

Methodologies

As noted, a multi-method evaluation approach was utilized. Interviews, focus groups, review of project documents (e.g., the Project Handbook, promotional materials), extraction of data from TMACC's data base, and sitting in on service provider meetings assisted the evaluation team to gain knowledge of Ride for Health.

Evaluation methodologies included:

Statistical Profile: Utilizing the computer data base that TMACC maintains for billing/monitoring purposes, an in-depth statistical profile was composed using available demographic and ride-related variables and covering the most recent year from March 2010 through February 2011. Variables include: Rider and Agency Names; Total Miles per Ride (round-trip); Total Cost per Ride; Date of Service.

Consumer Survey: To gain insight into the cab service component of the initiative from the riders' perspective, a survey was conducted in the Spring of 2011. The survey raised an interesting challenge; namely, how could we best collect the data in order to obtain acceptable response rates and avoid bias. It was judged that a mail paper/pencil survey to clients would fall short in terms of response rate thereby jeopardizing validity of conclusions; even more so for a web-based computer survey. Thought was given to the taxi driver collecting the data by asking riders to complete brief surveys. However, because the drivers themselves were being evaluated the danger of "socially desirable" responses constituted a threat to validity. In the end, through the active guidance and advocacy of the PCHF Vice President, staff members in the partner agencies agreed to devote significant effort to conducting the surveys via telephone with riders as they called in to request rides. Because the riders were familiar with the agencies, a bond of trust was present; because the survey did not assess agency staff/functions, socially conformed responses were hopefully minimized. A quota sample was used with a target minimum of 60 riders and maximum of 100. Survey forms were composed with full agency input and field tested by them. The final versions of the survey are included in Appendix D. The process not only resulted in several revisions but underscored the need for a Spanish version of the survey which was quickly fulfilled by the

evaluators. Proportional sampling was employed whereby individual agency completion targets were derived based on the proportion of rides that agency delivered. So, if agency A accounted for 25% of all rides across all eight agencies participating in the evaluation, Agency A was asked to complete 25% of the surveys using a base 100; namely, 100 x .25 = 25. In the end, as noted below in the findings section, 70 surveys were completed with a minimal refusal rate. With respect to confidentiality, a code number was assigned to each subject. Partner agency personnel are the only individuals who know the identities attached to the individual code numbers. Thus, the Villanova evaluators have the data and code numbers but no names. Conversely, the agencies have names and code numbers but no data.

Cost Benefit Analysis: To determine the actual costs and estimated dollar benefits of Ride for Health, a multi-step approach was taken. Actual data on the number, mileage, duration, origination/destination and cost of every ride, as well as administrative costs for the period March 2010 through February 2011, were extracted from the TMACC data base and from examining original vouchers (a paper voucher is completed by the taxi driver for each ride). The month of October 2010 was selected as a typical month, and 35 trips from that month, all with different riders, composed the sample. Knowing the origination, destination, and time of day for each ride permitted the evaluators to use Google Maps, a free web-based tool, to determine if the ride could be done using public transportation; and, if so, the cost and required time for that ride. A comparison between the actual cab ride and the public transportation equivalent was then used to calculate costs and benefits. Using Google Maps is extremely time labor intensive with, on average, taking trained analysts twenty minutes to record data for a single ride. Hence, the n-size had to be limited. In terms of actually dollarizing the benefits, two sources were used:

- The time saved by the rider, valued at minimum hourly wage
- The savings to rider of out-of-pocket costs for public transportation (Ride for Health is free to the user)

A caveat is in order here. The analysts conducted a reliability "test-retest" by recalculating 15 rides. Based on this, they refined their methodology. An additional ten rides were double verified and in practically all cases the test-retest findings were virtually identical but in a few cases variations were found which upon analysis revealed that Google Maps is very sensitive to small changes in departure time, particularly transfers (e.g., bus to train). Nevertheless, the data were judged to be robust and capable of supporting the analysis.

In addition, concerted thought was devoted to the problem of determining the actual value of the kinds of appointments that users attended. Ultimately it was agreed that there was not an accepted procedure to do such, as there is no clearly agreed upon value for most kinds of appointments. However, there were strong data from which to build "sensitivity tables," a technique that gauges estimated ranges of dollar benefits.

Focus Groups and Interviews: A total of four focus groups were conducted. Three of the groups were conducted with riders in order to assess the initiative, to gain insight into what Ride for Health means to their lives, and to solicit ideas for program improvement. As with the surveys, appropriate informed consent was obtained and confidentiality assured. Not anticipated in the early planning, it was necessary to conduct one of the focus groups in Spanish to better assure input from a full spectrum of clients. To do so, the Villanova team was able to turn to one of its education professors fluent in the language and also an accomplished evaluator. A fourth focus group was held with agency representatives and focused upon program efficacy, meaning and formative suggestions.

In addition, conversations were conducted with several key stake holders from PCHF and the Pottstown Cab Company. Together, this qualitative data lent context and interpretability to the statistics and also pointed out issues that slipped through the statistical net.

Client Scenarios: There was some concern on the part of key stakeholders that the numerical survey data and the fiscal data in the cost-benefit analysis would eclipse the human dimension of the program, and the evaluation would fail to render the *élan vital* of Ride for Health; namely, the lives of persons it assists and how the initiative affects those lives. To communicate this human element, agencies were requested to write brief profiles of a "typical client."

The Findings by Methodology

Here we present the findings according to methodologies listed above in the following order:

- Statistical Profile
- The Consumer Survey
- The Focus Groups and Interviews
- The Cost Analysis
- The Client Scenarios

The Statistical Profile

In order to develop a statistical profile of Ride for Health, the evaluators used the electronic database that TMACC maintains for billing and monitoring. TMACC provides PCHF with monthly report sheets summarizing the following variables:

- Client name
- Agency Name
- Total Miles of a Ride (round-trip)
- Total Cost per Mile
- Total Cost of Ride
- Date of Service

The data were analyzed for the most recent year, from March 2010 through February 2011. Nine agencies included in this statistical profile are:

Creative Health Services
Fellowship Health Resources (FHR)
Good Samaritan Shelter
Healthcare Access Foundation
Healthy Start (Maternal & Child Health Consortium)
Open Hearth, Inc.
Orion Communities
Park Springs Apartments
Phoenixville Area Community Services (PACS)

General Analysis of the Rides from March 2010 – February 2011

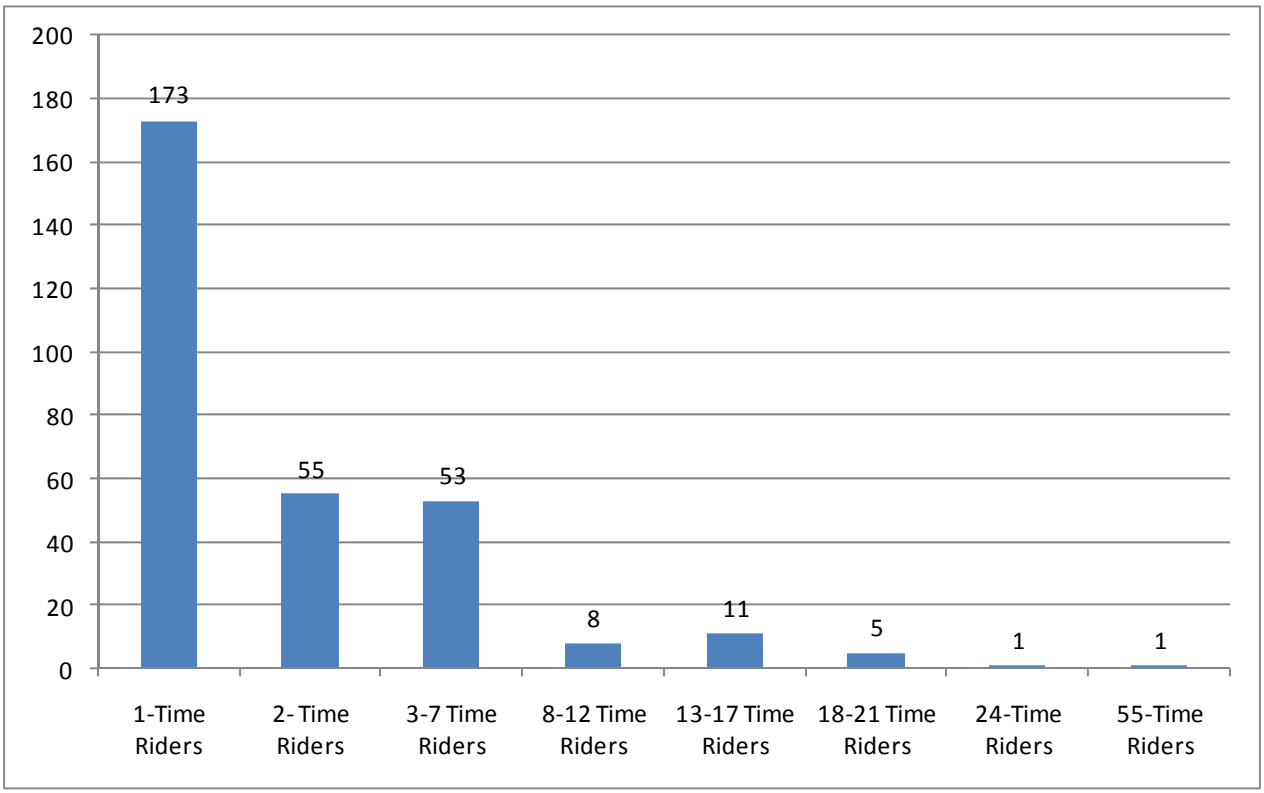
- 1,049 ride requests were noted between March 2010 and February 2011. This includes clients who used the cabs once (one-time users), and clients who used the service multiple times (multiple users).

- Of these, 926 rides took place, while 123 (13%) were considered cancellations. These include last minute cancellations, “no shows” or other incidents that impede the ride.

- Healthy Start, which had the highest utilization of the cab service during this time period, also had the highest cancelations at 36 rides. FHR followed with 35 cancelled rides and Orion with 19 cancelled rides. Open Hearth which constituted 3% (n=28 rides) of the rides had no cancelations. Cancellations were most frequent in May and July (23 cancellations in each month).

- The total number of unduplicated riders during this 12-month time period was 307 individuals, including one-time users and multiple users. The table below provides details regarding the frequency of ride utilization.

Table 2: Total Number of One-Time and Multiple Riders



- As is displayed in the table, the majority of riders (57%) used the service only once in the 12-month period. The highest utilization of the cab service was 55 times by a rider, followed by another who used the cabs 24 times. The third highest usage was 21 times by a single client.

- Of the 926 rides, Healthy Start had the highest ridership constituting 41% (n=380) of all rides; FHR followed with 20% of the total rides (n=124) and Orion accounted for 13% (n=122) of the rides. Two agencies reported no rides during the period. The remaining five agencies ranged between 11 and 63 rides. Thus, three agencies accounted for almost three quarters of all rides.

Analysis of Rides per Day, Month and Year

- Cab rides occurred most frequently in August 2010 (n=97; 10 % of the total annual rides) and November 2010 (n=95; 10 %). December 2010 had the lowest number of cab rides (n=51; 6%). A plausible explanation for low ridership in December could be inclement weather and Holidays.

- In taking a closer look at the cab rides during August 2010, each partner agency analyzed in this evaluation had relatively high ridership during this month. Healthy Start alone accounts for 41% (n= 40) of the rides in August. FHR accounts for 20 % (n=19) rides and Park Springs 11 % (n= 11).
- In comparison, during December 2010, which was the month with the lowest ridership, PACS, Good Samaritan Shelter and Creative Health Services had no ridership whatsoever. Concomitantly, Healthy Start had its lowest ridership for the year at 19 rides.

