

DRAFT: Taxi to Health End of Program Report

From April 2022-October 2024, 1,020 known clients used the taxi program for a total of 21,186 rides, costing a total of \$524,476.

The Taxi to Health Program offered free taxi rides to food, medical, and other health needs for Somerville residents with limited incomes and no or unreliable car access.

The program aimed to:

- Be participant-centered by prioritizing accessibility and adapting to the needs of participants.
- Support a broad definition of health.
- Target priority populations, including those with or at risk of food insecurity, low income, minority & limited English proficiency.

The program was funded through the American Rescue Plan Act (ARPA). It ended in October 2024 because the city could not incorporate the program into the City budget.

How did the program operate?

The program was administered directly by Office of Food Access and Healthy Communities (OFAHC) staff. Staff managed program applications, onboarding, communications and outreach, participant management, program rule enforcement, record management, reporting, and evaluation. Taxi services, including dispatch, were provided by a contractor, Green and Yellow Cab of Somerville.

After enrolling in the program, participants received paper vouchers to use as payment for taxi rides.

Participants were allotted 4 vouchers/month for periods of program time. They could use the vouchers at any rate they needed during the program period.

- For example, people enrolled in Spring 2022 were allotted up to 48 vouchers for April 2022-February 2023. They could use those 48 vouchers any time during that period to meet their needs.
 - Vouchers were mailed in packs of 12, which had to be requested. This helped staff monitor how quickly people used them.

Program staff made some exceptions for people with high needs and a history of following program use guidelines to receive extra vouchers as funding was available.

Vouchers were typically mailed. However in-person pickup options were added over the course of the program in response to participant challenges accessing mail. By the last year of the program, participants could receive vouchers by mail, at OFAHC's office during specified walk-in hours, or request a pickup at a Somerville Public Library location.

Participants usually managed their own booking through the taxi company. OFAHC staff was available to help people initially navigate the booking, and in cases where participants need ongoing support booking rides staff made a referral to a social service provider.

The program allowed people to take rides to and from:

- Food access locations: grocery stores, food pantries, farmers markets
- Medical needs: non-emergency medical appointments, prescription pickups
- Other health-supporting needs: social services, including case management, housing or utility support; housing search locations; banks and other financial services; transit locations, excluding the airport; courts and legal services

Food and medical needs were included in promotional materials. Other health-supporting needs were covered and discussed with participants after enrolling but not actively promoted. Participant use was monitored with random checks of rides and assistance from the taxi contractor in flagging rides not covered in the program. Most random checks that initially seemed questionable turned out to be appropriate uses of the program. For example, when staff followed up with a participant who appeared to have been picked up from a restaurant, the participant explained they had been at a nearby grocery store with a busy parking lot and had chosen the restaurant across the street as an easier pickup spot for the taxi company.

How did people apply for and access the program?

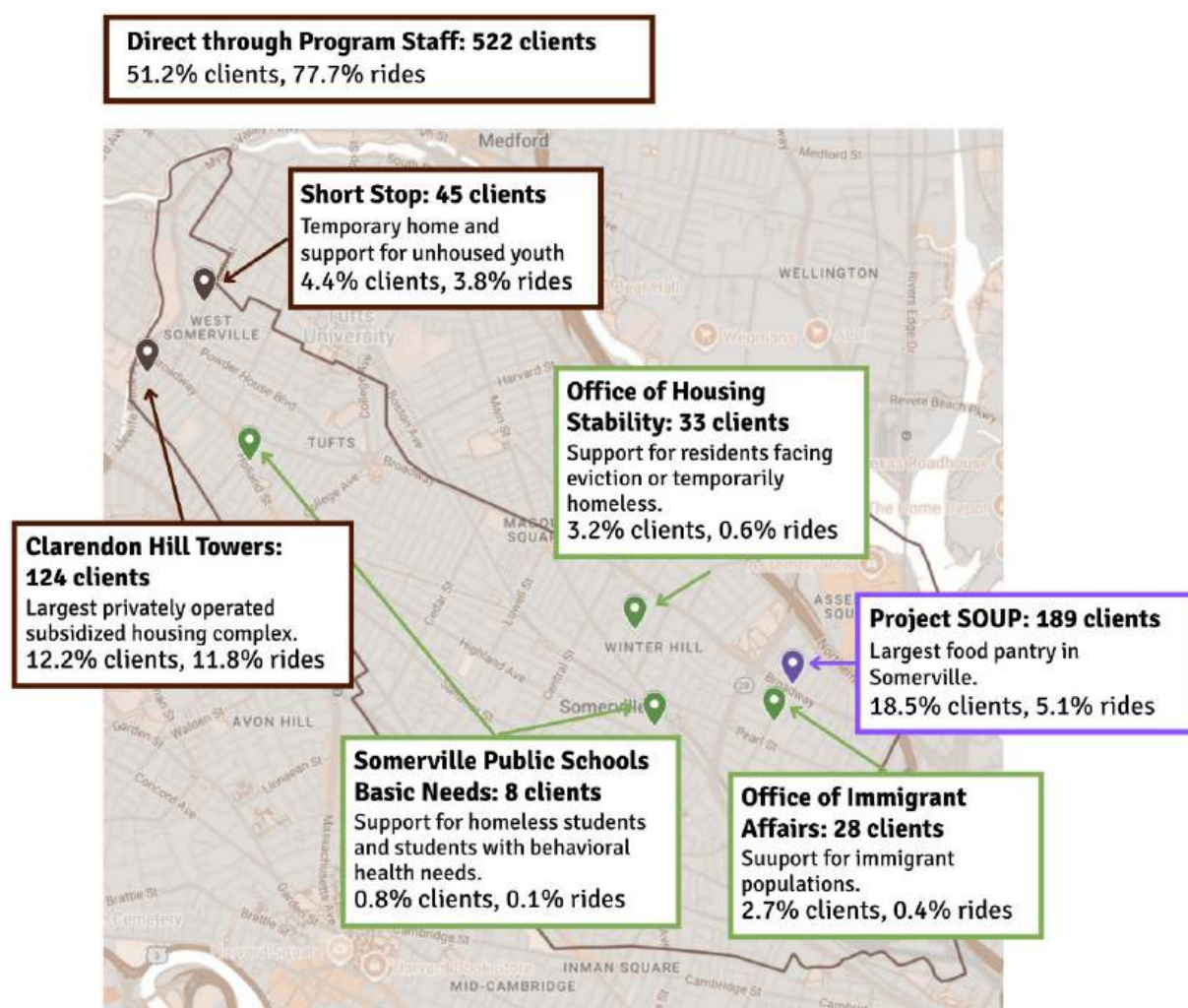
People could access the program in three ways:

