

# Evaluation of Interagency Coordination and Cooperation Between Transportation and Aging Networks in Harris County, Texas

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Interagency coordination and cooperation are considered effective tools of management in an era of fiscal crisis in the public sector. The degree of coordination and cooperation between the transportation and aging networks in Harris County, Texas, was examined and evaluated. Data were collected from agencies on such cooperation and coordination. Results show that little coordination is taking place; primary interaction occurs between the main funding agency and individual transportation or service providers.

Coordination and cooperation between agencies have been major issues from the late 1980s because of anticipated and actual federal funding cuts and because of the need to be more efficient and reduce administrative and overhead expenses (1). The needs of the growing group of the elderly and the differences in services between rural and urban areas are highlighted in federal reports. Although agreements between the Administration on Aging and the U.S. Department of Transportation indicate that the emphasis on coordination and interagency cooperation at the federal level is a recent development, coordinate services have been implemented since the early 1970s (2). Some coordinated transportation services have been subsidized by the local human resource agencies' Title III Grant and UMTA; their size of operation has increased from a few passengers to a large operation of thousands of daily trips. Some of these services are primarily in rural areas, but other examples are strictly urban (3). Other relevant research includes earlier work in examining and evaluating different management concepts for consolidating specialized transportation (4). Perhaps the best published document in the area of coordination is that by the Center for Systems and Program Development (5), in which a wide range of management models—from community action agencies to brokerage models to volunteer programs—are described and discussed in detail.

Although the available literature clearly indicates that coordination was initiated in a number of areas in the 1970s, it does not appear that the lessons learned were transferred to other states or programs. For example, in Texas, there appears to be little knowledge or diffusion of the brokerage coordination concepts despite the initiation of the Bexar County brokerage plan (6). Close to San Antonio and Bexar County is Harris County, the largest urbanized county in Texas, where one would expect some of these innovative ideas to be promoted. Thus, this research evaluates the level of interagency

coordination and cooperation between the transportation and agency networks in Harris County.

## DATA AND SAMPLE

A combination of service providers furnish transportation services for the elderly in Harris County: the Houston Metro (regular fixed-route services), Metrolift (for the handicapped only), the metropolitan subsidy taxi program, bus services provided for or by senior or multipurpose centers, and taxi services dominate. Human services agencies provide transportation for specific trips to all eligible clients including the elderly. These trips are limited to specific destinations for a single trip purpose for a wide range of clients besides the elderly, so they were excluded for this research.

To ascertain the level of interagency coordination, a list of agencies was developed from the list of service providers to the elderly, which was developed by the Houston/Harris County Area Agency on Aging (AAA). The 105 potential transportation providers included taxi companies and Metrolift. The Houston Metro was excluded because of the nature of its services and its area limitations.

Information on coordination and interagency cooperation was not readily available. As a result of the limited information, data were collected through a questionnaire that was pretested and precoded to simplify data analysis. Although 105 agencies were contacted in the initial mailing, only 25 percent of them completed and returned questionnaires in the prepaid envelopes. This response was well within the expected rate of 20 percent as defined by social science research methods; nevertheless, the authors were disappointed. Another 20 percent responded after being repeatedly contacted for telephone interviews. The overall data collection effort indicated that many agency directors or their assistants did not have the time, data, or strong interest in providing input to the survey. As a result, many questionnaires were not completed well and some responses to complementary questions were inconsistent. All these factors are reflected in the results obtained from our analysis of the data from the questionnaire and the responses from a user survey of 250 elderly people conducted a few months earlier (7).

## FINDINGS

Harris County has about 280,340 elderly persons (those 60 years and older) on the basis of the 1990 census; the ethnic breakdown is shown in the following table:

Ethnic Group	Total Population
White	186,788
Black	50,452
Hispanic	30,767
Asian	6,846
Native American	596
Others (self-classified)	12,191

As a whole, the fastest-growing segment of the population is the Hispanics, who may have been undercounted during the 1990 census because of language and other factors.

Of these elderly, 4,137 unduplicated persons received transportation services during 1991-1992 that were funded primarily through the AAA (Houston/Harris County AAA, unpublished data, Sept. 1992). For the same period, 271,351 one-way trips were recorded, which yields an average of 65.6 trips per person per year, or approximately 5.4 trips per month (a little more than one trip per week per person). From the data it is safe to assume that the remaining individuals getting transportation are subsidized through other funding agencies or provide their own transportation by driving or getting a ride (5). Clearly, although other private foundations provide funds both for group meals and transportation to the sites, the primary service providers are funded through the AAA and appear to serve only a small percentage of the elderly in Harris County (1.5 percent for transportation and 4.1 percent for group meals). Thus, it is apparent that though there is a rapid increase in the elderly population in the county, the services are available to only a few. Service must be provided not only to keep up but also to serve an ever-increasing percentage of the elderly, many of whom are likely to become more aware of their rights to such services under the Older American Act of 1965.

Transportation is the key to the elderly's ability to access other services; hence, coordination and interagency cooperation may be the only ways to expand transportation services to meet an increased demand.

Analysis of the information collected produced the following distribution of agencies that participated in the survey:

Agency Type	Response (%)
Government and social service	12.2
Church/private	10.2
Senior/nutrition	44.9
Multipurpose	16.4
Nursing home/assisted living	16.3

From the data it can be seen that senior centers or nutrition centers provided the bulk of the responses and that no exclusively transportation agencies responded. Of these agencies, the provision of transportation services to their clients is shown in the following table:

Service Type	Response (%)
Agency vehicle/paid driver	34.7
Contract with a transport company	30.6
Voluntary driver plus others	16.3
Combination of above	14.3
Not applicable	4.1

This table indicates that most of these agencies used a combination of their own vehicles, paid drivers, and contractors. Several interrelationships between many variables were investigated, and the significant relationships are tabulated in Table 1.