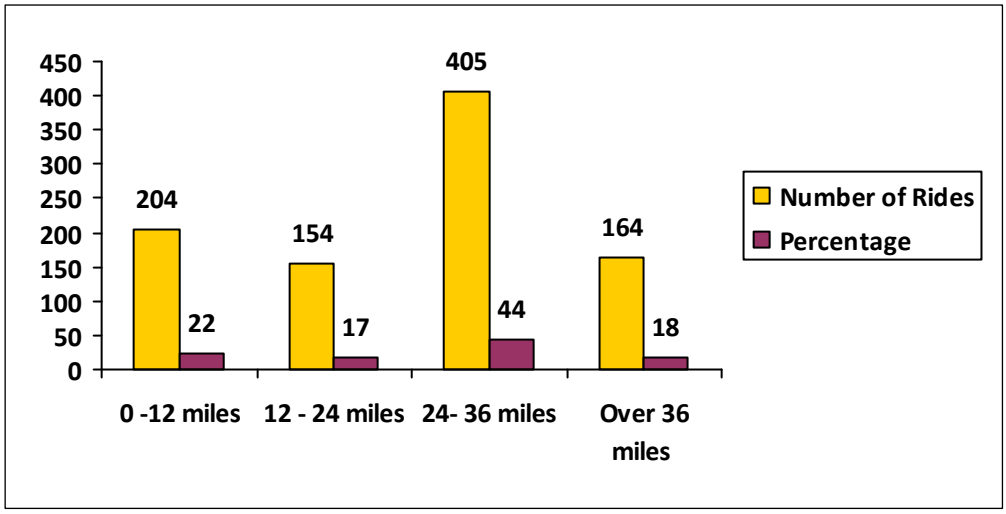
The table below presents the number of rides and average length of the rides per month.

Table 3 Total Number of Rides and Average Length of Ride per Month			
Month	**Total Number of Rides per Month**	**Average Length of Round Trip Ride (in miles) per Month**	**Range of Miles for Rides per Month**
March 2010	72	33	12- 64
April 2010	70	30	12 - 57
May 2010	88	27	12 - 42
June 2010	86	27	12 - 52
July 2010	69	27	12 - 42
August 2010	97	27	12 - 45
September 2010	79	27	12 -45
October 2010	82	26	12- 46
November 2010	95	27	12- 41
December 2010	51	26	12- 37
January 2011	58	23	12– 34
February 2011	79	26	12– 41
Totals	926	Overall average 27	12-64

- An analysis of the number of rides per day was also performed. It is important to note that among the 926 cases, details regarding the day of the week were missing for 143 cases (15%), especially during the months of March and April. From the data available, Tuesday (n= 219) and Thursday (n=201) had the highest number of rides. The least number of rides occurred on Friday (n=118). Similar to the average length of ride per month, the average length of ride per day ranges between 26-27 miles per ride.

- The majority of the cab rides (n=405 or 44%) during this 12-month period were between 25-36 miles. The table below provides details of the round trip mileage. For the analysis, the rides were separated into four clusters: 0 -12 miles, 13-24 miles, 25-36 miles and over 36 miles.

Table 4: Round Trip Mileage of the Cab Rides



Maximum and Average Cost per Ride per Month

- The highest cab fare during this 12-month period was $122 for a 64-mile round trip ride. The average monthly cab fare ranged between $32 and $63, with the highest cab fare average in February 2011, and the lowest in December 2010.
  The table below provides the maximum and average cab fare for each month.

Table 5 Largest Single and Average Cab Fare per Month		
Month	**Largest Single Cab Fare**	**Average Monthly Cab Fare**
March 2010	$ 122	$ 62
April 2010	$ 108	$ 57
May 2010	$ 80	$ 46
June 2010	$ 99	S 49
July 2010	$ 80	$ 46
August 2010	$ 85	$ 48
September 2010	$ 86	$ 54
October 2010	$ 87	$ 43
November 2010	$ 79	$ 42
December 2010	$ 70	$ 32
January 2011	$ 65	$ 38
February 2011	$ 79	$ 63
	$122	Overall average $51

Consumer Survey

Survey Sample Description: In total, 70 riders completed the consumer survey, representing seven different agencies. Of these 70 surveys, 23 were obtained from Healthy Start (32.9%), 16 from Orion Communities (22.9%), 13 from Park Springs Apartments (18.6%), and 11 from FHR (15.7%). An additional three surveys were completed by riders from Phoenixville Area Community Services (4.3%) and two surveys each were obtained from Health Care Access and Open Hearth (2.9% from each agency).

Forty-seven of these surveys were completed in English (67.1%) while the other 23 (32.9%) were completed in Spanish.

Not every one of the 70 respondents completed each and every item on the survey. For example, seven riders did not answer the item on race. The percentages below are computed on the number of individuals who actually answered a given item.

The majority of the riders were female (86.6%, n=58) and the age of the riders ranged from 18 through 62 years, with a mean of 33.6 years. Of the respondents, 46% self-reported as black (n=29), 44.4% self-reported as white (n=28), five self-reported as Indian (7.9%), and one self-reported as Asian (1.6%) (7 riders did not respond to this question). In addition, 24 riders considered themselves Hispanic (34.3%) while 46 riders considered themselves non-Hispanic (65.7%). When asked about the primary language the rider spoke, 45 riders wrote English (65.2%), 22 riders wrote Spanish (31.9%), and two riders wrote Swahili (2.9%) (1 rider did not respond to this question).

The large majority of the riders had other people living in their households. Only six riders lived alone (8.6%). Twenty-one riders lived with one or more infants (0 - 1 years old) (30%) and 25 riders lived with one or more toddlers (2 – 5 years old) (35.7%). Examining these two age categories together, 38 riders lived with one or more children under the age of five (54.3%), with a total of 52 children under the age of five. Further, 18 riders lived with one or more children between the ages of six and 12 (25.7%) and 7 riders lived with one or more children between the ages of 13 and 17 (10%). Within the households with children, there was an average of 1.88 children under the age of 18. Finally, 58 riders lived with one or more other adults (82.9%), including 8 riders who lived with one or more adults 55 years old or older (11.4%).

Based on these results, the typical rider is a female in her early 30s. She is non-Hispanic, is equally likely to be either black or white, and speaks English as her primary language. She likely has at least one child under the age of five and lives with at least one other adult.

Rider Satisfaction

Riders were asked a series of questions regarding their experience. The questions used a two-option response set; riders could either "AGREE" or "DISAGREE." The results examining overall satisfaction were positive. When asked to agree or disagree with the statement "overall, I have been satisfied with the rides to my destination," 85.7% of the riders agreed (n=60) and 14.3% disagreed (n=10). Similarly, when asked to agree or disagree with the statement "overall, I have been satisfied with the return rides," 82.1% of riders agreed (n=55) and 17.9% disagreed (n=12; 3 riders did not respond to this question).

Riders were asked two questions regarding the logistics of their rides. Over nine in ten riders agreed with the statement "overall, I have been able to get rides on the days and times I needed them" (91.4%, n=64), while only 8.6% disagreed (n=6). When asked to agree or disagree with the statement "overall, the drivers picked me up on time," riders were somewhat less positive; 75.4% of the riders agreed (n=52) and 24.6% disagreed (n=17; 1 rider did not respond to this question).

Riders were then asked to agree or disagree with several statements that discussed specific aspects of the quality of their ride. The results speak well for the Pottstown Cab Company and its drivers. Sixty-eight riders agreed that "overall, the cab drivers were careful drivers" (97.1%) while only two riders disagreed (2.9%). Similarly, 95.7% of riders agreed that "in general, the cabs were clean inside" (n=67) and only 4.3% disagreed (n=3).

Two items focused on courtesy and respect. When asked to agree or disagree with the statement "in general, the drivers treated me and the other riders with courtesy and respect," 62 riders agreed (98.4%), 1 rider agreed (1.6%); another 7 riders did not have other passengers in the cab. Similarly, when asked whether "in general, the passengers in the cab treated each other with courtesy and respect," 58 riders agreed (96.7%), 2 riders disagreed (3.3%), and 10 riders did not have other passengers in the cab. Another question asked riders to agree or disagree with the statement "the cab drivers helped people who needed help – for example, getting in and out of the cab, getting into a building, holding the cab door open." Of the 70 riders, 83.0% agreed with this statement (n=44), 17.0% disagreed (n=9), and another 17 stated that the passengers never needed help.

Finally, riders were asked to agree or disagree with the statement "I would recommend the Ride for Health Initiative to others." Again, the results for this statement were overwhelmingly positive: Of the 69 responses, 67 riders agreed that they would recommend the initiative (97.1%), two riders disagreed (2.9%). One rider did not respond.

The above results show that the large majority of the riders are satisfied with their experiences. They have generally been able to get rides on the days and times that they need them and are usually picked up on time. They feel that the drivers are careful, respectful, and helpful, and that the cabs were clean. Not surprisingly, practically all riders would recommend the Ride for Health Initiative to other people.

What is Statistically Related to Rider Satisfaction?

A cross-tabulation was run to explore the difference among the various agencies in how their riders felt about their experiences. Consistent with the distribution above, a substantial majority of riders for each agency did report satisfaction with their rides. A Chi-Square statistic showed that there was not a statistically significant difference among the satisfaction rates of the different agencies. That is, no agency had riders that were more or less satisfied with their experiences.

Correlations were run that examined the relationships between the various satisfaction items and rider demographics. The statistical probability of the correlation coefficients was also computed. Results indicate that:

- Riders who lived with one or more infants were less likely to be satisfied with the trip to their destination, to report that the driver picked them up on time, and to report that the cabs were clean inside(-.236, -.318, and -.294, $p<.05$, respectively). Similarly, riders who lived with one or more toddlers were less likely to report that the driver provided help when needed (-.272, $p<.05$).

- Riders who lived with another adult 55 years of age or older were more likely to report that the driver picked them up on time and that the driver provided help when needed (.341 and .335, $p<.01$, respectively).

- Female riders were more likely to report that they felt safe when riding in the cab (.312, $p<.01$).

- Older riders were more likely to report that they were satisfied with their return ride (.262, $p<.05$).

- Hispanic riders were less likely to report being satisfied with either the ride to their destination or the return ride and were less likely to report that the driver picked them up on time, that the driver was a careful driver, and that the cab was clean inside (-.307, -.251, -.433, -.237, -.293, $p<.05$, respectively).

- White riders, on the other hand, were more likely to be satisfied with the return ride and more likely to report that the driver treated them and other passengers with courtesy and respect (.347 and .262, $p<.05$, respectively).

In each of the cases above, the chances of the correlation statistic occurring by chance is less that 5 out of a hundred. In other words, the odds are that the finding was systematic and not random. However, several factors could explain these findings that would detract from their validity, such as small cell sizes and socially desirable responses (i.e., responding in ways believed to please the researcher). Therefore rather than accepting the findings as hard evidence, the evaluators suggest that the key stakeholders (e.g., riders, partner agencies, TMACC, Pottstown Cab Company, and PCHF) discuss these statistical findings to see if there is consensual validity among the stakeholders, and if so, possibly formulate program improvements. For example, the focus groups unequivocally cited a need for the Cab Company to have access to Spanish speaking individuals. Thus, the finding that Hispanic riders were less favorable concords with the language barrier. Theoretically, having infants and young children can make the ride more challenging as handling car seats and other needs as well as traveling with active toddlers can be a challenge. Other findings are more difficult to understand such as female riders feeling safer. The point here is that the evaluators recommend that program administrators consider each statistical finding to determine whether the finding makes sense and, if so, what enhancements might it stimulate.

Finally, an **Ordinary Least Squares** regression was run with an Overall Satisfaction scale as the dependent variable. This scale was comprised of four statements that asked riders to agree or disagree with statements asking whether they were satisfied with their ride to their destinations, satisfied with the return rides, had been able to get rides on the days and times they needed them, and had been picked up on time. This Overall Satisfaction scale was regressed on all of the rider demographics as predictors, and results showed that no predictor was statistically significant. This is not surprising, given the small variation in satisfaction. That is, because the overwhelming majority of riders have been satisfied with their experiences, there is little that can predict those who were not.

Table 6 displays the full set of frequencies and percentages for the survey items.

