

Access For All: Capital Region Mobility Plan

HATS Coordinated Public Transit-Human Services Transportation Plan

Prepared by
HATS MPO Staff

Draft 2026

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HARRISBURG AREA TRANSPORTATION STUDY (HATS)

Metropolitan Planning Organization (MPO)

The title of this document is Access for All: Capital Region Mobility Plan, and it is the Coordinated Public Transit-Human Services Transportation Plan for Dauphin, Cumberland, and Perry Counties. The HATS Coordinating Committee adopted this plan on _____.

This plan was partly funded through grants from the US Department of Transportation's Federal Highway Administration and Federal Transit Administration, the Pennsylvania Department of Transportation, and the Commissioners of Dauphin, Cumberland, and Perry Counties. The views and opinions expressed herein do not necessarily represent those of the funding agencies.

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Burmese

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Introduction

Introduction to the Coordinated Human Services Transportation Plan

This plan updates and amends the Coordinated Public Transit–Human Services Transportation Plan ("Coordinated Plan") for the Harrisburg Area Transportation Study (HATS) Metropolitan Planning Organization (MPO). The previous plan was completed in 2015. The HATS MPO serves as the designated regional transportation planning body for Cumberland, Dauphin, and Perry Counties.

This Coordinated Plan assesses the full range of human service transportation needs across the region, with an emphasis on low-income populations, older adults, and individuals with disabilities. It is prepared to satisfy federal coordinated planning requirements while also providing a strategic framework to guide local decision-making, investment, and service delivery.

The requirement for a locally developed coordinated plan originated with the federal Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) in 2005, which mandated that certain transit funding programs be derived from such plans beginning in Fiscal Year 2007. Subsequent federal legislation, including Moving Ahead for Progress in the 21st Century (MAP-21) and the Fixing America's Surface Transportation (FAST) Act, streamlined and consolidated these requirements, most notably under the Section 5310 program, Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities, which provides for a mix of capital and operating funds for projects. This is the only funding program with coordinated planning requirements under MAP-21. The Federal Transit Administration (FTA) encourages continuation of the coordinated planning process as a best practice for project selection because it ensures the target population for these projects is included in the planning process.

This plan is intended to function as both a federally and state-compliant document and a practical blueprint for implementation. It identifies priority needs, establishes strategies, and promotes coordinated actions to improve transportation for persons with disabilities, seniors, and persons with low incomes. The plan also supports broader regional goals, including enhancing quality of life, strengthening economic competitiveness, and fostering inclusive communities.

This plan emphasizes the use of Geographic Information System (GIS) technology and other quantitative analyses, and the lived experience of navigating our communities without regular access to a personal vehicle. Using a Human-Centered Design approach, the plan prioritizes the development of a transportation system that is intuitive, accessible,

and responsive to user needs. In doing so, the plan approaches public transit planning, intending to create a rider experience that is as user-friendly and accommodating as possible. This plan aims to bridge gaps in transportation services, reduce barriers, and create opportunities for collaboration between public transit providers, human service agencies, and the broader community.

Implementation of this Coordinated Plan is closely tied to the HATS MPO's Long-Range Transportation Plan (LRTP) and Transportation Improvement Program (TIP), ensuring that identified priorities are reflected in project selection and funding decisions. Achieving a fully coordinated system will require sustained funding, supportive policy frameworks, and ongoing collaboration among a diverse range of partners, including public transit providers, human service agencies, private transportation operators, healthcare providers, advocacy organizations, and community-based groups.

MPO Structure

HATS was created in response to the Federal-Aid Highway Act of 1962, which mandated regional transportation planning as a condition for receiving federal funds for transportation projects. HATS is the designated Metropolitan Planning Organization (MPO), an organization of federal, state, and local agencies, and officials from Cumberland, Dauphin, and Perry Counties, the City of Harrisburg, Pennsylvania Department of Transportation (PennDOT), and Susquehanna Regional Transit Authority (SRTA). HATS serves over half a million people in 103 municipalities covering almost 1,700 square miles in south-central Pennsylvania, including Cumberland, Dauphin, and Perry Counties. HATS is comprised of two committees: the Coordinating Committee and the Technical Committee. The Technical Committee oversees analyses and preparation of plans and studies, reviews transportation items brought before HATS to consider, and makes recommendations to the Coordinating Committee. The Coordinating Committee is the policy body that formally takes action based on Technical Committee input and adopts transportation plans and improvement programs. Tri-County Regional Planning Commission (TCRPC) functions as the lead staff agency of HATS and provides planning and administrative support services. It has the responsibility to ensure the transportation planning process is being carried out in accordance with federal and state regulations.

The Harrisburg Region

The Harrisburg Metropolitan Region is in South Central Pennsylvania and encompasses Cumberland, Dauphin, and Perry Counties. The region's primary employment centers include the Harrisburg metropolitan area, including the Commonwealth's State Capital, as well as surrounding municipalities throughout Cumberland and Dauphin Counties. Major communities within the region include Hershey, Middletown, Hummelstown, Halifax, Elizabethville, Camp Hill, Carlisle, Shippensburg, Marysville, Newport, and New Bloomfield. According to the 2020 U.S. Census, the combined population of the three counties was approximately 590,000 residents.

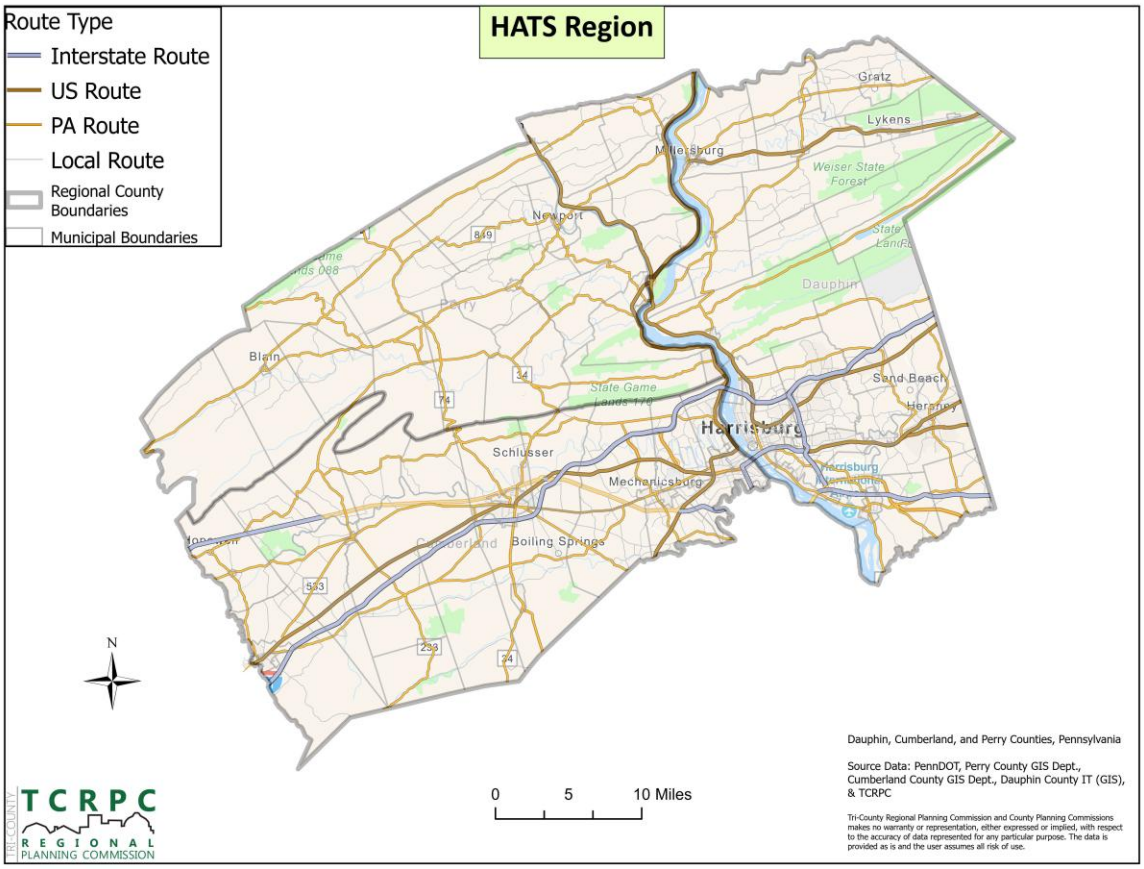


Figure 1: *Harrisburg Area Transportation Study (HATS) MPO Planning Area*

The region is served by a diverse transportation network that provides mobility options for residents, commuters, and visitors traveling throughout the Pennsylvania Capital Region. Rabbittransit provides fixed-route bus service connecting Downtown Harrisburg with surrounding communities in Dauphin and Cumberland Counties. In addition, paratransit

services for elderly and individuals with disabilities, are available through rabbittransit in Dauphin County, Cumberland, and Perry Counties.

Additional transportation services within the region include intercity and private charter bus operators, Amtrak passenger rail service, Harrisburg International Airport, and other private transportation providers. Public transportation services are funded through a combination of passenger fares and local, state, and federal transportation funding sources.

Within the region, the HATS MPO oversees the planning and allocation of these public transportation funds. This report provides an overview of public transit and human service transportation within the Harrisburg metropolitan region.



Figure 2: *Rabbittransit share ride van.*

The Coordinated Plan

Coordinated Plan Requirements

The Federal Transit Administration (FTA) establishes specific requirements for the development of a Coordinated Public Transit -Human Services Transportation Plan (Coordinated Plan). As outlined in the FTA Circular 9070.1H (effective November 1, 2024), a Coordinated Plan must include the following five key elements:

1. **An assessment of services** that identifies current transportation providers (public, private, and nonprofit).
2. **An assessment of transportation needs** for individuals with disabilities, including those who use wheelchairs, and older adults. This assessment can be based on the experiences and perceptions of the planning partners, more sophisticated data collection efforts, and gaps in services.
3. **Strategies, activities, and/or projects** to address the identified gaps between current services and needs, as well as opportunities to achieve efficiencies in service delivery.
4. **Priorities for Implementation** based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified; and
5. **Where less than 100 percent fleet** accessibility for demand-response service is anticipated, a demonstration of how the requirement for equivalent service will be met.

In summary, the Coordinated Plan identifies the transportation needs of seniors, individuals with disabilities, and low-income populations; establishes strategies to address those needs; and prioritizes transportation improvements and services for future funding and implementation. The planning process seeks to maximize the effectiveness and coverage of available transportation programs by promoting coordination and minimizing service duplication.

Furthermore, the Coordinated Plan must be developed and adopted through an inclusive public participation process that actively engages older adults, individuals with disabilities, representatives of public, private, and non-profit transportation providers, human service organizations, and other interested stakeholders and members of the public.

Coordinated Human Service Transportation Plan Groups

To guide the development of the Coordinated Plan, three groups were established: the Planning Team, the Expert Group, and the Stakeholder Group.

The **Planning Team**, composed of HATS MPO staff, was responsible for managing and administering the overall planning process. Key responsibilities included establishing the project scope and schedule, coordinating meetings and outreach activities, and overseeing plan development. The Planning Team also ensured compliance with FTA requirements and applicable planning regulations. In addition, the team conducted surveys and stakeholder interviews, prepared technical reports, analyzed existing transportation services, and identified service gaps, barriers, and unmet transportation needs throughout the region.

Planning Team Members:

Name	Agency	Title
Andrew Bomberger	Tri-County Regional Planning Commission	Executive Director
Karen Dixon	Tri-County Regional Planning Commission	Planner
Rebecca Wenschhof	Tri-County Regional Planning Commission	Transportation Planner

The **Expert Group** served as an advisory body, providing subject-matter expertise, local knowledge, community perspectives, and practical insight into transportation needs and service delivery challenges. The group's primary responsibilities included reviewing and validating findings from needs assessments and service inventories, identifying transportation challenges and opportunities, recommending strategies and solutions, and assisting with the prioritization of proposed projects and initiatives. Expert Group members helped evaluate recommendations based on community need, potential impact, feasibility, and available resources.

Expert Group Members:

Name	Agency	Title
Robert Clapp	Center for Independent Living of Central PA (Thrive CIL CP)	Director of Operations
Josh Wilson	Center for Independent Living of Central PA (Thrive CIL CP)	NHT Coordinator
Geoffrey Knight	City of Harrisburg	Planning Director
Kirk Stoner	Cumberland County Planning Commission	Director, AICP
Sally Snyder	Dauphin County Area Agency on Aging	Administrative Officer II
Bonnie Kent	Dauphin County Human Services	Operations Manager/Community Liaison
Rita Schaaf	Join Hands Ministries (Perry County)	Executive Director
Jeff Iseman	PA Statewide Independent Living Council	Public Policy & Outreach Coordinator
Ted Sheehe	PennDOT Central Office	Transportation Planning Manager
Aiden Thomas	PennDOT Central Office	Program Manager
Ray Green	PennDOT Central Office	Chief of Financial and Contract Services
Kyle Snyder	PennDOT District 8	District 8 Planner
Frank Campbell	Perry County	Perry County Commissioner
Christie Caswell	Perry County Literacy Council	Director of Operations
Alyson Thebes	Perry County's Area Agency on Aging	Director
Dave Juba	Susquehanna Regional Transportation Authority	Planning Manager
Sherry Welsh	Susquehanna Regional Transportation Authority	Senior Project Manager/Administrator
Beth Nidam	Susquehanna Regional Transportation Authority	Planner
Darius Davenport	Tri-County Community Action	Community Planning Coordinator
Cate Mellen	United Way (Carlisle/Cumberland County)	Executive Director

The **Stakeholder Group** played a broader role in the planning process. While the Expert Group consisted of a smaller group of advisors who met regularly throughout plan development, the Stakeholder Group included a diverse range of organizations, agencies, community groups, service providers, transportation users, and other parties with a vested interest in mobility and transportation services within the region. Stakeholders provided valuable input to ensure that the Coordinated Plan accurately reflected the needs, challenges, and priorities of the communities it serves. Participation opportunities

included interviews, surveys, questionnaires, and public engagement activities. Stakeholders were also encouraged to share information with their constituents, clients, members, and professional networks to broaden participation and increase awareness of the planning process.

Stakeholder Group Members:

Name	Agency	Title
Randie Yeager	Dauphin County Human Services	Director
Jessica Glackin	Center for Independent Living Opportunities	CIL Program Coordinator
Janeed Latin	United Cerebral Palsy of Central PA	President
Zack Zook	Central PA Food Bank	Chief Strategy Officer
Sally Snyder	Dauphin County Area Agency on Aging	Administrative Officer II
Margo Cox	Thrive CIL (Cumberland, Perry, Dauphin)	Chief of Staff
Tawnya Brown	Cumberland County Housing and Redevelopment Authority	Sr Property Manager
Leah Eppinger	Dauphin County Housing Authority	Executive Director
Trish Rhodes	Perry County Housing Authority (CCHRA)	Case Worker
David Schmotzer	St Mary Medical Center Foundation/Trinity Health PACE	Director of Finance
Beth Bryan	Fresenius Kidney Care (New Bloomfield)	Manager
James Omalley	PA Office of Vocational Rehab	Executive Director
Sherry Welsh	SRTA/Rabbitcares	Senior Project Manager
Stephanie Henry	Rabbitcares (Para transit) DC/CC	Operations Manager
Christopher Stout	Medical Assistance Transportation Program	Medical Asst. Transportation Program Supervisor
Randy Nolen	PA Dept. Health Services (OLTL and CHC)	Director for Bureau of Coordinated and Integrated Services
Danielle Spila	PennDOT	Director for the Bureau of Multimodal Transportation
Omara Riechi	Keon Transportation	Manager

Federal Transit Programs

Introduction to Federal Transit Funding Programs

Federal transit funding programs play a critical role in supporting transportation services for older adults, individuals with disabilities, low-income populations, and residents of rural and urban communities. A Coordinated Plan helps identify local mobility needs and priorities while positioning eligible projects for federal funding opportunities. Among the most significant programs are the FTA's Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program, Section 5307 Urbanized Area Formula Program, and Section 5311 Formula Grants for Rural Areas. Together, these programs provide funding for capital investments, operating assistance, mobility management, and service enhancements that improve access to employment, healthcare, education, and other essential destinations, while fostering coordination among public transit providers and human service agencies.

Enhanced Mobility of Seniors and Individuals with Disabilities Program (Section 5310)

The Section 5310 Program is designed to enhance mobility for older adults and individuals with disabilities by reducing transportation barriers and expanding access to transportation services. The program supports transportation initiatives that are planned, designed, and implemented to address the mobility needs of these populations across all geographic areas, including large, urbanized areas (population over 200,000), small, urbanized areas (population between 50,000 and 200,000), and rural areas (population under 50,000). Section 5310 funding may be used for both traditional capital investments and non-traditional projects that provide transportation services beyond the minimum requirements of the Americans with Disabilities Act (ADA) complementary paratransit program.

In Pennsylvania, PennDOT administers the Section 5310 Program. It is responsible for developing the Program of Projects for review and approval by the FTA. PennDOT ensures that applicants and proposed activities are eligible and compliant with federal requirements, provides opportunities for participation by private non-profit transportation providers where feasible, and promotes coordination among federally funded transportation services. Following FTA approval of PennDOT's grant application, funding is made available for program administration and distribution to eligible subrecipients throughout Pennsylvania. PennDOT has established evaluation criteria to review and score Section 5310 funding applications consistently and competitively.

Eligible subrecipients include state and local government agencies, private nonprofit organizations, and public transportation operators that receive Section 5310 funding through an eligible recipient. Private operators of public transportation may also be eligible to participate in the program.

The Fixing America's Surface Transportation Act (FAST) requires that projects seeking funding under the Section 5310 Program be derived from a locally developed Coordinated Plan. For this plan, the FTA considers a project to be a strategy, activity, or specific action that addresses and identifies a transportation service gap or advances a transportation coordination objective that has been identified and prioritized through the planning process. As a result, specific projects are not required to be listed individually in the Coordinated Plan, provided they address identified transportation gaps or coordination objectives. Instead, applicants should demonstrate how their proposed project supports and identifies a need, goal, or coordination strategy contained in the plan. Accordingly, the gaps, priorities, and recommended strategies presented in this document are intended to provide a comprehensive framework for future project development and funding opportunities, allowing the plan to be amended as needed.

Urbanized Area Formula Program (Section 5307)

The Urbanized Area Formula Program (Section 5307) provides federal funding to support public transportation capital, planning, job access, and reverse commute projects, as well as operating expenses in Urbanized Areas (UZAs). The program is designed to improve mobility, expand access to employment, and reduce traffic congestion.

Examples of eligible projects include vehicle replacement and expansion, construction and rehabilitation of transit facilities, ADA and safety improvements, pedestrian and bicycle access, technology and intelligent transportation systems, transit planning studies, mobility management, and service enhancements such as shuttle, demand-response, and late-night and weekend transit services. The Job Access and Reverse Commute Program (JARC) (Section 5316) was repealed by MAP-21; however, job access and reverse commute projects are also eligible under Section 5307.

Federal funding generally covers up to 80 percent of eligible capital and planning costs and up to 50 percent of operating expenses, with higher federal shares available for certain ADA and Clean Air Act-related projects. States administer funds for UZAs with populations under 200,000, while designated recipients manage funding for larger urbanized areas with populations of 200,000 or more.

Formula Grants for Rural Areas (Section 5311)

The Formula Grants for Rural Areas Program (Section 5311) provides federal funding to support public transportation services in communities with populations under 50,000. The program is intended to improve mobility and access to essential services by assisting capital investments, planning activities, operating expenses, and the acquisition of public transportation services, including partnerships with private providers.