- Through a google form (in English and Spanish).
- By phone.
- With a service provider who knew about the program.

OFAHC promoted the program at outreach events and meetings with service providers. OFAHC had access to interpretation services and, later in the program, a bi-lingual program assistant.

In addition, the program had **6 partner organizations** who held vouchers and distributed them directly to residents or clients. Partners increased accessibility and supported priority populations who might otherwise have had difficulty using the program.

Fig 01: Program partners included residential facilities, supportive services, and the city's largest food pantry.



Service provider partners – Office of Housing Stability, Office of Immigrant Affairs, and Somerville Public Schools Basic Needs/Social Work – often used vouchers to meet an immediate need for someone in crisis. Later the person either did not need more support or was referred to the program to receive vouchers directly.

Residential partners like Clarendon Hill Towers and Short Stop were the only source of vouchers for participants living at those locations, thus there were more clients and each client typically used more rides.

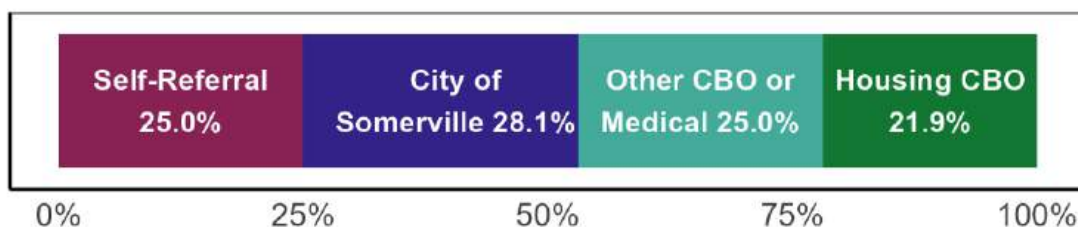
Project SOUP, the **food pantry program** of the Somerville Homeless Coalition, typically provided people with rides home from the pantry. The 189 Project SOUP clients only accessed the program to get home from Project SOUP.

Program partners added increased flexibility for users. **7.6% of clients used vouchers from multiple sources over the course of the program. For example:**

- Some clients from the Office of Housing Stability were referred to get vouchers directly from the program after getting 2-4 from their housing case manager for immediate needs.
- Some participants who struggled to manage the vouchers on their own received support from multiple programs to get vouchers and arrange rides.

How effective was the program in supporting access?