Table 6 Frequencies and Percentages for Survey Items		
Are you…	**Yes**	**No**
Female?	58 (86.6%)	9 (13.4%)
Hispanic?	24(34.3%)	46(65.7%)
Black?	29 (46.0%)	34 (54.0%)
White?	28 (44.4%)	35 (55.6%)
Indian?	5 (7.9%)	58 (92.1%)
Asian?	1 (1.6%)	62 (98.4%)

How many do you live with?	**0**	**1**	**2**	**3 or more**
Infant (0-1 years)	49 (70.0%)	20 (28.6%)	1 (1.4%)	0 (0.0%)
Toddler (2-5 years)	45 (64.3%)	21 (30.0%)	3 (4.3%)	1 (1.4%)
Child (6-12 years)	52 (74.3%)	11 (15.7%)	6 (8.6%)	1 (1.4%)
Teen (13-17 years)	63 (90.0%)	3 (4.3%)	2 (2.9%)	2 (2.9%)
Adult (18-54 years)	17 (24.3%)	29 (41.4%)	19 (27.1%)	5 (7.1%)
Senior (55+ years)	62 (88.6%)	7 (10.0%)	1 (1.4%)	0 (0.0%)

	Agree	**Disagree**
Satisfied to destination	60 (85.7%)	10 (14.3%)
Satisfied on return trip	55 (82.1%)	12 (17.9%)
Rides on days/times needed	64 (91.4%)	6 (8.6%)
Picked up on time	52 (75.4%)	17 (24.6%)
Careful drivers	68 (97.1%)	2 (2.9%)
Clean cabs	67 (95.7%)	3 (4.3%)
Courteous/respectful drivers	62 (98.4%)	1 (1.6%)
Courteous/respectful passengers*	58 (96.7%)	2 (3.3%)
Helpful drivers**	44 (83.0%)	9 (17.0%)
Recommend program	67 (97.1%)	2 (2.9%)

*10 riders did not have other passengers in the cab (14.3%).
**17 riders did not need help (24.3%)

The Focus Groups

To contextualize and expand upon the information obtained in the survey, the evaluators elected to use focus groups to learn from riders and agency partners the benefits they believe the Ride for Health program offers them (benefits), what is about the initiative that promotes these benefits (what works), and what suggestions they had for improving the initiative (wishes). Input from the Pottstown Cab Company was also obtained through individual interviews.

The Focus Group Questions

A standardized protocol for use with agency partners and participating riders (a version in Spanish was created for Spanish speaking riders), and the Pottstown Cab Company was constructed and facilitated focused conversations about the following questions:

1. What is it about the Ride for Health program that you want to be sure we talk about today?
2. What about the Ride for Health program has been working for you?
3. On a scale of 1-10 where a 10 means that Ride for Health is the best it could be, at what number on that scale would you rate the program?
4. What would you want to see or hear that might move your rating of the Ride for Health program up on the scale?
5. Suppose that tonight, you go to bed as usual – and --- in the middle of the night --- a miracle happens! Any problems or difficulties you have with Ride for Health vanish...poof! Gone! What does this new, PERFECT Ride for Health program look like? What are the signs for you that it has changed?
6. Uh Oh --- what if, instead of the program being PERFECT, the whole RIDE program disappeared? How would that make a difference to you?
7. If you had three wishes for the Ride for Health program, what would they be?
8. What might you want to add to this discussion about the Ride for Health program?

"We have women in domestic violence situations. They go to a Spanish speaking therapist in West Chester. Some of them are in dire mental and physical situations. Taxi service breaks their isolation."

"Often, the probation officer is at wit's end with these clients, and if they do not make a meeting they will literally go back to prison"

The questions were accompanied by a set of probes on which the facilitator could draw to encourage participants to elaborate on the topics or issues that arose in the conversation. It should be noted that question number 3 above ("On a scale of 1-10 … etc.) was used solely as a scaffolding question to prepare participants to provide answers to question number 4. Participant responses to question 3 were neither recorded nor analyzed.) (The focus group protocol is provided in Appendix E.)

These questions proved a ready tool for engaging in participant conversations that addressed the sought after information regarding: benefits, what is working, and wishes for the future.

Benefits: Health care. The most prominent benefit reported by participants in the focus groups was access to health care for themselves and their children (in the case of participating partners, for *their clients.*) One participant, for example explained that she has a high risk pregnancy because she has diabetes. Without Ride for Health, she could not get to the hospital. Another oft cited benefit was that the initiative gave clients additional options in choosing medical providers.

"I live where there is no bus service. I actually could not get to doctors if I did not have the cab service."

Psycho-social care. Other participants in the groups reported the use of Ride for Heath to get to psychotherapy appointments.

Social Services and Benefits Programs. Ride for Health makes it possible for clients to open and maintain access to a variety of supportive benefits such as assistance, food stamps, etc.

Legal Obligations. Clients with legal obligations to various county and state authorities are able to make keep appointments with these authorities. Referring to Ride for Health, one member of the staff from a participating agency reported that he could think of two people who would be in "jail right now" if it weren't for the cab service.

Maintaining Employment/Income: Without Ride for Health, many program participants would be required to spend the greater part of their day getting to, waiting for, or riding on

"If I take too much time off, my boss will find someone else"

public transportation when getting to and from their appointments. Even in certain instances when clients live in a household where there is a vehicle, the vehicle is typically used by someone else in the household to get to work, and having anyone in the household miss work can mean loss of income or perhaps loss of a job. Ride for Heath helps people maintain employment and income.

Stretching Limited Resources: Both riders and staff from partner agencies affirmed how Ride for Health allowed them to stretch resources. There was the client who said "It would cost me an arm and a leg" to get to his appointments. And there was the staff member from a partnering organization who told us Ride for Health made it possible to devote the organization's resources to other needs, because the agency does not have to have its staff arrange client's travel plans or take clients to appointments themselves.

"It would make it very difficult for me without this program. It would cost an arm and a leg to get somewhere. If I could not get somewhere it would defeat the purpose of what I am trying to do.

Note: The following section (*What Works*) addresses experiences reported as instances of "what works" in regards the Ride for Health initiative by riders and members of partner organizations. Content in this section should be understood as statements *about* or instances *of* highly valued experiences during their participation in the Ride for Health initiative.

"Whatever appointment we make we know that they [the drivers] will be on time. If I take a bus … I do not know if I will get there on time."

What Works:

The Pottstown Cab Company.

Great Attitude at the Top**.** We had heard early-on in the project from staff at the Phoenixville Community Health Foundation and TMACC staff that the cab company owners were dedicated in their service to the community and that their dedication showed in their approach to the service they provide. What we heard from focus group participants echoed those sentiments.

"The owner makes your day. "
"She, the co-owner, has great customer service skills as a dispatcher . . . We all appreciate it."

"They have always been able to get me to an appointment. Even when I call the day before."

Friendly, Courteous Drivers: Among the terms participants used in describing what works about the program is having cab drivers who are ""polite," "courteous," "helpful," and "friendly."

"They are good drivers. I do not worry about driving with them"

"If you are sitting there bored, they [the drivers] will strike up conversation with you"

Feeling Safe When Riding: Riders and staff alike stressed how important it was that riders feel safe when riding in the cabs. In the context of safety, we heard comments that the cabbies were "excellent," and "good drivers."

Sponsoring/Managing Entities PCHF and TMACC:

In General: The focus group participants from the various Ride for Health partner organizations universally acknowledged the contribution that Phoenixville Community Health Foundation (PCHF) and the Transportation Authority of Chester County (TMACC) are making to the community through the initiative. It is seen as unique in its mission and in the way it operates in meeting that mission.

"The fact that somebody has taken a stand, that somebody has seen this issue – transportation – addressed it, and effectively dealt with it is what works. The Foundation's mission is unique in that it assesses and addresses the holistic health needs of the entire individual."

Quarterly Meetings. Partners value the quarterly meetings hosted by PCHF's CEO and chaired by TMACC's project director. The consensus is that these meetings provide an invaluable opportunity to discuss and act on issues on a regular, on-going basis. This management strategy is among the factors credited for Ride for Health's progress to date.

> **"TMACC has been great in creating protocol, solving problems, providing flexibility."**

Wishes: This section reports aspects of the initiative where focus group and individual interview participants offered opportunities for program enhancement. In some cases these "wishes" reinforce areas listed above in the "What Works" section and in some cases they are in contrast. The reader is advised to assume that such differences have their origins either in different participants having different experiences or perspectives, or in the same participant recognizing a way to enhance something that is already working. In other instances in this section, the topics introduced for consideration as program improvements were not addressed in the "What Works" section.

It should also be noted that these wishes emanated from participants in the focus groups. Some were explicitly stated in response to the "Three Wishes" question. Other wishes, while not direct responses to the question on the table, were extrapolated in a participant's commentary and presented here.

Finally, no attempt was made by the evaluators to offer judgments of the feasibility or desirability of the "wishes" listed herein.

- **Pick-up, Wait-Time and Drop-off**
  - Drivers *could* always arrive for initial pick-up within the designated arrival window.
  - Drivers *could* pick-up riders at their residences and return them to their residences (or at and to other locations as arranged.)
  - Clients *could* arrive at the location of their appointments as scheduled.
  - Client wait-time for return trip pick-up *could b*e held to a minimum.
  - When the driver arrives to pick up a client for a scheduled ride, the client *could be* ready to depart.
  - All pick-ups and arrivals *could* occur as scheduled.

- **Communications**
  - Every rider *could* receive an up-to-date Ride for Health brochure which describes the initiative and provides guidelines for its use.
  - Everyone in the program-riders, agency staff, et al-*could be* aware of the program's rules and regulations.
  - The cab company dispatcher and Spanish speaking riders *could* engage in ride-related telephone conversations.
  - Phone calls to the cab company *could be* answered by a human not by voice mail.
  - The cab company *could* always respond promptly when a response to a call is requested.
  - Responses to telephone requests *could be* provided on a timely basis.
  - Reporting
    - All ride cancellations *could be* made according to the initiative's policies and procedures.
    - When a ride is delayed, modified, or cancelled, riders *could be* notified in a timely manner.
    - When a client is a "no show" for a scheduled ride, partner organizations *could be* notified on a daily basis.
    - When any aspect of a ride is presented as a factor in a client's missing a scheduled appointment, a process and procedure *could be* in place ensuring that all parties with first-hand information about the situation have input into determining the facts of the matter.
    - Riders *could be* asked to confirm a ride no more than once, unless there are extenuating circumstances.

- ID for Cabs and Drivers
    - All vehicles used to carry riders in the Ride for Health initiative *could* display a readily visible ID by which clients *could* identify them as Ride for Health vehicles.
    - All drivers of vehicles used to carry riders in the Ride for Health initiative *could* a have readily visible ID by which clients can identify them as Ride for Health drivers.

- **Expansion of Services**
    - Service Capacity
        - Ride capacity *could be* increased on days when service need increase predictably.
          For example:
            - Pre-natal appointments are currently scheduled by the clinic in West Chester for Wednesday mornings:
                - Ride capacity *could be* increased on the day when pre-natal appointments take place at the clinic in West Chester.
            - Drug and alcohol classes are held only in the evenings:
                - Rides *could be* available during evening hours.
            - Medical situations often occur throughout the night and in the early morning hours, and clients often have no way to get home after an emergency room emergency visit during those times:
                - Rides *could be* available throughout the night and in the early morning hours for these situations.
        - Ride Destinations
            - The geographic range of allowable ride destinations *could be* expanded
                - E.g. Norristown and Paoli *could be* included in the allowable destinations.
            - The range of allowable activities for which rides may be obtained *could be* expanded.
                - E.g. Riders *could be* permitted to purchase groceries.

        - Ride Frequency
            - The frequency with which rides may be scheduled is expanded to include additional areas of need. For example:
                - Riders required for medical purposes to revisit a care provider within the same week *could* obtain a ride to do so.

- **Driver Sensitivity to Client Needs**
    - Drivers *could be* more sensitive to the different types of clients using the cabs.
        - E.G. People with mental health issues, addiction problems, etc.; riders who are tense, nervous, etc.
    - Drivers *could* within speed limits at all times.

- **Cab Conditions**
    - All cabs *could be* free from offensive odors.
    - E.G. Cigarette odors

- **Rider/Ride Eligibility**
    - Vouchers *could be* issued only to individuals who qualify for ridership.
    - Vouchers *could be* issued for program-approved services only.
    - Each agency *could* designate someone who signs each voucher to verify that both the rider and the ride are eligible for the program.