Eligible projects include the purchase and rehabilitation of buses and paratransit vehicles, preventative maintenance, communications and technology equipment, passenger facilities and amenities, pedestrian and bicycle access improvements, mobility management, transportation planning, and job access and reverse commute initiatives. These investments help expand transportation options for older adults, individuals with disabilities, low-income populations, and residents of rural communities.

Federal funding generally covers up to 80 percent of eligible capital and planning costs and up to 50 percent of operating expenses, with the remaining share provided through local cash or eligible in-kind contributions. Eligible recipients include states and federally recognized Indian tribal nations, with funding available to local governments, nonprofit organizations, public transportation providers, and intercity bus operators.



Figure 3: A *rabbittransit share-ride van picking up a passenger in rural Cumberland County.*

Plan Development and Outreach

Introduction to Development and Outreach

Participation in the Coordinated Plan requires recipients to certify that the plan was developed and approved through a process that actively engaged seniors, individuals with disabilities (including wheelchair users), representatives of public, private, and nonprofit transportation and human services providers, and other members of the public with knowledge of local transportation needs.

Meaningful stakeholder involvement is essential throughout the development, approval, and implementation of the Coordinated Plan. A planning process that merely solicits stakeholders' input without assuring that such input will be considered does not satisfy the requirement of "participation." Public comments and stakeholder feedback should be carefully evaluated and addressed during plan development, and participants should be provided with a reasonable opportunity to contribute to the decision-making process.

The following possible strategies ensure the facilitation of appropriate inclusion:

a. **Adequate Outreach to Allow for Participation**. Strategies could include posting flyers, website postings, invitation letters to other government agencies, transportation providers, human services providers, and advocacy groups.
b. **Passengers and Advocates.** Involving existing and potential riders, both general and targeted populations (individuals with disabilities and seniors), including protection and advocacy organizations; representatives from independent living centers; and advocacy organizations working on behalf of targeted populations.
c. **Human Service Partners**. Inclusion of agencies that administer health, employment, or other programs for targeted populations, job training and placement agencies, housing agencies, healthcare facilities, and mental health agencies.
d. **Others**. Security and emergency management agencies, Tribes/tribal representatives, economic development organizations, faith-based and community organizations, representatives of the business community, appropriate state officials and elected officials, and school districts.



Figure 4: *Tri-County Regional Planning Commission staff at an outreach public event for the Coordinated Plan in Northern Dauphin County.*

Plan Outreach Process

The development of this Coordinated Plan was guided by a comprehensive and inclusive process designed to engage a broad range of stakeholders and transportation users across Cumberland, Dauphin, and Perry Counties. Public input was collected through multiple engagement methods, including online and printed surveys, targeted outreach materials displayed on public transit vehicles, stakeholder and advocacy group meetings, expert group sessions, and onsite listening sessions conducted at senior housing facilities and public events. Additional coordination was undertaken with transportation providers, human service agencies, disability advocates, and senior-serving organizations to ensure that the perspectives of traditionally underserved populations were fully represented in the planning process. GIS-based data collection and analysis were also utilized to evaluate rider characteristics, identify transportation needs, and assess demographic trends throughout the HATS region. Collectively, these outreach and analytical efforts ensure that the Coordinated Plan reflects the voices, experiences, and priorities of seniors, individuals with disabilities, low-income populations, transportation providers, human service agencies, advocacy organizations, and other community stakeholders. The result is a data-driven and community-informed framework for improving mobility and access to transportation services across the region.

Listening Sessions: To better understand the transportation needs of the region, the Planning Team conducted listening sessions with individuals who rely on the transportation system most directly, as well as those who may depend on it in the future. These sessions focused on seniors, individuals with disabilities, low-income individuals, and human service professionals. Participants shared personal experiences, which helped identify key challenges as well as potential service improvements.

Listening sessions were held at senior housing facilities and during a public event. All notes were documented, anonymized, and systematically reviewed to identify common themes and inform the planning process.

Public Survey: Public surveys were made available in both online and paper formats to ensure broad accessibility. Survey availability was promoted through social media channels, the TCRPC website, stakeholder networks, and signage on fixed-route transit vehicles throughout the region. Input was received from the public as well as targeted outreach populations.

Members of the Expert and Stakeholder Groups assisted in distributing survey notifications (Figure 5) to ensure engagement with priority populations. Survey results directly informed the identification of priorities within the Coordinated Plan update and supported the development of implementation strategies aimed at addressing identified gaps and barriers.

Ride-Alongs (Paratransit Rides): To gain a deeper understanding of the experiences of transit-dependent riders, the Planning Team participated in paratransit ride-alongs across Cumberland, Dauphin, and Perry Counties. During these trips, staff engaged with riders and drivers to gather firsthand insights into service strengths, operational challenges, and barriers to mobility. These observations provided valuable qualitative context to complement survey and stakeholder feedback.

Stakeholder Interviews: Stakeholders in public transit planning include all individuals, groups, and organizations that have an interest in public transit. These stakeholders can be composed of government/agency officials, community groups, nonprofit or non-governmental organizations, local business owners, advocacy groups, and health advocacy services. Each stakeholder brings a unique perspective to public transportation projects and can influence design, execution, and long-term success. The diverse interests of these different stakeholder groups influence public transportation systems' operations and strategies in multifaceted ways. (Refer to Appendix A for Stakeholder Interview Questions)

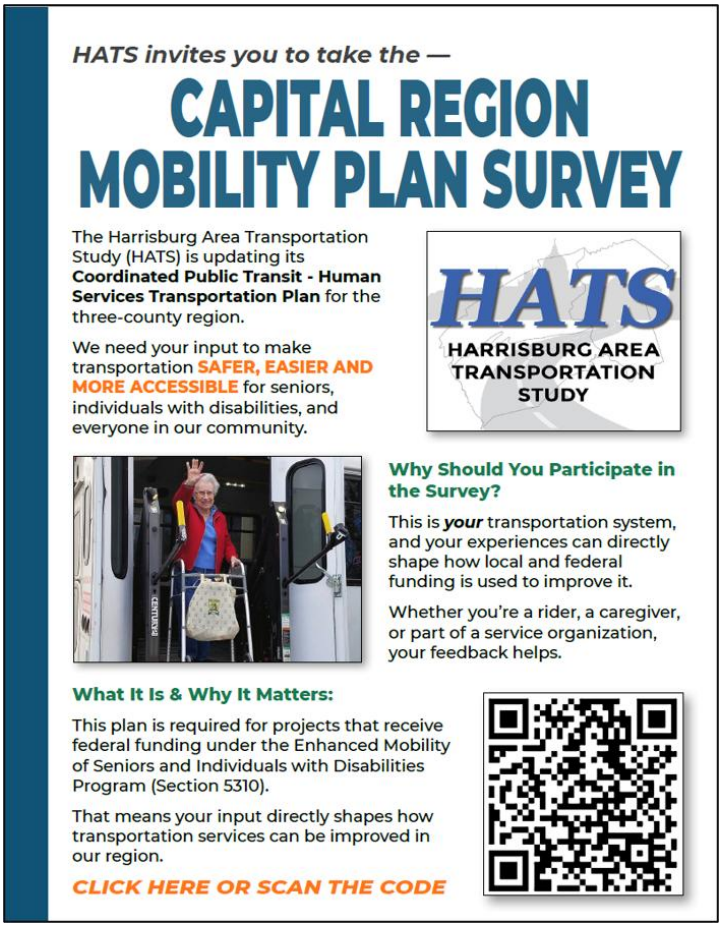


Figure 5: *Image of an online survey notice for the Coordinated Plan, which was posted on social media, websites, and on fixed-route transit vehicles.*

Stakeholder interviews were performed with individuals from various industries and organizations to help balance the diverse interests and feedback of stakeholders. The key was to engage with stakeholders throughout the entire planning process.

Expert Group Meetings: The Planning Team convened an Expert Group composed of representatives from human service agencies, transit agencies, local businesses, and advocacy group representatives. This Expert Group reviewed the work and collaborated with the Planning Team at key milestones to ensure the planning process was inclusive and that the findings were well supported. The Planning Team met with the Expert Group more than four times during the planning process.

GIS-Data Collection and Analysis:

Geographic Information Systems (GIS) play a vital role in developing the Coordinated Plan by supporting the collection, analysis, and visualization of transportation and demographic data. GIS-data collection and analysis was used to map existing public transit routes, demand-response service areas, medical facilities, employment centers, educational institutions, senior housing, and other key destinations, while also identifying concentrations of older adults, individuals with disabilities, low-income populations, and households without access to a vehicle. By overlaying these datasets, the Planning Team was able to identify transportation gaps, underserved areas, and barriers to mobility, helping to prioritize investments and service improvements. GIS mapping also enhances stakeholder engagement by presenting the information in an accessible format and providing a data-driven foundation for evaluating existing services, developing recommendations, and supporting future transportation planning and funding decisions.

Demographic Profile

For the purpose of this analysis, we've used the following definitions for each population from the US Census Bureau:

Senior Households— a household containing at least one person who is 65 years or older

Individuals with a Disability— a person who has a long-term physical, mental, or emotional condition that may limit their ability to perform everyday activities, leave home independently, or work.

Low-Income – a person whose household income (or in the case of a community or group, whose median household income) is at or below the U.S. Department of Health and Human Services poverty guidelines.

Minority, meaning a person is:

- Black – a person having origins in any of the black racial groups of Africa.
- Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
- American Indian and Alaskan Native – a person having origins in any of the original people of North America, Central America, or South America, and who maintains cultural identification through tribal affiliation or community recognition.

- Native Hawaiian or Other Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Hispanic or Latino – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

No Vehicle Availability/Carless Households – no vehicle is available for the use of household members

Using data from the American Community Survey (2020-2024 5-year estimates), the concentration and distribution of the selected populations were determined and mapped for the HATS region. Concentrations were mapped as "well below average" (less than 25% of the regional average), "below average" (between 25% and 75% of the regional average), "average" (between 75% and 125% of the regional average), "above average" (between 125% and 200% of the regional average) and "well above average" (greater than 200% the regional average). Within the following map layouts, "well below average" is represented by light gray, "below average" is gray, "average" is white, "above average" is blue, and "well above average" is dark blue.

Table 1 provides a breakdown of the HATS region demographic profile for Cumberland, Dauphin, and Perry counties individually, as well as for the region as a whole.

Table 1. Demographic Profile.

Demographic Indicator	HATS MPO		Cumberland County		Dauphin County		Perry County	
	Population	Percentage	Population	Percentage	Population	Percentage	Population	Percentage
Senior Population	80,518	32.72%	35,738	33.58%	38,078	31.38%	6,702	36.62%
Disabled Population	80,606	13.57%	34,297	13.08%	40,095	14.02%	6,214	13.57%
Low Income Population	59,377	10.14%	19,066	7.48%	36,661	12.87%	3,650	7.99%
Minority Population	161,709	27.33%	47,479	18.30%	111,226	38.84%	3,004	6.55%
Carless Population	10,009	3.46%	3,232	2.53%	6,053	4.35%	724	3.26%

Source: 2020-2024 American Community Survey 5-Year Estimates

Table 2. Distribution of Population by Senior Household Intervals

Population	Percent Senior Household Intervals					Total
	0-8.2%	8.2%-24.5%	24.5%-40.9%	40.9%-65.4%	65.4%-100%	
Total Households	301	42,645	167,832	35,302	4	**246,084**
Total Households (in %)	0.1%	17.3%	68.2%	14.3%	0.0%	**100%**
Senior Households	22	8,616	55,400	16,476	4	**80,518**
Senior Households (in %)	0.0%	10.7%	68.8%	20.5%	0.0%	**100%**

Source: 2020-2024 American Community Survey 5-Year Estimates, PennDOT

Table 3. Distribution of Population by Disabled Population Intervals

Population	Percent Disabled Population Intervals					Total
	0-3.4%	3.4%-10.2%	10.2%-17.0%	17.0%-27.1%	27.1%-100%	
Total Population	2,329	129,699	324,055	126,369	11,677	**594,129**
Total Population (in %)	0.4%	21.8%	54.5%	21.3%	2.0%	**100%**
Disabled Population	98	10,070	42,121	24,779	3,538	**80,606**
Disabled Population (in %)	0.1%	12.5%	52.3%	30.7%	4.4%	**100%**

Source: 2020-2024 American Community Survey 5-Year Estimates, PennDOT

Table 4. Distribution of Population by Low-Income Population Intervals.

Population	Percent Low-Income Population Intervals					Total
	0-2.5%	2.5%-7.6%	7.6%-12.7%	12.7%-20.3%	20.3%-100%	
Total Population	49,066	252,856	140,726	88,152	54,622	**585,422**
Total Population (in %)	8.4%	43.2%	24.0%	15.1%	9.3%	**100%**
Low-Income Population	851	13,216	14,194	13,499	17,617	**59,377**
Low Income Population (in %)	1.4%	22.3%	23.9%	22.7%	29.7%	**10%**

Source: 2020-2024 American Community Survey 5-Year Estimates, PennDOT

Table 5. Distribution of Transit Access by Minority Population Intervals

Population	Percent Minority Population Intervals					Total
	0-6.8%	6.8%-20.5%	20.5%-34.2%	34.2%-54.7%	54.7%-100%	
Total Population	18,749	209,137	122,992	106,545	134,289	**591,712**
Total Population (in %)	3.2%	35.3%	20.8%	18.0%	22.7%	**100%**
Minority Population	869	20,335	24,299	33,553	82,653	**161,709**
Minority Population (in %)	0.5%	12.6%	15.0%	20.7%	51.1%	**100%**

Source: 2020-2024 American Community Survey 5-Year Estimates, PennDOT

Table 6. Distribution of Transit Access by Carless Household Intervals

Population	Percent Carless Household Intervals					Total
	0-0.87%	0.87%-2.60%	2.60%-4.33%	4.33%-6.92%	6.92%-100%	
Total Households	89,166	94,021	44,221	15,645	46,252	**289,305**
Total Households (in %)	30.8%	32.5%	15.3%	5.4%	16.0%	**100%**
Carless Households	155	1,444	1,444	824	6,142	**10,009**
Carless Households (in %)	1.5%	14.4%	14.4%	8.2%	61.4%	**100%**

Source: 2020-2024 American Community Survey 5-Year Estimates, PennDOT

Senior Households

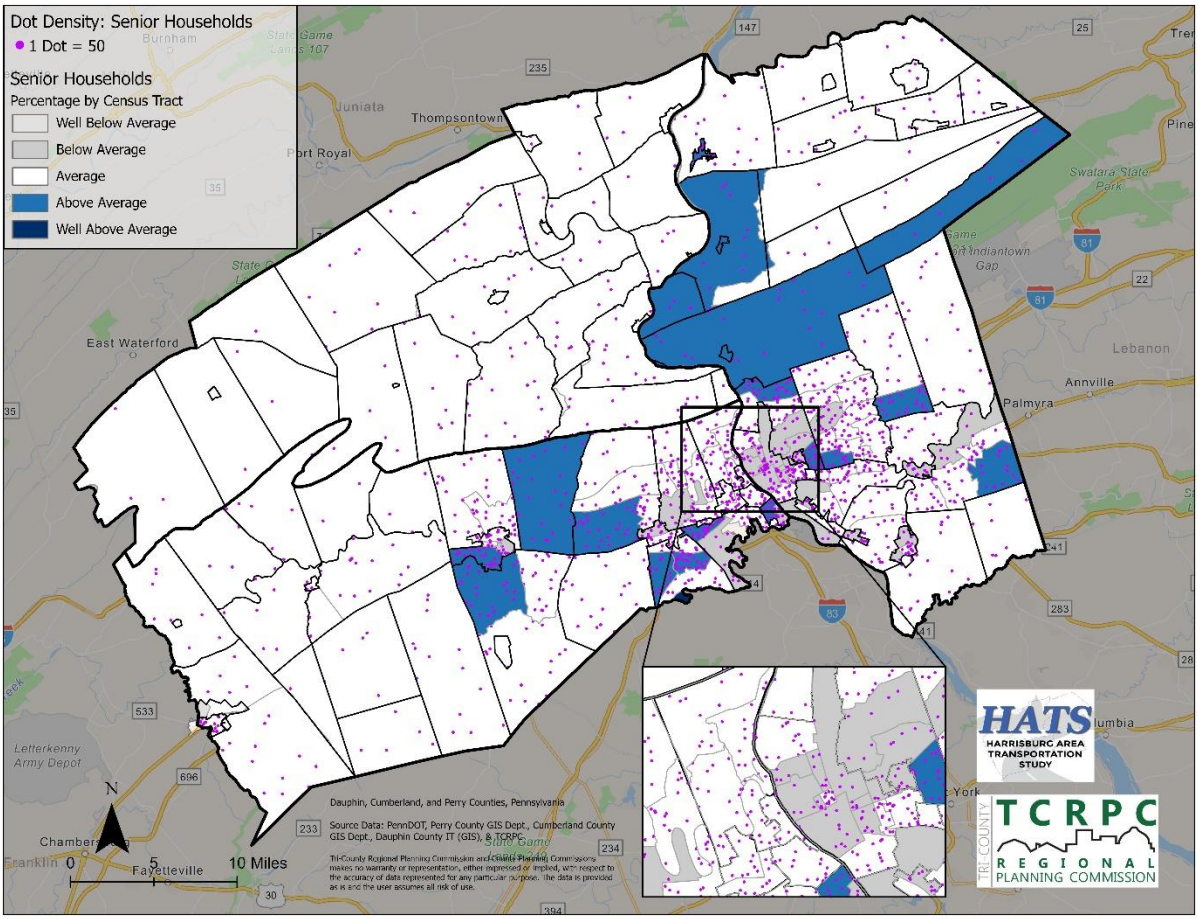


Figure 6: *Percentage of senior households by census tract as well as by dot density.*

Table 7. Distribution of Transit Access by Senior Household Intervals

Population	Percent Senior Household Intervals					Total
	0-8.2%	8.2%-24.5%	24.5%-40.9%	40.9%-65.4%	65.4%-100%	
Fixed Route Bus Stop Count	17	522	826	118	0	**1,483**
Percentage	1.1%	35.2%	55.7%	8.0%	0.0%	**100%**
Total Households	301	42,645	167,832	35,302	4	**246,084**
Total Households (in %)	0.1%	17.3%	68.2%	14.3%	0.0%	**100%**
Senior Households	22	8,616	55,400	16,476	4	**80,518**
Senior Households (in %)	0.0%	10.7%	68.8%	20.5%	0.0%	**100%**
Transit Access per 1000 pop.	56.48	12.24	4.92	3.34	0.00	**6.03**