Fig 2A: Participants connected to the program through multiple avenues



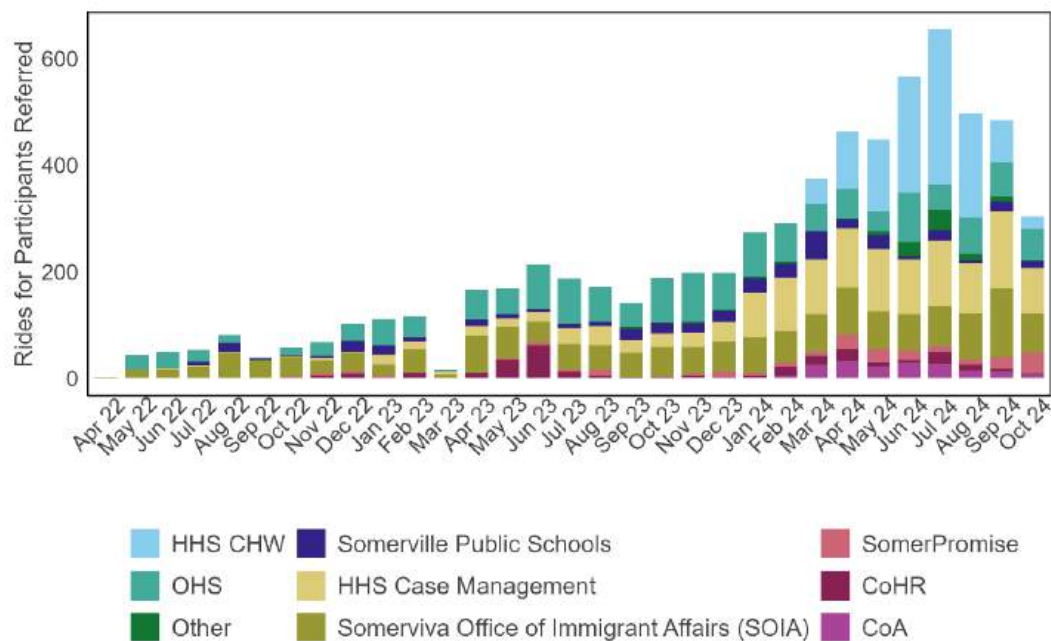
1 in 4 users found the program on their own.

3 in 4 users were connected by an organization.

Key community-based organization (CBO) referrers included: Riverside Early Head Start, Respond Inc, Somerville Homeless Coalition, Padres Latinos de SPS.

The program was a key support for City of Somerville service providers: City of Somerville referrals were the largest group of referrals to the program at 28% of all referrals. As City offices became familiar with the program, they leaned increasingly on it to connect clients to needed services.

Fig 2B: City of Somerville offices were the largest source of referrals, and their clients' share of rides increased over time



89.6% of people referred to the program used their vouchers. 118 people connected never used the program.

- A mid-program survey (Summer 2023) to investigate why people didn't use the program returned some of the following:
 - People did not understand how to use the program and for what exactly they could use the vouchers.
 - Non-English speakers had difficulty booking rides because the taxi company employees only spoke English.
 - People often did not receive the vouchers by mail.
- Following this feedback, some materials and procedures were adjusted, including:
 - Creating an explainer for low English proficiency users to book through the taxi company's mobile app.
 - Arranging options for people to pick up vouchers at the program's office or a local library through a partnership with Somerville Public Library staff.
 - Improving participant communication procedures with timed standardized text messages to 1) ensure participants received vouchers and 2) offer an opportunity to ask program staff questions.

What do we know about program participants?

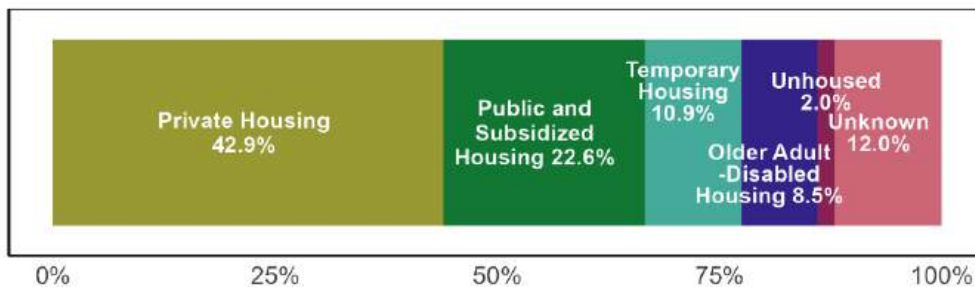
To make the program as accessible as possible, OFAHC kept the application simple. Key demographic metrics were: 1) the participant's first language, 2) whether the participant was 60 or older, and 3) at least one criterion of need. We also collected participant home addresses whenever possible.

Where did program participants live?

At least **13%** of participants were **unhoused or in shelters**.

At least **31%** of participants lived in **income-restricted housing**.

Fig 03: Participants had a variety of housing types, and private rental housing made up the largest share.

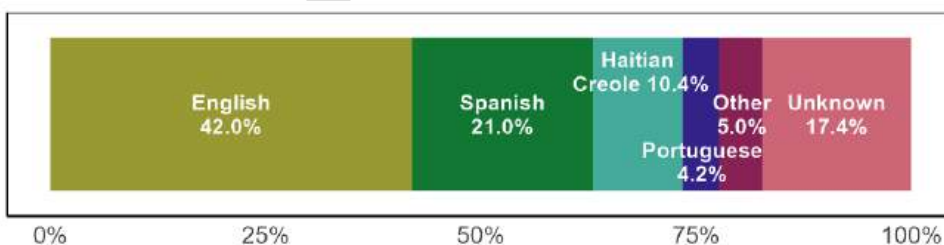


Note: Clarendon Hill Towers and Short Stop were a program partners, as described above. The Temporary Housing class includes people living in shelter, staying with a family member, or in a transitional housing program like Short Stop.

The group of 'unknown' housing type comes largely through partner programs and likely includes many chronically homeless or temporarily homeless people.

What were clients' first languages?

Fig 04: About half of participants spoke a language other than English (for those whose first language was known)



About **1 in 4** Somerville residents speaks a language other than English at home.

At least **2 in 4** Taxi to Health participants were not English first language speakers.

