BLUE HILLS RCC ASSESSMENT & ACTION PLAN

Understanding and addressing transportation inequities in the Blue Hills Region of Massachusetts

PREPARED BY

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Metropolitan Area Planning Council (MAPC)

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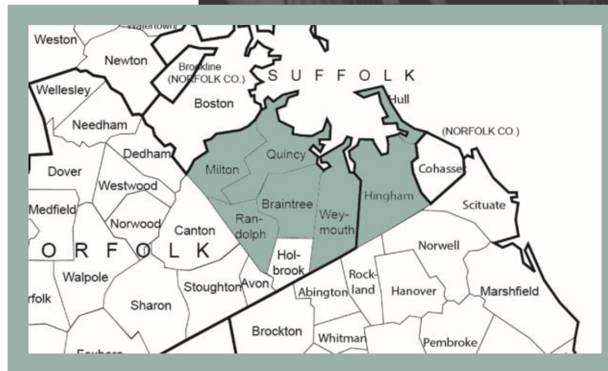
INTRODUCTION

OUR MISSION

A critical social determinant of health, our transportation system, has an enormous impact on the quality of our environment, on our personal decisions, and our sense of well-being. Inequities in transportation policies and systems contribute to the health disparities between those who have options and those who do not. We believe that meaningful, cross-sector collaboration can make a difference in addressing transportation inequities and, therefore, the health of the region.

WHO WE ARE

The Blue Hills Regional Coordinating Council (BHRCC) is a group of voluntary stakeholders working together to build a healthier community by addressing accessibility barriers and ensuring that residents have equitable access to transportation in the Massachusetts communities of Braintree, Hingham, Hull, Milton, Quincy, Randolph, and Weymouth.



Since 2019, the BHRCC has convened a group of over 20 state transportation experts, regional planners, municipal officials, leaders of community-based organizations (CBOs), transportation advocacy representatives, and residents to regularly discuss transportation, accessibility, and mobility challenges in the area.

Accessibility = The ability to obtain desired services and activities.

44sdas

OUR WORK

The BHRCC works to:

1. Better understand the root causes of access disparities;
2. Design a regional action plan to improve access and health by promoting resources and services; and
3. Pilot solutions in partnership with organizations across the public, private, and nonprofit sectors.

Our work is aligned with the Massachusetts Department of Transportation, the Governor's Council to Address Aging in Massachusetts, the WHO/AARP Age-Friendly Network, the Massachusetts Gateway Cities initiative, and the Boston Metropolitan Area Planning Organization (MPO) coordinating plans.

PURPOSE OF THE ACTION PLAN

Our transportation networks contribute to and exacerbate economic, social, and health inequities. People with limited access to private vehicles, people with disabilities, older adults, and those who experience systemic racial and language barriers face far greater difficulties traveling between their homes and desired destinations.

The purpose of the BHRCC Action Plan is to spotlight root causes of inequities in the regional transportation network and present actions that can lead to a more inclusive system and support well-being across the lifespan of each resident. The Action Plan presented here was guided by resident voices and data. It identifies specific policy, practice, system, and environmental changes that address transportation inequities and accessibility for residents, particularly those facing mobility, economic, and health challenges in their lives.

Historically, our system promoted land uses and development that marginalized non-drivers while under-funding non-auto modes of transportation. The result? A transportation system that does not serve all residents equally.

Factors that can contribute to transportation inequities:

- Limited use of private cars
  - Non-drivers
  - Low income
- Systemic barriers to access
  - Language barriers
  - Low income
  - Exclusion from systems and decision-making due to race or ethnicity
- Mobility impairments
  - Living with a disability
  - Older adult

The more factors that apply, the more difficulties an individual may face in getting where they need to go and accessing important resources and services, such as grocery stores, healthcare, or places of worship.

https://nacto.org/wp-content/uploads/2015/07/2014_Litman_Evaluating-Transportation-Equity.pdf

COVID-19

In the midst of collecting information for the Action Plan, the COVID-19 pandemic struck. Our plan now exists within a different landscape of social conditions and associated transportation needs. Yet, our mission and goals for the action plan remain the same.

The pandemic exacerbated inequities that have existed for decades. Recent research has demonstrated that residents of color are disproportionately co-located with high-polluting roadways[1]. This pattern is not a quirk, but the result of inequitable zoning and redlining and the siting of highways and affordable housing. Exposure to high levels of transportation-related air pollution has been strongly correlated with increased risks of developing cardio-pulmonary diseases[2][3][4]. These illnesses, in turn, increase the risk of death for patients infected with SARS-Cov-2, the virus that causes COVID-19 and other inflammatory diseases. These historical inequities continue to impose a disproportionate burden on the health and well-being of people of color across the region.