- **Performance Penalties**
    - When no-shows, lateness and other disruptive events (viz. late arrivals and departures) occur in the operation of the program, consequences *could be* assessed and penalties assigned as appropriate to responsible participants in the initiative, including partner agencies, staff, and the cab company.
    - In assessing consequences and assigning penalties for no-shows and other disruptive events, special consideration *could be* given to agencies whose clientele is limited in its capacity to keep commitments (viz. clients in treatment for mental health or addiction issues, etc.)
    - After a second suspension from the program, a client could be expelled from the program.

Cost Benefit Analysis of Ride for Health Initiative

The Ride for Health Initiative, as noted, is a rather distinct approach to assuring health access for economically disadvantaged residents. A literature search yielded no evaluative study of this sort of intervention. Further, only a few programs nationwide with similar characteristics were identified by TMACC, and none had been rigorously evaluated. With its cash payments for rides to the cab company, based on a fixed, below-market rate per mile of $1.90, Ride for Health does indeed incur direct costs. Table 7 displays the costs for the most recent twelve months.

Table 7
Overall Number and Cost of Rides, March 2010-February, 2011

	Number of Rides	Cost	Average Cost Per Ride
Excluding No-Shows	926	$47,543	$51.34
Including No-Shows	1049	$50,661	$48.29

*No-show is charged at 60% of the expected cost of the trip.

With the average cost per ride hovering around $48.00, the evaluation question is: "*what financial benefits are realized from this expenditure*?" Such cost-benefit analyses are methodologically challenging, in particular, calculating the dollar benefits. However, an approach was selected which the evaluators believe embodies validity and objectivity while remaining true to the guiding principle of the methodology; namely, *to be conservative and calculate only those dollar benefits for which there is sound evidence while conversely reporting the totality of real costs.*

The cost-benefit analysis relied on Google Maps as a primary resource; each ride in the sample was examined to determine if the user could have reached the destination by public transportation and, if so, how much the trip would cost that user in time and money.

Because applying Google Maps and the other necessary calculations was labor intensive (approximately 20 minutes per ride), the sample size had to be limited. Using the past year's actual data on the Ride for Health Initiative (March 2010-February 2011) which were provided to the evaluators by PCHF and TMACC, a sample of 35 rides was drawn and analyzed. Cross-sectional sampling was employed and the month of October was selected as a month fairly free of events that could alter ridership patterns such as holidays, vacations, and inclement weather

While Google Maps is the best available tool for this application, there are some challenges in its use. First, variance of even a minute in departure times could result in a significant difference in total trip time. This is

reflective of the reality of public transportation—if a user misses a transfer bus by one minute, an hour or more may be added to the trip while the user waits for the next bus. As a result of this sensitivity, reasonable assumptions made during data entry in Google Maps could lead to differences in estimating the length and duration of a ride via public transportation. To address this issue and validate the data, 25 of the 35 routes were entered multiple times to check for differences in output results. The differences that occurred tended for the most part to be small and inconsequential. There was not a consistent pattern of overstating or understating trip times. In those few cases with noteworthy differences, the reason seemed to be minor variations departure time as noted above. The differences reflect the realities of working with a tool that is extremely sensitive to data entry and lacks 100% consistency. Overall, the data base was judged to boast sufficient reliability and content validity to support the cost analyses.

The analysis is two-stage with the second stage building on the first. Stage one presents a partial model to focus on a "pure" per ride cost exclusive of no-shows as well as administrative costs. These costs are then considered in stage two. In both stages, the individual ride will be the basic unit of analysis.

Stage One: Cost-Benefit Analysis Excluding No-Shows and Administrative Costs

Each ride in the sample was analyzed and then sorted into one of three categories. The table below provides the estimated counts and average costs for each of these categories:

- Category 1 rides are those for which users could have taken some form of public transportation to reach their appointment; however, with increased cost in rider money and time.

- Category 2 rides are those for which users would have no reasonable way to reach their appointment without use of a car.

- Category 3 rides are those for which there is no public transportation option but the rides are relatively short (i.e. between a 1 and 2 mile one-way trip). While walking is theoretically an option, the qualitative data suggest that walking was not feasible for most users due to the presence of factors such as young children, physical impairments, or mental/emotional issues.

Table 8
Estimated Rides and Costs by Category: All Rides - March 2010 through February 2011
Stage One: Excluding No Shows and Administrative Costs

	Number of Rides	Percentage	Average Cost per Ride
Category 1	690	74.5%	$58.61
Category 2	102	11.0%	$39.68
Category 3	134	14.5%	$22.80
Totals	926	100.00%	Overall Average $51.34

Costs can be extracted from the actual reports and vouchers of the cab company. However, the quantification of the benefits is not nearly as straightforward, for two reasons. First of all, for most of the types of appointments involved in Ride for Health, there is no generally agreed upon economic value of the appointment. For example, a person attending meetings with a parole officer may prevent someone from returning to prison for a certain period of time. This has a clear economic value. However, there is not a generally accepted calibration of how much economic value would result. Second, it is a datum that the economic value resulting from a given appointment cannot be realized unless a person attends such an appointment, but value is not created merely by a person's attendance. Attendance is a necessary condition if a person is to gain economic value from a doctor's appointment. However, the value is created not by simply being there, but by such elements as the skill of doctor

and staff, techniques used and medicines prescribed, and the patient's following the treatment regimen. It seems appropriate to say this value is "enabled" by the ride; but, it cannot be said that this value is "created" by the ride.

For rides in category 1 (in which Public Transportation would be possible), this problem can be circumvented. Since the user could attend the appointment via public transportation, the user would receive the appointment's benefits regardless of the existence of Ride for Health. Ride for Health instead provides the user a less expensive and faster way to get to the appointment. User benefits therefore are realized in time and cost savings.

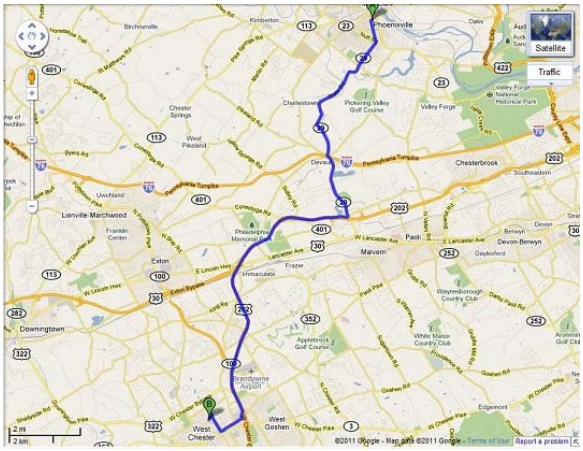
To calculate these cost savings, the 27 sample rides (77% of the sample) belonging to category 1 were each scrutinized. Using Google Maps, the amount of time and out-of-pocket expenditures it would take a user to make each trip via public transportation was determined. The amount of time that it took to go by cab (round trip) was extracted from TMACC and cab driver records. A user's time was valued at minimum wage, $7.25 per hour. The dollar value of the time saved by use of cab as well as the out-of-pocket cash spent on public transportation fares were then summed as the total benefit realized by the user.

Reader Note: All formulae for this cost section are found in Appendix B.

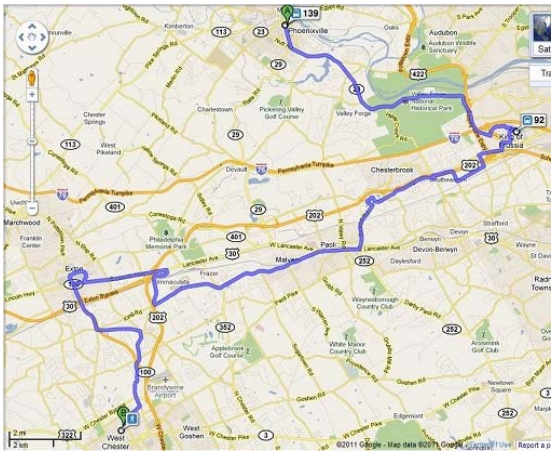
This calculation made a series of conservative assumptions, beginning with the valuing a user's time at minimum wage. It assumed that users would travel alone, when in reality they were often accompanied by children or other relatives. It also assumed that cab rides were never shared with other users, which does occur.

The Google analysis affirmed that, due to the nature of the Philadelphia region's hub-based public transportation system, in almost every case in the sample, a user would have to take an indirect route requiring multiple busses or trains, in order to reach their appointment. For example, a trip from Phoenixville to West Chester would require a bus trip through King of Prussia, as demonstrated by the maps below.

Ride for Health via Cab



Public Transportation



As a result, an estimated 93% of Ride for Health trips in this category saves more than 2 hours of time by using the cab service instead of public transportation. On average, users save 3 hours and 44 minutes on a round trip by using Ride for Health. In only one case, the trip could have been undertaken by using only one bus (which technically would be a violation of the policies of the initiative; the existence of only one such trip in the sample suggests the agencies were generally successful in enforcing this policy).

For the other two categories (in which public transportation would not be an option), the primary benefit for the user is the value of the appointment itself (such as job training, medical care, or addiction support), which, as noted, is difficult to calculate with precision. However, these rides lead to users having access to appointments they would not otherwise access, as opposed to simply saving time and money. As providing access to care is the fundamental goal of this initiative, and could very well be of greater value than saving time and money, it can be

postulated that these rides provide more benefit than those that could be approximated via public transportation. Therefore, the benefit calculations from category 1 can be used as the minimum benefits derived in category 2 and 3.

While the primary purpose of Ride for Health is to serve its users, it is noted that an ancillary economic benefit of the initiative is received by the cab company. The fares paid in this program benefit Pottstown Cab Company, its drivers and other employees, and the local economy. For example, a portion of these revenues return to the public via taxes while additional multiplier effects are found in the form social benefits such as consumer spending. These benefits are by no means central to the initiative, but deserve consideration in an overall cost/benefit analysis. Net Benefit to Transportation in the Table below reflects the effect of these fares (minus any lost fares for public transportation, which would have a similar effect).

Table 9 presents the summary information on cost and benefit both to users and the transportation companies.

Table 9
Estimated Cost/Benefit for Each Category, Per Ride Model

	Total Estimated Cost	Total Estimated User Benefit	Net Estimated Benefit to Trans.	Total Estimated Benefits
Category 1	$40,433	$24,773	$34,917	$59,690
Category 2	$4,055	At least $2,484	$4,055	At least $6,539
Category 3	$3,055	At least $1,872	$3,055	At least $4,927
Total	$47,543	At least $29,129	$42,027	At least $71,156
Benefits as % of cost		At least 61.3%	88.4%	At least 149.7%

For Category 1, 61 cents of every dollar spent ($24,773/$40,433) are realized as a user benefit. As noted previously, this estimate can serve as a floor for the other two categories, in which public transportation is not an option. An additional 88 cents are realized as net benefits to the transportation companies. Adding the two benefits, a minimum of $1.49 of benefits is realized for every dollar spent on the initiative.
The per ride benefits for rides with Categories 2 and 3 exceed this estimate, although measuring by how much is difficult.

Sensitivity Table Estimates

As noted earlier, the dollar benefits from a user reaching an appointment cannot be monetized with precision. This is not to say that such benefits do not exist. In fact, information from interviews and focus groups suggests that attending these appointments does prevent negative outcomes, such as recidivism, drug relapses, hospitalization, or a loss of job for some riders. Explicit cases were discussed with agency staff and participants where users have avoided unemployment (and thus a return to welfare), benefited from of prenatal care, and stayed out of prison. As a result, the tables above understate the dollar benefits to the extent that certain negative outcomes are avoided because of increased ride utilization.

These outcomes are often expressed as dollar benefits to society. In these cases, where it is impossible to specify exactly how many users avoid problems and the explicit dollar benefits remain elusive, “sensitivity tables” are commonly used to provide ranges of estimates or parameters of potential dollar savings. The sensitivity table below reflects some of these possible cost savings (benefits to society) projected for 1 day, 1 week, 1 month, and 1 year (where appropriate).

