

Diversified Transportation Services With Emphasis on the Elderly and Handicapped

Marvin L. Glassman, Columbus Green Cabs, Columbus, Ohio

This paper advocates the use of taxicab companies to provide paratransit services for the elderly and handicapped. The author provides examples from his company's operation to show the kinds of services a cab company can handle for a local transit authority.

Do you remember wishing as a youngster that things would disappear or go away—like that next exam in Latin or the bully waiting for you around the corner? There are a lot of people who would like to see the problems of transporting the elderly and handicapped disappear. But, like the bully and the Latin test, they just won't leave.

Our industry and especially my company have for many years been concerned with transportation of the handicapped and the elderly. Contrary to what some of the writers and experts in the field say, taxis are currently the best mode of transportation available to them. They constitute a large portion of our total business; people 60 and over represent 21.7 percent of our volume and adding housewives, students, and unemployed and incapacitated persons brings it to 60 percent of our volume.

Many planners and transit people question the ability of our industry to handle the elderly and handicapped. James Bautz of the Urban Mass Transportation Administration (UMTA) said at a special meeting of the International Taxicab Association in 1975,

While we (UMTA) are having some success in gaining your active involvement in demonstration projects, much remains to be done before urban areas become convinced of the potential your industry offers. We have yet to demonstrate effective mechanism to purchase your services through public agencies. One possible outcome, unless more progress is made, is to see all these services eventually provided directly by public agencies rather than through private operators like yourselves.

Long before Mr. Bautz made his statement, we had already made contact with our local transit authority to help them provide these services.

I would like to show you how and why a diversified taxicab operation is the only logical way to properly handle a community's responsibility to its aged and handicapped. There is no need for a superagency or for the local transit authority to enter a field in which

it has no expertise. An examination of our total operation can show why a local governmental agency should purchase service from its local taxicab operator. Other companies may be larger and some smaller, but with a cab company there probably would not be a need for any additional operations facility.

Our industry has been in demand-responsive transportation since we replaced the horse and buggy as a means of transportation. When I consider what is being done today when local health agencies acquire funds for vehicles and set up their own transportation system, it makes me shudder. These health agencies or welfare organizations use full-time and part-time volunteers who are, for the most part, untrained drivers to drive their buses, vans, and automobiles. Every one of our drivers must go through an intensive 2-day safety course.

Earlier I mentioned that 60 percent of the industry's passengers are housewives, students, and the unemployed, retired, and incapacitated. Some indication of how this builds up to such a high percentage can be seen in our figures of more than 1400 exceptional school children and day-care-center children taken to and from their programs. Each new driver is instructed in the care of these exceptional children, the physically handicapped, the neurologically handicapped, the blind, the deaf, the hyperactive, and the educable mentally retarded.

Some of you may be asked why they are not transported by the regular school bus. These schools are spread out all over the city and there is not a school or class for each of these students near their homes. A long bus ride can cause a child who is already disadvantaged to become a problem in the classroom and also to cause problems at home after he has finished a tiring day in school. Each driver is given this special training even though he might be driving an airport limousine or leased van or his hours might be those when there is no school. Our supervisors are able to shift drivers from one area to another without affecting any of our schedules or customers.

The typical organization serving the mobile handicapped or those with limited mobility will generally have its vehicles repaired at the corner gas station or at the dealer's shop if something major happens. You will find that most cab companies have their own maintenance

shops and follow a rigid preventive maintenance program that enables us to get a much longer life out of a vehicle. The shop is a totally self-contained repair shop that includes motor and transmission rebuilding, frame straightening, bodywork, and an electrical department. Most of the vehicles have more than 400 000 km (250 000 miles) and some as many as 480 000 km (300 000 miles). Equipment properly maintained results in better service to the customer and, of course, lower overhead.

Just like every other type of business, we have our piles of paper work that eventually find their way into our computer. In addition to the normal business functions, we receive two very valuable pieces of information. The first is our fuel consumption report, which tells our shop foreman the distance each vehicle travels and the amount of fuel it consumes. When you use 4 000 000 to 6 000 000 liters (1 000 000 to 1 500 000 gal) of gasoline a year, a 10 percent savings means quite a few dollars. The second report is a productivity report on each individual driver.