The pandemic is likely to make the gaps in our systems and society wider and deeper. We believe that the BHRCC Action Plan is part of our region's efforts to meet the challenges of the current moment while targeting long-standing, structural inequities that continue to impose disproportionate burden on the health and well-being of residents of color, low-income people, and those who live with disabilities.

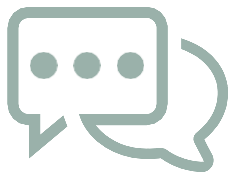
[1] https://www.mapc.org/pollution-disparities-covid19/#references
[2] https://doi.org/10.1161/CIR.0b013e3181dbece1
[3] https://doi.org/10.1186/s12940-018-0379-9
[4] https://doi.org/10.1289/ehp.1307081

PROJECT GOALS

By 2025, we want:

Priority poulations (i.e. residents who have limited access to private cars, people with disabilities, and those who have historically experienced racial or economic discrimination) to have easy access to public and/or private transportation options that are reliable, affordable, and safe.

Community-based organizations, municipal leaders, and other stakeholders to embrace transportation as a social determinant of health (SDoH) and work collaboratively (both across and within their respective sectors) to address relevant determinants.



Municipal and community-based organizations to make decisions that elevate priorities of residents who have historically been underserved and discriminated against by transportation policy.

BHRCC communities to have designated and designed spaces and routes for the needs of walkers, bikers, and transit riders of all ages and abilities.

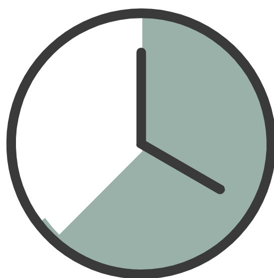
An increase in the proportion of local, regional, and state level funding allocated towards projects making streets safer and healthier, and make public transportation options more reliable and affordable.

Individuals and families in the BHRCC region to see health improvements due to reduced social isolation, fewer missed medical and social service appointments, and improved access to the places that are important to them.

We will achieve these goals by changing knowledge, opinions, and actions.

CHANGE IN KNOWLEDGE (short-term, years 1 and 2)

- Increased awareness of transportation as a SDoH among municipal leaders, CBO representatives, and community members.
- CBO and municipal leaders will get to know who else is working on the issue of transportation.
- Increased community and civic dialogues (general "buzz") around potential transportation throughout the region.
- Increased awareness among community residents of transportation services available.



CHANGE IN OPINIONS (medium-term, years 2 and 3)

- Increased consensus and mobilization among municipal leaders and decision-makers regarding specific policy changes.
- Increased community engagement and organizing; more individual people involved in transportation work.
- Increased CBO and municipal involvement and active participation in the BHRCC.
- Increase in community members' willingness and comfort to use new transportation modalities.

CHANGE IN ACTION (long-term, years 3 to 5)

- Policy changes are proposed (e.g. legislation, budget, administrative rule) to improve transportation.
- Progress made with initial action steps ("low hanging fruit").
- Task forces are created at municipal levels that includes other stakeholders (CBOs coordinate across municipalities).
- Local organizations mobilize and advocate for systems improvements.
- Local organizations identify leverage points for additional improvements in transportation systems.
- Increased ridership among community members (which demonstrates need, leading to increased willingness of decision-makers to invest).

ASSESSMENT SUMMARY

KEY FINDINGS FROM THE BHRCC NEEDS ASSESSMENT: CHALLENGES & STRENGTHS

TRANSPORTATION EQUITY IN THE BLUE HILLS REGION

Locations where people want/need to go

PLACE OF WORSHIP

CIVIC BUILDING

EDUCATION

GROCERY STORE

There are 23 full-service grocery stores in the BHRCC region, but they are not evenly spread across the region.

HEALTH CARE

3 hospitals and 5 health care centers operate in the BHRCC region, yet 3/7 municipalities (Hingham, Braintree, and Randolph) have neither a hospital nor a health center, and public transit access from these communities to healthcare sites is limited.

Barriers to getting to these locations

UNRELIABLE TRANSPORTATION

High presence of residents who are more likely to be non-drivers or rely on non-auto modes of transportation

17% of Quincy households do not own a vehicle

INACCESSIBLE INFORMATION

11% of Quincy residents speak English "less than very well"

"The most difficult thing about language coming here is finding work, trips or travel because no one can help and they can't go alone."
- QARI focus group participant

PEDESTRIAN SAFETY CONCERNS

Pedestrian safety was a concern in 100% of focus groups, with 50% of groups describing being a pedestrian as scary

0/7 BHRCC towns/cities with sidewalk snow removal policies

TRANSPORTATION EQUITY IN THE BLUE HILLS REGION

Community Strengths/Assets

ACCESS TO COMMUNITY SERVICES AND SUPPORT

Civic centers, like libraries, courthouses, and town halls, are all located near red line stations in Quincy and Braintree

100% of community conversations noted senior centers as community assets

DIVERSE PERSPECTIVES AND EXPERIENCES

31% of residents in Randolph and Quincy were born outside of the U.S.

