

901Ride CHOICE

Annual Report
2020

Prepared by Innovate Memphis
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901RideChoice is a local pilot program based on the nationally recognized model of One-Call-One-Click (1C-1C, see Figure 1A in Appendix). This effort, which was launched in March 2019, seeks to improve rider access to transportation services. For phase one of the program, we focused on establishing a call center to serve as a contact point for information and referral to transportation providers, along with the development of a web-based trip planning website and platform. This platform serves as a resource to the call center and other local nonprofit partners. This program is powered by Innovate Memphis and funded by the City of Memphis and Memphis Area Transit Authority (MATA) through a Federal Transit Administration Section 5310 grant.



Key objectives of this effort are as follows:

- Improve information and coordination for ease of access to transportation options
- Develop coordinated healthcare transportation solutions
- Increase access to primary and preventive care among seniors and people living with disabilities

All calls received by the call center are recorded in Memphis Crisis Center’s iCarol platform, which can be used to observe high level trends in caller demographics and requests. From March 2019 - February 2020, **901RideChoice** call center has fielded 2,435 calls seeking ride options or other information, averaging 221 calls per month with 45% of calls receiving some sort of referral.

901RideChoice provides two main services: providing callers with general information about transportation options in Memphis and assistance with planning a specific trip.

While callers are primarily seeking out ride information, many people have other needs for which the call center may also offer referrals. Figure 1 shows the most frequent caller issues aside from ride options, with administrative services, medical services, and senior issues being the most frequently cited. Prior to July '19, all general information seeking calls were classified as "Administrative," which accounts for the majority of this call type.

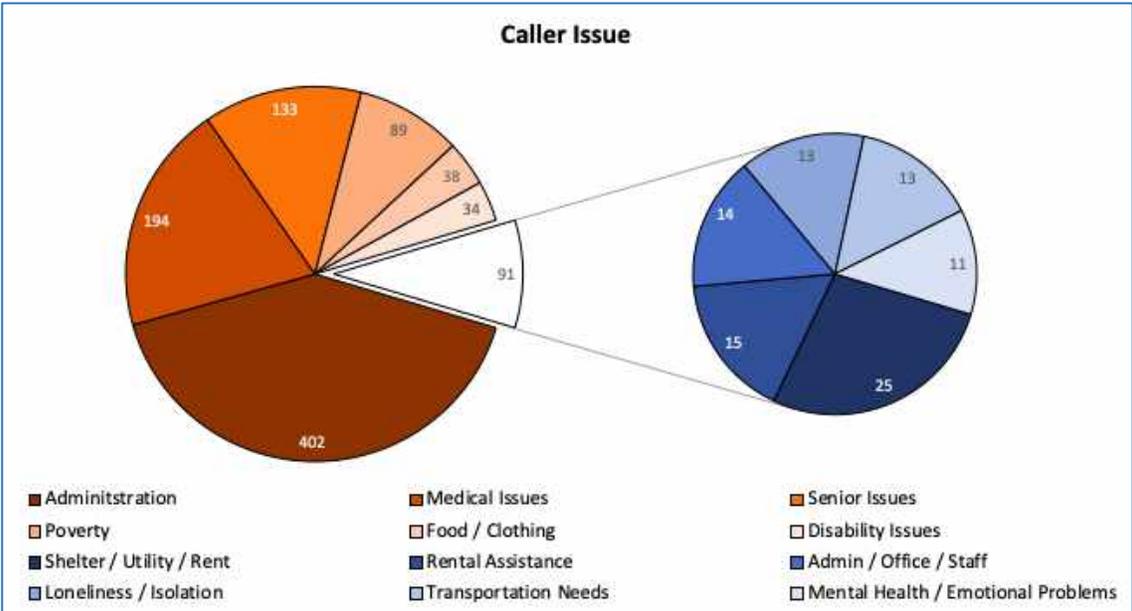


Figure 1: Commonly reported caller issues

While 901RideChoice was originally created to assist callers in planning and scheduling a specific trip, about half of the calls were from people who simply wanted general information. Over the last year, 1,083 referrals were offered for a wide range of services, including but not limited to ride options. The majority of ride referrals (76%) are related to healthcare transportation, such as visits to the doctor or pharmacy. A full breakdown of ride purposes may be found in Figure 2A (Appendix). Figure 2 shows the most commonly referred resources besides ride options,

demonstrating the scope of services being offered through the call center.