Table 10 Cost Savings (Benefits to Society) by Avoiding Negative Outcomes				
	1 day	**1 week**	**1 month**	**1 year**
Prison	$76	$532	$2,356	$27,740
Hospital	$1,348	$9,436	$40,440	N/A
Drug/Alcohol Rehabilitation	$464	$3,248	$13,920	N/A
No Prenatal Care	N/A	N/A	N/A	$3,242
Welfare/Food Stamps	$30	$215	$929	$11,148
Mental Health Inpatient	$534	$3,738	$16,020	N/A
Emergency Room Visit	$1,265	N/A	N/A	N/A

Table Note: See Appendix A for sources and notes regarding these data.

As noted, the data in Table 10 reflect social benefits, or the cost savings to society, and not the direct cost savings to the user, such as wages or earning power. For example if, as a result of the Ride for Health Initiative, one person avoids hospitalization for one week, $9,436 accrue to society. A single emergency room visit generates social cost savings of $1,265. As reported in focus groups, these rides have played a part in avoiding such negative outcomes. Thus, the initiative, in all likelihood, exceeds the benefits projected in Table 9.

Stage Two Model including Administrative Costs and No-Shows

For a more complete model, the administrative costs paid to the Transportation Management Association of Chester County (TMACC) should be included, as should the "no-shows," in which a user requested a ride but was not present when it arrived. Including these costs moves the analysis beyond a per-ride focus but adds complexity.

No-shows were tracked and data on their frequency and costs can be readily analyzed. As noted in table 1, there were 123 no-shows. These accounted for 12% of all scheduled rides and cost $3,118, for which there was no user-benefit realized. (No shows were billed at 60% of the original expected fare). These costs however do comprise a benefit to the transportation company, which is included in the calculations below. (The number of no-shows did decline over the study period, indicating that better communication and agency action may have tempered no-shows.)

When the administrative costs which the Foundation pays to TMACC are included, the 'benefit to cost ratio' calculated in Stage One is reduced. The return on investment when comparing total user benefit to total cost is 45 cents return for each dollar spent. If one includes the benefit to the Cab Company (Column 3), the benefit/cost ratio jumps to $1.11, a per dollar ROI of $1.11.

However some new benefits accrue when TMACC's fees are included. TMACC as well as the community agencies receive value by being able to fulfill their mission while the community agencies also are able to build relationships with their constituencies and can avoid incurring costs to help these users meet transportation needs. The latter was a special point of emphasis in the partner agencies' focus group where agency staff observed that without Ride for Health their staff would have to transport or arrange for transport for clients. Since these benefits cannot be calculated with exactness, they are not included in the tables below. Nonetheless, these externalities are real, have tangible value, and should not be ignored.

It can be argued that the Net Benefit to the Net Estimated Benefit to Transportation is less than $42,027. Nevertheless hearkening back to the principle of understating benefits, it is good to remind ourselves that the model does not include the avoidance of social costs tied to negative consequences (e.g., health costs, residential treatment, imprisonment). Nor does the model include a dimension that was underscored in the provider focus groups; namely, that if the Ride for Health Initiative did not exist, it would be up to the agency staff themselves to

arrange for and in a number of cases to actually provide transport. These opportunity costs according to the agency representatives are not trifle.

Table 11 Calculated Costs/Benefits, Comprehensive Model				
	Total Estimated Cost	Total Estimated User Benefit	Net Estimated Benefit to Transport	Total Estimated Benefits
Per-ride Model	$47,543	At least $29,129	$42,027	At least $71,156
No-Shows	$3,118	$0	$3,118	$3,118
Administrative Costs	$16,293	N/A	N/A	N/A
Totals	$66,954	At least $29,129	$45,145	$74,274
Benefit as Percentage of Cost	N/A	At least 43.5%	67.4%	At least 111.0%

Client Profiles

Client profile stories were included in the evaluation to provide context and a "human side" to the evaluation. The profile stories are an effective tool for describing the nature of the clientele using the Ride for Health service (especially for audiences who may be unfamiliar with the Initiative) and riders' benefits from the Initiative.

Partner Agencies received guidelines formulated by the evaluation team with input from PCHF in order to help them write the profiles. A priority of profile formulation was ensuring that clients' identities remained confidential, and that clients could not be recognized from the stories submitted by the partner agencies. Therefore, partner agencies were instructed to change names and alter any specific or unique details that would disclose a client's true identity.

An example of a client profile story is presented here. The complete set of guidelines given to the partner agencies is presented in Appendix C along with two additional examples of client profile stories.

Helping Ana Obtain Prenatal Care

Twenty year old Ana enrolled in the Healthy Start program when she discovered she was pregnant with her first child.

Ana moved to the United States in 2008 from Latin America to join her family who were already living in Phoenixville. She speaks very limited English and works cleaning homes. Her husband works as a dishwasher, and neither is eligible for paid time off or health insurance through their employers. Ana and her husband rent a room in a house with a kitchen and bathroom which they share with the other tenants.

Once she enrolled in the Healthy Start program, Ana learned that without insurance, she needed to travel to Chester County Hospital's prenatal clinic in West Chester for her prenatal care appointments. Ana was extremely worried since neither she nor her husband owns a car, and traveling to West Chester from Phoenixville on public transportation is a five-hour round trip journey on six different buses. Ana was also concerned that she would have to miss days of work, something that she and her husband could not afford with all the additional prenatal care costs.

Role of Ride for Health: Ana used Ride for Health to travel to all her prenatal appointments in West Chester. She used the Ride for Health cabs once a month until her 3rd trimester, when she began using the cab every two weeks. During her last month of pregnancy she used the cabs every week.

Ride for Health made it possible for Ana to have consistent prenatal care. Without the service, Ana would not

have always been able to get to her prenatal appointments. In addition, she and her husband would have had to miss considerably more unpaid time from their work.

Ana communicated her appreciation for this service to her Healthy Start Family Health Advocate who scheduled the rides for her. Ana stated that being a part of Ride for Health greatly reduced her stress level during her pregnancy, and is so grateful that she was able to provide the healthy beginning for her baby that every child deserves.

Summary of Key Findings, Considerations and Recommendations

This concluding section: (1) sets forth key findings, (2) identifies and amplifies a number of areas that initiative stakeholders might formally consider, and (3) offers several recommendations. The format used is to describe, with some detail, the considerations and recommendations. It is more descriptive than prescriptive because the evaluators clearly recognize the pivotal role that the regular partners' meetings play in developing solutions on policy and operational matters. In this context, this report offers a springboard for dialogue and future action.

Key Findings

This section presents key findings from each component of the evaluation.

Key Findings from the Statistical Profile

- The number of current riders (n=307) has increased 700% since the initial year, 2006-2007; the number of rides (n=926) has increased 500% over the same period.
- Cancellations rate, while decreasing, occurred in 13% of the cases over the past year.
- Rides tend to be between 25 and 36 miles round trip and average $48.

Key Findings from the Cost Benefit Analysis

- Partner agencies seem diligent in maintaining the eligibility criteria of the Ride for Health Initiative. Among the 35 cases analyzed, only one ride seemed to have a reasonable public transportation option, although this is without insight as to possible special circumstances relating to the client.
- Among the rides analyzed, over 70% were theoretically possible through public transportation. However, the time and effort they required presented serious barriers to treatment for clients. Indeed, on average, Ride for Health saved a rider almost one-half a day time (3 hours and 44 minutes) compared to taking public transportation.
- For every dollar spent on the initiative (not including administrative costs) at least 61 cents of benefit is returned in the form of transportation time and cost savings to the rider. An additional 88 cents are realized as net social benefits to the transportation companies. When summed the return on a dollar is $1.49. The inclusion of TMACC administrative costs reduces these figures to 44 cents and 67 cents respectively, and reduces the overall total benefit to $1.11 per dollar expended.
- The estimates above are in all likelihood underestimated. A sensitivity table provides estimates of potential dollars saved to society because clients avoid negative health and social consequences. For example, the cost to society of someone in jail for a year is approximately $27,740. Agency staff reported several clients who have been kept out of jail because of Ride for Health. While impossible to estimate an exact figure, such savings to society are real and present.

Key Findings from the Survey

- More than 95% of riders responding to the survey judged the cab drivers to be careful with their driving and courteous and respectful; the cabs were clean inside; they would recommend Ride for Health to others.
- More than nine in ten agreed that they were able to get rides on the day they needed them.

- The area of punctuality did not fare as well. One in four riders disagreed that they were picked up on time.

Key Findings from the Focus Groups

- Overall, clients are extremely satisfied with and grateful for the cab service.
- Most have no other means of transportation.
- Agencies give the initiative special praise asserting that transportation is a critical issue that is often overlooked, or the "elephant in the room," that no one wants to deal with.
- Because of the initiative, partner agencies no longer have to divert their limited resources to providing and/or arranging travel for their clients.
- Overall management of the initiative is extremely effective, with TMACC, PCHF, the Pottstown Cab Company and the partner agencies consistently communicating with one another. The quarterly partners meetings play a vital role in promoting the flow of information and analyzing program performance.
- Partner agencies commend TMACC as being especially receptive and responsive towards feedback (good and bad).
- The rapport among the partner agencies, clients, Cab Company owners, and the cab drivers is extremely positive.
- Clients note that the cab drivers are very pleasant and many appreciate the cab drivers' interaction with them.
- The partner agencies note that Cab Company owners go out of their way to accommodate requests from the partner agencies, often accepting last minute requests or communicating with partner agencies after office hours.
- The positive relationship that has developed between the partner agencies and the Cab Company no doubt contributes to the smooth operation of the initiative.
- Punctuality is an area of concern (this is reinforced by the survey findings). Furthermore, the issue of punctuality in the focus groups relates to several other issues such as reliability, waiting time, responsiveness and communication. The results from the focus groups suggest that there is room for improvement in these areas.

Considerations

<u>Cancellations, No-shows and Penalties</u> – The subject of cancellations and no-shows came up repeatedly in the focus groups and individual interviews. In general, partner agencies and the clients understand the rules regarding no-shows and the rationale for the penalties. However, the focus groups and interviews indicate that:

- The financial penalties to agencies associated with cancellations and no-shows make one of the partner agencies hesitant to use the initiative. While this is not a widespread problem, it should be taken into consideration when replicating the initiative and introducing it to new partner agencies, particularly grass-roots organizations with sparse budgets. The challenge lies in formulating no-show policies that encourage compliance with guidelines, but do not discourage utilization.

- To date, the policy regarding no-shows and cancellations only applies to the partner agencies who assume fiscal responsibility for the occurrence. However, there are occasions when the Cab Company may run late or be forced to cancel a ride at the last minute. No-shows or cancelations may occur because of a simple miscommunication or mistake. For example, cases were reported wherein clients did not recognize the unmarked cabs, and the cab drivers were unable to identify the clients and therefore drove off. Program administrators may want to consider creating no-show guidelines for both the Cab Company and partner agencies. For example, one suggestion was that partner agencies should continue to pay for no-shows or cancelled trips, but perhaps can be "credited" for a ride that was cancelled or ran late because of an issue on the part of the cab company.

- An expulsion policy for clients who are repeated no-shows may be an appropriate policy change. There is some consideration that the current policy of suspension with subsequent re-entry into the program may have lent itself to abuse by some riders.

- The partner agencies involved in the Initiative work with different clientele, often with varying degrees of challenges and abilities. Thus, some partner agencies have clients who easily comply with the program guidelines, while others have a client base that is more prone to missing appointments. Some partner agencies suggested instituting a system whereby certain partner agencies with a more difficult clientele have more flexibility regarding the no-show policy or penalties

Expanding the Range of Appointments Eligible for Ride for Health Cabs - Ride for Health, and its focus on transportation as a component of wellbeing, is symbolic of PCHF's unique and holistic view towards healthcare. Participants in the focus groups commented that they would appreciate using the service for additional needs that they consider crucial to their wellbeing – like visiting family members or shopping. Program administrators may want to consider covering needs that do not fall into the medical or social service categories, but are considered important for a client's overall wellbeing. Several suggestions were made in this regard:

- The partner agencies, TMACC and PCHF can decide to allow exceptions on a case-by-case basis
- Each partner agency can "receive" a number of cab rides that they can then assign to clients based on their discretion and the needs of the client

Utilizing Regularly Collected Data: Ride for Health has developed effective tools and systems to administer the initiative. However, findings from the focus groups, and especially the partner agency focus group, suggest that these tools are not being fully utilized. For example, with respect to unusual or problematic occurrences, some of the cab vouchers reviewed in this evaluation indicated late or unusual pick-up and return times. However, it is unclear if these specific cases prompt analysis / discussion. Additionally, and as per feedback from the partner agencies and clients, there are at times extenuating circumstances surrounding cancellations or no-shows. Yet, there does not seem to be a system or forum for analyzing the cancellations/no-shows in order to better understand the exact nature of the incident. The point here is that the data might be more systematically utilized for initiative understanding and enhancement.