The frequency of cultural events and availability of culturally-rich food retail were also noted as significant assets

SUPPORTIVE INFRASTRUCTURE AND OPEN SPACE

The Blue Hills Reservation, which stretches over 7,000 acres and provides more than 125 miles of trails, is located in 4 of the 7 BHRCC communities

5/7 municipalities have Complete Streets policies

MBTA ACCESS AND PROXIMITY TO BOSTON

100% of the Blue Hills Region is served by the MBTA

2/3 of focus groups mentioned transportation systems as a community asset

TO LEARN MORE, VISIT BLUEHILLSRCC.ORG

ACTION PLAN IMPLEMENTATION AND STRUCTURE

The Blue Hills RCC was structured after the Collective Impact framework, an organized way of bringing together committed, multi-sector stakeholders to achieve social change. The framework will likewise be used for action plan implementation.

The Action Plan articulates a set of strategies and associated actions that address transportation inequities and accessibility barriers in the Blue Hill region of Massachusetts (*common agenda*). Herein, a "Strategy" describes an informed approach for achieving a BHRCC Goal and an "Action" describes a specific and measurable step to execute the strategy (*mutually reinforcing activities*). In each strategy, we relate the action plan to priority opportunities and issues identified in the Transportation Needs Assessment. We also provide measurable objectives and offer possible data sources (*shared measurement*).

Strategies range from continuing and building on current, impactful initiatives to describing new initiatives that respond to pressing needs. Some are time-sensitive and require immediate attention, while others are more transformational in nature and scope, and will take time and investments to achieve.

Throughout this process, we will regularly report on progress (e.g., funding, demonstration projects, equity metrics) to BHRCC members and the general public through diverse media channels and events, as well as tie communication into multi-sectoral advocacy and project work (*continuous communication)*. Furthermore, we will prioritize ongoing communication and engagement with priority populations (i.e., residents who have limited access to private cars, people with disabilities, and those who have historically experienced racial or economic discrimination) in order to have inclusive participation in strategy prioritization and project implementation.

The Blue Hills Community Health Alliance (CHNA 20) has been providing *backbone support* to the BHRCC since its establishment. The hope for this project, however, is that as more stakeholders get involved in action plan implementation, other leaders will commit to the backbone support role, thereby sustaining the work of the BHRCC long-term. The BHRCC should not be dependent on another coalition, but rather should be rooted in the community to ensure ongoing resource commitment, stakeholder buy-in, and public accountability.

In alignment with Collective Impact principles, the objectives of action plan implementation include:

1. Foster cross-sector partnerships by increasing community stakeholder participation (including municipal officials and CBO representatives) in the BHRCC steering committee and action plan implementation. [Indicator Source: BHRCC Evaluation, participation logs, BHRCC member survey]

2. Secure financial and/or other resources to support pilot program implementation and sustainability. [Indicator Source: BHRCC Evaluation, funding awards, repurposed existing public and private funding]

3. Increase meaningful participation of community members in pilot solution design processes and action plan implementation. [Indicator Source: BHRCC Evaluation, participation logs]

Collective Impact is a structured approach to bringing people together to coordinate and act on complex issues, to bring about positive social change. It has five key conditions (Figure 1) and is based on a set of practice principles. Principles include prioritizing equity, involving community members, fostering cross-sector partnerships, making iterative improvements, cultivating leadership, making system changes, encouraging a culture of trust and respect, and customizing action to the local context.

Figure 1: Five Conditions of Collective Impact

Five Conditions of Collection Impact

1. *Common agenda*: All participants share a vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions.

2. *Shared measurement*: All participants agree on how to measure and report on progress, with a short list of common indicators identified to drive learning and improvement.

3. *Mutually reinforcing activities*: A diverse set of stakeholders, typically across sectors, coordinate a set of differentiated, mutually reinforcing set of activities.

4. *Continuous communication:* All players engage in frequent, structured communication to build trust, assure mutual objectives, and create common motivation.

5. *Backbone support:* An independent, dedicated staff provides support and key functions for the sustained operation of the collective impact initiative.

https://www.unitedwaylebco.org/collective-impact-resources

STRATEGY 1: COMMUNICATION

Adopt simplified, user-centered communications between municipally- and privately-operated transportation services and with the public.