I have discussed some of the reasons why and how a diversified paratransit organization can and should be involved in more than just the ordinary needs of the mobile handicapped. But the key to the entire program is our communications center. This is the area that makes the whole operation move. We have about 60 incoming telephone lines and we use four separate channels to dispatch a minimum of 3000 orders and up to 6000 orders every 24 hours. Unlike cab companies in cities like New York, Chicago, and Washington, we depend on our communications center for 80 to 90 percent of our total business. We are so concerned about the service we give the general public that we recently purchased two electronic answering devices to enable our customers to be answered and have their orders taken without any great delay.

The communications center is where our grouping and mixing are done for school and day-care-center children, as well as our industrial take-home program (some industries must transport their employees by cab if there is no public transportation available). Of course we are only people who must serve the public 24 hours a day. We cannot shut any of our operation off just because business slacks off.

I believe that many transportation systems reflect the feelings of management when it comes to the elderly and the handicapped. Those of us who do care seem to be the ones in the forefront. We were one of the first cab companies to have a wheelchair taxicab so that those who were confined to a wheelchair and their homes would be able to have some freedom. One of our customers, for example, had been confined to her home for many years and only traveled at the convenience of her family; she was able to go to the polls alone to vote for the first time in more than 20 years when our service was started in 1969. We have been able to transmit this feeling of concern to our employees because they know that a number of their fellow employees have physical handicaps.

We have developed two plans for the elderly and handicapped. The Mid-Ohio Regional Planning Commission has received funds for the planning of the first program. Our program is unique in that we have a lot of agencies involved. We initiated our program in late 1975 with a discussion involving our local transit authority, the regional UMTA representative, a representative from the mayor's office, and our management team. The purpose was to develop a demand-responsive system of transportation for the elderly and handicapped, but not a dial-a-ride system. As our discussion developed, we all came to the conclusion that we should not undertake too much. We all felt that, to develop a sound program,

the demonstration should be developed over a 3-year period. One of the first problems we faced was that of identifying the mobile handicapped, those with limited mobility, and the elderly. The mobile handicapped and those with limited mobility could be identified through health agencies and the elderly through the transit authority's Good-as-Gold Discount Card.

The second step was to find some cooperating health and service agencies. Our United Cerebral Palsy Agency in the last couple of years had developed a fleet of 14 vans and a bus and was getting tired of the transportation problems discussed above. Their operating funds are derived from title 20 funds from the Department of Health, Education, and Welfare (HEW). Their program is such that their vehicles are used between 7:30 and 9:00 a.m. and 3:30 and 5:00 p.m., with one vehicle used each afternoon for a recreational program. The second organization we contacted was the City of Columbus Recreation Department's Council on Aging, which has a nutritional program that is also funded by HEW. They had 5 vans that are used between 9:30 a.m. and 3:30 p.m. Here was another agency that wanted to get out of the transportation business and back to their concern with the problems of the aging. The two agencies made a perfect match and we were able to eliminate 5 vehicles.

We anticipate serving as a subcontractor of the transit authority. The routing and scheduling will be done in our communications center in cooperation with the participating groups. As the entire program develops, such agencies as the Red Cross volunteer program for the elderly and the Crippled Children's Society may become part of our match. Once we have completed the involvement of all the agencies, this program will go beyond the necessities of life (training, shopping, doctors) and give these people the opportunity to enjoy a type of social life (theater, lectures, dining out) that is not available today. In the long range we can also see the fulfillment of some of the other needs using a type of dial-a-ride feeder system that will allow these people to use conventional buses.

This program for the elderly and handicapped is one that will not be developed just for Columbus but, with modification, for any town of any size. There is no need for that superagency Mr. Bautz called for. There is at least one cab company in each of 3561 communities throughout the United States to carry out this program.

Our second plan, one that is still on the drawing boards of our company but that will be of great assistance to many small communities, is what we call Operation Outreach. Although we do not know the actual needs, we would have a fleet of multipurpose vans, such as a maxi-van that has theater-type seats around the perimeter that will fold up when you must use a wheelchair. Through the use of an incoming WATS line, the people in such towns as Newark and Granville would be able to order the type of service they needed. It would require 24 hours advance notice for service, but the elderly and handicapped would be given the freedom of mobility that other people have. The number of communities that could be served depends, of course, on the availability of funds and the cooperation of the communities.

I believe that private paratransit organizations can participate with both the local and national agencies of government to give the elderly and handicapped a more than adequate system of transportation.