Rider Knowledge of Eligibility: Several clients reported that they do not know what types of appointments or services the Initiative covers. Agencies should consider checking on this to be sure that clients understand the parameters of the Initiative.

Increasing the Number of Cabs Available for Ride for Health- Both partner agencies and clients in the focus groups commented that there seems to be a need for additional cabs. Partner agencies noted that there are days and times with increased ridership. Additionally, in contrast to the survey findings, a number of riders noted that they often cannot get cabs for the times and/or days they need them. Directly related to the prior consideration regarding data utilization, program administrators may want to consider monitoring days and times that seem to have increased ridership, and then assess the Cab Company's ability to respond to the increased demand. (This evaluation did not specifically focus on identifying usage patterns in ridership, although the statistical profile did discern that Tuesdays and Thursdays have the highest volume of riders.)

Broadening the Range of Times – Partner agencies note that they experience difficulties in securing cabs for early morning and evening appointments. Further, certain services (e.g., drug and alcohol classes) only take place in the evenings outside the approved hours.

Cab Drivers Awareness of Rider Needs - Overall, the interactions between clients, cab drivers, Cab Company and partner agencies are extremely positive. However, some partner agencies felt that the cab drivers, and in fact people in general, do not fully understand or appreciate the sensitive needs of this client base. Specifically, clients are often anxious or nervous before their appointments, their benefits may depend on them arriving punctually for an appointment, or they are suffering from mental health and other stressors. Clients may therefore be extremely

reactive toward changes in the schedule or late pick-ups. While there are indeed time and cost constraints, consideration should be given to offering education and training to the cab drivers.

Rider Awareness of Program and Participant Needs – The fifteen minute "grace period" during which cab drivers are required to wait for riders becomes problematic when the driver will be picking up more than one rider. For example, in cases where two rides each depart after a fifteen minute wait for the riders, the first stop will occur 30 minutes later than it would have without the delays. In cases, where the wait for three of three riders is fifteen minutes each, the first stop will be 45 minutes later than it would have been if the "grace periods" have not been used.

Broadening Participation in Quarterly Partners Meetings – The quarterly meetings provide an effective communication and management tool. Program administrators may want to consider broadening participation in some of the meetings to include the Cab Company or cab drivers. This would serve to

- Promote communication between initiative partners beyond scheduling and administration
- Involve the Cab Company on a deeper level in the Initiative and thus help the drivers, Shirley and Andre to gain a deeper understanding of the needs of the partner agencies and clients
- Provide a forum for discussing and analyzing specific case studies and challenges
- Create stronger ties between partner agency personnel and cab drivers

Inviting clients to some meetings might also further insight into the initiative and facilitate hearing the voices of those served.

The Statistical Findings – As noted above, the survey yielded a set of statistical correlations/probability coefficients that were statistically significant. The question is: are they substantively significant. To test this, this set of findings might be a discussion point at a partner meeting.

Reflecting on the Evaluation Report – Program evaluations of this depth and breadth are rare among grass roots programs. It is obvious that this report has generated considerable information. To reflect upon this corpus and process it adequately, an extended partners meeting might be considered.

Recommendations

Voucher Records – In order to perform the cost analysis, the evaluation team reviewed the cab vouchers from October 2010. A total of 81 vouchers were reviewed. Among them, 34 vouchers (42%) were missing information or had erroneous information. Typical problems with vouchers included such areas as missing or erroneous data for pick-up, return and drop off times. Of particular note is the item "secondary pick-up time." Neither TMACC nor the Cab Company could explain what the secondary pick-up time meant. This should be clarified or the item dropped. Other issues included unclear handwriting and travel times out of sync with distance.

Recommendation: Review thoroughly the voucher record keeping with an eye towards maximizing accuracy and including how the data are recorded and utilized for program quality improvement and decision making.

[A suggestion was made to add the phone number of the appointment office to the voucher so that the driver has a way to contact riders (e.g., if the cab is delayed) as not all clients have mobile phones. This is particularly apt when the cab is delayed for the return ride which was noted by several riders. In such cases, it was reported that clients become concerned and afraid that they have been forgotten.]

Signage and ID's - Clients and partner agencies note that the cabs are unmarked and that drivers do not carry Ride for Health identification. Clients are sometimes hesitant to enter unmarked cabs. The statistical profile demonstrates that the majority of clients uses the cabs once a year, and thus do not become familiar with the drivers or cabs.

Recommendation: Create a highly visible identification for the exterior of the cabs (perhaps some type of magnetic sign), as well as a Ride for Health identification for both drivers and clients.

Overcoming Language Barriers - Many of the clients in the initiative are Spanish speaking. They often struggle to communicate with the Cab Company and cab drivers. If a cab is late or has not arrived, they must call the partner agency that then has to call the Cab Company to find out information. This causes frustration for the clients, partner agencies and cab drivers.

Recommendation: Assist the Cab Company to obtain access to someone(s) who speaks Spanish.

Enhancing Communication: The Ride for Health system has matured and, overall, functions efficiently. It necessarily involves a number of individuals interacting in real time and on short notice. However, based on feedback to the evaluators, it seems time to step back, study and assess the communication system since substantial amounts of time and effort seem to be expended circumstances such as:

- back and forth phone calls between the Cab Company and the partner agency after completing a voucher in order to confirm a time and date for the cab ride
- confirming the time and date for the cab ride between the partner agency and the Cab Company
- hastening to inform riders when the cab is running late

Back and forth communication between the partner agency and Cab Company is undoubtedly essential with a program that largely relies on scheduling and coordination. However, there appears to be a need for process analysis around scheduling appointments to possibly reduce the effort/strain upon all parties. Concretely, the riders noted in focus groups that they often struggle to get through to the Cab Company confirm a ride or to check on a cab that is late and partner agencies indicate that they often learn about no-shows or cancellations well after the event has occurred

Recommendation: Closely analyze, and perhaps flowchart, communication among parties involved in securing/delivering the ride in order to explore ways to further enhance the process.

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APPENDIX A
Notes and sources regarding Table 10: Cost Savings by Avoiding Negative Outcomes

- Prison: calculated from average cost of a day in prison in Pennsylvania.
  Source: PA Department of Corrections

- Hospital: calculated from average cost of a day of inpatient care in a hospital.
  Source: Candrelli and Mauskopf, RTI Health Solutions

- Drug and Alcohol Rehabilitation: prorated portion of 35 day stay in rehabilitation program.
  Source: Averaged from multiple local centers

- Prenatal Care: cost savings from prenatal care for teens, including delivery and costs for one year after birth.
  Source: Hueston and Quattlebaum (2008), *How Much Money Can Early Prenatal Care for Teen Pregnancies Save?: A Cost-Benefit Analysis*. J Am Board Fam Med. May-Jun; 21(3):184-90.

- Welfare-Food Stamps: monthly payment to 3 person family of TANF and Food Stamps
  Sources: National Center for Children in Poverty, PA Department of Public Welfare extracted from Website, April 2011

APPENDIX B
Formulae Used in Cost Benefit Analyses

Per-Ride Methodology
(‘ denotes “with program”)
Value = Benefit – Cost

Without Program	Benefit	Cost	Value
User	$Benefit_{user}$	$Cost_{user}+Time_{user}$	$Benefit_{user}-Cost_{user}-Time_{user}$
Foundation	0	0	0
Transportation	$Cost_{user}$	0 [2]	$Cost_{user}$
All Entities	$Benefit_{user}+Cost_{user}$	$Cost_{user}+Time_{user}$	$Benefit_{user}-Time_{user}$

With Program	Benefit	Cost	Value
User	$Benefit_{User}$	$Time_{User}'$	$Benefit_{User} -Time_{User}'$
Foundation	0	$Cost_{Found}'$	$- Cost_{Found}'$
Transportation	$Cost_{Found}'$	0 [2]	$Cost_{Found}'$
All Entities	$Benefit_{User}+ Cost_{Found}'$	$Cost_{Found}' +Time_{User}'$	$Benefit_{User}-Time_{User}'$

Effect of Program	Benefit	Cost	Value
User	0	$Time_{User}'- Cost_{User}-Time_{User}$	$Cost_{User}+Time_{User} -Time_{User}'$
Foundation	0	$Cost_{Found}'$	$- Cost_{Found}'$
Transportation	$Cost_{Found}'- Cost_{User}$	0 [1]	$Cost_{Found}'- Cost_{User}$
All Entities	$Cost_{Found}'- Cost_{User}$	$Time_{User}'- Cost_{User}-Time_{User}+ Cost_{Found}'$	$Time_{User} -Time_{User}'$

Notes

1. The transportation entities (i.e. cab or public transportation companies) do bear some costs by their involvement. However, these costs become benefits for others—for example, the salary paid to the cab driver is a benefit for him but a cost for the company. For the sake of simplicity and since these costs/benefits zero out, they are subsumed into the overall formulae.

APPENDIX C

Ride For Health Evaluation: Guidelines for Writing Stories of Ride for Health Clients

The Ride for Health Evaluation includes qualitative and quantitative components. The quantitative component is based on the Ride for Health surveys and cost analysis data. The qualitative component is based on the information from the interviews and focus groups.

The stories of the participants add a third component to the Ride for Health Evaluation. They provide context and a "human side" to the evaluation. Through the stories, people reading the evaluation gain a sense of the persons using the program and how they benefit from the cab rides.

Included in this guideline is an example story of a men's shelter client written by Villanova staff. We are hoping that this is helpful for you in determining the type of information we are looking for and the tone of the narrative. In general, stories should be detailed and descriptive enough so that they accurately depict a typical Ride for Health client. They should read as stories (as opposed to bullet points), running no longer than a page. Lastly, they should clearly state Ride for Health's role in a client's life.

Please note that we are committed to protecting the identities of Ride for Health clients. Therefore, please develop the story of a typical client, and not the exact characteristics or story of any particular individual that will make them identifiable.

If more convenient for you, you can also dictate the information to someone from the Villanova evaluation team who will write up the narrative and send it to you for your review. Please contact Marcelle Klahr (mj.klahr@gmail.com) if you prefer to do the story this way.

Thank you for your ongoing assistance. We realize that this adds to your already full workloads, and do truly appreciate your time and willingness to help. We know that your write-up will complete the Evaluation by telling the stories of the people you serve.

Suggestions for Information to be Included in a Narrative

Demographics of a Typical Client

- Age
- Ethnicity
- Immigration details: residence status, number of years in the US, country of origin
- Marital status
- Education background
- Family background: number of children, responsibility for other family members (like elderly parents), number of people living in the home
- Employment status and/or employment history
- Services client receives from social service agencies
- Language: spoken language at home, English speaking ability

Connection between Agency and Client

- Client's life challenges
- Services the client receives from the agency

What Does Ride for Health Do For Your Client?

- How frequently does the client in your story use Ride for Health cabs (# of rides per week or month) and to what types of appointments?
- What would the client do vis-à-vis their appointments if Ride for Health did not exist?
- What difference does Ride for Health make for the client in your story?

Ride for Health Client Stories

Helping John and Kathy Get Back on their Feet

John is 32 years old and lives in a shelter in Phoenixville with his wife, Kathy, and their two young children. Both John and Kathy have criminal background records, and therefore struggle to find work. They receive assistance from the Chester County Assistance Office (CCAO).

This is the first time that this family is homeless and they are very motivated for this to also be the last time. They do not have a vehicle and neither John nor Kathy has a driver's license.