The program was able to reach many limited English speakers and help them access the program, often with support from program staff and case managers who referred these clients.

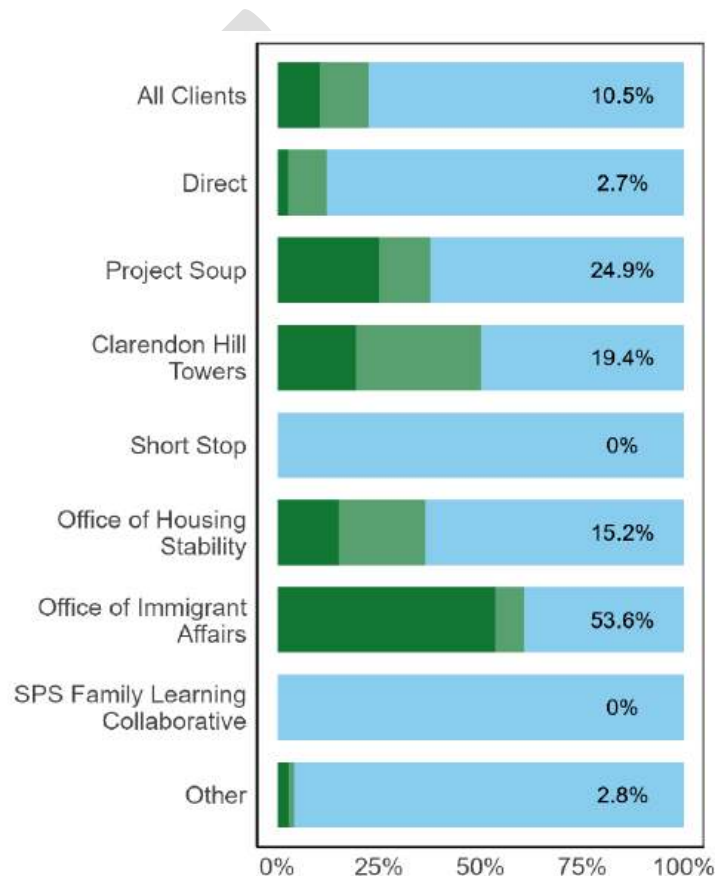
Partners were key to connecting **older adults** with limited English.

Fig 05: Partner programs were key connectors, especially for older adults who did not speak English.

Dark green is the percentage of older adults whose language is not English and corresponds to the percentage listed for each bar.

Light green is English-first-language older adults.

Blue is all other clients.



What were the most common self-identified eligibility criteria?

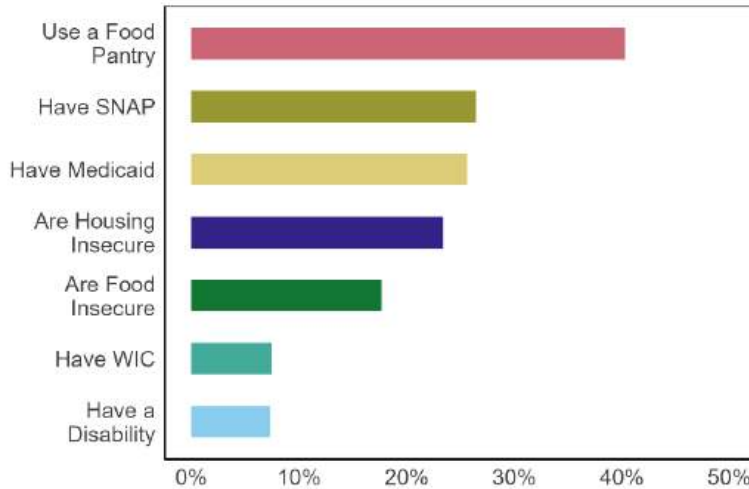
Participants met at least 1 of the following eligibility criteria:

- Receiving SNAP
- Receiving WIC
- Enrolled MassHealth (Medicaid)
- Living in Public or Subsidized housing
- Screening positive for food insecurity by the following screening questions:
 - I sometimes run out of food before I can afford to buy more.
 - I used a food pantry or free meal to stretch my food budget over the past year.

- Housing insecure or experiencing homelessness.

In some cases, participants were allowed to use the program if they attested to being severely rent-burdened (50% + income towards rent) or if they had a disability and moderate income.

Fig 06: Participants by eligibility criteria



Note: Participants (or case managers filling out the application for clients) were asked to voluntarily select all that apply. In many cases participants may have selected only one, even if others did apply, if in a hurry or unwilling to share sensitive information.

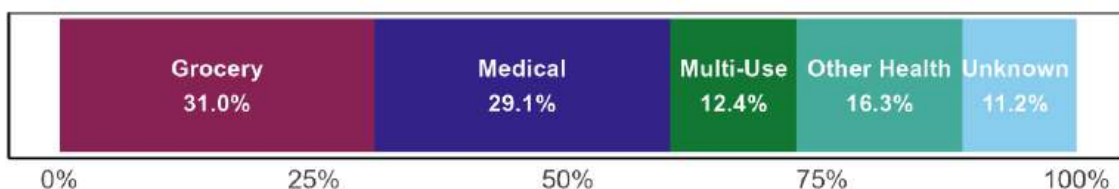
Food pantry use was the lowest barrier qualifier; pantries are accessible to people ineligible for SNAP due to immigration status, people who feel stigma around using government benefits, and people who are just over income for benefits but still struggle to access enough good food.