Source: 2020-2024 American Community Survey 5-Year Estimates, PennDOT

Individuals with Disabilities

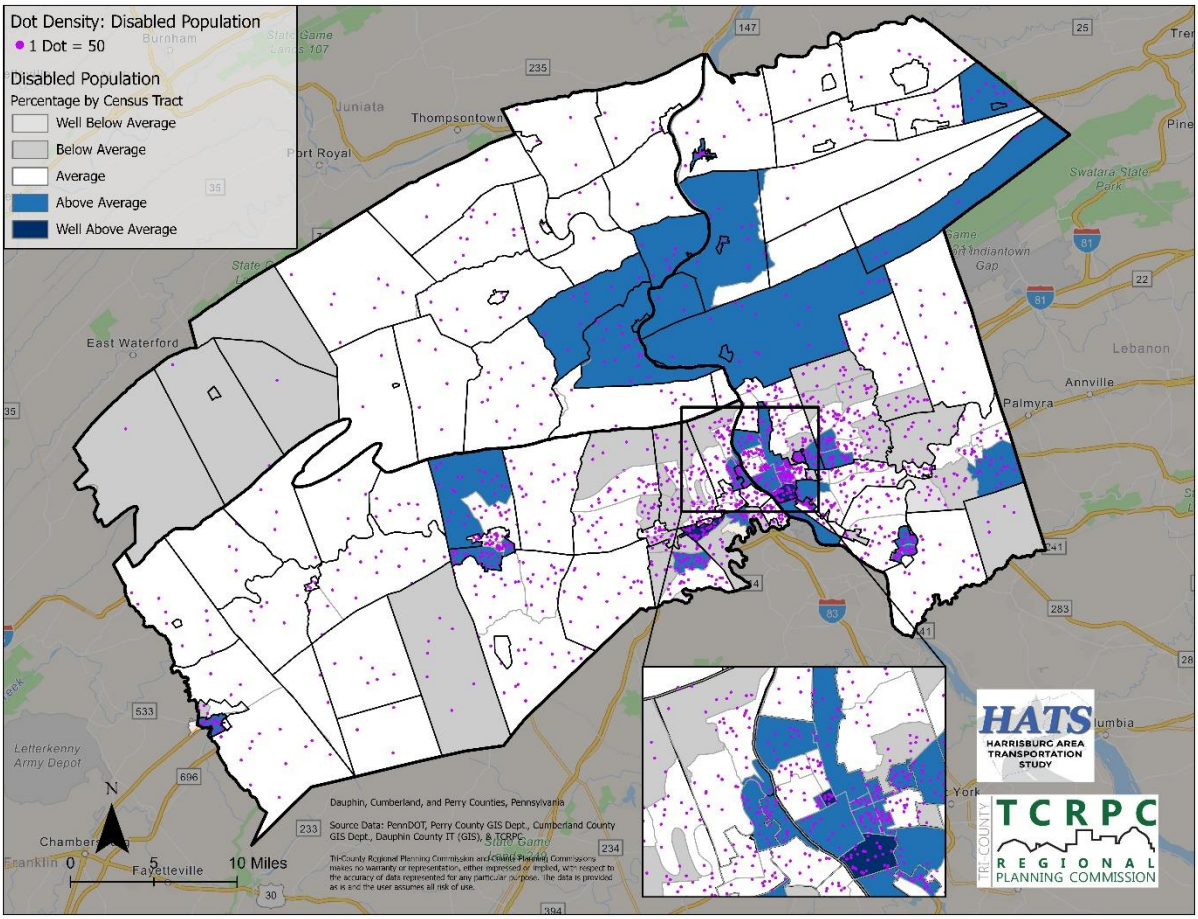


Figure 7: *Percentage of disabled populations by census tract as well as by dot density.*

Table 8. Distribution of Transit Access by Disabled Population Intervals

Population	Percent Disabled Population Intervals					Total
	0-3.4%	3.4%-10.2%	10.2%-17.0%	17.0%-27.1%	27.1%-100%	
Fixed Route Bus Stop Count	0	194	677	518	94	**1,483**
Percentage	0.0%	13.1%	45.7%	34.9%	6.3%	**100%**
Total Population	2,329	129,699	324,055	126,369	11,677	**594,129**
Total Population (in %)	0.4%	21.8%	54.5%	21.3%	2.0%	**100%**
Disabled Population	98	10,070	42,121	24,779	3,538	**80,606**
Disabled Population (in %)	0.1%	12.5%	52.3%	30.7%	4.4%	**100%**
Transit Access per 1000 pop.	0.00	1.50	2.09	4.10	8.05	**2.50**

Source: 2020-2024 American Community Survey 5-Year Estimates, PennDOT

Low-Income Population

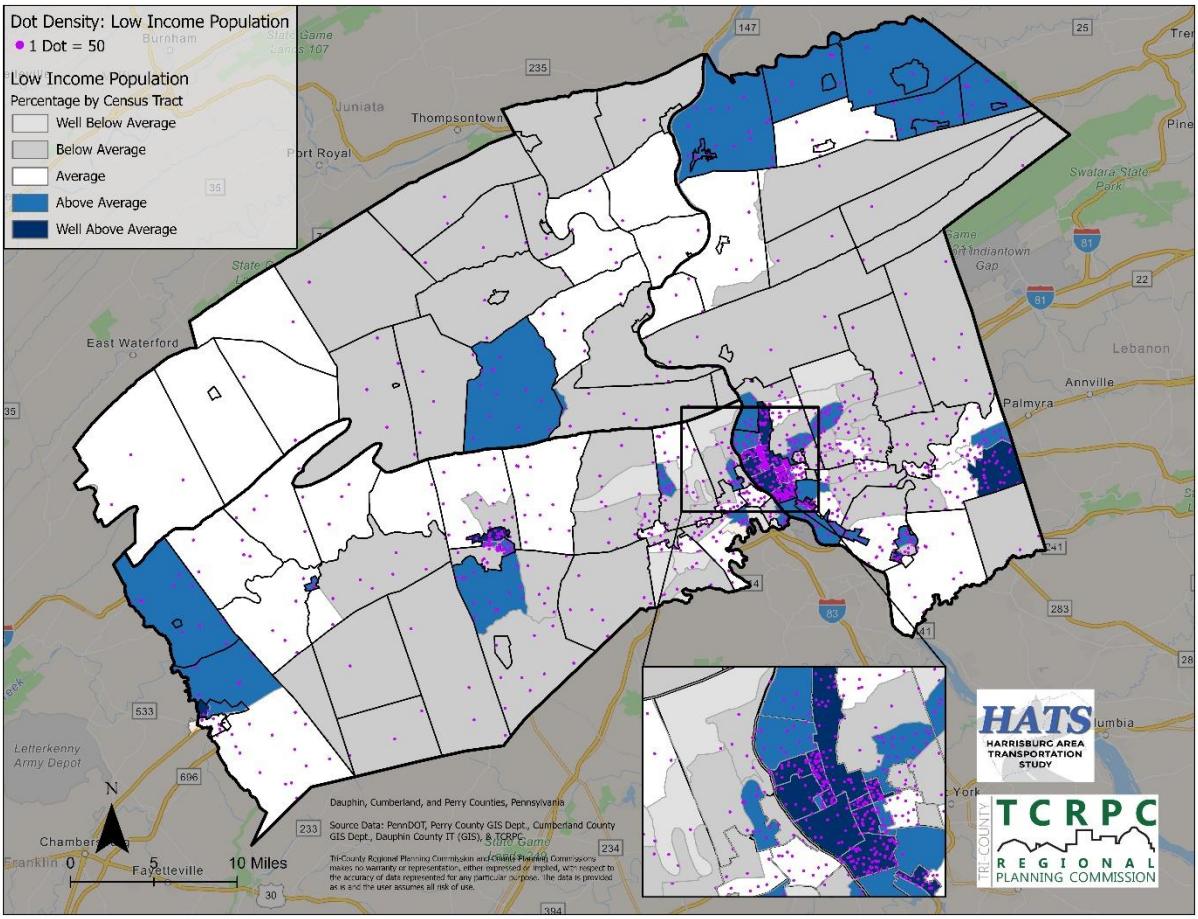


Figure 8: *Percentage of low income populations by census tract as well as by dot density.*

Table 9. Distribution of Transit Access by Low-Income Population Intervals.

Population	Percent Low-Income Population Intervals					Total
	0-2.5%	2.5%-7.6%	7.6%-12.7%	12.7%-20.3%	20.3%-100%	
Fixed Route Bus Stop Count	26	414	352	326	365	**1,483**
Percentage	1.8%	27.9%	23.7%	22.0%	24.6%	**100%**
Total Population	49,066	252,856	140,726	88,152	54,622	**585,422**
Total Population (in %)	8.4%	43.2%	24.0%	15.1%	9.3%	**100%**
Low-Income Population	851	13,216	14,194	13,499	17,617	**59,377**
Low Income Population (in %)	1.4%	22.3%	23.9%	22.7%	29.7%	**10%**
Transit Access per 1000 pop.	0.53	1.64	2.50	3.70	6.68	**2.53**

Source: 2020-2024 American Community Survey 5-Year Estimates, PennDOT

Minority Populations

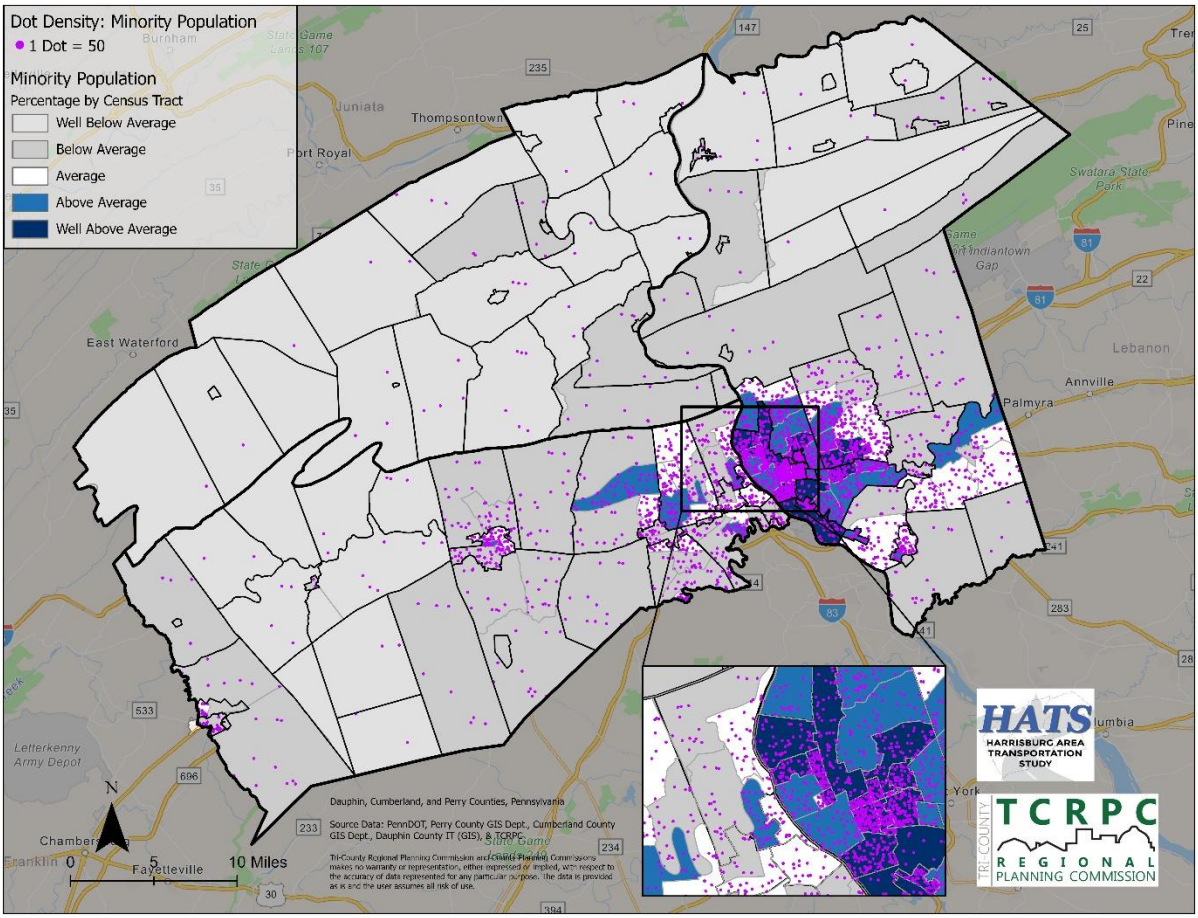


Figure 9: *Percentage of minority populations by census tract as well as by dot density.*

Table 10. Distribution of Transit Access by Minority Population Intervals

Population	Percent Minority Population Intervals					Total
	0-6.8%	6.8%-20.5%	20.5%-34.2%	34.2%-54.7%	54.7%-100%	
Fixed Route Bus Stop Count	1	128	322	241	791	**1,483**
Percentage	0.1%	8.6%	21.7%	16.3%	53.3%	**100%**
Total Population	18,749	209,137	122,992	106,545	134,289	**591,712**
Total Population (in %)	3.2%	35.3%	20.8%	18.0%	22.7%	**100%**
Minority Population	869	20,335	24,299	33,553	82,653	**161,709**
Minority Population (in %)	0.5%	12.6%	15.0%	20.7%	51.1%	**100%**
Transit Access per 1000 pop.	0.05	0.61	2.62	2.26	5.89	**2.51**

Source: 2020-2024 American Community Survey 5-Year Estimates, PennDOT

Vehicle Availability

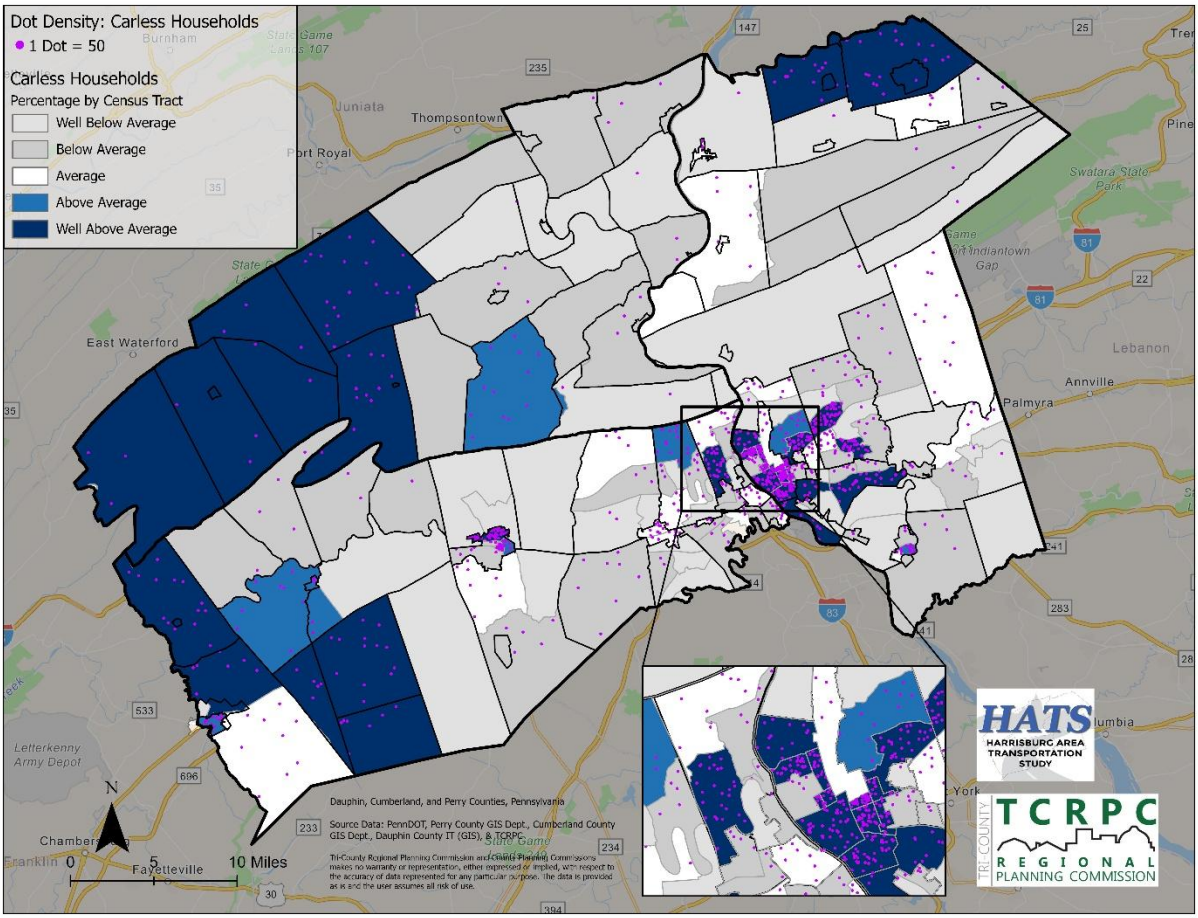


Figure 10: *Percentage of carless households by census tract as well as by dot density.*

Table 11. Distribution of Transit Access by Carless Household Intervals

Population	Percent Carless Household Intervals					Total
	0-0.87%	0.87%-2.60%	2.60%-4.33%	4.33%-6.92%	6.92%-100%	
Fixed Route Bus Stop Count	265	446	270	59	443	**1,483**
Percentage	17.9%	30.1%	18.2%	4.0%	29.9%	**100%**
Total Households	89,166	94,021	44,221	15,645	46,252	**289,305**
Total Households (in %)	30.8%	32.5%	15.3%	5.4%	16.0%	**100%**
Carless Households	155	1,444	1,444	824	6,142	**10,009**
Carless Households (in %)	1.5%	14.4%	14.4%	8.2%	61.4%	**100%**
Transit Access per 1000 pop.	2.97	4.74	6.11	3.77	9.58	**5.13**

Source: 2020-2024 American Community Survey 5-Year Estimates, PennDOT

Existing Transportation Services

Existing Transportation Services Inventory and Operator Profiles

As part of the Coordinated Plan update, an inventory of existing transportation services was conducted to document the transportation resources available throughout the HATS region, including Cumberland, Dauphin, and Perry Counties. To see a list, please refer to Appendix D. The inventory identified a diverse network of transportation providers that collectively support the mobility needs of residents and visitors, particularly older adults, individuals with disabilities, veterans, and low-income populations. The inventory lists major transportation services and is not intended to be a full, comprehensive list of all transportation service providers in the region.

The inventory found that transportation services within the HATS region are provided through a combination of public transit agencies, shared-ride and paratransit operators, medical transportation providers, senior transportation programs, school and university transportation systems, volunteer transportation programs, and community-based human service organizations. Service characteristics vary among providers, with differences in geographic coverage, eligibility requirements, trip purposes, reservation procedures, hours of operation, fares, and vehicle accessibility.

Public transit providers offer fixed-route services that primarily serve urbanized areas and major travel corridors, providing connections to employment centers, educational institutions, healthcare facilities, shopping destinations, and government services. Shared-ride and paratransit operators provide demand-response transportation for individuals who are unable to use traditional fixed-route services due to age, disability, income eligibility, or other transportation barriers. Medical transportation programs focus on providing access to healthcare appointments and treatment services, while senior transportation programs and community-based providers often offer specialized transportation services that support independent living and access to nutrition, social, and recreational activities.

The operator profiles developed for this inventory establish a baseline understanding of existing transportation services and their complementary roles within the regional transportation network. Collectively, these services form an interconnected mobility system that provides essential transportation options across the HATS region. The inventory also highlights the importance of coordination among transportation providers and human service agencies to improve awareness of available services, reduce duplication of efforts, and address mobility gaps in underserved areas, particularly in the region's rural communities and during evenings and weekends when transportation options are more limited.

Transit Access to Community Facilities

Access to essential community facilities is a critical component of transportation equity and quality of life. Community facilities include hospitals and healthcare providers, senior centers, educational institutions, employment centers, government offices, grocery stores, social service agencies, and recreational destinations. Geographic analysis of transit access to these destinations was conducted to evaluate the degree to which residents, particularly transportation-disadvantaged populations, can reach essential services using available transportation options.