OBJECTIVE 1

Analyze how priority populations as well as others in the community become aware of available transportation services and resources, and identify ways to improve communication between municipalities, community-based agencies, and the public. [Indicator Source: BHRCC Audit]

OBJECTIVE 2

Increase availability of information on transportation services and other resources in each community's primary languages, ensuring accessibility for all residents. [Indicator Source: BHRCC Audit]

OBJECTIVE 3

Centralize or network information systems and officers to create a 'no wrong door' information environment so that community members, CBO staff, and municipal leaders find the resources and data they seek. [Indicator Source: Design Sprint Tool Feedback]

Why Do We Believe This Is Important?

Communication that is people-centered (rather than issue-centered) is critical to achieving goals related to increased awareness of available transportation services among community residents. It is also the glue that holds together collaborative work among stakeholders (CBO and municipal leaders). Improved awareness of resources will also contribute to improved health outcomes for community members via social connection, increased access to medical appointments, and improved access to healthy food, physical activity and recreation.

Participants in a focus group hosted by an organization serving the immigrant community were concerned that few transportation services made materials available in languages other than English. A high percentage of residents (over 30%) in Quincy and Randolph are foreign born; some do not speak English well, while others prefer or are more comfortable speaking their native language. A service provider in Quincy shared how this impacts their clients: "The most difficult thing about language when coming here is finding work, trips or travel because no one can help them, and they can't go alone."

For those that speak English fluently, finding information can remain a challenge. Typically, each transportation system, whether public or private, publicizes their services on separate websites, handouts, and phone applications. In conversations, residents and service providers shared that the lack of central and consistent information on available transportation resources was a significant barrier to accessing where they need to go, which may contribute to low program participation, missed appointments, and isolation.

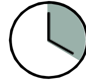
In several of the BHRCC municipalities, senior centers were felt to be a valuable source of information, but only for a segment of the population. Community conversation attendees noted that residents who do not speak English often do not feel welcome at the senior center, or those who struggle to leave their homes may not be receiving the same information about resources and services. Organizations serving older adults called for more gatherings that bring together health and social service providers around their shared mission.

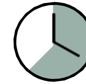
Alignment with State and Regional Plans

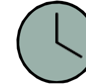
The Communication strategy aligns with the Governor's Council to Address Aging in Massachusetts blueprint recommendation[5] on making better use of transportation tools that are already available. This strategy also reflects the Communication/Information domain of the Eight Domains of Livability[6], a framework used by AARP Network of Age-Friendly States and Communities to improve the well-being of older adults and residents of all ages. This framework acknowledges the ways communication has changed over the years and the need to present information in a variety of methods given varying levels of technological skills and access to the internet.

[5] https://www.mass.gov/doc/governors-council-to-address-aging-in-massachusetts-blueprint-recommendations-december-2018/download
[6] https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2016/8-domains-of-livability-introduction.html

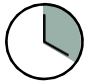
ACTION PLAN


Short-Term

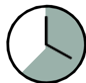

Medium-Term


Long-Term

ACTION 1.1. Conduct community audits of current communication processes and practices between municipalities, health and human service provider organizations, and the public to identify preferred channels of communication and new techniques for reaching broader segments of the community.

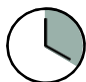


ACTION 1.2. Create a coordinated information hub for regional public and private systems that elevate connection to non-work destinations in the BHRCC region.



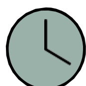
> *Example Action 1.2:* Community Resource Directory
>
> South Shore Health created a directory for residents looking to find free or low-cost services for things like housing, food or transportation.

ACTION 1.3. Develop a shared visual language for regional private and municipally run transportation services and resources; consider hosting a public design competition to generate ideas and raise awareness of effort.

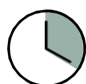


> *Example Action 1.3:* Go Triangle
>
> In North Carolina, the independently operated city transit systems of Raleigh, Durham, Chapel Hill and Cary share branding, fares, and a website.

ACTION 1.4. Support communication of services with the public and ongoing information coordination by designating "Community Information Officers" to connect residents to transportation resources and maintain information hubs.



ACTION 1.5. Translate all communication materials, websites, and applications developed into the most spoken languages and promote through cultural organizations and networks.



STRATEGY 2: REGIONAL ADVOCACY

Link municipal and health and human service stakeholders to regional transportation advocacy for transit, shuttle, bicycle, and pedestrian policies and investments.