Food insecurity is likely under-reported because it is a sensitive question for participants to answer. It's also important note that disability reporting is low because it was collected only later in program.

How did people use the program?

3 in 5 rides were to grocery and medical needs.

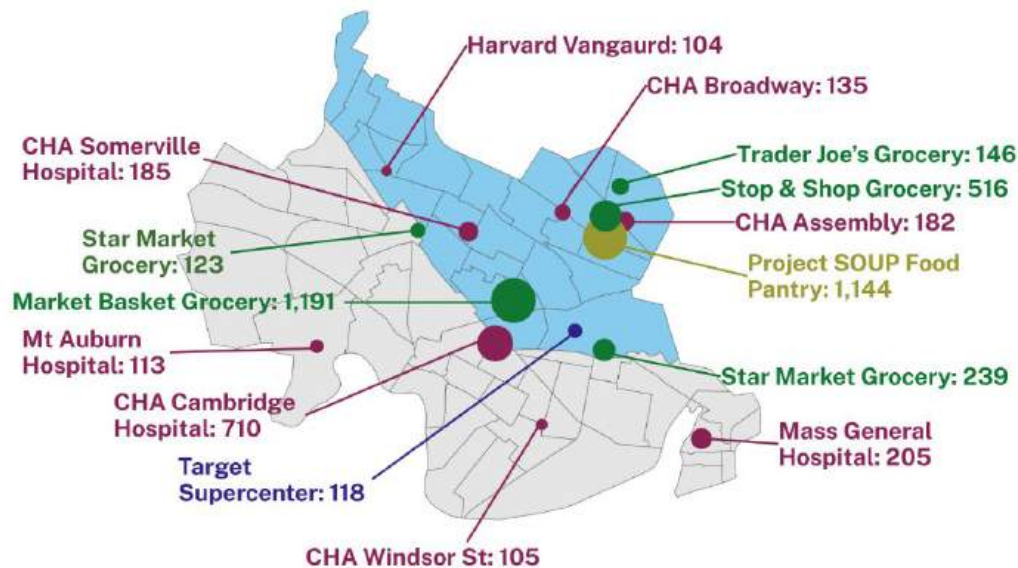
Fig 07: Grocery and medical rides accounted for at least 3 in 5 rides.



The program strove to offer participants the flexibility to use program as you would a personal vehicle by allowing people to meet multiple needs with one or several trips. **Multi-use rides** were rides with multiple trips to health needs or rides to a destination with multiple services where it is not known what services were accessed. For example:

- A ride to a doctor's appointment, then to a pharmacy, then home.
- A ride to a development or square with doctor's office and grocery store.

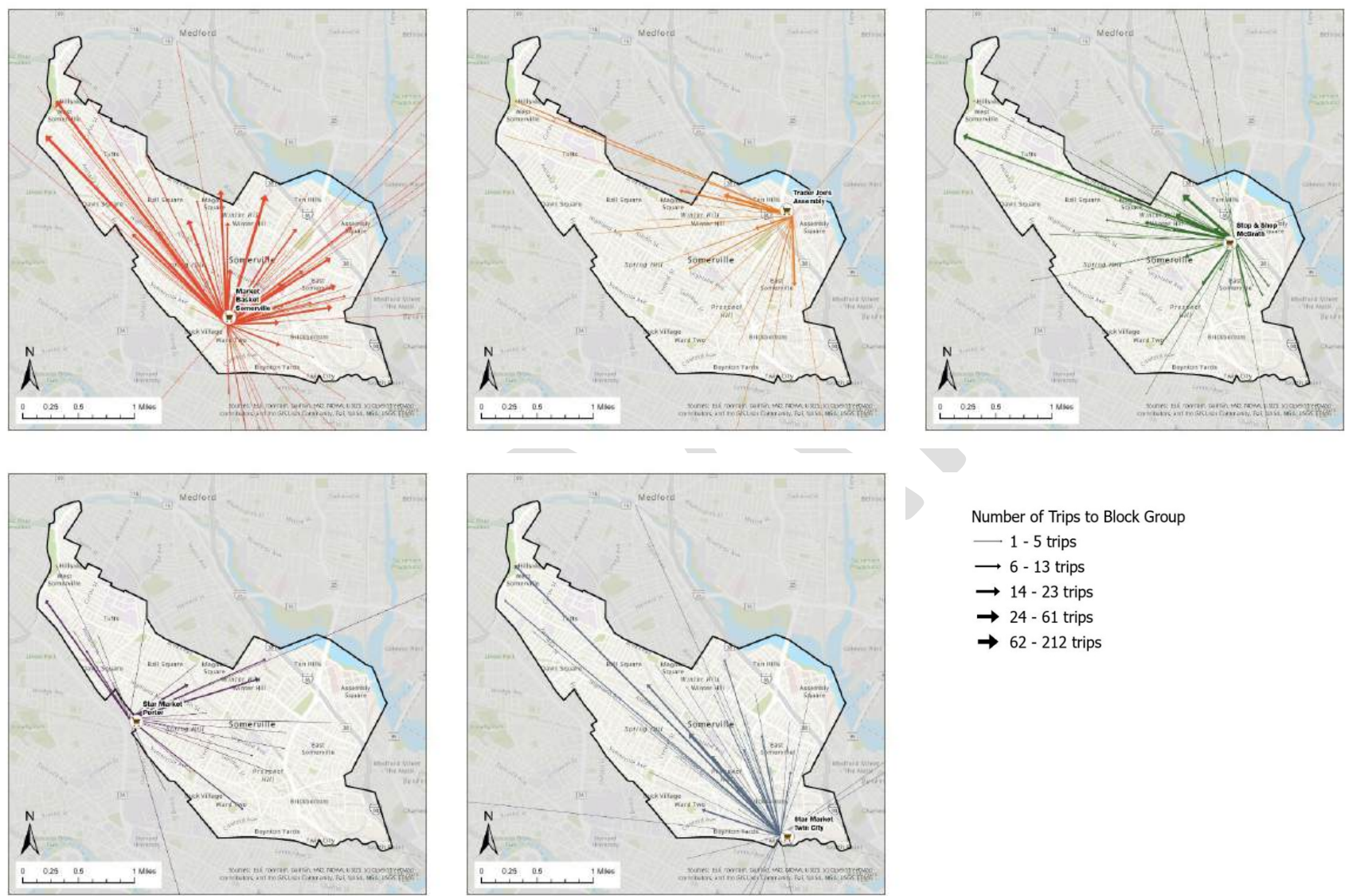
Fig 08: The most frequently accessed food and medical destinations were in or close to Somerville.