1,083 referrals offered
76% ride referrals to healthcare transportation

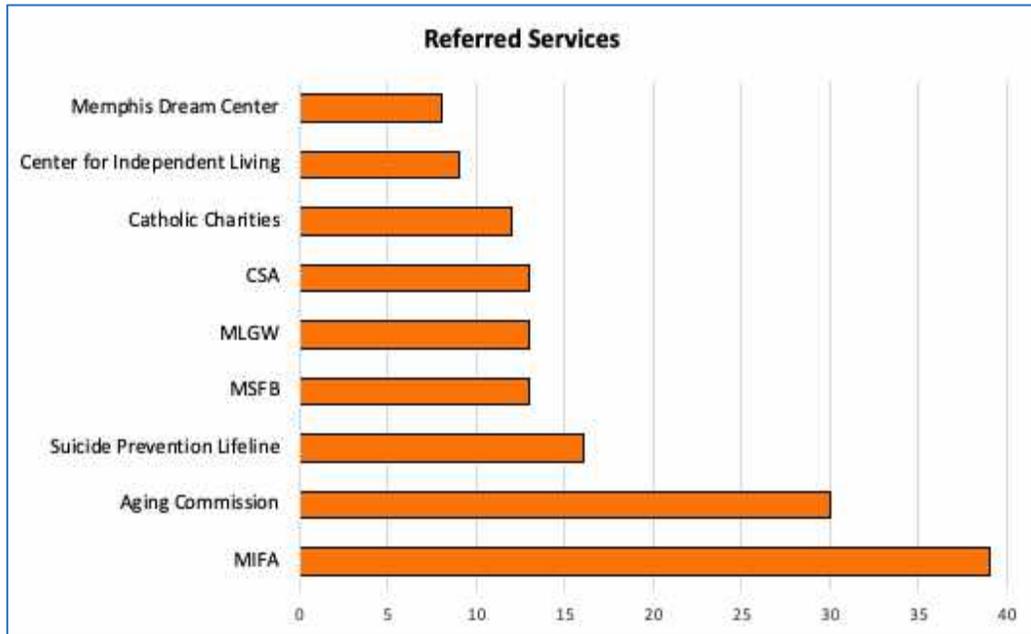
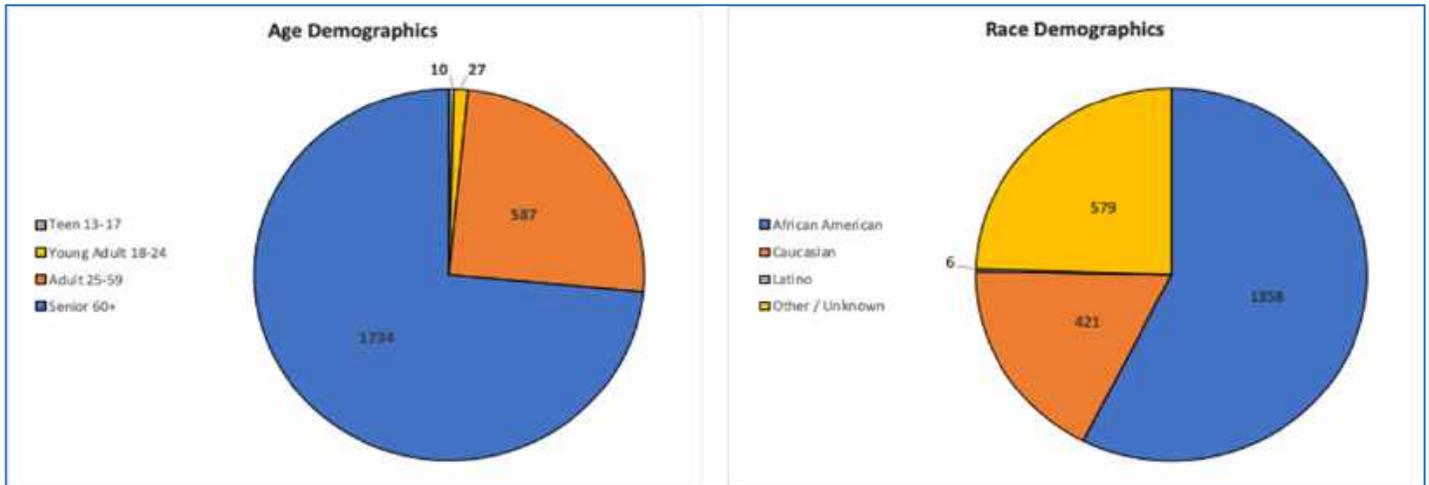


Figure 2: Services referred through call center

Caller Demographics

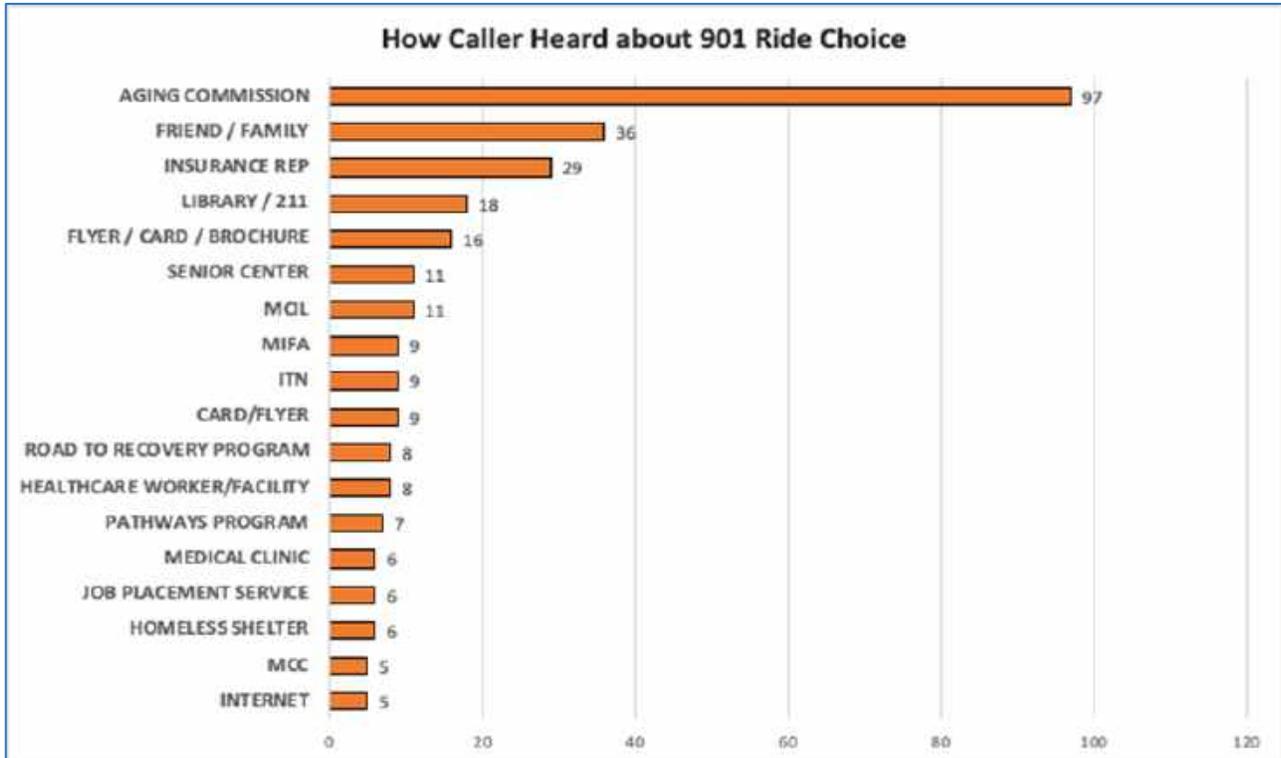
The program serves an older demographic that falls within underserved communities. Callers were primarily 60+ years old (73%), with 57% of callers being African American and 56% being female.