Role of Ride for Health: John uses Ride for Health to go to a class to learn how to have his record expunged. The class takes place in Coatesville from 4-6 pm. Using public transportation, it would take John over three hours to get to Coatesville from Phoenixville, using two buses, a train and walking for more than 30 minutes. Furthermore, buses and trains are infrequent after 6:00 pm, making it even more difficult and lengthy for John to return to the shelter.

John and Kathy will also be using Ride for Health to go to CCAO to receive and keep their benefits. Kathy has recently found a job, and the couple needs to update CCAO with this information. Through CCAO, John wants to enroll in the EARN program to help with his job search. Once in EARN, John and Kathy's children will be eligible for subsidized daycare. Because they do not have childcare, John and Kathy's children have to go with them to all their appointments.

CCAO is located in Thorndale*. Via public transportation and depending on the time, getting from Phoenixville to Thorndale could take John and Kathy between two to three hours (one way), and require traveling on multiple buses, a train and over 20 minutes of walking. This is a difficult journey for Kathy and John to make with their children. Furthermore, Kathy would miss close to six hours of work.

Through Ride for Health, John and Kathy can now make this journey in just over an hour (round trip), and they do not have to worry about struggling with their children on the numerous buses and trains. They install car seats in the cab, and they feel secure in the knowledge that they have safe and comfortable transportation to and from their appointment. Furthermore, by getting to their appointment at CCAO, John and Kathy keep and add to their benefits, a critical step in helping them secure transitional housing.

**Note: Many Ride for Health clients need to travel from Phoenixville to CCAO in Thorndale to receive medical assistance, cash assistance and food stamps. As one agency reports, for many individuals making these meetings is the difference between having money (cash or food stamps) to eat and not eating at all. Via public transportation, this particular route is expensive, time consuming and complicated (even more so in inclement weather). Furthermore, some clients make this journey with young children. Ride for Health plays a critical role in ensuring that clients are able to reach CCAO and access their benefits.*

Helping Bruce Travel to his Doctor Appointments

Bruce, a well-educated male in his sixties, came to Health Care Access for help obtaining medications. Sadly, he had recently been diagnosed with cancer and could no longer work. Unfortunately, when Bruce stopped working he also lost his medical insurance. He was in the process of securing Social Security Disability. Bruce lived with his girlfriend who drove him to Health Care Access and other appointments. He had no family in the area, and was estranged from his children.

A short time after Health Care Access began helping him, Bruce's girlfriend moved out. He was forced to move to a downstairs apartment as he was struggling with the stairs. A Health Care Access professional describes the first time he used the Ride for Health cabs:

> *Bruce called me in a panic with no transportation for one of his upcoming doctor appointments. He started using the Ride for Health program to get to doctor appointments, to pick up medications at his doctor's office and even for a few tests and procedure appointments.*
>
> *Bruce truly had no other means to get around and turned to me to see if I knew anyone that could help with his various needs. We connected him to as many resources as we could. On one occasion he called me one morning saying that his symptoms were back and asking if he could get a ride to see his doctor that day. I called the cab company and they were able to accommodate him. Bruce probably would have waited until the next day had the taxi not been able to take him.*

Sadly, Bruce is very ill. He is a likeable person, and people want to help him. Bruce is always grateful and on more than one occasion referred to Health Care Access as his "lifesaver".

APPENDIX D

Ride for Health Initiative
Partner Training Rider Satisfaction Survey
SURVEY FORMS

Sponsored by:

Phoenixville Community Health Foundation

with the

Transportation Management Association Chester County

Conducted by:

Office of Planning and Institutional Research
Villanova University

January-February-March, 2011

TELEPHONE REQUEST

RIDER ID: _____ **Partner Agency:** _____

Client Response (Circle one): YES (will do the survey now) YES (will do the survey later) NO

Today's Date (month/day/year): ____/_____/_____ **Initials of employee making request:** _____

***Signature of Employee Obtaining Informed Consent:** _____

PLEASE MAKE SURE THAT YOU COMPLETE THE ACCOMPANYING SURVEY MANAGEMENT FORM WITH CALL BACK INSTRUCTIONS AND/OR SURVEY COMPLETION DETAILS.

***SCRIPT*:**

INTERVIEWER START HERE - *I'd like to ask your help with a special project:*

⇨ *We are doing a survey of the cab service program to find out how well it is working*

- *As someone that uses the cabs your opinion on the cab program is important. We want to know what you think so that we can improve the program*
- *The survey is short. It only takes six minutes and we can do it over the phone*
- *You may choose not to do this survey and still use the Cab Service.*
- *Your personal information, including your name, will not be used in the survey*
- *You can stop the survey at any time and we won't use any of your answers*

Would you be willing to participate in this survey?
Have you taken this survey before with another agency? (If the client has already taken the survey then no need to do it now a second time)

IF YES (Client agrees to participate and is a frequent rider**):** *Great, thank you. How about we do the survey now while we are on the phone? It will only take 6 minutes.* (If the client cannot do the survey now, then schedule a future time)
***(NOTE: Please provide your signature above confirming informed consent.)**

IF YES (Client agrees and is a new rider): *Great, thank you. I, or someone else from the agency will call you a few days after your ride. Is there a time that is best for you to speak?*
(NOTE: When calling back to administer the survey, please reread the script above to the participant, even if the participant has already heard it before. It is important that they provide their informed consent at the time that the survey is administered).

IF NO (Client does not agree to participate):

Thank you for your time

IN PERSON REQUEST

Rider ID: _____ Partner Agency: _____
Client Response (Circle Response): YES (will do the survey now) YES (will do the survey later) NO
Today's Date (Month/Day/Year): _____/_____/_____ Initials of Employee Doing Survey: _____
Signature of Employee Obtaining Informed Consent:_____
PLEASE MAKE SURE THAT YOU COMPLETE THE ACCOMPANYING SURVEY MANAGEMENT FORM WITH CALL BACK INSTRUCTIONS AND/OR SURVEY COMPLETION DETAILS.

SCRIPT

INTERVIEWER START HERE - *Hi _____. How you doing today?*
Do you have a few minutes free now? I'd like to know if you can help me with a special project.
[If no, ask them when would be a good time to speak with them]
[If yes]
Great thank you. This will take 6 minutes.

- *We are doing a survey of the cab service program to find out how well it is working*
- *As someone that uses the cabs your opinion on the cab program is important. We want to know what you think so that we can improve the program*
- *The survey is short. It only takes six minutes*
- *You don't have to participate in the survey in order to use the cabs*
- *You may choose not to do the survey and still use the Cab Service.*
- *You can stop the survey at any time and we won't use any of your answer*

Would you be willing to participate in this survey?

IF YES *Great, thank you. Then let's begin.*
IF YES, but they cannot do it now *Great, thank you. When can we meet to do this?*
Have you taken this survey before with another agency? (If the client has already taken the survey then no need to do it now a second time)
IF NO *Thank you for your time*

RIDE FOR HEALTH SURVEY

Rider ID: _____ **Agency:** _____

Date (Month/day/year)____/_____/___

For this first group of questions, I'll read a statement and two answers -- "agree" or "disagree." If you agree with the statement, please say "agree." If you disagree with the statement, say "disagree." OK? (Interviewer: Clarify if necessary, then continue.)
Think about your OVERALL EXPERIENCE with the cabs. In other words, think about all the cab rides you've had with Ride for Health. If you have only had one ride then think of that ride. Here we go:
The first question I am going to ask is about your rides ***to*** *your destinations. The second question is about the return rides* ***from*** *the destinations:*

	Circle Correct Response **Do you:**	
1. Overall, I have been satisfied with the rides to my destination	Agree	Disagree
2. Overall, I have been satisfied with the return rides	Agree	Disagree
3. Overall, I have been able to get rides on the days and times I needed them	Agree	Disagree
4. Overall, the drivers picked me up on time	Agree	Disagree
5. Overall, the cab drivers were careful drivers	Agree	Disagree
6. In general, the cabs were clean inside	Agree	Disagree
7. I felt safe when riding in the cabs	Agree	Disagree
For the next three questions, I am going to add a third possible answer	**Do you:**	
8. In general, the drivers treated me and the other riders with courtesy and respect	①Agree ② Disagree ③Never had other passengers in the Cab	
9. In general, the passengers in the cab treated each other with courtesy and respect	①Agree ② Disagree ③Never had other passengers in the Cab	
10. The cab drivers helped people who needed help – for example, getting in and out of the cab, getting into a building, holding the cab door open	①Agree ② Disagree ③Passengers never needed help	
And, the last question: 11. I would recommend the Ride for Health Program to others	①Agree ② Disagree	

There are just six more questions. We ask these questions so that we can sort the responses of the people we interview.

12. Do you consider yourself Hispanic or Latino or Latina?
    Interviewer please circle answer
    a. Yes, Hispanic or Latino/Latina
    b. No

13. Regardless of your answer to the last question, please tell me how you identify yourself. Answer all that apply:
Interviewer, please circle yes or no for each question

1.	American Indian/Alaskan Native	Yes	No
2.	Asian	Yes	No
3.	Black/African American	Yes	No
4.	Native Hawaiian or other Pacific Islander	Yes	No
5.	White	Yes	No

14. How many people live in your household within each of the following age groups (not including you)?

Number of People In Household	**Age Group**
_____	0 – 1 years old
_____	2 – 5 years old
_____	6 – 12 years old
_____	13 -17 years old
_____	18 – 54 years old
_____	55 years old and older

15. What is your primary language?_____

16. What is your gender? __ Female __ Male

17. How old are you? _____

That is it. We are all finished. I want to thank you very much for participating in this survey.

In the future, there may be an opportunity to participate in a discussion group about the cab service.

Could we call on you if this comes up?

Circle Correct Response **YES** **NO**

Thank you for your help and time

With this important endeavor

on behalf of:

The Phoenixville Community Health Foundation

Transportation Management Association Chester County

Villanova University

SOLICITUD VIA TELEFONICA

NUMERO DE PASAJERO:_____ **Agencia asociada: _____**

Respuesta del cliente (Encierre uno):

SI (Voy a contestar la encuesta en este momento) SI (Contestaré la encuesta después) NO

Fecha (mes/día/ano):____/____/____ Iniciales del empleado haciendo la petición: _____

***Firma del Empleado confirmando el consentimiento informado: _____**

POR FAVOR ACUERDESE DE LLENAR EL FORMULARIO LLAMADO, "FORMA DE MANAJAMIENTO DE CONTACTOS" CON INSTRUCTIONS A QUIEN LLAMAR Y DATALLES DE QUIEN COMPLETE LA ACUCSTA.

INTEREVISTA EMPIENSE AQUI - *Me gustaría pedirle su ayuda con un proyecto especial:*

- *Esta mos haciendo una encuesta del programa de servicios de Taxi para saber como esta funcionando*
- *Dado que usted es un usuario de los taxis su opinión sobre el programa es muy importante. Nosotros queremos saber lo que usted piensa para poder mejorar el programa.*
- *La encuesta es corta. Solo toma 6 minutos y la podemos hacer vía telefónica.*
- *Usted no tiene que participar en la encuesta para poder usar los taxis. Su información personal, incluyendo su nombre, no será usada en la encuesta.*
- *Usted puede detener la encuesta en cualquier momento y nosotros no usaremos ninguna de sus respuestas.*

Esta usted de acuerdo en participar en nuestra encuesta?
Ha usted tomado esta encuesta antes o con otra agencia? (Si el cliente ya ha contestado esta encuesta entonces no tiene que contestarla por segunda vez)

SI (El cliente esta de acuerdo en participar y es un pasajero frecuente): *Grandioso, gracias. Que le parece si hacemos la encuesta en este momento vía telefónica?* (Si el cliente no puede hacer la encuesta en este momento, entonces confirme una hora en el futuro para hacer la encuesta).