46% of all rides were **within Somerville**.

Note: Cambridge Health Alliance (CHA) is the most common primary care provider for Somerville residents. Project SOUP was a partner, which influences the number of rides taken there. However, one third of participants who went to Project SOUP received vouchers through another means.

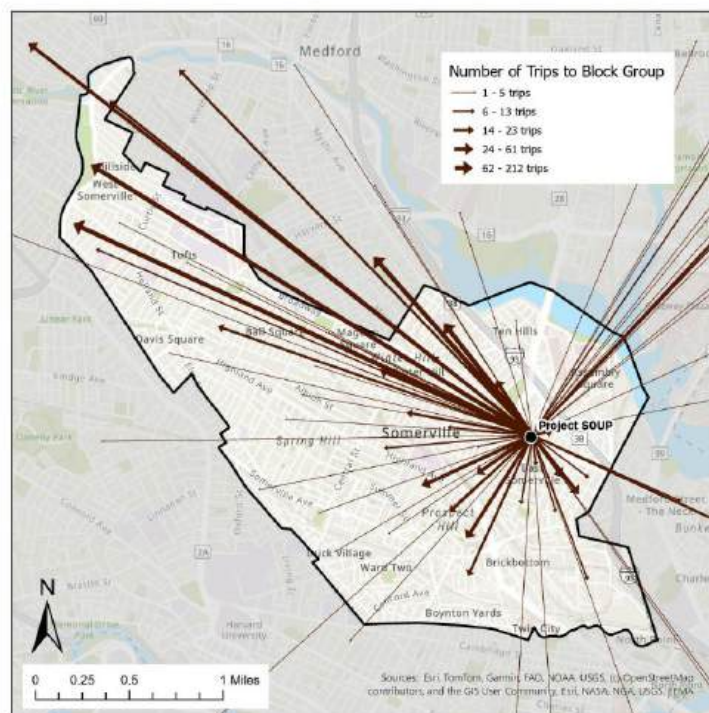
Fig 09A: Taxi use for food needs reveals gaps in access and preference for personal vehicle over bus when grocery shopping.



Participants' choices in how to use the program for food needs provide insight into gaps and limitations in transportation to food, as shown in Figure 9A. The large number of trips from the Mystic Housing area highlights limited bus options for the city's largest public housing development. A concentration of trips from Clarendon Hill to Market Basket, a trip that is served by a good bus round, suggests that bus is not the preferred means of transportation to get food. Many residents also chose to take trips to grocery stores farther from their home, even when located near a grocery, illustrating that not all groceries stores are the same in terms of affordability and cultural comfort.

Fig 09B: Taxi use for food needs reveals gaps in access and preference for personal vehicle over bus when grocery shopping.

Figure 9B shows gaps in pantry access for residents. The City's three largest pantries, with the most open hours per week are all located in East Somerville. SHC's Project SOUP was the only pantry to serve as a program partner and provides insight into transportation gaps for people trying to access pantries.



On average, **participants took 3 rides/month** with participants' average number of rides/month ranging from less than 1 to 25.