Not all callers request or receive a referral. The following demographics are representative of callers who received a program referral, but are not representative of all callers.

Program Awareness

Callers frequently hear about the **901RideChoice** call center through partners such as Aging Commission of the Midsouth (97 referrals), friends and family (36 referrals), or insurance representatives (29 referrals). Few callers reported hearing about the program through advertisements or brochures, but a diverse group of partner programs provide many avenues for callers to learn about the program.



The majority of callers live in areas with low average household income that border the I-240 loop, as shown in Figure 3. Note that location data is only collected for callers logged in the **901RideChoice** platform, which provides a sample but may not fully represent the scope of callers. Figure 4 shows a heatmap of destinations that frequently receive ride recommendations, where darker blue colors denote a higher volume of ride requests. The majority of ride requests are traveling to the medical district (38104) or to medical facilities in East Memphis (38119).

The majority of callers requesting transportation service referrals live in areas with low average household income that border the I-240 loop, and the majority of ride requests are traveling to the medical district or to facilities in East Memphis.

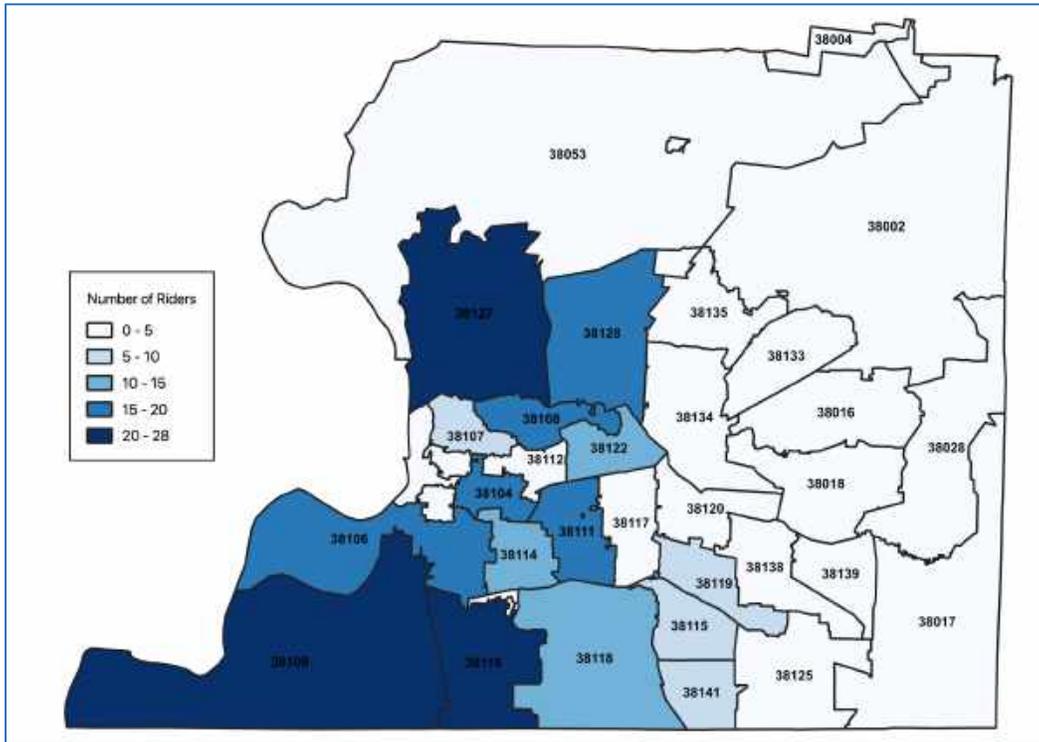


Figure 3: Distribution of 901RideChoice riders

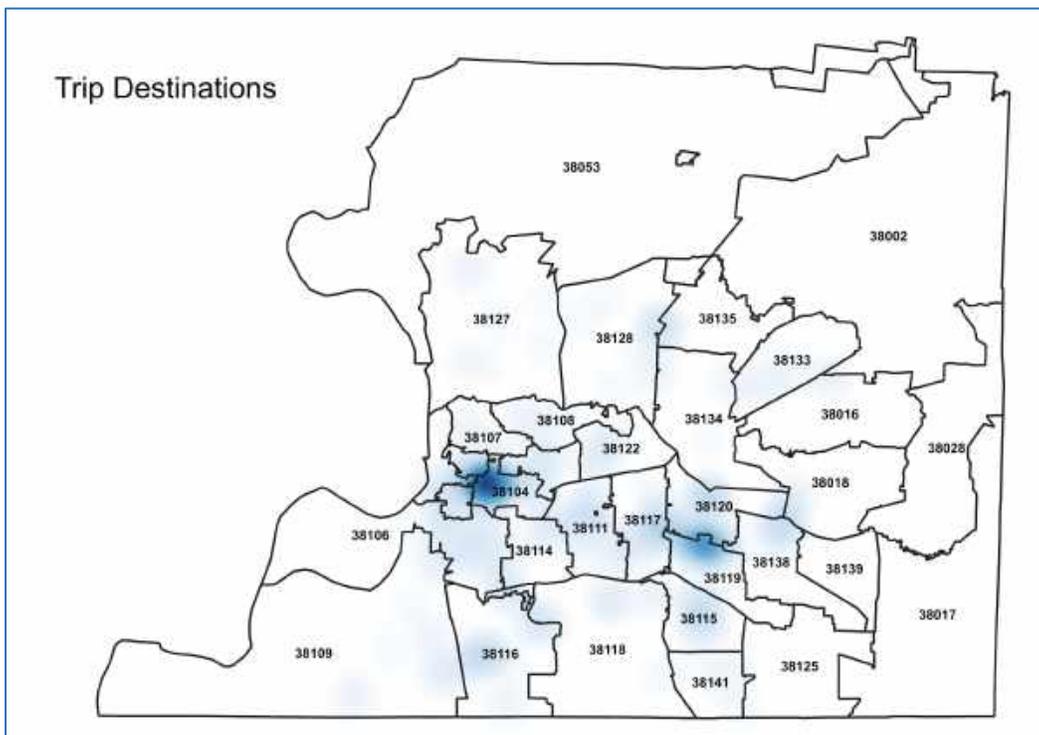


Figure 4: Heat map showing where riders travel

Part II: Program Successes and Failures

Innovate Memphis believes that all pilots and programs can be evaluated for impact, and successes and failures should be addressed honestly to evaluate opportunities for improvement. Only after a series of improvements and iterations do we work with partners to sustain or not sustain a certain program. The **901RideChoice** program is evolving as the call center and partners work together to improve outcomes.

Quantitative data analyses can help more accurately understand where the program is succeeding, as well as the improvements that can be made. Currently, the call center is using two platforms to record data. Memphis Crisis Center's (MCC) iCarol platform records an overview of every call received, while the **901RideChoice** platform records every rider trip that is recommended and some rider profile data. Access to MCC's iCarol data is limited due to privacy laws. Thus, in these analyses iCarol reports provide an overview of call types, while **901RideChoice** data provides a more in-depth view of rider experience. Note that not all callers request ride referral options, and 901RideChoice platform captures rider referral data, so only 5.6% of all calls have a corresponding entry in the **901RideChoice** platform. Thus, detailed quantitative analyses in this section are limited to understanding rider experience and are not representative of all callers receiving assistance through the call center. Improved data capture is needed to fully appreciate what the other 94.4% of callers are seeking and how they feel their needs are being met. All callers who receive a ride referral receive a follow-up call after the scheduled ride to discuss whether they took the trip and how satisfied they were with the experience. For all recommended trips, 59% of callers answered and participated in these follow-up calls. Of these participants, 21% used the recommended ride option. Ideally, the program would have a much higher success rate for recommended trip options, so the next step is to understand what makes for successful trips and what barriers exist that prevent riders from taking the trip.