Fixed Route Service

rabbittransit is the primary public transportation provider serving the region and operates several fixed-route services, including the following:

- Capital Region Fixed Route: Consists of 29 routes serving Dauphin County, Cumberland County, and the City of Harrisburg.
- Shippensburg Raider Regional Transit: Provides fixed-route transit service in Shippensburg.
- Capital Region Commuter Routes: Consists of two routes offering multiple round trips on weekdays, connecting Shippensburg to Harrisburg with stops in Carlisle, and Upper Dauphin County to Harrisburg.
- rabbitEXPRESS Routes: Consists of two routes providing multiple round trips on weekdays between York, Gettysburg, and Harrisburg.

Lebanon Transit also offers a few fixed route services in our region including the Harrisburg Express which runs from Lebanon and makes stops in downtown Harrisburg. There are also 2 fixed routes that make stops in Hershey.

As of today, Perry County has no fixed route transit service.

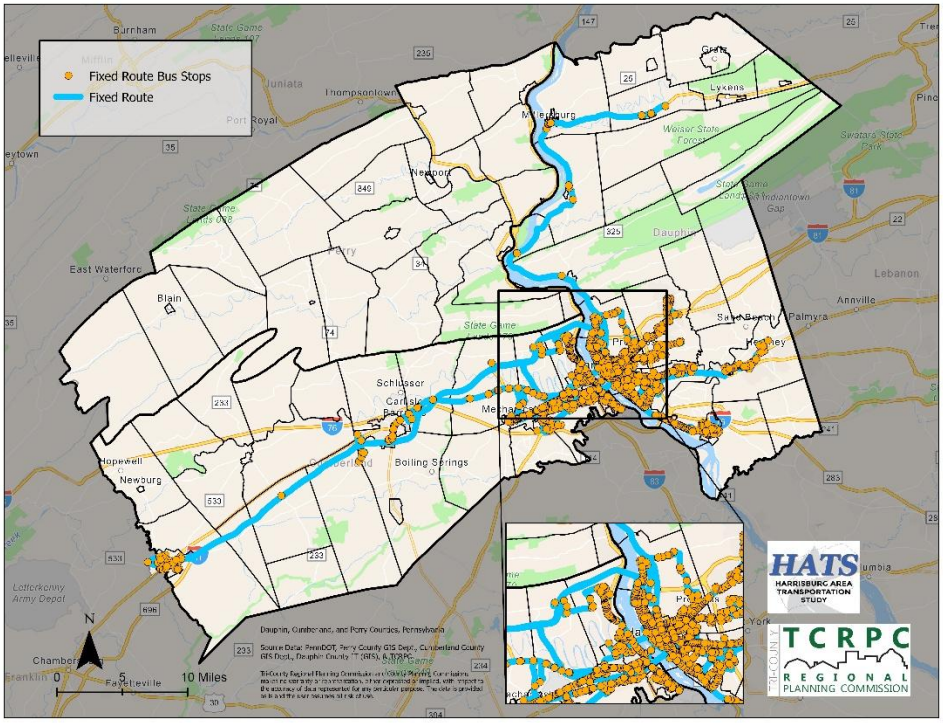


Figure 11: *Fixed routes and fixed route bus stops within the HATS region of Cumberland, Dauphin, and Perry counties.*

Banks & Credit Unions

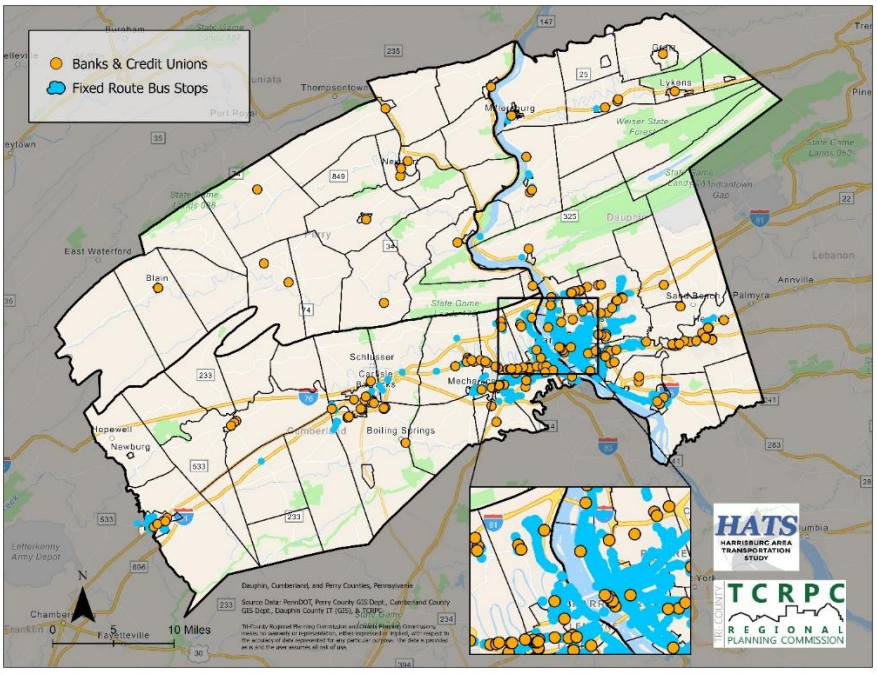


Figure 12: *Banks/credit unions and fixed route bus stops across the HATS region.*

There were a total of 179 banks and credit unions throughout the HATS region (Fig. 12). Generally, these locations had moderate to low transit access when they were located in a census tract that had an above average or well above average concentration of the specified demographic populations (Table 12). For example, the locations in the census tracts whose concentration of the demographic populations was above or well above average, about 35-55% of them had transit access. In census tracts whose concentrations of demographic populations were average or below, generally 40-50% of banks/credit unions did not have transit access.

Table 12. Percentage of banks/credit unions within above average census tracts and percentage with transit access. Also shown is percentage of these locations within average or below census tracts that did not have transit access.

Demographics	Facilities in an Above Average Census Tract	Facilities in an Above Average Tract that have Transit Access	Facilities with no Transit Access and in Average or Below Tracts
Elderly	15.6%	35.7%	48.6%
Disabled	28.5%	54.9%	45.8%
Low Income	24.0%	53.5%	47.5%
Minority	42.5%	53.9%	39.1%
Carless Households	25.7%	52.2%	46.4%

Childcare Facilities

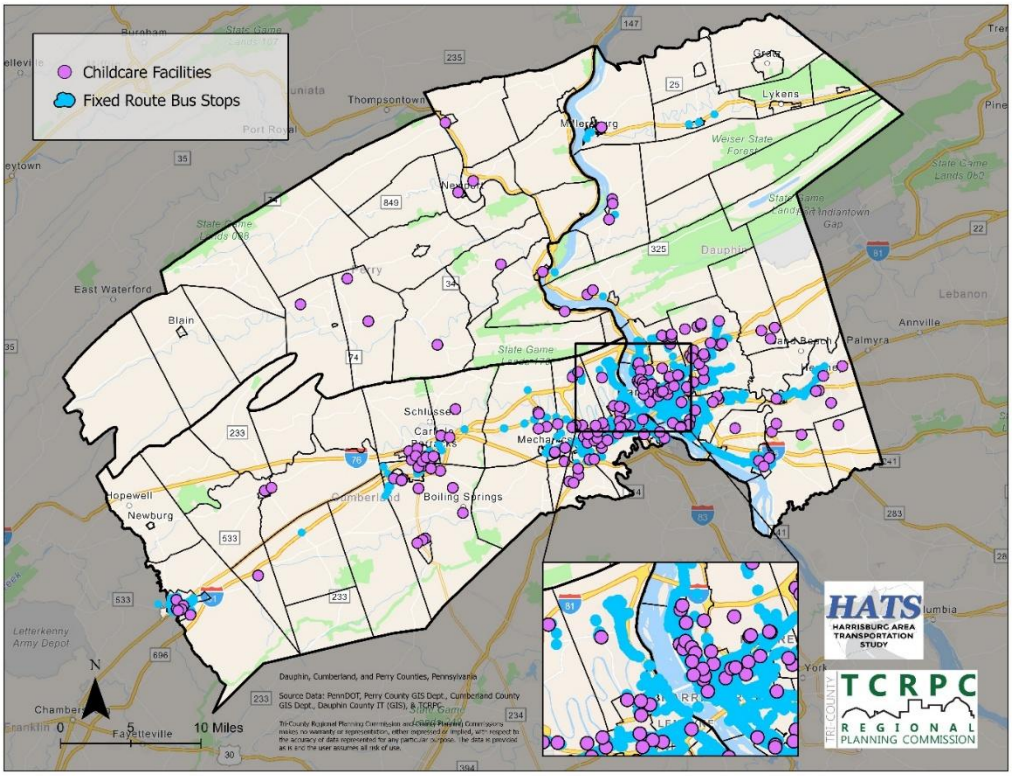


Figure 13: *Childcare facilities and fixed route bus stops across the HATS region.*

There were a total of 260 childcare facilities throughout the HATS region (Fig. 13). Generally, these locations had moderate to low transit access when they were located in a census tract that had an above average or well above average concentration of the specified demographic populations (Table 13). For example, the locations in the census tracts whose concentration of the demographic populations was above or well above average, about 40-50% of them had transit access. One exception were those located within census tracts whose concentration of elderly population was above average, where only 3% had transit access. In census tracts whose concentrations of demographic populations were average or below, generally 40-50% of childcare facilities did not have transit access.

Table 13. Percentage of childcare facilities within above average census tracts and percentage with transit access. Also shown is percentage of these locations within average or below census tracts that did not have transit access.

Demographic	Facilities in an Above Average Census Tract	Facilities in an Above Average Tract that have Transit Access	Facilities with no Transit Access and in Average or Below Tracts
Elderly	16.2%	3.3%	52.4%
Disabled	31.4%	43.1%	50.3%
Low Income	37.8%	48.6%	48.6%
Minority	48.6%	44.4%	41.1%
Carless Households	30.8%	40.4%	49.7%

Education

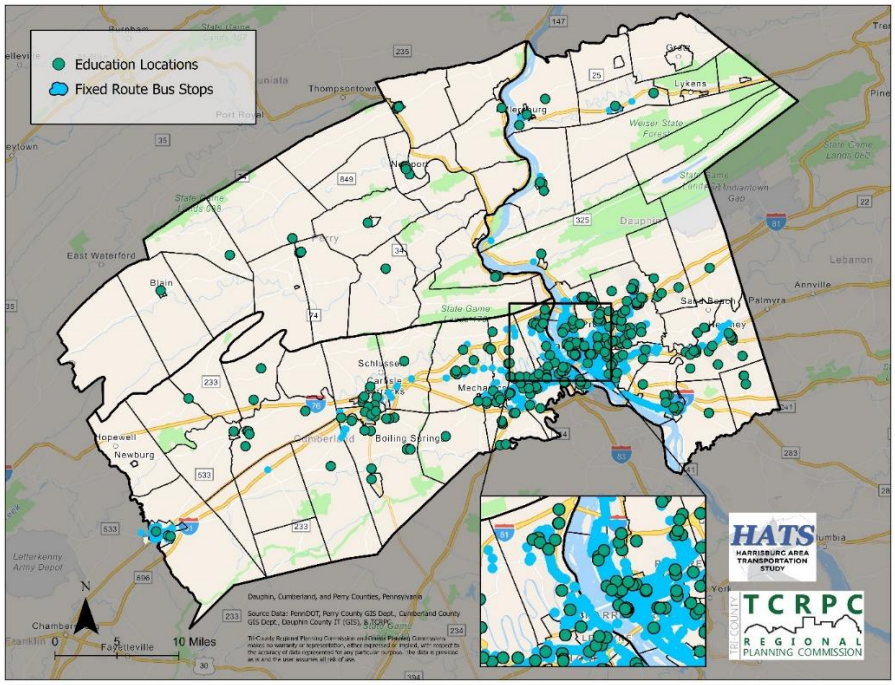


Figure 14: *Education locations and fixed route bus stops across the HATS region.*

There were a total of 260 education locations throughout the HATS region (Fig. 14). Generally, these locations had moderate transit access when they were located in a census tract that had an above average or well above average concentration of the specified demographic populations (Table 14). For example, the locations in the census tracts whose concentration of the demographic populations was above or well above average, about 40-50% of them had transit access. One exception were those located within census tracts whose concentration of elderly population was above average, where only 10% had transit access. In census tracts whose concentrations of demographic populations were average or below, generally 50-65% of education locations did not have transit access.

Table 14. Percentage of education locations within above average census tracts and percentage with transit access. Also shown is percentage of these locations within average or below census tracts that did not have transit access.

Demographics	Facilities in an Above Average Census Tract	Facilities in an Above Average Tract that have Transit Access	Facilities with no Transit Access and in Average or Below Tracts
Elderly	15.4%	10.0%	62.7%
Disabled	25.8%	44.8%	62.3%
Low Income	21.5%	51.8%	66.2%
Minority	43.1%	40.2%	50.8%
Carless Households	21.2%	43.6%	64.6%

Employment Services

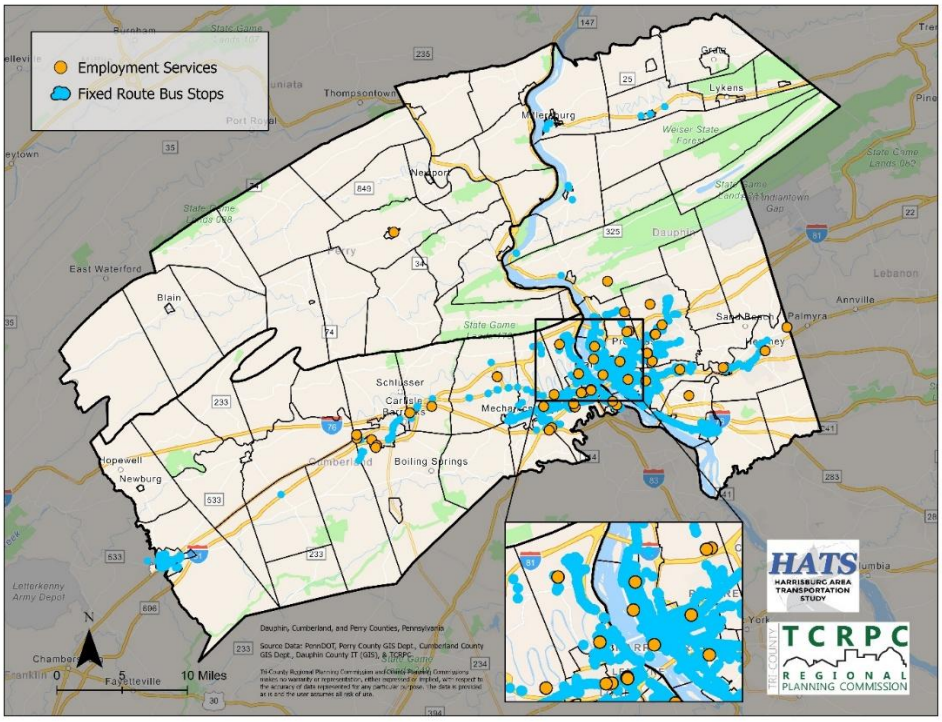


Figure 15: *Employment service locations and fixed route bus stops across the HATS region.*

There were a total of 188 employment service locations throughout the HATS region (Fig. 15). These locations had varying degrees of transit access when they were located in a census tract that had an above average or well above average concentration of the specified demographic populations (Table 15). For example, the locations in the census tracts whose concentration of carless household populations was above or well above average, about 63% of them had transit access, while 0% of those located within census tracts whose concentration of elderly population was above average had transit access. In census tracts whose concentrations of demographic populations were average or below, generally 40-50% of employment service locations did not have transit access.

Table 15. Percentage of employment service locations within above average census tracts and percentage with transit access. Also shown is percentage of these locations within average or below census tracts that did not have transit access.

Demographics	Facilities in an Above Average Census Tract	Facilities in an Above Average Tract that have Transit Access	Facilities with no Transit Access and in Average or Below Tracts
Elderly	22.0%	0.0%	38.0%
Disabled	28.0%	28.6%	40.0%
Low Income	26.0%	53.8%	44.0%
Minority	44.0%	40.9%	34.0%
Carless Households	16.0%	62.5%	54.0%

Food Bank Locations

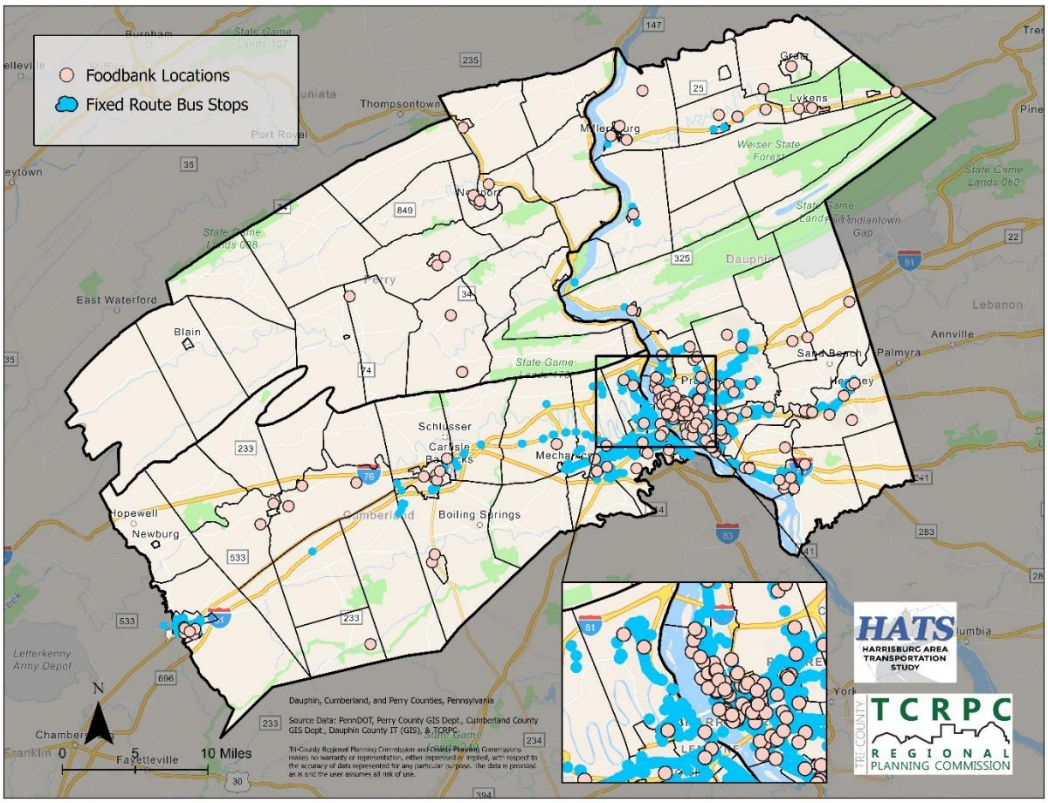


Figure 16: *Food bank locations and fixed route bus stops across the HATS region.*

There were a total of 188 food bank locations throughout the HATS region (Fig. 16). Generally, these locations had high transit access when they were located in a census tract that had an above average or well above average concentration of the specified demographic populations (Table 16). For example, the locations in the census tracts whose concentration of the demographic populations was above or well above average, about 70-80% of them had transit access. One exception were those located within census tracts whose concentration of elderly population was above average, where only 11% had transit access. In census tracts whose concentrations of demographic populations were average or below, generally 30-45% of food banks did not have transit access.

Table 16. Percentage of food banks within above average census tracts and percentage with transit access. Also shown is percentage of these locations within average or below census tracts that did not have transit access.