OBJECTIVE 1	Increase multi-sector stakeholder participation in advocacy for regional transportation improvements, with a specific focus on Transportation Demand Management (TDM) approaches. [Indicator Sources: BHRCC Evaluation, participation logs]
OBJECTIVE 2	Increase planned funding allocated to alternatives to highway expansion. [Indicator Source: CTPS]

Why Do We Believe This Is Important?

Local priorities must be reflected in decisions made by regional and statewide entities on how to fund, design, operate, and maintain transportation systems and infrastructures if we are to accomplish our goal of health equity via transportation improvements. We therefore aim to elevate resident voices and collectively advocate for the transportation needs of residents, especially those residents who have historically been underserved and discriminated against by transportation policy.

We heard about challenges with the current regional systems in conversations with residents. These included issues with public transit, such as cost, distance to stops, shelter maintenance, insufficient stops, and the road network, such as traffic and pedestrian safety. Participants normalized walking to services, calling it "easier" than the alternatives.

Looking at asset maps, we saw that transit accessibility varies across the region. There is a misalignment between transit networks and important destinations, like commercial districts, grocery stores, and hospitals. This supports participant perception that connecting routes to a destination is complicated and time consuming.

Residents, service providers, and municipal staff shared a desire to work together; 85% of community conversation attendees who completed evaluation surveys wanted to remain involved in the conversation and stakeholders in the BHRCC process. Furthermore, several residents, after participating in their community conversation, joined to form a

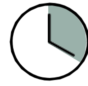
Resident Task Force to better advocate for their own health and wellbeing. Such stakeholder energy and interest in collaboration should be harnessed and directed into transportation decision-making processes led by regional and state agencies so that their funding and design decisions reflect local priorities.

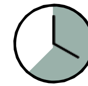
Alignment with State and Regional Plans

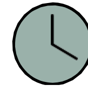
The Regional Advocacy strategy aligns with the Commonwealth of Massachusetts Community Compact[7] citizen safety and active transportation best practices, as well as multiple Randolph Community Wellness Plan[8] transportation recommendations. Actions within this strategy fall under the "Work and Civic Engagement" domain of livability, which recognizes that age-friendly towns and cities are those that encourage older adults to be actively engaged in community life.

[7] https://www.mass.gov/info-details/community-compact-best-practice-areas
[8] https://static1.squarespace.com/static/55e86c04e4b0146280529667/t/5e4167dffbfe4d4e87cd7c9c/1581344775145/Randolph+CWP_Final.pdf

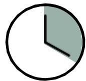
ACTION PLAN


Short-Term

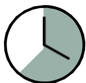

Medium-Term


Long-Term

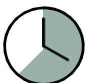
ACTION 2.1. Engage BHRCC and allies in regional transportation planning processes and meetings by MassDOT and the Boston MPO to advance local and regional transportation goals.



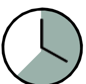
ACTION 2.2. Advocate for regional investments in transit infrastructure, facilities, and service at MBTA Fiscal and Management Control Board meetings.



ACTION 2.3. Advocate for regional investments in transit infrastructure, facilities, and service by proactively engaging with the MBTA Bus Network Redesign, MBTA Rail Vision, MBTA fare equity efforts, and BAT Five Year Transit Plan.



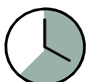
ACTION 2.4. Organize local task forces of stakeholders, including municipal public works and transportation staff, Councils on Aging, Bicyclist and Pedestrian Committees, Disability Commissions, and Health and Human Service Providers, for cross-sectoral community conversations and collaborative action towards improved streetscapes.



Example Action 2.4: Health Starts at Home Policy Agenda

Several Boston-area housing and clinical-care organizations came together in an initiative to identify and support strategies, policies, and actions towards increased stable, affordable housing as a means of improving children's health outcomes. To learn more, contact bkeppard@mapc.org.

ACTION 2.5. Initiate a "citizens academy" to attract residents and community organizations to be involved in local government and regional advocacy.



STRATEGY 3: LOCAL INVESTMENT

Demonstrate the importance of inclusion and safety in transportation through local policy changes and investments.

OBJECTIVE 1	Increase in the length of roads that include sidewalks, bike lanes and cycle tracks, and shared use paths. [Indicator Source: Local data / MAPC]
OBJECTIVE 2	Increase in the number of public spaces and intersections that include and meet recommended design specifications for accommodations of older adults and people with disabilities. [Indicator Source: Local data]
OBJECTIVE 3	Increase in the number of local policies that promote active transportation and improve safety for those who walk, bike and take transit. [Indicator Sources: Safe Routes to School, Complete Streets, snow-removal regulations passed]
OBJECTIVE 4	Challenge municipalities to set a target of zero bicycle and pedestrian fatalities on locally controlled roads and report on their progress. [Indicator Sources: Local Police Reports, MassDOT, National Highway Traffic Safety Administration]

Why Do We Believe This Is Important?