2500+
Calls



Call Volume and Call Center Support

Within our first year, **901RideChoice** has recorded upwards of 2,500 calls. Our call center partners note that similar programs have taken upward of 3 years to receive the same call volume. Much of the success of the initial program awareness can be attributed to the marketing and communications push undertaken between April and June of 2019. Television and radio ads were the most effective in reaching the targeted demographic. Following the media launch, partner referrals, print collateral, community outreach, and word of mouth continue to build awareness.

The large volume of calls received within the first year of the program highlights the gap the 901RideChoice is filling.

Cost is the Number One Barrier to Accessing Transportation

Those who did not take the recommended trip option were asked why they did not use the service, and 61% reported financial barriers as the reason for not taking the trip. Some other issues included scheduling issues, forgetting the trip, or having an issue with the provider, but the majority of respondents reported that the ride was too expensive or their insurance did not cover transportation. Of all rides recommended this year, 85% required self-payment from the rider instead of being covered by insurance. This indicates that financial barriers are the most

significant barrier to successful trips, which will especially impact marginalized communities seeking affordable transportation options.

61% reported financial barriers
85% required self-payment from the rider

Insurance is an Underutilized Resource

Though one of the biggest resources available to riders is the transportation stipend offered through their insurance, data shows that that benefit is heavily under-utilized among our riders. In many cases even those with insurance still had to pay for their transportation out of pocket. This is largely because many transportation providers do not take a wide range of insurance types, people do not understand how to utilize the transportation stipend provided by their insurance, or for those who do, their transportation stipends run out midway through the year.

Other Factors Influencing Trip Success

Some providers have a higher self-reported trip success rate than others, which may help shape future recommendations. Southeast Transportation had a 20% success rate, while Midsouth Ambulatory Services had no successful trips. There also appears to be a correlation between trip purpose and ride success. Medical appointments only have a 12% trip success rate, while daily errands have a 29% success rate, as shown in Figure 5. This indicates that riders are either relying on other services to transport them to medical appointments or skipping them entirely. This could maintain the burden on Emergency Medical Services (EMS) who are frequently used for non-emergency transportation or transport emergent patients because the patients have not had routine medical care.