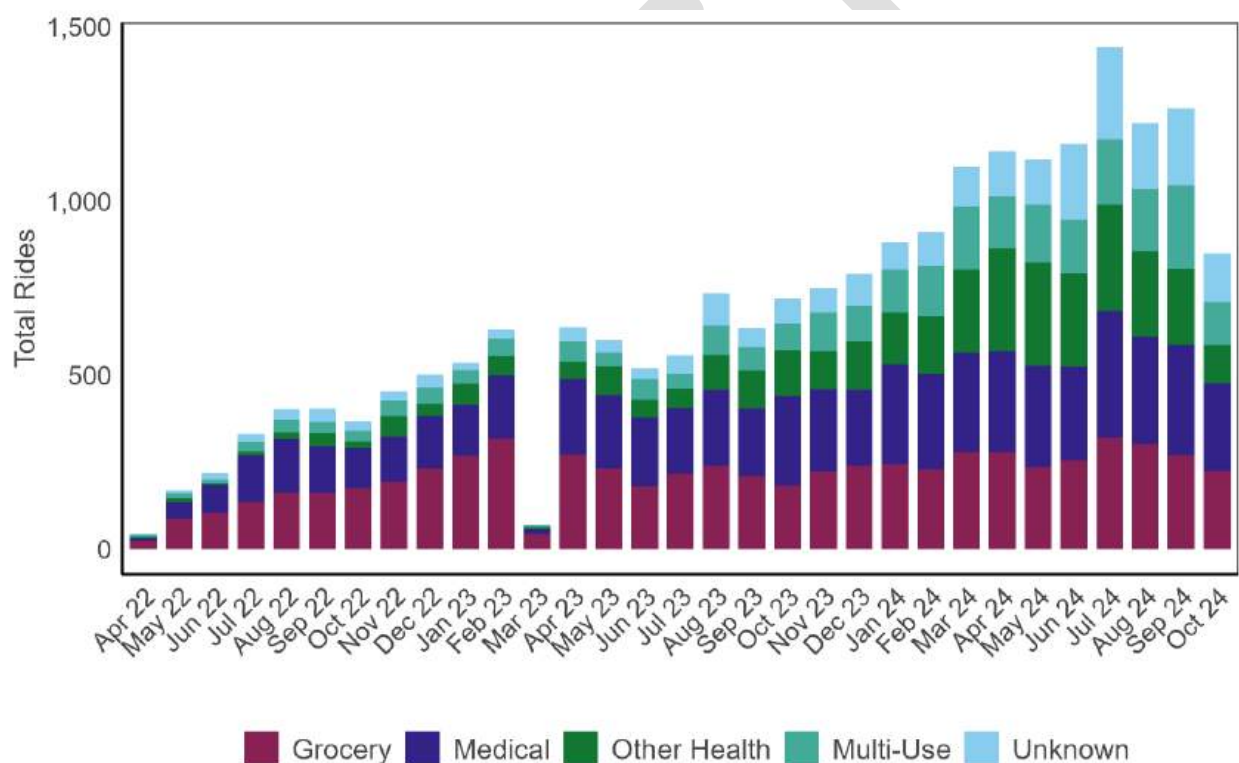
75% of participants took 4 rides or fewer per month, and 90% of participants took 7 rides or fewer per month.

In a few cases, participants used many vouchers in a short time when they needed a lot of support. For example, a recent arrival to the US used almost all his allotted vouchers in 4

months to find housing, a job, and ESL training in addition to regular use for grocery and medical needs.

Over time and with more referrals from City and other service providers seeking support for their clients, the program approved more types of ‘other’ health needs. Figure 10 also shows the growth in use of the program over time with steady promotion and follow-up to ensure participants could use it smoothly. During the height of use (April 2024-August 2024) we had a 16-hour a week program assistant whose primary role was to onboard and support participants.

Fig 10: The program grew over time and other health and social need rides increased as a share of the total.



What are some examples of “Other” destinations?

The program included a lot of flexibility for participants if they could explain why something was needed to support their physical and mental health. For example, while getting to work was not an approved use, it was approved in some cases when public transit lines were down for maintenance. Below are a few more examples of destinations classed as ‘Other’, which has significant impacts on the wellbeing of participants:

- Rides arranged in collaboration with the Somerville PD's group of Social Workers for people at the station to go directly to detox programs.
- Rides to the closest DTA office (the state agency that administers SNAP in MA) or MassHealth (Medicaid) office to resolve application issues.
 - Currently wait time for the DTA can be an hour+, or more likely you get an automatic disconnect.
- One-time rides to a program that gives free furniture and homewares for newly housed people.
- Rides to appointments for people in the process of applying for public housing in the Boston area.
- Rides to the MBTA (regional public transit) Mobility center to get approved for para-transit (ironically you must get there in person to be approved).

A note on data quality: Taxi to Health program staff received an invoice from Green and Yellow Cab, the program contractor, every month. The invoice backing included a list of rides taken with pickup and destination addresses. In many cases addresses do not tell us exactly where the client went and for what reason. Staff do their best to clean up and identify the addresses, but there is still a considerable amount of uncertainty in the data.

What did the program cost?

Rides cost an average of \$24.75. The contract with the taxi vendor set rates for most trips based on prices from Somerville to the destination/pickup city. Rides within Somerville were least expensive at \$18 for a within-Somerville ride. Boston proper was divided into neighborhoods. For participants traveling to cities without set rates or between cities outside of Somerville, rates were mileage based.