To accomplish our goal that BHRCC communities have designated and designed routes for residents of all ages and abilities, municipal governments need to make infrastructure investments and changes in policies (e.g., ordinances and bylaws, local regulations, budgets) that are centered on the needs of those who experience the greatest accessibility challenges.

We heard from municipal disability commissions and COA stakeholders that people with disabilities and older adults are often missing from transportation planning conversations. A review of planning documents from three of the seven BHRCC communities found that there was a lot of content on recreational mobility, but any mention of residents who faced transportation barriers due to physical, systematic, or financial reasons was mostly limited to blanket statements of "all ages and abilities".

Participants in focus groups, especially those who were residents of Quincy, preferred to

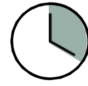
walk to services, because it was simply “easier.” They asked for walking routes and networks that were safe, well-maintained, and that connected them to the locations that were important to them.

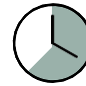
When we mapped walking and transit infrastructure next to the location of community assets, we found that resources and services were usually not a walkable distance from transit stops.

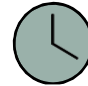
Alignment with State and Regional Plans

The Local Investment strategy aligns with the Governor's Council recommendations around enhancing the built environment through structural changes and policy to improve mobility and transportation. It also aligns with the Community Compact citizen safety and active transportation best practices, and the Randolph Community Wellness Plan transportation recommendations. Actions within this strategy also reflect the Transportation domain of livability, highlighting the need to promote safe and accessible sidewalks and bike lanes, and utilizing walk audits to understand current conditions.

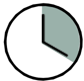
ACTION PLAN


Short-Term

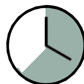

Medium-Term


Long-Term

ACTION 3.1. Create community asset maps with residents seeking transportation options and routes to their activities of daily living, such as grocery stores, health care services, recreation destinations, transit stations, schools, places of worship, and commercial districts.

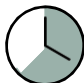


ACTION 3.2. Conduct Age-Friendly (8 to 80) walk audits with WalkBoston along prioritized routes to determine infrastructure improvement needs.

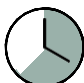


> *Example Action 3.2:* Age-Friendly Walk Audit (Ware, MA)
>
> The Town of Ware conducted a walk audit focused on the walkability of Ware's low-income, environmental justice neighborhood and of the connectivity of this neighborhood to areas of town with a high density of goods and services.

ACTION 3.3. Host community design workshops (in person or virtual) to identify high-priority corridors that focus on non-drivers, include shuttles as part of this; tie vision into advocacy and streamlined communication work and shared space advocacy.



ACTION 3.4. Advocate for municipalities to reclaim road space (e.g. lanes, parking) to create new or widened space for bikers and walkers as well as shuttles and buses along high-priority routes.



> *Example Action 3.4:* Somerville Shared Streets Initiative
>
> As part of their COVID-19 Mobility Strategy, the City of Somerville implemented changes to slow cars and reduce traffic on residential streets, giving people the space to maintain a social distance (6 feet) while accessing schools, grocery stores, and other essential locations car-free and safely.

ACTION 3.5. Partner with municipal staff and officials to pass policies and develop specific capital plans that promote walking, bicycling, public transit, and other sustainable modes, such as Transportation Demand Management and Complete Streets policies and snow-clearing ordinances.

STRATEGY 4: COORDINATION OF RESOURCES

Adopt a coordinated and data-informed approach to operation of transportation resources.

OBJECTIVE 1

Increase the coverage of transit services available in each town through public and private operators. [Indicator Source: BHRCC Inventory of Transportation Services/Resources]

OBJECTIVE 2

Increase the number of formal and informal partnerships between stakeholders to enhance interoperability of transportation services and share resources. [Indicator Source: BHRCC Inventory of Agreements - *not yet developed*]

OBJECTIVE 3

Decrease the number of unfilled Ride Match trip requests. [Indicator Source: RideMatch]

Why Do We Believe This Is Important?

Health outcomes improve and utilization of emergency medical services drops when residents can access the destinations and services they need to stay healthy – such as doctors, grocery stories, and parks. A system comprised of patchwork connection and with gaps in service will not deliver the benefits it could if those services were interconnected and mutually supportive.

In the majority of municipalities covered by the BHRCC, the proportion of residents over 65 and under 18 is higher than statewide. The percent of lower income households is also high in comparison to the state. Currently, most of the BHRCC communities are car dependent. Whether due to age, ability, or finances, residents who cannot drive themselves are more likely to face difficulties getting to jobs, seeing their doctors, or doing errands.