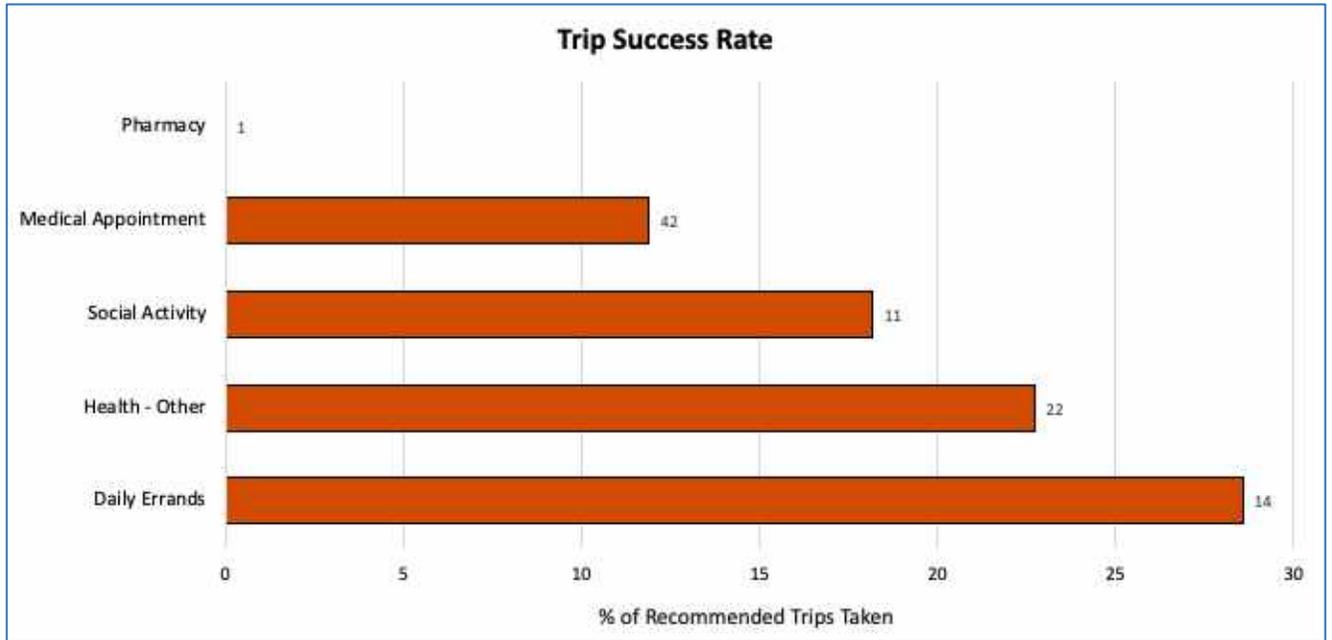
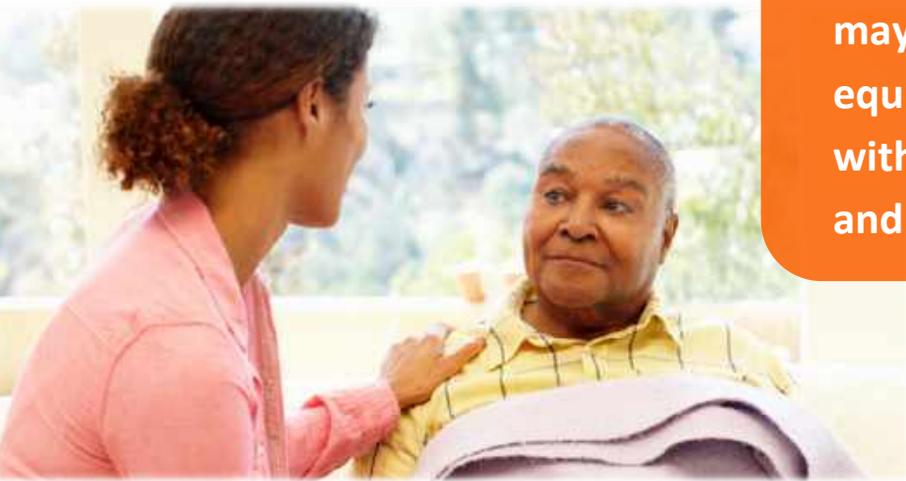


Figure 5: Success rates for different trip purposes.



This indicates that the program may work to provide more equitable access for communities with few transportation options and many financial barriers.

Figure 3 shows the distribution of calls received across Shelby County, which were focused in North and South Memphis surrounding the I-240 loop. The three zip codes with the most riders (38109, 38116, and 38127) all have more than 10% of households who do not own a car (see Figure 3A). These neighborhoods are primarily low-income African American communities (Figure 6). This indicates that the program may work to provide more equitable access for communities with few transportation options and many financial barriers, but there is still ample room for improvement in reaching out to vulnerable populations.