Demographics	Facilities in an Above Average Census Tract	Facilities in an Above Average Tract that have Transit Access	Facilities with no Transit Access and in Average or Below Tracts
Elderly	4.8%	11.1%	44.7%
Disabled	42.6%	78.8%	39.9%
Low Income	53.7%	69.3%	32.4%
Minority	61.2%	76.5%	34.6%
Carless Households	42.0%	74.7%	38.3%

Government Office Buildings

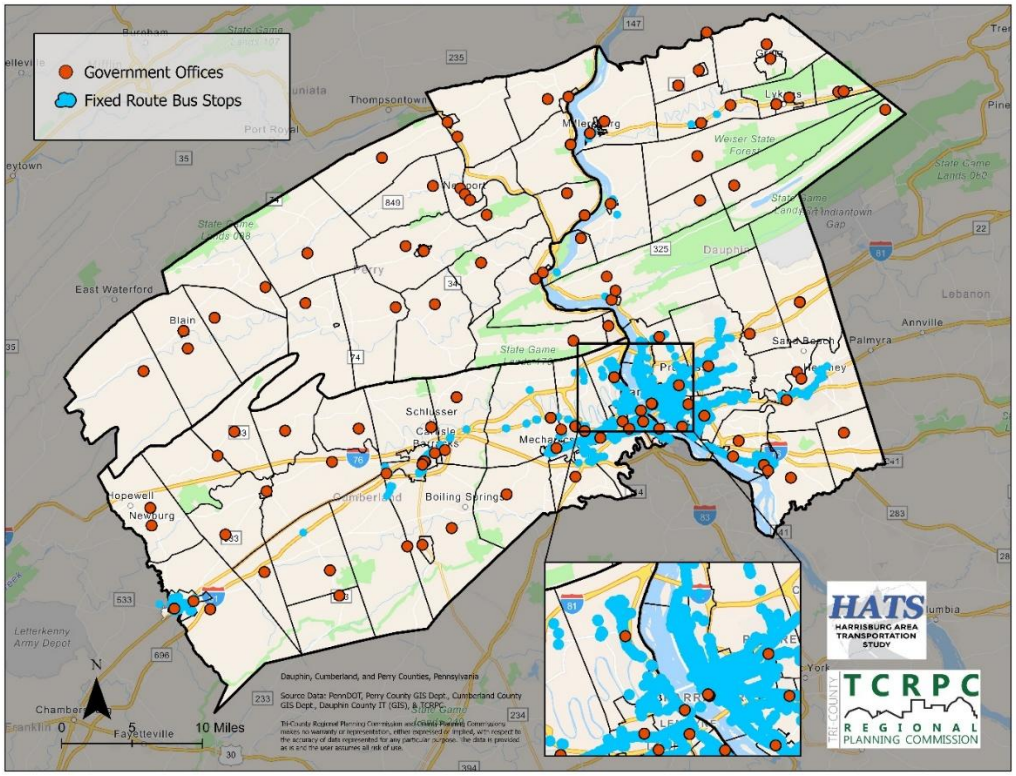


Figure 17: *Government office locations and fixed route bus stops across the HATS region.*

There were a total of 138 government offices throughout the HATS region (Fig. 17). These locations included municipal and county offices. Generally, these locations had moderate to low transit access when they were located in a census tract that had an above average or well above average concentration of the specified demographic populations (Table 17). For example, the locations in the census tracts whose concentration of the demographic populations was above or well above average, about 20-40% of them had transit access. However, within census tracts whose concentration of low income and minority populations was above average, 45-65% of government offices had transit access. In census tracts whose concentrations of demographic populations were average or below, generally 70-75% of government offices did not have transit access.

Table 17. Percentage of government offices within above average census tracts and percentage with transit access. Also shown is percentage of these locations within average or below census tracts that did not have transit access.

Demographics	Facilities in an Above Average Census Tract	Facilities in an Above Average Tract that have Transit Access	Facilities with no Transit Access and in Average or Below Tracts
Elderly	10.1%	21.4%	72.5%
Disabled	21.7%	36.7%	68.8%
Low Income	24.6%	47.1%	69.6%
Minority	21.0%	62.1%	74.6%
Carless Households	26.8%	37.8%	65.9%

Grocery

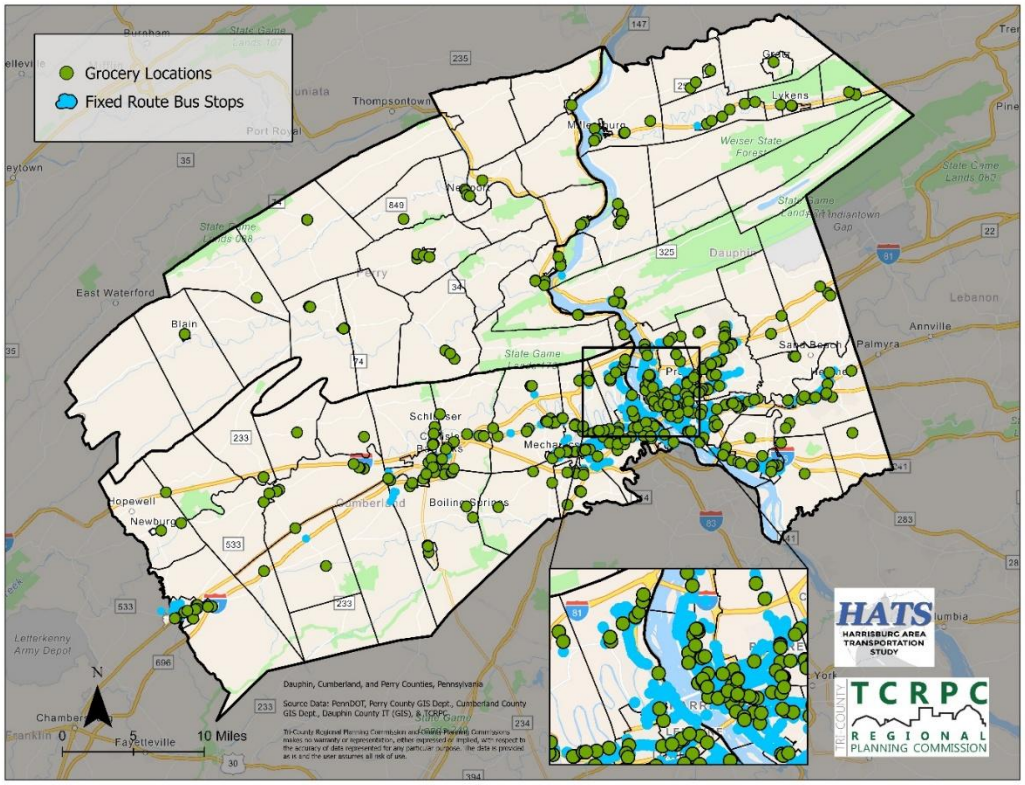


Figure 18: *Grocery locations and fixed route bus stops across the HATS region.*

There were a total of 397 grocery locations throughout the HATS region (Fig. 18). Generally, these locations had high transit access when they were located in a census tract that had an above average or well above average concentration of the specified demographic populations (Table 18). For example, the locations in the census tracts whose concentration of the demographic populations was above or well above average, about 60-70% of them had transit access. One exception were those located within census tracts whose concentration of elderly population was above average, where only 44% had transit access. In census tracts whose concentrations of demographic populations were average or below, generally 40-50% of grocery locations did not have transit access.

Table 18. Percentage of grocery locations within above average census tracts and percentage with transit access. Also shown is percentage of these locations within average or below census tracts that did not have transit access.

Demographics	Facilities in an Above Average Census Tract	Facilities in an Above Average Tract that have Transit Access	Facilities with no Transit Access and in Average or Below Tracts
Elderly	13.9%	43.6%	41.6%
Disabled	28.5%	68.1%	46.3%
Low Income	28.5%	65.5%	45.6%
Minority	43.3%	69.8%	42.3%
Carless Households	25.9%	62.1%	45.6%

Health Care

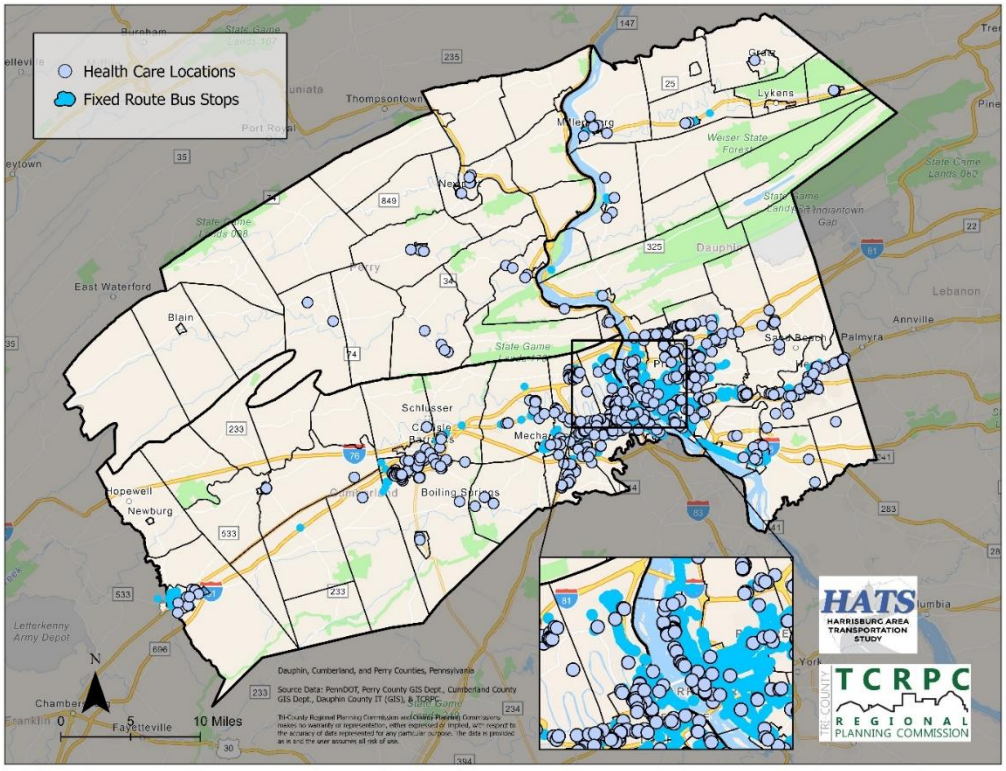


Figure 19: *Health care locations and fixed route bus stops across the HATS region.*

There were a total of 638 health care locations throughout the HATS region (Fig. 19). Generally, these locations had low transit access when they were located in a census tract that had an above average or well above average concentration of the specified demographic populations (Table 19). For example, the locations in the census tracts whose concentration of the demographic populations was above or well above average, about 30-40% of them had transit access. One exception were those located within census tracts whose concentration of elderly population was above average, where only 20% had transit access. In census tracts whose concentrations of demographic populations were average or below, generally 40-50% of health care locations did not have transit access.

Table 19. Percentage of health care locations within above average census tracts and percentage with transit access. Also shown is percentage of these locations within average or below census tracts that did not have transit access.

Demographics	Facilities in an Above Average Census Tract	Facilities in an Above Average Tract that have Transit Access	Facilities with no Transit Access and in Average or Below Tracts
Elderly	17.7%	20.4%	51.3%
Disabled	28.4%	37.6%	51.3%
Low Income	27.0%	32.0%	50.6%
Minority	42.3%	37.0%	42.3%
Carless Households	18.7%	33.6%	56.6%

Justice, Public Order, Safety Activities

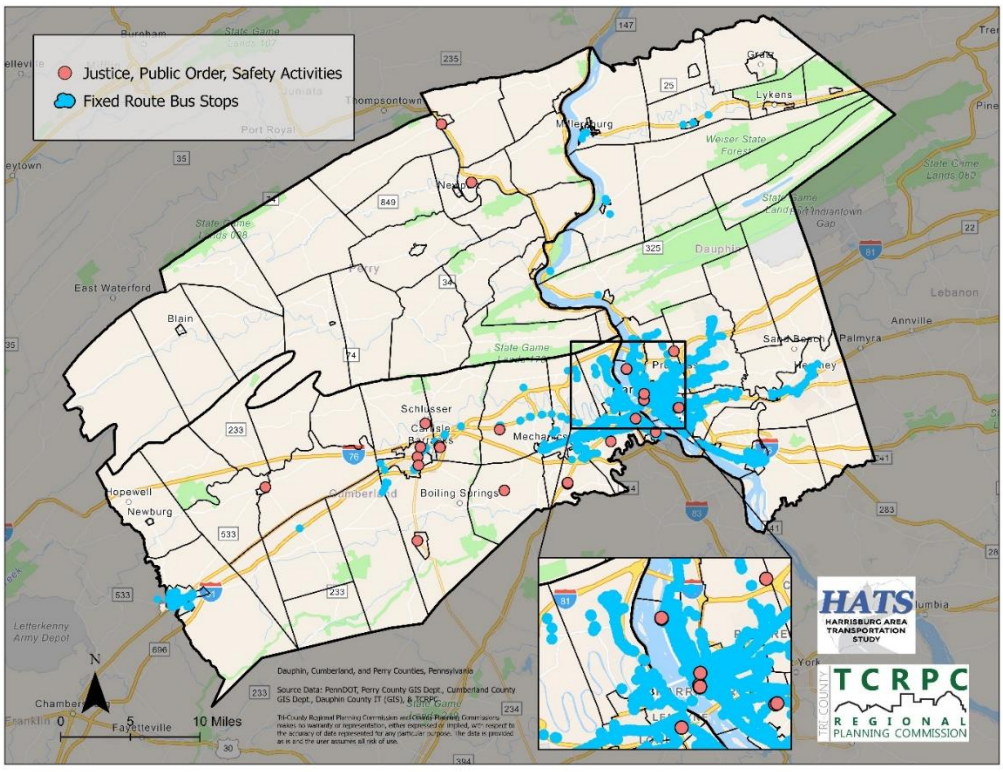


Figure 20: *Justice, public order or safety activity locations and fixed route bus stops across the HATS region.*

There were a total of 27 justice, public order, and safety activity locations throughout the HATS region (Fig. 20). Generally, these locations had high transit access when they were located in a census tract that had an above average or well above average concentration of the specified demographic populations (Table 20). For example, the locations in the census tracts whose concentration of the demographic populations was above or well above average, about 65-100% of them had transit access. One exception were those located within census tracts whose concentration of elderly population was above average, where only 25% had transit access. In census tracts whose concentrations of demographic populations were average or below, generally 40-50% of justice, public order, or safety activity locations did not have transit access, with the exception of disabled populations where almost 60% did not have transit access.

Table 20. Percentage of justice, public order, or safety activity locations within above average census tracts and percentage with transit access. Also shown is percentage of these locations within average or below census tracts that did not have transit access.

Demographics	Facilities in an Above Average Census Tract	Facilities in an Above Average Tract that have Transit Access	Facilities with no Transit Access and in Average or Below Tracts
Elderly	14.8%	25.0%	44.4%
Disabled	33.3%	100.0%	59.3%
Low Income	44.4%	75.0%	48.1%
Minority	44.4%	66.7%	48.1%
Carless Households	44.4%	66.7%	44.4%

Multimodal Facilities

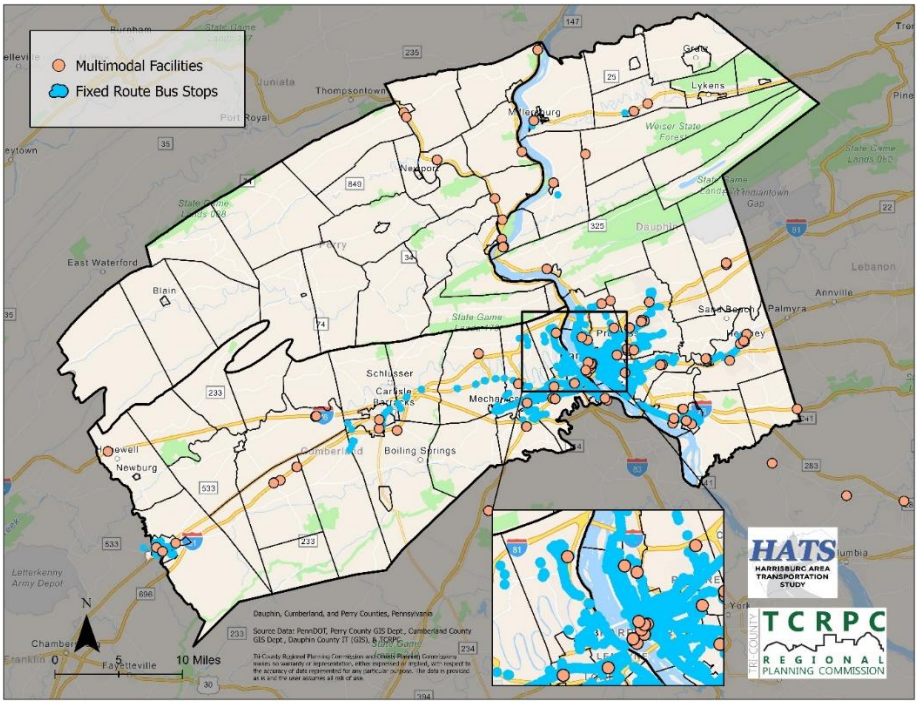


Figure 21: *Multimodal facilities and fixed route bus stops across the HATS region.*

There were a total of 106 multimodal facilities throughout the HATS region (Fig. 21). These locations included airports, train stations, transfer centers, park and rides, and rest stops. Generally, these locations had high transit access when they were located in a census tract that had an above average or well above average concentration of the specified demographic populations (Table 21). For example, the multimodal facilities located in the census tracts whose concentration of the demographic populations was above or well above average, about 65-70% of them had transit access. In census tracts whose concentrations of demographic populations were average or below, generally 20-30% of multimodal facilities did not have transit access.

Table 21. Percentage of multimodal facilities within above average census tracts and percentage with transit access. Also shown is percentage of multimodal facilities within average or below census tracts that did not have transit access.