Geography also presents challenges; older adults and the organizations that serve them described areas of the BHRCC region as "isolated" or "disconnected." These areas included entire towns and specific neighborhoods within an otherwise connected municipality. Residents in BHRCC cities and towns are served currently by senior shuttles, paratransit, and volunteer driving services, but there are limitations on who can use these services and need to increase capacity with limited budgets. Furthermore, we heard that services

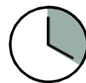
branded "for seniors" can make residents either feel marginalized or that the service wasn't for them. Ride Match data showed a consistent unmet need for trips which originated in the BHRCC region. Stakeholders in our community conversations and design sprint process recommended an inter-municipal trolly or shuttle system to augment current transportation options.

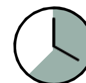
In the short-term, multi-sectoral partnership can provide resources for programs that meet acute accessibility needs. In the long-term, we believe there needs to be coordination across public, private, and non-profit transportation systems that provides the coordination and resources for the creation of enhanced transportation services.

Alignment with State and Regional Plans

The Coordination of Resources strategy aligns with the Governor's Council recommendation to explore new ways to fulfill a rider's "total trip" through supportive transportation and Transportation Network Companies (TNCs). It also aligns with Boston Region MPO's Destination 2040[9] goal to use existing facility capacity more efficiently and increase transportation options. Lastly, this strategy falls within the Transportation domain of livability, which calls for a range of transportation options that allow residents to get around their communities safely and affordably.

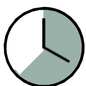
ACTION PLAN


Short-Term


Medium-Term

Long-Term

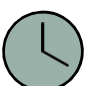
ACTION 4.1.



Build on existing mutual-aid or active volunteer networks to match residents who have limited access to private cars, people with disabilities, and those who have historically experienced racial or economic discrimination with volunteer drivers to meet immediate needs.

Example Action 4.1: MassMobility Toolkit for developing a driver volunteer program.

ACTION 4.2.



Contract with taxi or livery providers to provide on-demand trips to meet immediate unmet transportation needs; provide subsidies for priority populations.

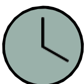
Example Action 4.2: Quincy Housing Authority partnered with a local taxi service to enhance access to transportation for delivery of food and travel to medical appointments.

[9] https://www.bostonmpo.org/lrtp

ACTION 4.3. Create an inventory of existing shuttle, paratransit, and driver systems and resources in the BHRCC region, inclusive of public, private, and non-profit services; advertise these resources via a consolidated BHRCC website and other methods.

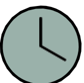
ACTION 4.4. Organize a multi-municipal task force of transportation staff, Councils on Aging (COAs), Disability Commissions, Health and Human Service providers, and community organizations interested in sharing transportation resources to improve accessibility for priority populations.

ACTION 4.5. As an outcome of Action 4.4., develop a governance system for sharing transportation resources among municipal COAs, Disability Commissions, Health and Human Service providers, and community organizations.



ACTION 4.6. Leverage existing resources to create a multi-municipal circulating shuttle service to serve both peak-hour commuter needs and off-hour connections to community resources.

ACTION 4.7. Leverage existing resources and collaboration to create a service that provides priority populations with on-demand rides; explore allowing for dynamic routing.



Example Action 4.5: Making the Connections

Communities in the MAGIC subregion created an agreement which established governorship of and funds for an on-demand transportation pilot to connect seniors, people with disabilities, financially vulnerable residents, and veterans to health services, community resources, and economic opportunities with on-demand transportation services.

Example Action 4.6: Hull O'Trolley

A free, seasonal circulating trolly service, run by the Hull Chamber of Commerce, which connects residents and visitors alike to the beach and commercial areas.

Example Action 4.7: Quaboag Connector

A partnership, led by the Town of Ware with eight neighboring towns and community organizations and agencies, provide on-demand response shuttle trips for persons with disabilities and seniors as well as trips related to employment, job training and for medical purposes. The inter-municipal, inter-sectoral partnership leverages funding from hospitals, state grants and local foundations, and partners with the CoA to use Senior Center vans after hours.

STRATEGY 5: SUPPORTIVE ENVIRONMENTS

Create supportive environments and inclusive spaces.