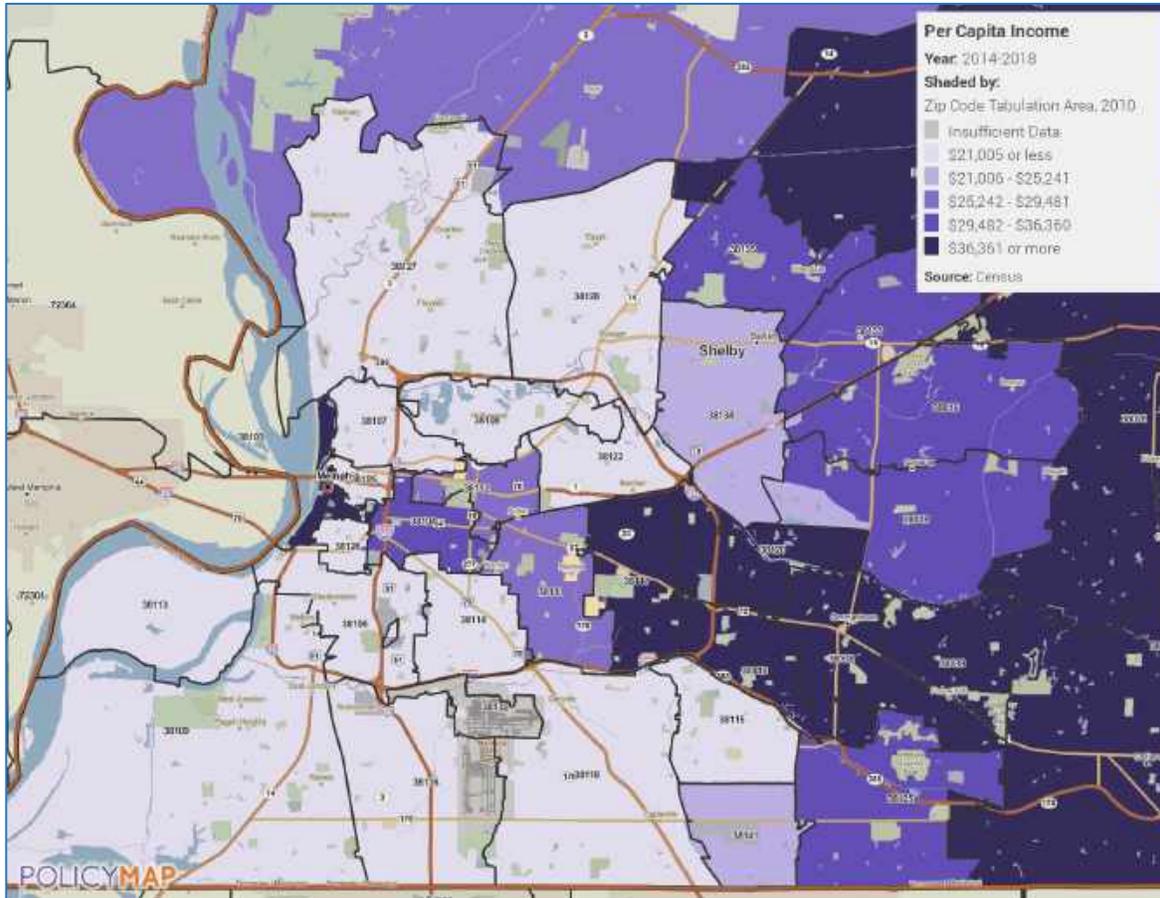


Figure 6: Per capita income by zip code in Shelby County

Source: Estimated Per Capita Income, between 2014 and 2018. PolicyMap, <https://plcy.mp/TPCRGjM> (based on data from ACS; Accessed 20 April, 2020).

Quantitative data allows us to objectively measure high level patterns and trends. Qualitative data gives more detailed insight, which is imperative to understand how the program is functioning. Qualitative data from interviews with call center staff and partners as well as caller commentary are used in this analysis to more deeply understand what the program is achieving well and where it may need improvement.

Call center staff have noted the need for improvements in data collection software. This is because the platform was developed to be trip-centric, but 50% of calls are information seeking and do not have a specific trip in mind. Call center staff have noted that data capture and analyses could be used to improve the program more effectively if an iCarol platform was developed specifically for **901RideChoice** data needs.

The call center also notes that the program needs more low-cost ride providers such as Delta Rides or the American Cancer Society's Road to Recovery program. This was supported by quantitative data analyses, where many callers do not use the ride options recommended due to financial barriers. Follow-up calls are one of the most useful ways to understand how helpful callers found this service, but the call center has noted difficulties with this process. Many callers do not answer the call, and those that do generally don't wish to speak for long.



50% of calls are
information seeking
without a specific trip
in mind

The Value of 901RideChoice for Partners

During a recent discussion, our community partners were presented with two options for the future development of the program:

1. Focus on further developing call center capacity to provide more hands-on travel training and support for our riders

OR

2. Develop the **901RideChoice** platform to allow partners and riders to plan and schedule trips themselves online.

We found that currently, the vast majority of our partners only refer clients to the call center, as opposed to using the platform themselves. Partners noted that the value they found was in the additional support they received through having a representative walk their clients through finding the right provider. The Aging Commission notes that given the older demographic they serve, the program works for them. Referring clients to the call center is very simple and easy, and they would like to keep it as simple as possible going forward. The predominantly older demographic served by the program tends to be happy with calling rather than using online portals. In addition, the younger clients served by the Memphis Center for Independent Living also prefer the call-based approach.



We found that, given the older demographic that the program serves, the call center and the human interaction and support received is what our callers find most valuable. We have also received consistent high marks for our customer service.

Both quantitative and qualitative analyses of the **901RideChoice** program have revealed opportunities to improve the program's community impact. As it stands, the program has a relatively small impact zone and is burdened by systems that do not serve all community callers, as well as financial barriers to travel. A set of five program improvements are outlined below that would overcome these barriers and broaden the program's impact.

Recommendation 1: Develop a 901 program-specific iCarol platform to capture all data.

A large number of calls (94.4%) are not currently receiving ride recommendations that can be logged into the **901RideChoice** platform. Due to confidentiality laws, the Memphis Crisis Center cannot share individual-level data for calls logged into their iCarol platform. Their platform is also not set up to capture call data specific to the **901RideChoice** program's needs. Developing our own call-based, as opposed to trip-based, platform in iCarol is the first step to understanding what information callers are seeking if they are not receiving a ride referral and how the program can better support those needs. Note that this step is currently in progress by Innovate Memphis.

Recommendation 2: Provide ride stipends for medical appointments.

The data currently shows that riders are more likely to take their trip for errands than for medical appointments. Some riders find another way to travel to their appointment, while others skip it. This may burden public resources as it has been proven in the past that vulnerable residents rely on EMS. Medical ride stipends are a relatively inexpensive way to provide equitable solutions to healthcare barriers in our vulnerable communities.

Recommendation 3: Targeted advertising in communities with low car ownership.

The primary communities currently calling into this service have high occurrence (>10%) of households with no cars. However, there are still many communities with low car ownership who are not frequently using the call center (Figure 3A). Ensuring these communities have knowledge of and access to the call center can provide equitable health solutions and reduce the burden on EMS. This may also be achieved by working with neighborhood associations, CDC's, or other community partners.