From Table 1, the strong link between the agencies and their choices of providing transportation services is evident. The crosstabulation between the agency type and the transportation services shows a significant relationship. The missing cells indicate several factors, such as (a) limited transportation services provided by certain types of agencies, (b) a lack of mobility needs on the part of the clients (due to deteriorating physical health for those in nursing homes), and (c) regulatory barriers prohibiting volunteer drivers (as with government or social service agencies). The relationship between the agency and the manner in which its clients travel is also very strong. Centers that have their own vehicles or paid drivers provide most of their clients with transportation or contracted services. Centers that use volunteer drivers (or a combination with volunteers) have many clients who drive their own cars. There is also a high degree of correlation between the type of agency and its primary activity; this is expected because agencies were classified primarily by their functions.

In the preceding crosstabulation (Table 1), the cells without any value show those agencies that have organizational constraints on the kind of activities that are provided for the elderly (e.g., no health care facilities for the church or private associations, or the multipurpose centers). Likewise, these missing combinations may also reflect a lack of physical facilities or funds to provide certain types of services. Of crucial importance in the analysis were the questions on the level of information on the transportation alternatives provided by

TABLE 1 Significant Relationships

Crosstable Variable	$\chi^2$	P-Value	Degrees of Freedom
Agency type/transportation type	32.25604	.00926	16
Agency type/manner in which client travel to center	40.95711	.01684	24
Agency type/primary activity of center	28.74475	.00430	12
Agency type/type of additional trips needed	13.51558	.9530	8
Agency type/frequency of interagency communication	12.24288	.01563	4
Agency type/need for centralized computer information system	14.84738	.06128	8
Agency type/outreach program	21.49784	.04355	12

the agencies to their clients and various mechanisms for information exchange between agencies and with clients.

Only certain responses were significantly related to the type of agencies. They were as follows:

- The clients' responses on additional trip needs being mainly for shopping,
- The regularity of interagency communication,
- The need for centralized computer information systems, and
- The existence of outreach programs.

Although the findings point to the existence of regular feedback and interagency cooperation and the need for formal communication mechanisms, the effectiveness of the current exchanges and the validity of the responses to the questionnaire may be questionable.

The evidence on information available to agency clients suggests that most agencies have very little information on alternative transportation. The results of the survey are shown here.

Information	No (%)	Yes (%)
Schedules	55.1	40.8
Rates	61.2	34.7
Senior eligibility criteria	49.0	46.9
Taxi rates	64.3	28.6

Most of the agencies appear to provide little or no information to their clients, so they are unlikely to have much interaction with other agencies, especially transportation agencies. Of course, this lack of information could also reflect that the primary activity of these agencies is to provide meals. Most respondents (primarily directors) believe that the majority of their clients drive (44 percent of the agencies), probably because of their suburban or rural locations. Of those centers that keep information on their clients' transportation needs, the most frequent requests were for shopping trips, which was followed by medical trips.

These general indicators of a lack of interagency interaction are reinforced by the fact that 48 percent of the agencies do not have any mechanism for exchanging information on senior services in the county. The findings on the regularity of coordinating activities are given in the following table:

Degree of Interaction	Percentages
Regularly	36
Periodically	16
Occasionally	10
Rarely	24
No response	14

These figures show that only a few of these agencies have regular contact with other agencies. To reinforce the lack of interagency coordination and cooperation, 54 percent of the agencies expressed a need for coordination. Of this group, 40 percent indicated a need for a centralized computer information system.

Perhaps most useful is the response on the need for a centralized computer referral system, which was expressed by 64 percent of the agencies. It was attempted to solicit explicit ideas on ways to improve communication between agencies, but there were no useful suggestions.

Implicit questions on awareness of brokerage management systems indicated that most agency respondents had no understanding of this type of system. Detailed questions on service

characteristics of a brokerage system yielded similar results. Responses to the question on the agency of primary importance with which they interact reinforced the earlier findings that each agency interacted mainly with its funding agencies, which are primarily the AAA, the United Way, and some private foundations. This appeared to be the only indication of their interaction with the aging network. Sixty percent of agencies said they had an outreach program.

A surprising finding is that most of the agencies' clients traveled less than 20 mi; a significant minority traveled more than 50 mi (probably for medical trips).

## CONCLUSIONS

A summary of the findings clearly shows an awareness of the need to interact and coordinate—but a lack of agreement on method—and an awareness of the value of a computerized data base and central referral system.

Overall, interaction between the transportation and aging agencies appears to be nonexistent except for those agencies that contract with a transportation company to serve their clients. Since none of the transportation agencies initially contacted participated in the survey, all the conclusions as to their lack of interaction are speculative. It appears that the transportation agencies are not interested in interacting with the aging network and do not depend on this network for their business. For example, the Metrolift service caters to the needs of the handicapped, some of whom are elderly. However, the elderly handicapped individuals may be an insignificant group for Metrolift because few of them qualify for its service. The overwhelming feeling of the authors was that agencies were unable to keep track of information, needs, or actual use of services by their clients beyond the minimum required to comply with contractual obligations. It would be appropriate to conclude that there is limited interagency cooperation and no interagency coordination in Harris County. In addition, there is little interaction and cooperation between the transportation and the aging networks despite the existence of an extensive aging network comprising hospital, research, and service centers.

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