Demographics	Facilities in an Above Average Census Tract	Facilities in an Above Average Tract that have Transit Access	Facilities with no Transit Access and in Average or Below Tracts
Elderly	21.7%	69.6%	16.0%
Disabled	36.8%	69.2%	27.4%
Low Income	20.8%	68.2%	32.1%
Minority	33.0%	68.6%	28.3%
Carless Households	27.4%	65.5%	29.2%

Nursing Homes & Assisted Living Facilities

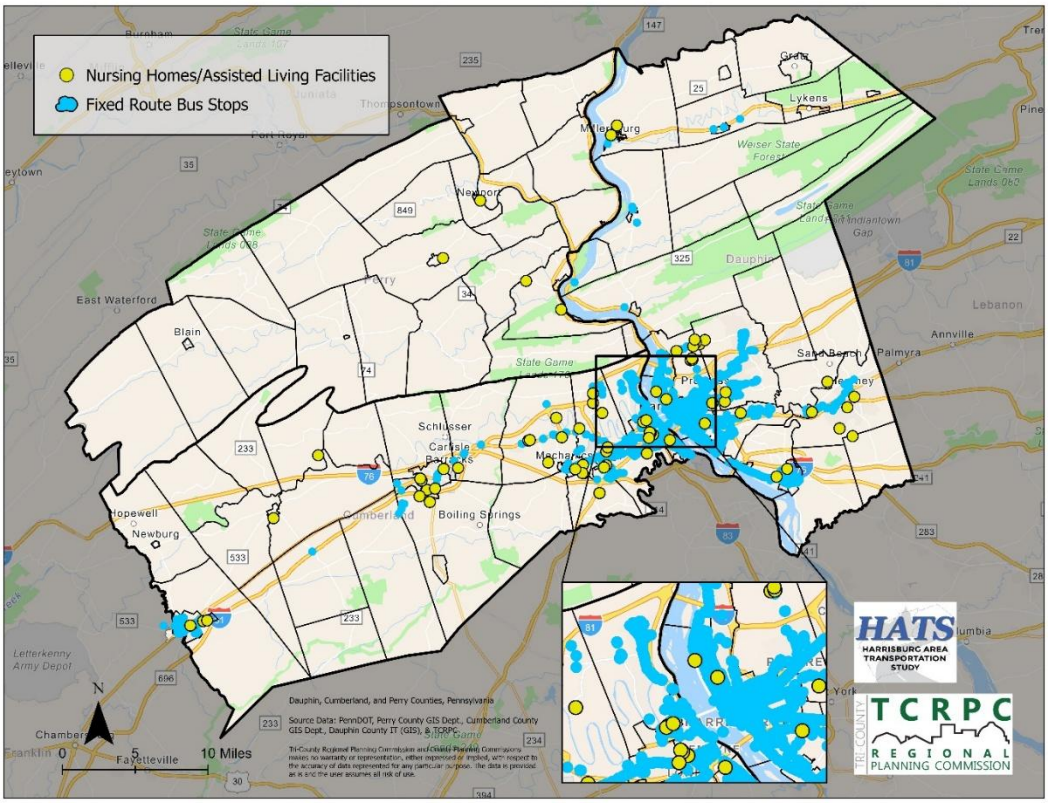


Figure 22: *Nursing homes/assisted living facilities and fixed route bus stops across the HATS region.*

There were a total of 70 nursing homes and assisted living facilities throughout the HATS region (Fig. 22). Generally, these locations had low transit access when they were located in a census tract that had an above average or well above average concentration of the specified demographic populations (Table 22). For example, the nursing homes located in the census tracts whose concentration of demographic populations was above or well above average, only about 20-35% of them had transit access. In census tracts whose concentrations of demographic populations were average or below, generally 50-70% of libraries and post offices did not have transit access.

Table 22. Percentage of nursing homes/assisted living facilities within above average census tracts and percentage with transit access. Also shown is percentage of nursing homes/assisted living facilities within average or below census tracts that did not have transit access.

Demographics	Facilities in an Above Average Census Tract	Facilities in an Above Average Tract that have Transit Access	Facilities with no Transit Access and in Average or Below Tracts
Elderly	28.6%	20.0%	51.4%
Disabled	32.9%	34.8%	58.6%
Low Income	22.9%	31.3%	64.3%
Minority	35.7%	36.0%	57.1%
Carless Households	12.9%	22.2%	70.0%

Other Government Services

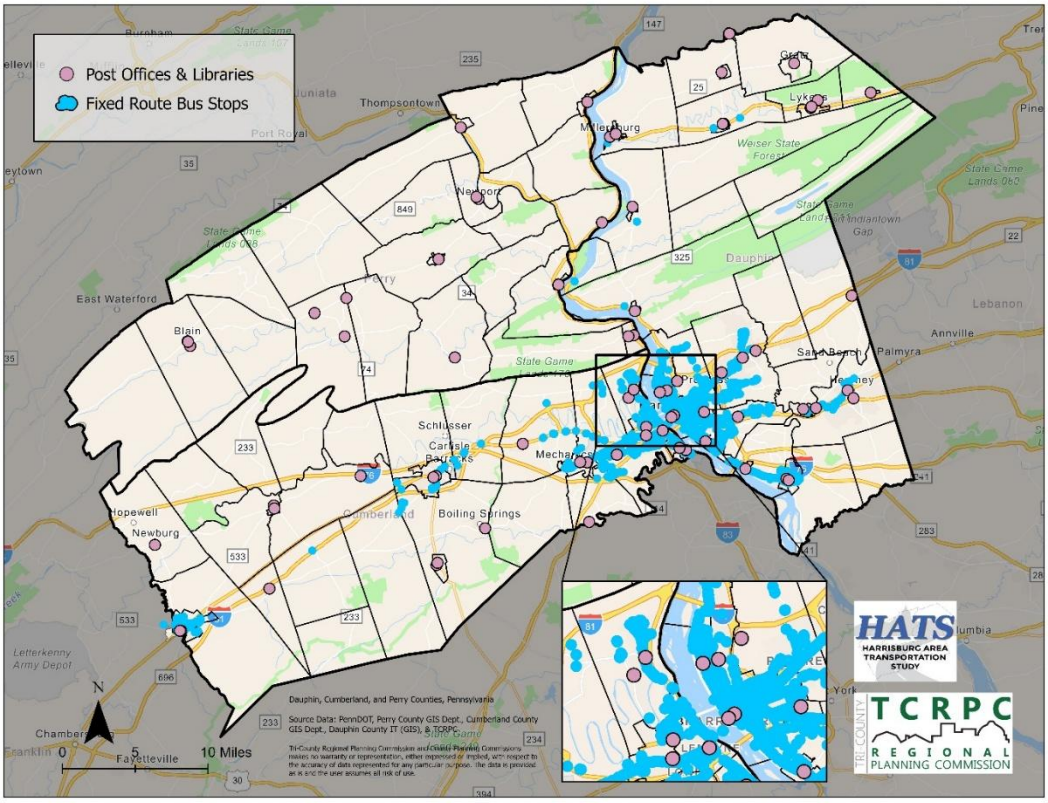


Figure 23: *Post offices/libraries and fixed route bus stops across the HATS region.*

There were a total of 73 other government services (i.e., libraries and post offices) throughout the HATS region (Fig. 23). Generally, these locations had moderate transit access when they were located in a census tract that had an above average or well above average concentration of the specified demographic populations (Table 23). For example, the libraries and post offices located in the census tracts whose concentration of elderly, disabled, and minority populations was above or well above average, about 50-55% of them had transit access. On the other hand, the locations within census tracts with above average concentrations of low income populations and elderly households, only 25-30% of locations had transit access. In census tracts whose concentrations of demographic populations were average or below, generally 45-60% of libraries and post offices did not have transit access.

Table 23. Percentage of libraries and post offices within above average census tracts and percentage with transit access. Also shown is percentage of libraries and post offices within average or below census tracts that did not have transit access.

Demographics	Facilities in an Above Average Census Tract	Facilities in an Above Average Tract that have Transit Access	Facilities with no Transit Access and in Average or Below Tracts
Elderly	8.2%	50.0%	61.6%
Disabled	20.5%	53.3%	60.3%
Low Income	31.5%	34.8%	49.3%
Minority	24.7%	55.6%	58.9%
Carless Households	35.6%	26.9%	43.8%

Pharmacies & Drug Stores

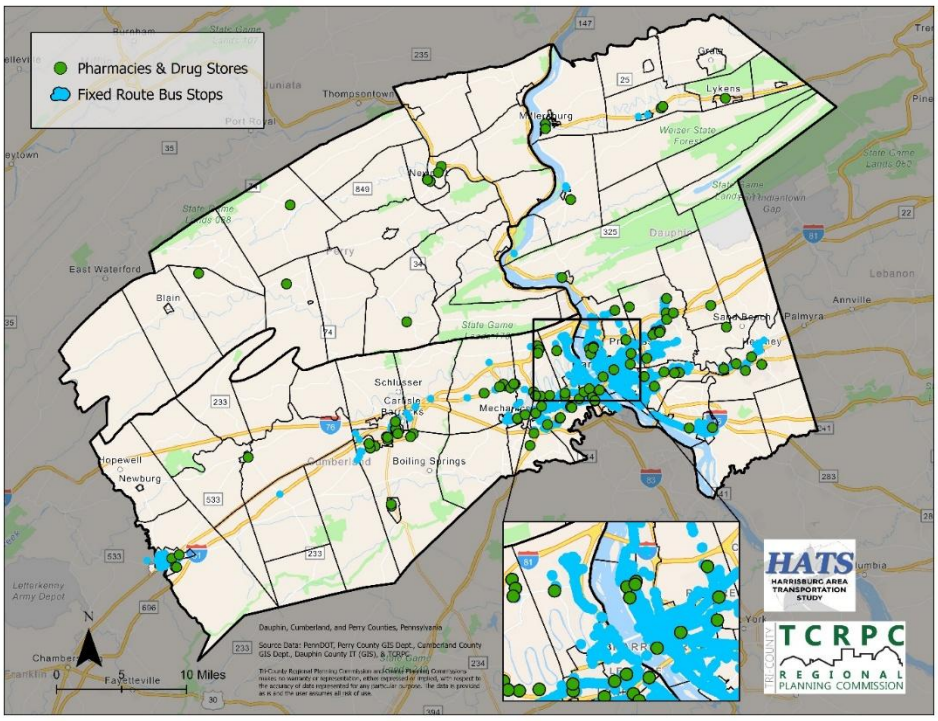


Figure 24: *Pharmacy locations and fixed route bus stops across the HATS region.*

There were a total of 108 pharmacy locations throughout the HATS region (Fig. 24). Generally, these locations had moderate transit access when they were located in a census tract that had an above average or well above average concentration of the specified demographic populations (Table 24). For example, the pharmacies located in the census tracts whose concentration of demographic populations was above or well above average, about 50-60% of them had transit access. The only exception is the census tracts with above average concentrations of elderly households, where only 31% of pharmacies had transit access. In census tracts whose concentrations of demographic populations were average or below, generally 40-50% of pharmacies did not have transit access.

Table 24. Percentage of pharmacies within above average census tracts and percentage with transit access. Also shown is percentage of pharmacies within average or below census tracts that did not have transit access.

Demographics	Facilities in an Above Average Census Tract	Facilities in an Above Average Tract that have Transit Access	Facilities with no Transit Access and in Average or Below Tracts
Elderly	14.8%	31.3%	43.5%
Disabled	21.3%	52.2%	48.1%
Low Income	21.3%	47.8%	47.2%
Minority	39.8%	53.5%	39.8%
Carless Households	25.9%	57.1%	47.2%

Polling Locations

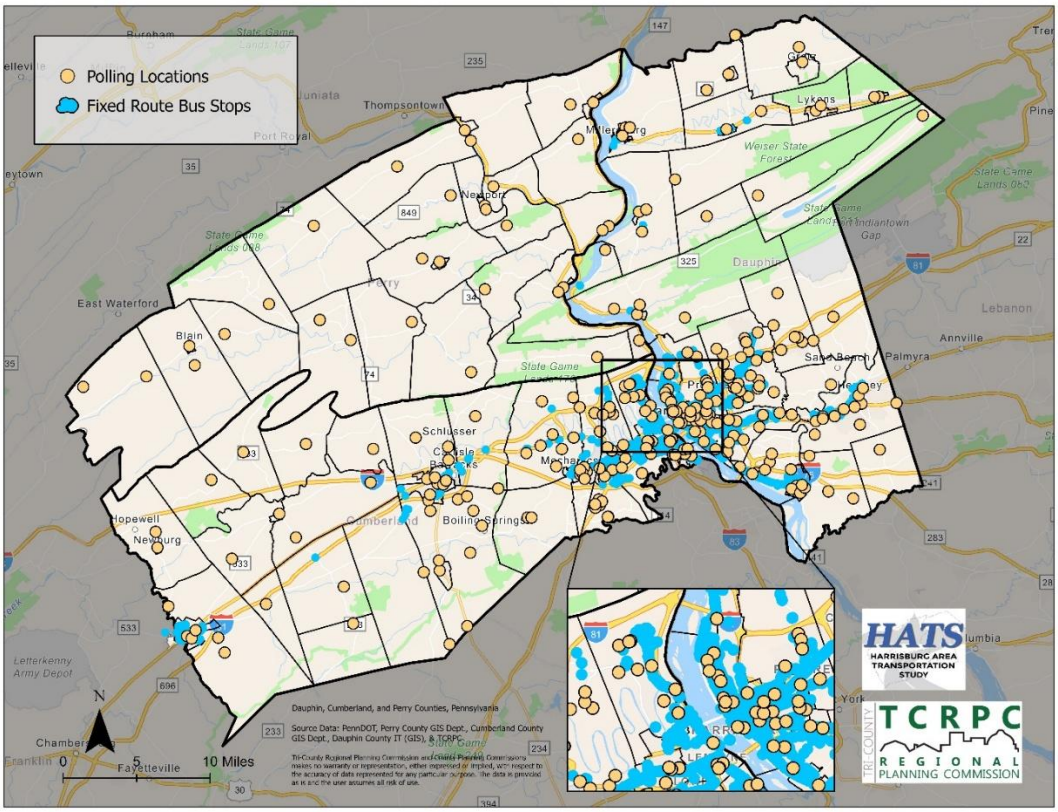


Figure 25: *Polling locations and fixed route bus stops across the HATS region.*

There were a total of 307 polling locations throughout the HATS region (Fig. 25). Generally, these locations had moderate to low transit access when they were located in a census tract that had an above average or well above average concentration of the specified demographic populations (Table 25). For example, of the polling locations that were located in the census tracts whose concentration of minority or low income populations was above or well above average, about 42% of them had transit access, the highest among the demographics. Within census tracts whose concentration of elderly households was above or well above average, only 13% had transit access. In terms of polling locations in census tracts whose concentrations of demographic populations were average or below, generally 60-70% did not have transit access.

Table 25. Percentage of polling locations within above average census tracts and percentage with transit access. Also shown is percentage of polling locations within average or below census tracts that did not have transit access.

Demographics	Facilities in an Above Average Census Tract	Facilities in an Above Average Tract that have Transit Access	Facilities with no Transit Access and in Average or Below Tracts
Elderly	12.4%	13.2%	67.8%
Disabled	24.1%	37.8%	65.1%
Low Income	24.4%	41.3%	65.8%
Minority	35.2%	41.7%	59.6%
Carless Households	26.1%	31.3%	62.2%

Recreation

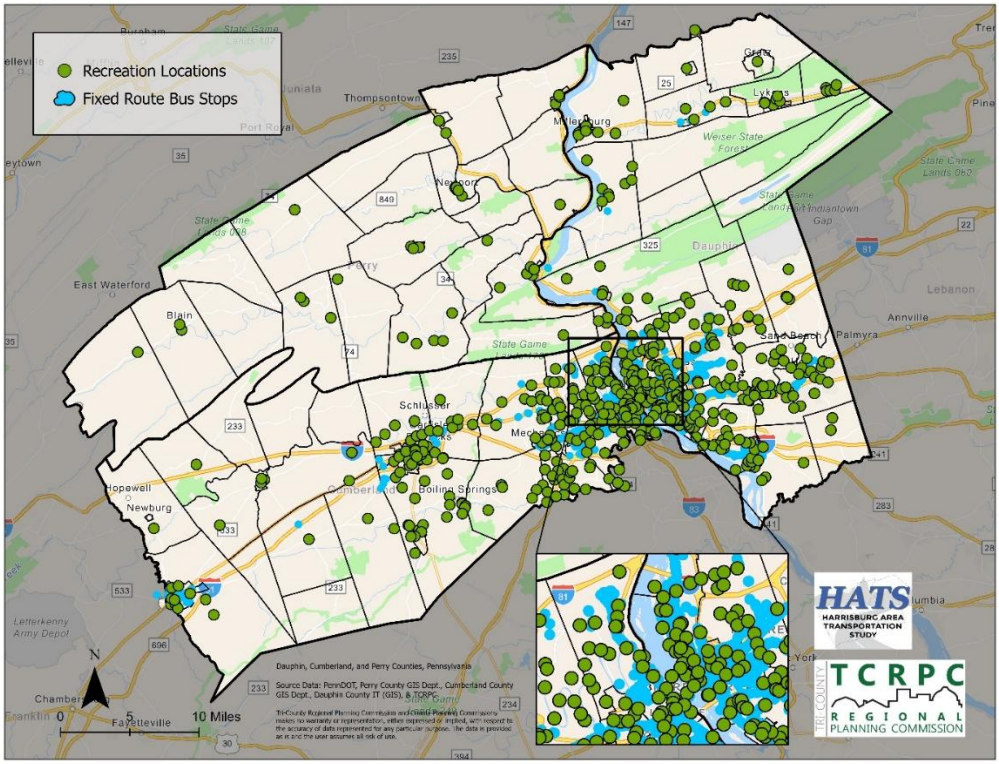


Figure 26: *Recreation locations and fixed route bus stops across the HATS region.*

There were a total of 529 recreation locations throughout the HATS region (Fig. 26). Generally, these locations had low transit access when they were located in a census tract that had an above average or well above average concentration of the specified demographic populations (Table 26). For example, of the recreation locations that were located in the census tracts whose concentration of minority population was above or well above average, only 24.2% of them had transit access, the highest among the demographics. Within census tracts whose concentration of elderly households was above or well above average, only 5% had transit access. In terms of recreation locations in census tracts whose concentrations of demographic populations were average or below, generally 60-70% did not have transit access.

Table 26. Percentage of recreation locations within above average census tracts and percentage with transit access. Also shown is percentage of recreation locations within average or below census tracts that did not have transit access.

Demographics	Facilities in an Above Average Census Tract	Facilities in an Above Average Tract that have Transit Access	Facilities with no Transit Access and in Average or Below Tracts
Elderly	15.5%	4.9%	70.9%
Disabled	25.5%	23.0%	66.7%
Low Income	29.1%	24.0%	64.3%
Minority	37.4%	24.2%	58.0%
Carless Households	21.4%	22.1%	69.8%

Religious Organizations

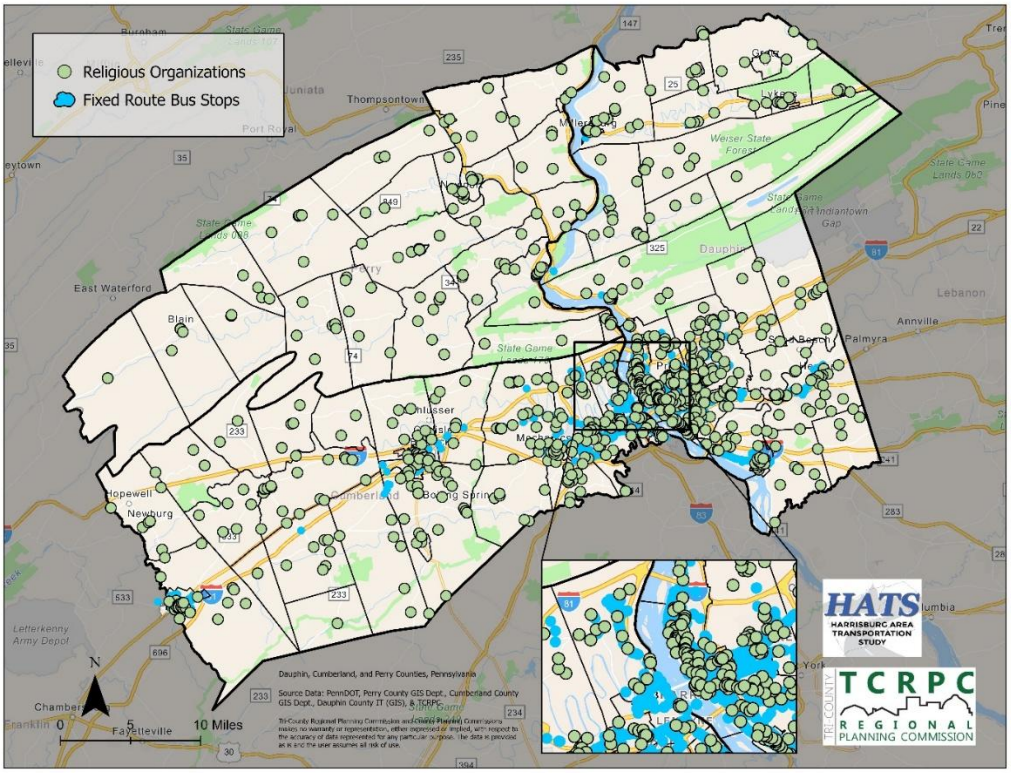


Figure 27: *Religious organizations and fixed route bus stops across the HATS region.*

There were a total of 811 religious organizations throughout the HATS region (Fig. 27). Generally, these locations had moderate to low transit access when they were located in a census tract that had an above average or well above average concentration of the specified demographic populations (Table 27). For example, of the religious organizations that were located in the census tracts whose concentration of minority population was above or well above average, only 52% of them had transit access, the highest among the demographics. In terms of those religious organizations located in census tracts whose concentrations of demographic populations were average or below, generally 55-65% did not have transit access.