Recommendation 4: Work with EMS to determine how 901RideChoice may impact call volume.

EMS is heavily burdened by non-emergent calls in the Memphis area. Regular data collaboration could determine if **901RideChoice** has the potential to relieve call volume in certain patient categories, as older patients are offered alternative affordable ride options to reach medical appointments. This may include a promotional partnership with Healthcare Navigators. This work is in progress by Innovate Memphis.

Recommendation 5: Focus funding on low tech options.

The current demographic primarily served by **901RideChoice** is an older population that has shown limited interest in email correspondence or the online **901RideChoice** portal. Focusing on improving the call center allows us to better serve the current demographic, while the online portal could be later redeveloped into an app to serve a different demographic and increase its usefulness.

The One-Call-One-Click Model

A one call/one click service for transportation provides customers with a single point of contact to learn about available transportation resources. This customer friendly tool can empower travelers by providing information about, assistance with, and access to available services (CTAA). The pilot program seeks to reduce the number and percent of non-emergency calls to MFD for transportation by addressing the root cause of the underlying needs of two particularly vulnerable populations, older adults and adults with disabilities. This pilot will serve as a “test of change” and the results will be used to determine the potential benefit of scaling the solution. Leveraging the materials and learnings from other cities, the pilot will adapt a One Call / One Click model for Memphis at a small scale, targeting older adults and individuals with disabilities. Key Components of a 1C1C model are identified in the diagram below.