***(NOTA: Por favor asegurase de firmar la forma arriba pagina confirmando que el participante ha dado su consentimiento informado)**

SI (El Cliente acepta y es un nuevo pasajero): *Grandioso, gracias. Yo, o alguien mas de la agencia le llamará unos días después de su primer viaje. Cuando seria el mejor momento para hablar?*
(NOTA: Cuando llame de vuelta para administrar la encuesta, por favor relea el guión de arriba al participante, aun cuando el participante ya lo haya escuchado antes. Es importante que el participante proporcione su consentimiento informado al momento de administrar la encuesta.)
NO (El Cliente no acepta participar): *Gracias por su tiempo.*

SOLICITUD EN PERSONA

NUMERO DE PASAJERO: _____ Agencia Asociada: _____

Respuesta del cliente (Encierre Uno): SI (Haré la encuesta ahora) SI (Haré la encuesta después) NO

Fecha (mes/día/año): ____/_____/____ Iniciales del empleado que hace la solicitud: _____

***Firma del empleado confirmando el consentimiento informado:_____**

POR FAVOR ACUERDESE DE LLENAR EL FORMULARIO LLAMADO, "FORMA DE MANAJAMIENTO DE CONTACTOS" CON INSTRUCTIONS A QUIEN LLAMAR Y DATALLES DE QUIEN COMPLETE LA ACUCSTA.

INTEREVISTA EMPIENSE AQUI - *Hola _____ . Como está hoy?*

¿Tiene algunos minutos libres en este momento? Me gustaría saber si puede ayudarme con un proyecto especial.
[Si no, pregúntele cuando sería un buen momento para hablar con el/ella]
[Si acepta]
Grandioso, gracias. Esto nos tomara 6 minutos.

- ☐ *Esta mos haciendo una encuesta del programa de servicios de Taxi para saber como esta funcionando*
- ☐ *Dado que usted es un usuario de los taxis su opinión sobre el programa es muy importante. Nosotros queremos saber lo que usted piensa para poder mejorar el programa.*
- ☐ *La encuesta es corta. Solo toma 6 minutos.*
- ☐ *Usted no tiene que participar en la encuesta para poder usar los taxis.*
- ☐ *Su información personal, incluyendo su nombre, no será usada en la encuesta.*
- ☐ *Usted puede detener la encuesta en cualquier momento y nosotros no usaremos ninguna de sus respuestas.*

¿Está dispuesto/a a participar en esta encuesta?
¿Ha tomado usted esta encuesta antes con otra agencia? (Si el cliente ya ha contestado esta encuesta entonces no tiene que contestarla por segunda vez)

Si acepta, *Bien, gracias. Empecemos.*
Si acepta, pero no lo pueden hacer la encuesta ahora, *Bien, gracias. Cuando podríamos vernos para hacer la encuesta?*

***(NOTA: Por favor asegurase la firmar la forma arriba pagina confirmando que el participante ha dado su consentimiento informado)**

Si no, *gracias por su tiempo*.

ENCUESTA ABORDA POR TU SALUD

NUMERO DE PASAJERO: _____ **Agencia Asociada: _____**
Fecha (mes/día/año): ____/_____/____

Para el siguiente numero de preguntas, leeré una declaración y dos respuestas -- "estoy de acuerdo" o "no estoy de acuerdo". Si usted esta de acuerdo con la declaración, por favor responda "estoy de acuerdo". Si usted esta en desacuerdo con la declaración, por favor diga, "no estoy de acuerdo." OK? (Aclare si necessario , entonces continúe).

Piense acerca de su EXPERIENCIA EN GENERAL con los taxis. En otras palabras, piense acerca de todos las veces que haya usado los taxis del programa Aborda por tu Salud. Si usted solo ha usado los taxi una vez, entonces piense solamente en ese viaje. Aquí vamos:

La primera pregunta que le haré es acerca de sus viajes a sus destinos. La segunda pregunta trata sobre sus viajes de regreso:

	Encierre la respuesta correcta:	
1. En general, he estado satisfecho con los viajes a mis destinos.	Está de acuerdo	No esta de acuerdo
2. En general, he estado satisfecho con mis viajes de regreso	Está de acuerdo	No esta de acuerdo
3. En general, he podido conseguir viajes en la fecha y hora que los necesito	Está de acuerdo	No esta de acuerdo
4. En general, los conductores me recogieron a tiempo.	Está de acuerdo	No esta de acuerdo
5. En general, los conductores fueron conductores cuidadosos.	Está de acuerdo	No esta de acuerdo
6. En general, los taxis estaban limpios por dentro	Está de acuerdo	No esta de acuerdo
7. Me sentí seguro/ a mientras viajaba en el taxi.	Está de acuerdo	No esta de acuerdo
Para las siguientes tres preguntas voy a añadir una tercera respuesta posible:		
8. En general, los conductores me trataron a mí y a otros pasajeros con cortesía y respeto.	①Está de acuerdo ②Está en desacuerdo ③Nunca ha viajado con otros pasajeros en el taxi	
9. En general, los pasajeros en el taxi se tratan unos a otros con cortesía y respeto	①Está de acuerdo ②Está en desacuerdo ③Nunca ha viajado con otros pasajeros en el taxi	
10. Los conductores de taxis ayudan a otras personas que lo necesitan- por ejemplo, al salir o entrar al taxi, al entrar a un edificio, sosteniendo la puerta del taxi.	①Está de acuerdo ②Está en desacuerdo ③Nunca ha necesitado ayuda o ha viajado con alguien que la necesite.	
última pregunta:		

11. Yo recomendaría el programa de Aborda por tu Salud a otros.	Está de acuerdo	Está en desacuerdo

Hay solo seis preguntas más que se enfocan en usted. Nosotros hacemos estas preguntas para poder clasificar las respuestas de las personas que entrevistamos.

12. ¿Se considera usted Hispano/a o Latino/a
    Entrevistador por favor encierre la respuesta.
    a. Si, Hispano o Latino/a
    b. No

13. Sin tomar en cuenta la respuesta anterior, por favor indique como se considera a usted mismo. Conteste todas las que
    apliquen:
    Entrevistador, por favor encierre SI o NO para cada pregunta

1. Indio Americano/ Nativo de Alaska	Si	No
2. Asiático	Si	No
3. Negro/ Africoamericano	Si	No
4. Nativo Hawaiano/ o de otra Isla del Pacífico	Si	No
5. Blanco	Si	No

14. ¿Cuantas personas habitan en su vivienda que estén dentro de los siguientes grupos de edad (Sin incluirse usted)?

Numero de los personas habitantes	**Grupo de edad**
_____	0 – 1 años
_____	2 – 5 años
_____	6 – 12 años
_____	13 -17 años
_____	18 – 54 años
_____	55 años o mas

15. ¿Cual es su lengua maternal? _____

16. ¿Cual es su sexo? _____Mujer _____ Hombre

17. ¿ Primero, cuantos años tiene? _____

Eso es todo. Hemos terminado. Quisiera agradecerle mucho por participar en esta encuesta.

En el futuro tal vez exista una oportunidad para participar en una discusión de grupo acerca de un servicio de taxis. ¿Podríamos contatarla?

Encierre la respuesta correcta **SI** **NO**

Mucho gracias por su ayuda y tiempo
Con este esfuerzo muy importante:

The Phoenixville Community Health Fundación

Transportation Management Association Chester County

Villanova University

APPENDIX E

Villanova University
Ride for Health Evaluation
Focus Group Protocol and Questions

1. Thank you for coming. I'm _____ . I teach at Villanova University. And, this is _____, a graduate student at Villanova. Villanova University has been hired to learn more about the Ride for Health program. To avoid confusion, when we say Ride for Health we mean the cab service program. The purpose of our meeting is to learn about your experience with the Ride for Health cab service program.

   This meeting is called a "focus group." You have been invited to attend because your opinions as people that use the cabs are very important and may lead to improvements in the program.

2. After our discussion, we'll give you a written survey which will take 7 minutes to do.

3. At the end we'll give you $10, from Villanova University, to help with transportation costs.

4. So, we will spend the next 60 to 90 minutes in discussion. There are certain guidelines that I want to share with you:

   - There are no right or wrong answers, ideas, statements, responses, questions.
   - There are no unimportant ideas.
   - I want you to be comfortable, so feel free to get up for a drink or visit the restroom as needed.

5. We'll record our discussion using a voice recorder so that I can remember what you said when I write the notes for our meeting. We will also be taking notes during our discussion. Please know that we will protect your identities. Your personal information, including your name, will not be used in the notes that I write, or in the final report.

6. It will be important for only one person to speak at a time. So if I ask you to let someone else speak, please don't think I am being rude. I have a number of questions and I want to be sure that everyone has a chance to comment. Occasionally, I may have to change the subject to give everyone a chance to speak.

7. *Facilitator: by addressing everyone via name on name tents you can subsequently link comments and the recorder can take notes/time/speakers.*

8. Before we begin our discussion, we are going to review a form with information about your rights as participants in this discussion and the survey. At the end of our meeting I am going to ask you to sign the forms. So, lets review the form together…
   [**REVIEW INFORMED CONSENT AGREEMENT HERE**]

9. Does anyone have any questions before we begin?

Protocol for the Focused Inquiry Interviews

1. What is it about the Ride for Health program that you want to be sure we talk about today? * (Write on Newsprint)

   * NOTE: With this question, the intent is to let participants know they will he heard and to identify topics participants want to see discussed. Expect, acknowledge, and accept any topics that address topics about the program: positive, negative, neutral, ambivalent, or conflicting. Do not elaborate on what is offered. Record the statements using neutral and non-judgmental language as topic statements using one word or a very brief phrase. (Depending on context, the interviewer has the option of posting the statements for all to see.)

   A WORD on PROBES: (Use as appropriate when following-up on participant responses.)

   - How does (did, would) that make a difference in your life?
   - How does (did, would) that make a difference in the life of others in your life (spouse, children, parents, significant others, neighbors, co-workers, etc.)?
   - How did (would) you (they) know that that made a difference?
   - What would others in your life (spouse, children, parents, significant others, neighbors, co-workers, etc.) say about that?
   - What? Who? When? Where? How? (What else? Who else? etc.)
   - Can you think of a time when that did *not* happen? What happened instead?

Probe for concrete benefits related to topics identified by participants (e.g. in question 1, above) and those identified previously by other stakeholders in the inquiry, in documents describing or reporting on the endeavor, etc. For example, cost, time, stress, receipt of service.

2. What about the Ride for Health program has been working for you?
   (See above for possible probes)

3. On a scale of 1-10 where a 10 means that Ride for Health is the best it could be, at what number on that scale would you rate the program? (Use Newsprint; Probes)

4. What would you want to see or hear that might move your rating of the Ride for Health program up on the scale? (Use Newsprint; Probes)

5. Suppose that tonight, you go to bed as usual – and --- in the middle of the night --- a miracle happens! Any problems or difficulties you have with Ride for Health vanish...poof! Gone! What does this new, PERFECT Ride for Health program look like? What are the signs for you that it has changed?

6. Uh Oh --- what if, instead of the program being PERFECT, the whole RIDE program disappeared? How would that make a difference to you? (Probe)

7. If you had three wishes for the Ride for Health program, what would they be? (Probe)

8. What might you want to add to this discussion about the Ride for Health program? (Probe)

APPENDIX F

Ride For Health Initiative
Informed Consent Agreement for Focus Group Discussion and Survey

Thank you for being here. During our time together we will be having a discussion and completing a survey on the Ride for Health cab service program. The purpose of the discussion and the survey is to hear your thoughts on the program. We would like to know how the program is doing, and what can be improved. As someone that uses the cabs, your opinion is very important.
Before we begin, we want to assure you that:

- Your personal information, including your name, will not be used when we report the results of the survey.
- You don't have to participate in the discussion or in the survey to use the cab service.
- If you feel uncomfortable at any point you can leave the discussion or stop the survey and we will not use any information that you have given us.

We ask that you do not discuss anything that is said tonight. We want keep our discussion in this room and between us.
As a thank you for traveling here tonight, Villanova University is giving you a small gift of $10 to help cover your travel and other costs.

Please Complete and Turn In At End of Session

- I agree to participate in the discussion group and agree to the above conditions.
- I received a $10 gift to help cover travel and other costs.

Your Name _____
(Please print)

Signature _____ Date_____

Villanova Staff _____ Signature_____ Date_____
(Please print name)