The monthly cost and number of rides per month varied widely based on how participants chose to use their vouchers.

On average, participant rides cost \$76.34 per month per person.

What did people value about the program?

To assess the program's outcomes, staff conducted a survey of referral participants and of service providers who referred clients to the program.

The participant survey reached 130 people by phone, about 12.7% of users. Respondents were close to a representative sample of language, housing type, and age groups, though participants who connected through partner programs were not included.

Highlights:

- 7% said they skipped medical appointments before the program.
- 16% mentioned being late to appointments before the program.
- 44% commented that public transit was slow, frequently delayed, or involved complex transfers.
- 71% mentioned the program saved them stress.
- 10% mentioned spending more on food when asked how the program saved them money.

What did respondents say?

- *The cab rides saved me a lot of time from not having to travel; I used to miss or arrive late to my appointment; I have a young child and it's been amazing.*
- *I'm on disability and a fixed income; it saved me money.*
- *Extra time was valuable to have more rest time - I work nights, and my sleep can be fitful; [I had] more time to prepare healthy food; generally better quality of life.*
- *It's expensive to transport two kids. [The taxis were] faster and more convenient, better to carry things.*

The service provider survey reached 13 people across a variety of social service programs, all of whom relied on the program to support their clients:

- *It was really useful to be able to help clients **access our office**, especially for a first meeting, when otherwise it would have been more **complicated and difficult to try to get them here**.* - Housing Case Manager
- *Able to connect **linguistically isolated and disabled constituents** with care that they need at local hospitals that they otherwise would not be able to access.* - Public Health Nurse
- *Clients were able to access appointments that they otherwise would not have been able to/that would've been **a financial and/or time burden to them**.* - Housing Case Manager

They mention that the program fill in gaps left by existing programs and helped build independence in clients:

- *After some time, families were familiar with how to use the program and were able to **independently use the resource**. It eliminated a barrier for folks to seek medical care and food.* - Social Worker of Basic Needs at Somerville Public Schools

- Many clients **complained about the PT1 program or other available ride programs** in terms of ease of use, specifically around having to schedule in advance and waiting for pick and drop off. - Social Worker with Somerville PD

They also mention the value to their own piece of mind of being able to solving a small but immediate problem for clients:

- Able to offer **tangible, fast solution to at least one problem** facing clients with very low to no income who are navigating tight schedules and money. - Rental Assistance Advocate

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Table 1: Exploration of options to address transportation to health needs

Option	Description	Pros	Cons	Annual Cost Estimate
Fixed Route Shuttle	Shuttle could be operated by a contractor to most common destinations in Somerville	- Limited means testing required - Prioritizes area with less public transit	- Not door to door - Limited destinations - High wait times	\$184,787-\$277,180
On-Demand Shuttle	Shared shuttle could be available for on-demand rides, not on fixed route; Somerville only	- Convenient - Door-to-door	- Unpredictable demand = difficult to budget for - Very expensive	Other programs: \$760,000 for ~45,000 trips \$1,282,667 for ~60,600 trips
Subsidized Transit Package	Funds could cover multiple transit modes at no or low cost	- Builds on existing reduced cost MBTA passes - Encourages public transit as first option - Can cover trips outside of Somerville	- Harder to fund - Management challenge with two separate modes	\$552,500 for MBTA pass + \$50 taxi voucher (~8500 ppl paying \$15/month)

Program end and next steps

The Taxi to Health program ended October 2024, with the end of the ARPA funding period.

There were three challenges to continuing the program using the City's budget:

- Not legal for the General Fund to directly support a program that only services some residents.
 - Direct Aid amendment.
 - Council on Aging is an exception.
- High cost.
- Mismatch with institutional structure: no Division clearly a good fit to manage it.

In the fall of 2023, OFAHC received a technical assistance grant from the Metropolitan Area Planning Commission (MAPC) to explore options to continue the program following the end of ARPA funding. Table 1 shows the options proposed, their pros, cons, and estimated costs. For reference, The Taxi to Health program had an average of **8,201 rides/year** (683/month) and an average cost of **\$203,023/year** (\$16,919/month).

Next steps for OFAHC include:

- Advocacy for MassHealth PT-1 Program improvements: Using the Massachusetts DTA as example, the department has Advisory Boards made up of people who interact with the program and a statewide SNAP Coalition of advocates who regularly connect with the department to share feedback.
- Create a Transit Equity Working Group for City stakeholders to work collaboratively on this issue.
- Work interdepartmentally to get shuttle access into Community Benefit Agreements with new developments.

Report Credits:

This report was written by the Office of Food Access and Healthy Communities, Alissa Ebel, lead author. Support for GIS maps (Figures 9A and 9B) was provided by City of Somerville SomerStat, Julianna Horiuchi, lead analyst. Design for figures 9A and 9B was provided by Kim Schmidt, KS Design. Research on possible options to continue to project was provided by the Metropolitan Area Planning Commission through a technical assistance grant, Claire Hoffman and Marah Holland, lead researchers.