Table 27. Percentage of religious organizations within above average census tracts and percentage with transit access. Also shown is percentage of religious organizations within average or below census tracts that did not have transit access.

Demographics	Facilities in an Above Average Census Tract	Facilities in an Above Average Tract that have Transit Access	Facilities with no Transit Access and in Average or Below Tracts
Elderly	10.6%	11.6%	63.5%
Disabled	28.1%	50.0%	60.0%
Low Income	32.1%	46.5%	56.6%
Minority	38.1%	52.1%	56.0%
Carless Households	28.7%	39.5%	56.4%

Social Assistance

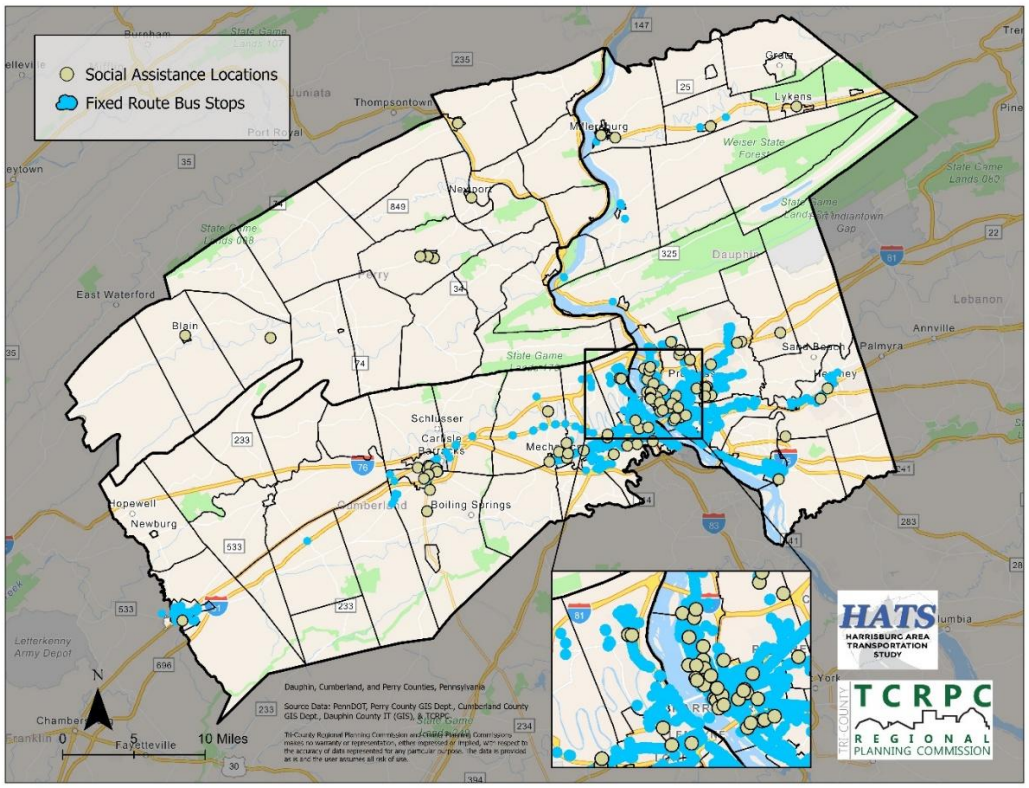


Figure 28: *Social assistance locations and fixed route bus stops across the HATS region.*

There were a total of 94 social assistance locations throughout the HATS region (Fig. 28). Generally, these locations had high transit access when they were located in a census tract that had an above average or well above average concentration of the specified demographic populations (Table 28). For example, of the social assistance locations that were located in the census tracts whose concentration of disabled population was above or well above average, 75% of them had transit access. In contrast, only 40% of the locations within census tracts whose concentration of elderly households was above or well above average had transit access. In terms of those social assistance locations located in census tracts whose concentrations of demographic populations were average or below, generally 30-40% did not have transit access.

Table 28. Percentage of social assistance locations within above average census tracts and percentage with transit access. Also shown is percentage of social assistance locations within average or below census tracts that did not have transit access.

Demographics	Facilities in an Above Average Census Tract	Facilities in an Above Average Tract that have Transit Access	Facilities with no Transit Access and in Average or Below Tracts
Elderly	10.6%	40.0%	41.5%
Disabled	38.3%	75.0%	42.6%
Low Income	51.1%	66.7%	35.1%
Minority	59.6%	62.5%	29.8%
Carless Households	40.4%	73.7%	41.5%

Conclusion

Many of the region's major community facilities were concentrated within urbanized areas and along established transit corridors, where fixed-route transit services provide relatively good access. However, residents living in rural portions of Perry County, northern Dauphin County, and western Cumberland County often experience reduced transportation options and greater challenges reaching essential destinations.

The analysis of existing fixed route transit access to community facilities throughout the HATS region reveals varying levels of accessibility, with significant differences among facility types and the specified demographic populations. While some essential services are relatively accessible by fixed route transit, many locations remain difficult to reach, particularly for older adults.

- **High transit access:** Food banks, grocery stores, social assistance facilities, multimodal facilities, and justice, public order, and safety facilities. These locations generally demonstrate stronger transit connectivity in areas with higher concentrations of potentially transit-dependent populations. However, access is not consistent across all demographic groups. For example, food banks and justice-related facilities have substantially lower transit access in areas with above-average concentrations of older adults. Grocery stores also have comparatively

limited access for older adults, with only 43.6% of locations in these census tracts having transit access.

- **Moderate transit access:** Banks and credit unions, childcare facilities, education locations, government offices, libraries and post offices, pharmacies and drug stores, polling locations, and religious organizations. Access to these facilities varies by demographic group and location, with approximately 40–60% of facilities in many above-average demographic census tracts having transit access. However, several notable gaps exist. Banks and credit unions, pharmacies, and government services have lower access in areas with higher concentrations of older adults, while childcare and education locations have particularly limited access in these areas. Polling locations are also a concern, with only 13.2% of locations in census tracts with above-average concentrations of older adults having transit access.
- **Low transit access:** Health care facilities, nursing homes and assisted living facilities, and recreation locations. These facility types demonstrate some of the most significant transit accessibility challenges in the region. Only approximately 30–40% of health care locations in census tracts with above-average concentrations of most demographic populations have transit access, while nursing homes and assisted living facilities generally have access rates of approximately 20–35%. Recreation locations have particularly limited connectivity, with transit access generally ranging from approximately 5–24% across the demographic groups examined.

Transit access to community facilities in census tracts with average-or-below concentrations of the identified demographic populations varies by facility type, with notable gaps across the HATS region. Approximately 40–50% of banks and credit unions, childcare facilities, grocery stores, health care facilities, and pharmacies lack transit access, while 60–75% of government offices, polling locations, and education locations are not accessible by fixed route transit. Nursing homes and assisted living facilities and recreation locations also experience substantial gaps, with approximately 50–70% lacking transit access. In contrast, food banks, social assistance facilities, and multimodal facilities generally demonstrate better accessibility.

Overall, several community facilities with important everyday functions, including health care, pharmacies, grocery stores, childcare, and government services, have locations that are not adequately connected to existing transit routes. These limitations may create barriers to obtaining medical care, purchasing groceries and medications, accessing employment and education services, participating in civic activities, and maintaining social connections. The analysis also reveals that older adults are a recurring population of concern, as census tracts with above-average concentrations of older residents frequently have lower transit access to essential facilities. Households without access to a vehicle and individuals with disabilities may also face substantial barriers, particularly when destinations are not located near fixed route stops or require additional accommodations to reach safely.

Paratransit Trips and Demand

Paratransit and shared-ride services provide an essential mobility lifeline for older adults, individuals with disabilities, and persons who cannot use traditional fixed-route transit services. These demand-response services support access to medical appointments, employment, education, shopping, nutrition programs, and other daily activities that are vital to maintaining independence and quality of life.

The region's paratransit network reflects a significant and growing need for specialized transportation services. Demand for paratransit trips continues to be influenced by an aging population, increasing healthcare needs, and the prevalence of individuals who require accessible transportation options. While existing providers deliver critical services throughout the three-county region, stakeholders identified challenges related to service availability, trip scheduling, evening and weekend service limitations, long trip distances in rural areas, and increasing operational costs. Understanding paratransit trip patterns and service demand provides valuable insight into existing mobility needs and informs recommendations aimed at improving service coordination, expanding transportation options, and ensuring that vulnerable populations maintain reliable access to essential destinations.

Annual Trips

In 2025, there were a total of 250,571 trips per year (Fig. 29). 5,671 (2%) of those trips had dropoff locations outside of the HATS region. 105,083 pickups were in Cumberland. 108,204 pickups were in Dauphin, and 34,481 pickups were in Perry (Fig. 30) 105,883 dropoffs were in Cumberland, 107,740 dropoffs were in Dauphin, and 34,130 dropoffs were in Perry (Fig. 31).

Trip Distance

The average trip distance was 11.8 miles, but the most frequently occurring trip distance was 1.85 miles. 32% of trips were between 0-5 miles, 25% were between 5-10 miles, 33% were between 10-25 miles, and only 11% of trips were 25 miles or greater.

Conclusion

Paratransit trips occurred in only 20% of census blocks throughout the region. The trips were concentrated in areas with higher minority (39.4%), low-income (34.3%), and disability (32.0%) populations, demonstrating the importance of these services for potentially transportation-dependent residents (Table 29). The community facility analysis (Table 30) showed that paratransit trips were most closely associated with nursing homes and assisted living facilities (88.6%), pharmacies (87.0%), and health care locations (84.8%), suggesting that access to medical care and related services represents a major

component of paratransit travel. Grocery stores (66.5%), employment services (68.0%), and social assistance facilities (71.3%) were also commonly located within census blocks where trips occurred. Overall, these findings highlight the critical role of paratransit in connecting residents to essential destinations while identifying opportunities to improve service coverage, scheduling, evening and weekend availability, and coordination with fixed-route transit. Given the limited geographic distribution of recorded trips and the challenges identified by stakeholders, continued analysis is needed to determine whether existing services adequately meet demand, particularly in rural areas and communities with limited transportation options.

Table 29. Percentage of paratransit trips in 2025 (i.e., pickups and dropoffs) within above average census tracts.

Demographic Populations	Pickups/Dropoffs within Above Average Demographic Census Tracts
Senior Households	15.5%
Individuals with Disabilities	32.0%
Low Income	34.3%
Minority	39.4%
Carless Households	27.9%

Table 30. Percentage of community facilities within census blocks that had paratransit trips in 2025.

Community Facilities	Community Facilities within Census Blocks that had Paratransit Trips in 2025
Banks & Credit Unions	78.8%
Childcare Facilities	56.8%
Education	58.8%
Employment Services	68.0%
Food Banks	59.6%
Government Office Buildings	43.5%
Grocery	66.5%
Health Care	84.8%
Justice, Public Order, Safety Activities	77.8%
Multimodal Facilities	46.2%
Nursing Homes & Assisted Living Facilities	88.6%
Other Government Services (i.e., Post Offices and Libraries)	53.4%
Pharmacies and Drug Stores	87.0%
Polling Locations	45.6%
Recreation	43.5%
Religious Organizations	40.1%
Social Assistance	71.3%

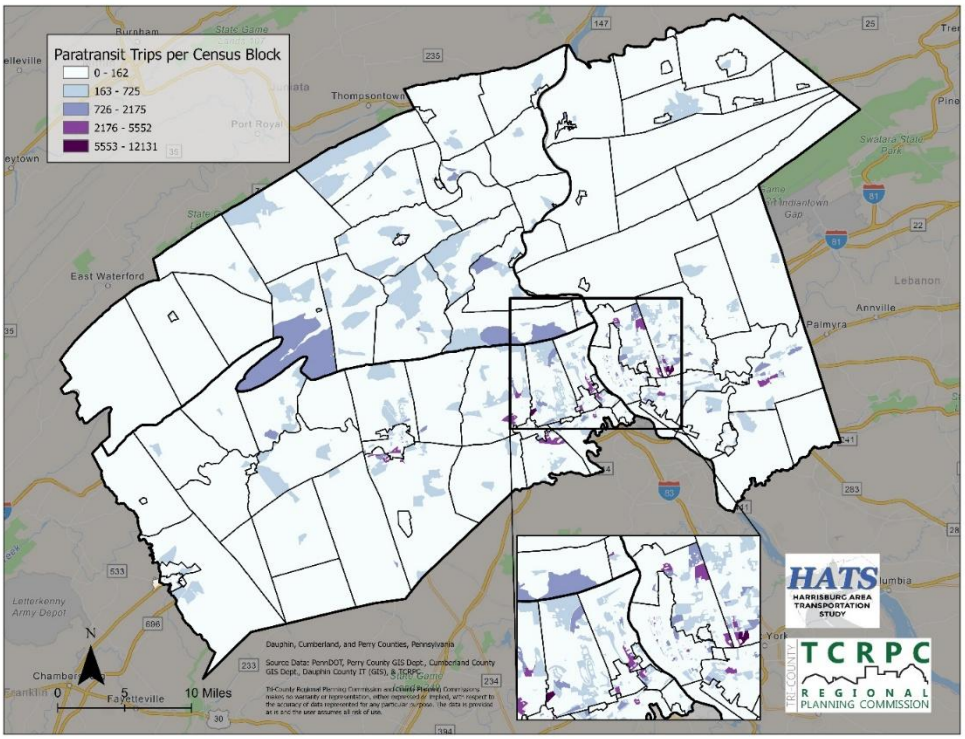


Figure 29: *The number of paratransit trips per Census Block.*

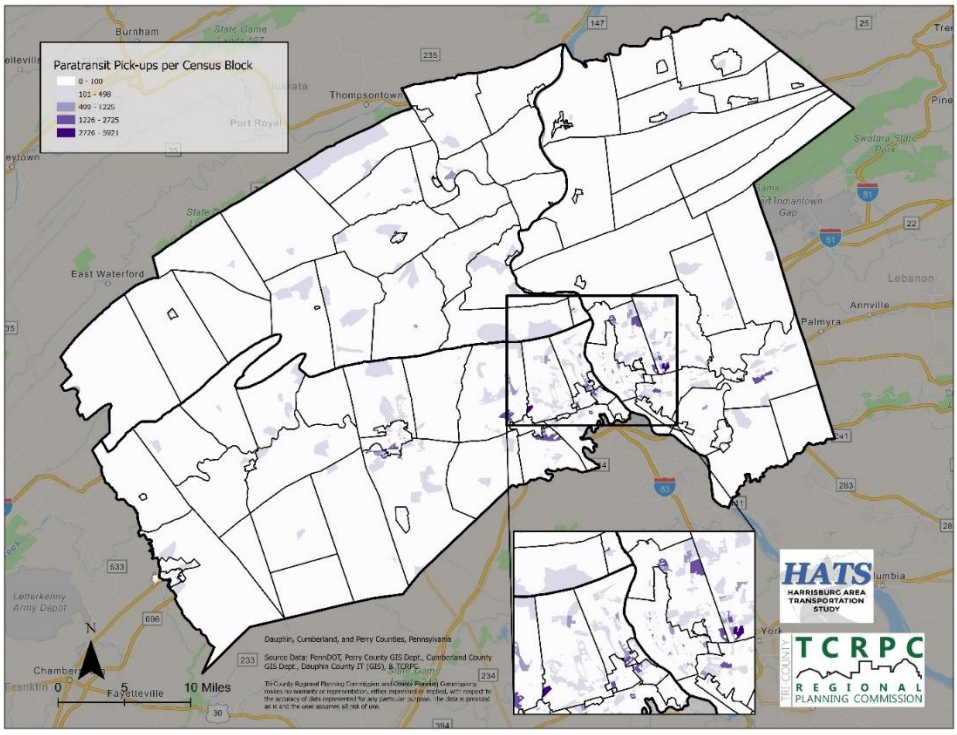


Figure 30: *The number of paratransit pick-ups per Census Block.*

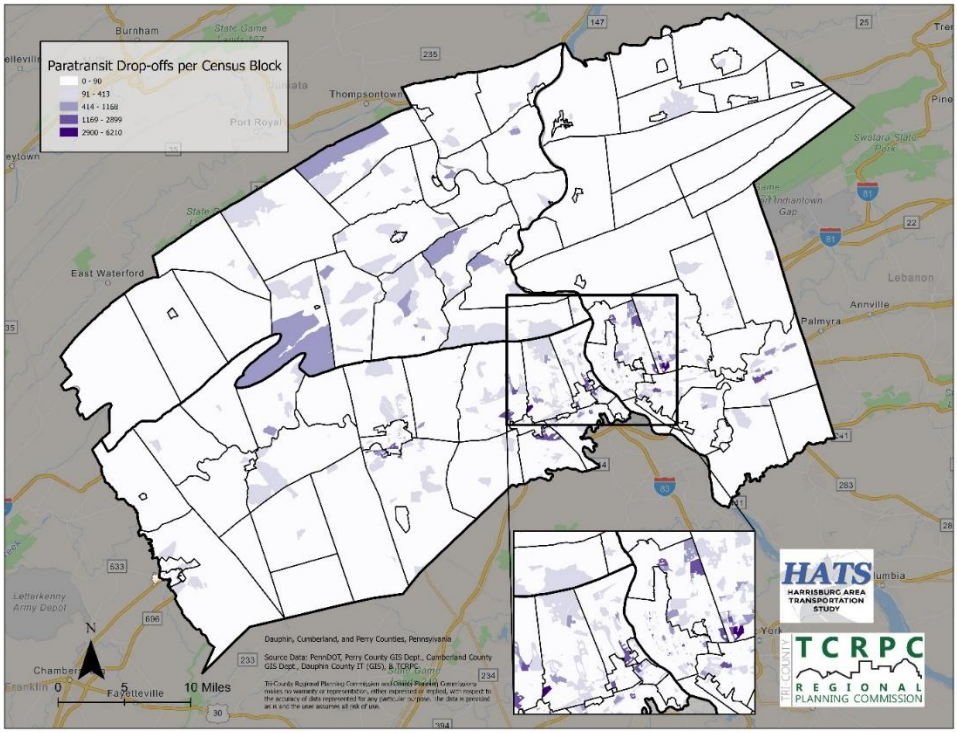


Figure 31: *The number of paratransit drop-offs per Census Block.*

Identifying Transportation Needs and Gaps

Needs and Gaps

The Coordinated Plan is intended to identify and prioritize the region's most significant transportation challenges while establishing a framework for future improvements. Although this plan does not attempt to provide an exhaustive list of every potential strategy or solution, it recognizes that transportation needs and available technologies, funding opportunities, and service delivery models continue to evolve. The needs and gaps were identified through stakeholder interviews, interviews conducted during paratransit ride-alongs, public survey findings, listening sessions, and GIS analysis.