OBJECTIVE 1	Increase the number of inter-generational engagement opportunities and multi-generational public spaces. [Indicator Sources: COA, Housing Authorities and/or school trackings]
OBJECTIVE 2	Increase the number of delivery options available to provide food, supplies, or on-site services to priority populations. [Indicator Sources: South Shore Hospital Community Resource Directory, Network of Care]
OBJECTIVE 3	Increase the number of stakeholders who are advancing accessibility through infrastructure, technology, and/or zoning changes. [Indicator Sources: BHRCC Evaluation, participation logs, contracts/MoUs]
OBJECTIVE 4	Increase the Number of Households in the MBTA and RTA Transit Station Areas [Indicator Source: U.S. Census Bureau data]

Why Do We Believe This Is Important?

In community conversations we heard that older adult residents often feel marginalized. Participants were looking to age in place but feared becoming socially isolated. Existing neighborhood associations and senior centers, where they are well-resourced, play an important role in combating this type of isolation. Older adult participants wanted to see more opportunities for inter-generational engagement.

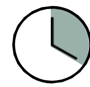
Improving health outcomes for residents via reduced social isolation, increased access to medical appointments, improved access to healthy food and physical activity requires more than improvements to the transportation system. Even the best transportation system won't work if land use isn't supportive.

Our asset mapping found that important places, such as places of worship or parks, rarely are located a walkable distance from public transportation networks.

Alignment with State and Regional Plans

The Supportive Environment strategy aligns with the Governor's Council recommendations to support municipal age-friendly efforts and to partner with local organizations to promote connection and engagement for older adults. Actions within this strategy also reflect several domains of livability, including Outdoor Spaces and Buildings (designating spaces that can be used and enjoyed by residents of all ages and abilities); Respect and Social Inclusion (creating inter-generational gatherings and activities); Housing (promoting aging in place and providing affordable housing options); Social Participation (having the opportunity to socialize through accessible, affordable, and fun activities); and Community and Health Services (providing accessible and affordable services that improve health).

ACTION PLAN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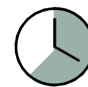
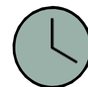
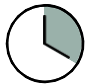
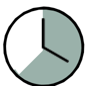

Medium-Term


Long-Term

ACTION 5.1. Identify and incentivize private and non-profit partners who are considering Universal Design Standards in their own infrastructure.



ACTION 5.2. Support and encourage local municipalities to adopt zoning which allows for flexibility in uses, such as Form-Based codes and compact neighborhood design around health-promoting destinations.



ACTION 5.3. Partner with Centers on Aging to re-envision senior centers as inter-generational centers that centralize resources and services.

ACTION 5.4. Partner with non-profits and food pantries to deliver emergency food, fresh food, and housing supplies to Housing Authority properties; ties in coordinated services action steps.

Example Action 5.3: Randolph Intergenerational Community Center

A Town of Randolph run gathering place for Randolph residents of all ages which provides fitness, sports, educational, cultural and intergenerational experiences.

Example Action 5.4: Wellspring Food Pantry

In face of COVID-19 restrictions, the Wellspring Multi-Service Center in Hull redesigned its service delivery models; this included restructuring the food pantry as a food delivery service to minimize the need for clients to leave their homes.

ACTION 5.5 Work with non-profit partners to plan and construct supportive housing within deed-restricted Affordable Housing; assist in securing subsidy or partnerships for provision of on-site health care, behavioral health, and social services.

NEEDS ASSESSMENT DOCUMENTS

- Design Sprint Overview & Prototype
- Focus Group Transcripts
- Focus Group Themes Matrix
- Maps/Tables of Current Transportation Services
- Maps of Identified Important Trip Locations
- Mobility Limitation Demographic Tables
- Planning Document Review Table
- UMB Healthy Aging Handouts
- UMB Community Conversation Highlights

AVAILABLE TO VIEW OR DOWNLOAD AT BLUEHILLSRCC.ORG/NEEDS-ASSESSMENT-DOCUMENTS

LIST OF OUTREACH EVENTS

The following list of events provides an overview of the activities that the Blue Hills Community Health Alliance, MAPC, and/or BHRCC project consultants participated in or led as part of the needs assessment process. The overall goal of these activities was to gain insight into the barriers and assets related to transportation, accessibility, and mobility in the region. Feedback from all activities was used to develop the action plan.

EVENT	DATE(S)	GOAL OF ACTIVITY
Resident Focus Groups	Jan – March 2020	Identify accessibility/transportation barriers residents face every day
Design Sprint	February 2020	Design a prototype to better connect residents with care
Community Conversations	Nov 2019 – Jan 2020	Understand each city/town's assets and challenges as it relates to healthy aging
Quincy 400 Forum	January 2020	Understand residents' experiences with transportation
Stakeholder Meetings	Sept – Dec 2019	Understand how municipalities and CBOs are addressing transportation
August Moon Festival	August 2019	Understand residents' experiences with transportation