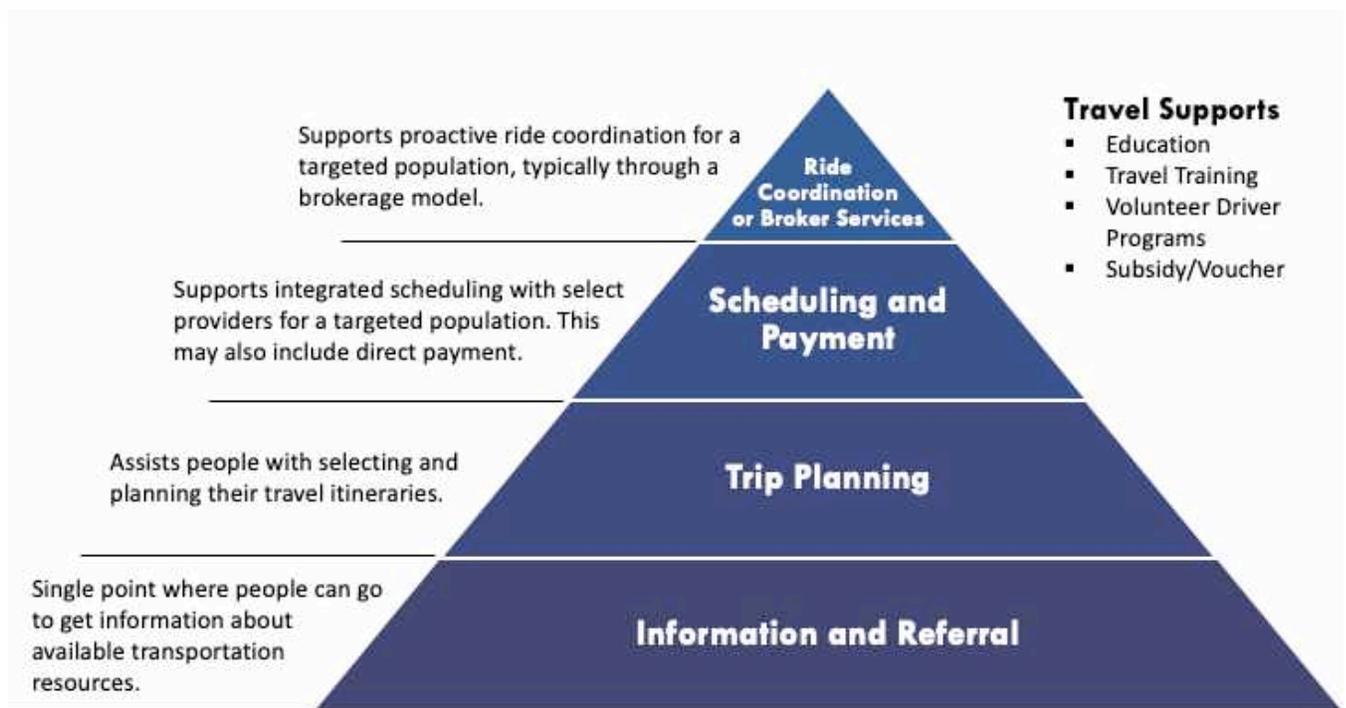


Figure 1A: One-Call-One-Click Model

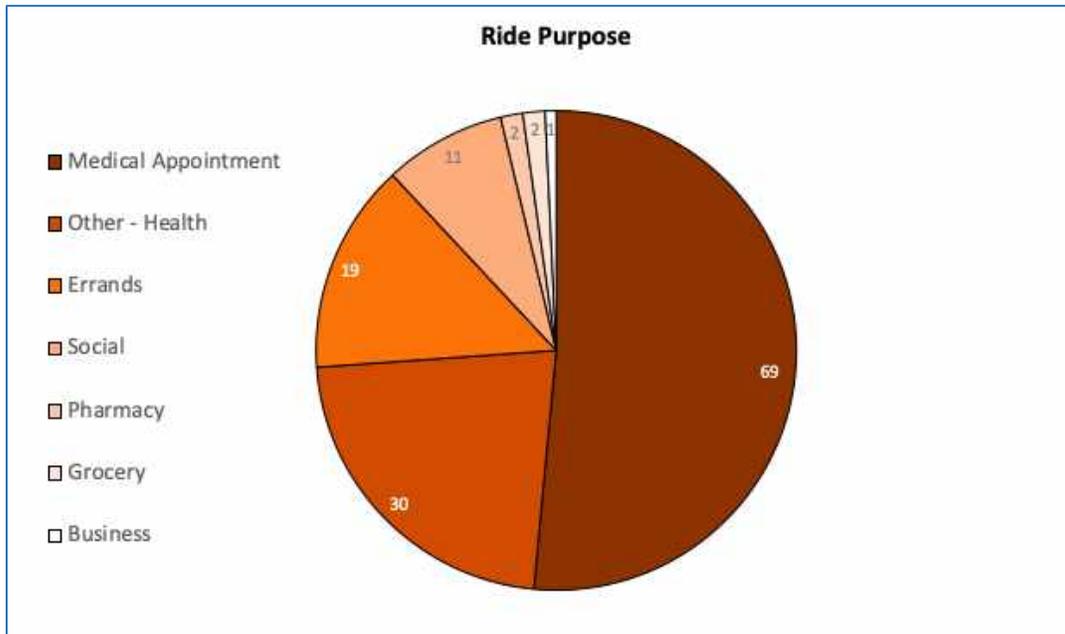


Figure 2A: Trip purpose for all recommended rides

Caller Age	Senior (60+)	74%
	Adult (25 - 59)	25%
	Young Adult (18 - 24)	1%
Gender	Female	56%
	Male	27%
	Unknown	17%
Race	African American	57%
	Caucasian	18%
	Unknown	25%

Table 1A: Table of Caller Demographics

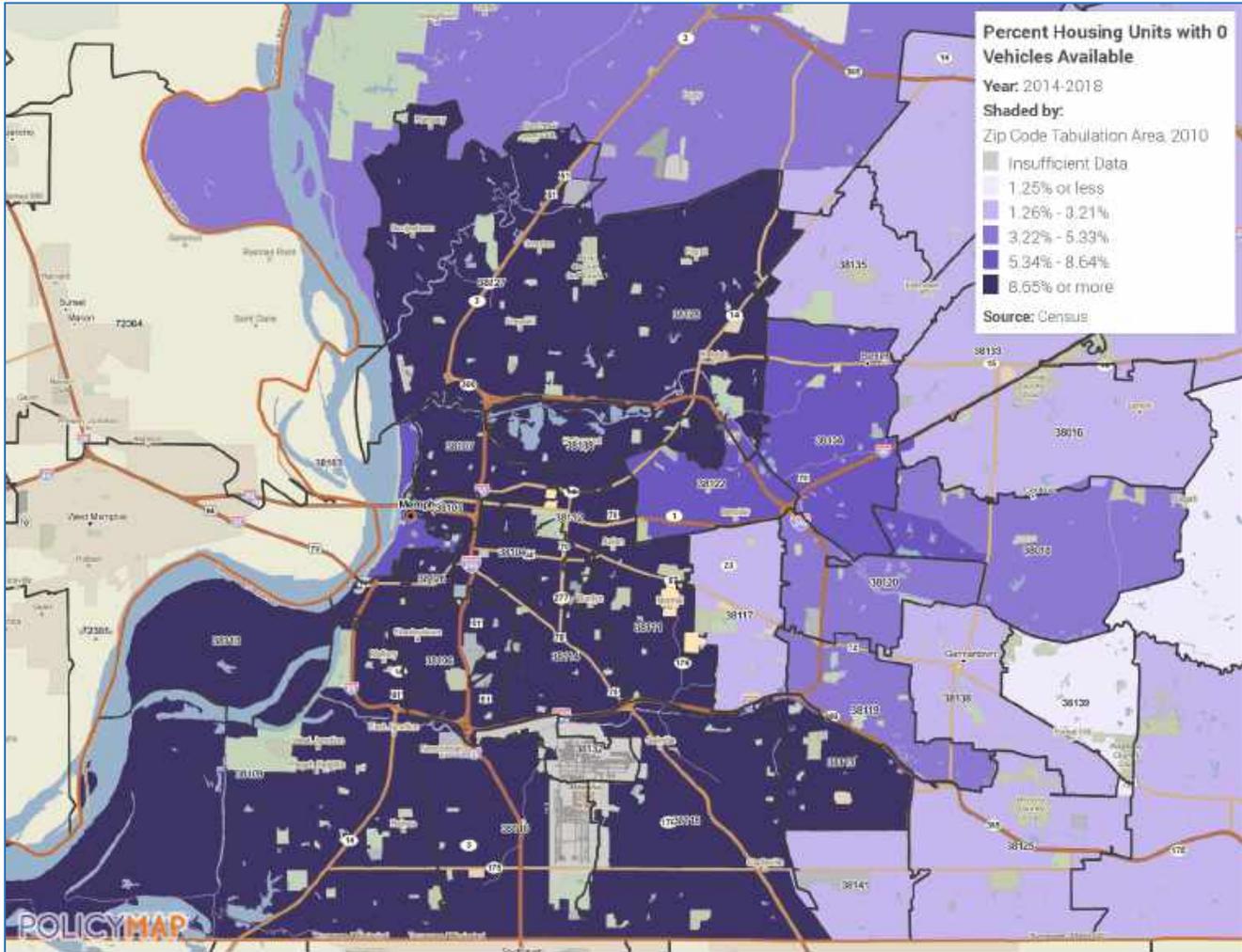


Figure 3A: Percentage of households with no car available
Source: *Estimated Percentage of Housing Units for which No Vehicles are Available from 2014-2018.* PolicyMap, <https://plcy.mp/9qGzpVq> (Based on data from ACS; Accessed 24 April, 2020).

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*This program is made possible through
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