Stakeholder Interviews

Stakeholder interviews were conducted with representatives from transportation providers, human service agencies, healthcare organizations, housing authorities, disability advocacy groups, and state agencies serving Cumberland, Dauphin, and Perry counties. A series of eight questions was asked of participants, with the opportunity to have open dialogue

about transportation concerns and suggestions. Interview participants included organizations such as the Medical Assistance Transportation Program (MATP), PennDOT Bureau of Multimodal Transportation, Dauphin County Human Services, Dauphin County Area Agency on Aging, housing authorities, healthcare providers, and organizations serving older adults and individuals with disabilities. The interviews were designed to identify existing transportation resources, evaluate the effectiveness of current services, and better understand mobility challenges and unmet transportation needs among older adults, individuals with disabilities, and persons with low incomes.

Stakeholder feedback revealed several recurring themes across the region. Limited transportation availability during evenings and weekends was consistently identified as one of the most significant service gaps, restricting access to employment, medical appointments, social activities, community events, and other quality-of-life destinations. Stakeholders also reported concerns regarding lengthy pickup and drop-off windows, extended travel times due to multiple passenger trips, and the need to schedule transportation services several days in advance. These reliability issues were noted as particularly burdensome for individuals requiring frequent medical treatments, such as dialysis, and for those with time-sensitive appointments.

The interviews further highlighted the transportation challenges experienced by residents of rural communities, particularly in Perry County and northern Dauphin County, where public transportation options are limited and access to employment, healthcare services, grocery stores, and essential destinations is constrained. Stakeholders emphasized that many individuals rely heavily on family members, friends, neighbors, volunteer drivers, and informal transportation networks to meet their mobility needs. Accessibility challenges for individuals with disabilities were also commonly identified, including insufficient wheelchair-accessible vehicles, limited door-to-door transportation services, barriers associated with pedestrian infrastructure near transit stops, and a lack of accessible transportation options through transportation network companies.

Additional findings identified affordability and technology barriers as growing concerns. Rising transportation costs have led some individuals to reduce travel or forego trips altogether, while limited digital literacy, unreliable internet access, and inconsistent cellular service continue to hinder the use of online applications and trip-scheduling platforms. Stakeholders stressed the importance of maintaining multiple methods of communication and trip planning assistance, including telephone support, printed materials, in-person assistance, and one-on-one travel training. Despite these challenges, stakeholders identified several successful practices and resources, including subsidized

shared-ride programs, volunteer transportation services, travel training initiatives, transportation coordination efforts, and emerging technologies such as PennDOT's Find My Ride platform. Collectively, the stakeholder interviews reinforced the need for more flexible, accessible, reliable, and coordinated transportation services that improve mobility and enhance the quality of life for vulnerable populations throughout the HATS region.

Paratransit Ride-Alongs: Passenger Interviews

To gain firsthand insight into the experiences and mobility needs of paratransit users, Planning Team members conducted paratransit ride-alongs over three separate days, with one ride-along occurring in each county within the HATS region. During these ride-alongs, passengers were invited to voluntarily participate in confidential interviews regarding their transportation experiences and use of paratransit services.

Participants were asked a series of approximately fourteen questions designed to better understand their transportation needs, travel patterns, and overall experiences with the existing transportation system (Refer to Appendix C for questions). Interview topics included demographic information such as age and disability type; the importance of transportation in meeting daily needs; the types and frequency of transportation services used; and commonly visited destinations, including medical facilities, employment locations, shopping areas, and social activities. Passengers were also asked to identify barriers to transportation, challenges in accessing services, and any gaps in the current transportation network. Finally, participants were invited to provide recommendations for improving transportation services and enhancing mobility options throughout the region.

The ride-along interviews provided valuable qualitative insights that complemented the public survey and stakeholder outreach efforts, offering a more comprehensive understanding of the transportation needs, challenges, and priorities of individuals who rely on paratransit services throughout the HATS region.

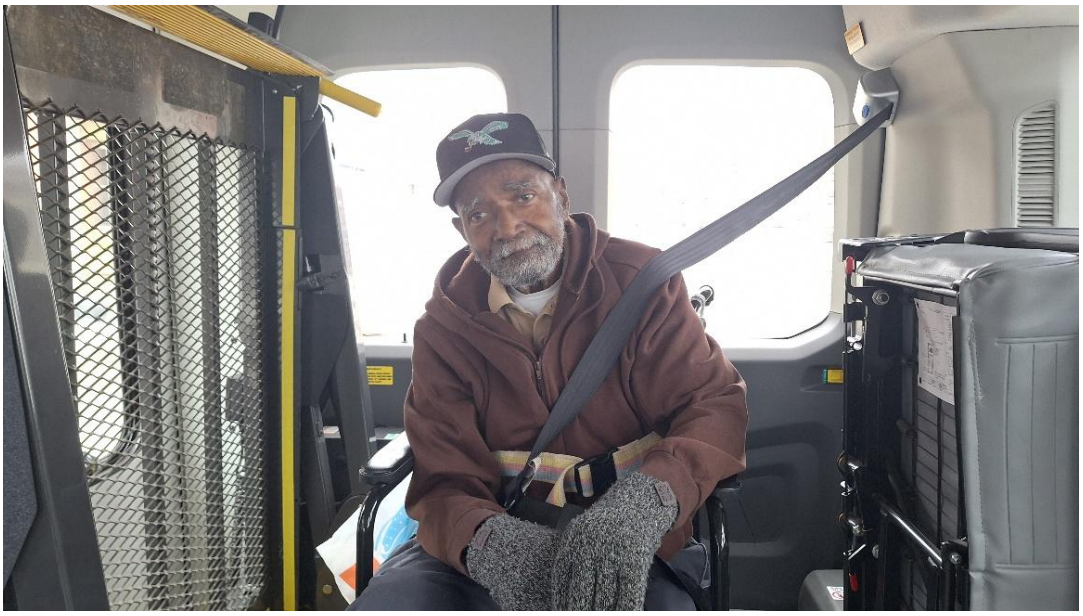


Figure 32: *Passenger on rabbittransit Paratransit Ride who participated in a passenger interview.*

Public Survey Findings

To better understand transportation needs and service gaps within the HATS region, a public transportation survey was conducted through both an online survey link and paper questionnaires to ensure broad participation and accessibility (Refer to Appendix B for questions and results). A total of 130 responses, that were self-selected, were received from current transportation users, caregivers, service organizations, and other stakeholders across Cumberland, Dauphin, and Perry counties. Questions allowed the participant to select from multiple selections, and counts were based upon the number of valid responses for each question. The survey captured input from older adults, individuals with disabilities, and households with limited transportation options, providing valuable insight into existing transportation challenges and opportunities for improvement.

The survey results indicate that transportation remains essential for accessing medical care, employment, groceries, and other daily needs throughout the HATS region. Nearly half of respondents do not have access to a personal vehicle, emphasizing the importance of maintaining and enhancing public and human service transportation options. The findings consistently point to the need for expanded evening and weekend service, improved transportation options in rural areas, increased service reliability, and better communication regarding available transportation services and routes. These findings align closely with themes identified through stakeholder interviews, listening sessions, and

paratransit ride-alongs and directly informed the development of the Coordinated Plan's strategies and recommendations.

Survey Respondent Profile

Characteristic	Responses
Total Survey Responses	130
Individuals with Disabilities	40%
Require Transportation Accessibility Accommodations	20%
No Access to a Personal Vehicle	47%
Own a Smartphone	93%

Primary Trip Purposes

The most common reasons respondents use or anticipate using transportation services are shown below.

Trip Purpose	Responses
Medical Appointments	75
Grocery Shopping	57
Employment/Training	55
Shopping	52
Recreation/Entertainment	33
Government Services	30

Top Transportation Improvement Priorities

Transportation improvements identified as most important by survey respondents.

Priority	Responses
More Evening and Weekend Service	73
More Service in Rural Areas	42
Improve Information on Available Services and Routes	32
Shorten Return-Trip Wait Times	32
Provide Real-Time Delay Information	31
Increase Service Reliability	30

Listening Sessions

The Planning Team conducted in-person listening sessions at a senior housing facility and a public community event to gain a better understanding of the transportation experiences of older adults and individuals with disabilities. The sessions were designed to provide participants with an opportunity to discuss their transportation needs, challenges, barriers, and suggestions for improving mobility and access to transportation services.

Participants were first asked questions regarding their current use of transportation services, followed by a series of open-ended questions addressing access to transportation, barriers to mobility, service availability, and opportunities for improvement (refer to Appendix E). The open-ended format allowed participants to describe their experiences and identify transportation concerns that may not be captured through traditional survey methods.

The listening sessions identified several recurring transportation challenges and gaps, including:

- **Long wait times for midday trips**, particularly for pickup and return transportation.
- **Unsafe or difficult access to transit stops** due to inadequate or deteriorated sidewalk conditions.
- **Insufficient space on shared-ride vehicles** to safely and comfortably accommodate wheelchairs and mobility devices.
- **Affordability concerns,** particularly for individuals who are unable to use fixed-route public transportation and must rely on other transportation options.
- **Challenges accessing medical appointments and other essential destinations** due to lengthy travel times and the need to accommodate individuals traveling with portable oxygen.

- **Limited evening and weekend public transportation,** creating barriers to employment, appointments, shopping, social activities, and other essential trips.
- **Limited trip-scheduling availability,** including difficulty scheduling rides after 2 p.m. or requiring scheduling 24 hours in advance.
- **Vehicle accessibility limitation,** including insufficient space on some paratransit vehicles to maneuver and secure larger mobility devices, such as scooters.
- **Challenges understanding and coordinating available transportation options,** highlighting the need for improved rider education, trip-planning assistance, and information regarding available transportation services.
- **Limited transportation options in rural areas,** resulting in reduced access to essential services and community destinations.
- **Difficulty traveling to Harrisburg and other regional population centers,** particularly for individuals living in communities with limited or no direct public transportation service.

Overall, the listening sessions reinforced the importance of reliable, accessible, affordable, and coordinated transportation services for older adults and individuals with disabilities. Participant feedback also showed the need for improved information and trip-planning resources, greater coordination among transportation providers, and expanded service options in rural and underserved areas.

Identified Needs and Gaps

This section summarizes the transportation needs and gaps identified throughout the planning process through stakeholder interviews, public surveys, listening sessions, data collection, GIS-analysis of facilities with reduced transit access, and discussions with the Expert Group.

The needs and gaps presented below are not intended to represent an exhaustive list of all needs and gaps identified during the planning process. Rather, this section identifies the principal transportation challenges and potential areas for improvement that were consistently recognized and discussed during the planning process.

Collectively, the findings reflect the most significant mobility challenges affecting older adults, individuals with disabilities, low-income individuals, and other transportation-disadvantaged populations throughout the region. The identified needs and gaps were evaluated and prioritized based on input received during the planning process. While all identified needs and gaps are documented, this plan focuses its discussion and

recommendations on those to be of high or medium priority. The identified and prioritized needs and gaps will provide a framework for developing strategies, evaluating potential projects and initiatives, coordinating available resources, and informing future funding and implementation decisions.

High-Priority Needs and Gaps

- **Limited transit service hours during evenings and weekends.**

  Expanding Evening and Weekend Transportation was consistently identified as the highest unmet need across surveys, stakeholder engagement, and public listening sessions. For individuals holding a second or third shift job or working in certain industries, this time gap may mean that they are only able to use public transportation for trips to or from work, but not both. Individuals with non-traditional work schedules or having to work overtime face similar difficulties. A general lack of evening and weekend service hours means residents have fewer opportunities for travel, entertainment, recreation, religious services, shopping, and other essential purposes.

- **Limited transportation options in rural and underserved areas.**

  Limited transportation options in rural and underserved areas, including Northern Dauphin, Western Cumberland, and Perry County, were identified as a key barrier for residents. The limited transportation options contribute to the potential isolation of residents from jobs, healthcare, and daily essentials. Reduced transportation options in rural and underserved areas result in missed medical appointments, senior isolation, and heavy reliance on friends and family for everyday transportation needs. Perry County lacks direct public transportation into Dauphin and Cumberland Counties and provides limited shared-ride services. Low-income and at-risk individuals in the region often cannot secure and/or retain employment due to lack of affordable transportation. If transportation needs of many disadvantaged residents are not being met, this results in economic limitations, health issues, and personal problems. Increased transportation options in these areas will help create significant socioeconomic benefits.

- **Long waiting times and service delays.**

  Long waiting times and service delays for public transportation and shared-ride services were identified during the outreach process. Several of the listening session respondents reported that they could not use public transportation due to missing scheduled appointments or not being able to maintain enough portable

oxygen due to the length of the trip. Another concern was the long waiting times to be picked up from a medical appointment, usually 1 to 2 hours. These long waiting times and delays result in missed medical appointments and risk of employment loss.

- **Limited public awareness of available transportation services and mobility resources**.
  Stakeholder outreach identified that limited public awareness and understanding of available transportation services and mobility resources remains a significant barrier to mobility for residents throughout the region. While a variety of public, nonprofit, human services, and specialized transportation programs are available, information about eligibility, service areas, scheduling, costs, and how to access these services can be difficult to locate. The absence of a centralized and consistently updated source of information can make it particularly difficult for older adults, individuals with disabilities, low-income residents, and others with limited transportation options to identify appropriate services.

  Existing resources, including PA 211, and FindMyRidePA (FMR Schedule), provide valuable transportation information and referral services. However, these resources may have limitations related to complete local information, and for individuals who have limited digital literacy and who may lack access to smartphones, computers, and the internet. Some residents may prefer or require non-digital methods of obtaining transportation information.

Medium-Priority Needs and Gaps

- **High transportation costs for riders.**
  Stakeholder outreach identified the high cost of transportation as a significant barrier to mobility and access throughout the region, particularly for older adults, individuals with disabilities, low-income households, and other transportation-disadvantaged populations. The cost of providing transportation services has also increased due to factors such as rising fuel, vehicle maintenance, and operating costs, placing additional financial pressure on transit providers and potentially contributing to higher fares.

  Many subsidized transportation programs have specific eligibility requirements based on age, disability, income, or program participation. As a result, individuals who do not meet the eligibility criteria may have limited access to affordable

transportation. This gap can be particularly challenging for low-income individuals and families in rural areas, where transportation options are often limited, and travel distances are greater. Individuals who do not qualify for Medicaid transportation are not eligible for disability related services or do not meet the age requirements for senior transportation programs available to them.

Transportation costs can also directly affect employment and economic stability. For individuals with limited financial resources, the cost of reaching employment, education, healthcare, childcare, and other essential destinations can make it difficult to obtain or maintain employment and achieve economic independence. This is particularly relevant for individuals transitioning off public assistance, trying to stabilize their lives, or experiencing other circumstances that require reliable access to employment and essential services.

Although family members, friends, and community organizations may be functioning to fill some voids, the transportation needs of disadvantaged residents are not being met. Gaps in affordable transportation can contribute to missed medical appointments, reduced employment opportunities, financial hardship, and other social and economic impacts.

Strategies that address affordability while maintaining the financial sustainability of transportation providers could improve access to employment, healthcare, education, and essential services and produce broader economic and quality-of-life benefits throughout the region.

- **Limited availability of same-day or on-demand services.**
  Stakeholder outreach identified limited availability and awareness of same-day shared-ride transportation as a barrier to mobility, particularly for urgent or unplanned trips. Most shared-ride providers in the region require advance reservations, with customers generally required to schedule trips at least one day in advance. While advance scheduling supports efficient trip coordination and resource management, these requirements can create challenges for individuals who have unexpected or time-sensitive transportation needs. This is particularly problematic for same-day trips to pharmacies, urgent medical appointments, and hospital discharges, where advance notice may not be possible.

rabbittransit currently participates in PennDOT's Same Day Shared Ride Pilot Program, which provides a limited option for same-day transportation. Under the program, trips must generally be scheduled by 1:30 p.m. and at least two hours before the requested trip time, and requests must meet applicable county service guidelines. rabbittransit's ADA Complementary Paratransit Program (ADA) also allows eligible riders to schedule trips one day in advance in accordance with ADA requirements.
Expanding access to same-day transportation, particularly for essential healthcare trips, could address an important gap in the region's transportation network. Improved access to timely transportation would help reduce missed medical appointments, facilitate timely hospital discharges, and provide greater flexibility for individuals who cannot anticipate their transportation needs a day or more in advance. For eligible older adults, the availability of free or reduced-cost services can further improve access to these essential trips while reducing transportation-related financial barriers.

- **Need to improve vehicle accessibility, safety features, and ride amenities.** Stakeholder outreach, including surveys and listening sessions, identified a need to improve vehicle accessibility, safety features, and rider amenities to provide a more comfortable, reliable, and secure transportation experience, particularly for older adults and individuals with disabilities.

  Many fixed route and shared-ride vehicles in the region are aging and accumulating mileage beyond their anticipated useful life. The significant increase in the cost of replacement vehicles and equipment has made a fleet replacement more challenging for transit providers. Consequently, agencies may need to keep older vehicles in service longer, resulting in increased maintenance costs and greater potential for vehicle breakdowns, service interruptions, and reduced reliability. Higher operating and maintenance costs can also place additional pressure on transit agencies' budgets and fares.

  Replacing aging vehicles with new, more accessible vehicles equipped with modern safety features, improved fuel efficiency, and enhanced boarding and securement capabilities would improve the overall rider experience while supporting system reliability and accessibility. Continued investment in fleet replacement should therefore be considered an important part of maintaining a safe, efficient, and accessible transportation system.

Improvements to transit stop amenities are also needed to enhance the safety, comfort, and usability of the fixed-route system. Improvements may include bus shelters, benches, accessible boarding areas, clear signage, and adequate lighting. These improvements would create a more welcoming and accessible transit environment.

- **Accessibility barriers**
  Stakeholder outreach and listening sessions identified significant accessibility barriers affecting older adults, individuals with disabilities, and others with mobility limitations. Participants reported difficulties navigating sidewalks, shoulders, intersections, and roadway crossings due to uneven or deteriorated surfaces, gaps in pedestrian infrastructure, inadequate accessibility features, and other safety concerns. These conditions make it difficult or unsafe for individuals to walk to transit stops or travel independently using mobility devices.

  Inadequate pedestrian infrastructure can also increase reliance on shared-ride transportation, family members, friends, or other informal transportation providers, even for relatively short trips. For some individuals, these barriers may contribute to reduced independence, missed appointments, limited access to employment and essential services, and increased risk of becoming socially or geographically isolated. Improving pedestrian and multimodal infrastructure through Complete Streets principles can help address these barriers by creating transportation networks that are safe, accessible, connected, and comfortable for all people.

  The HATS MPO has adopted a Safety Action Plan to support a coordinated approach for improving transportation safety throughout the region. Implementation of the plan, along with continued coordination among municipalities, transit providers, and transportation agencies, can help identify and address accessibility deficiencies and improve connections between residential areas, transit services, and essential destinations.

  Information regarding the HATS MPO Safety Action Plan and related documents is available on the Tri-County Regional Planning Commission's website page for Transportation Safety: https://www.trpc-pa.org/hats-safety.



Figure 33: *Bus stop and shelter for rabbittransit riders in downtown Harrisburg near Market Street.*

Strategies to Address Gaps and Needs

Progress Since Last Plan

The 2015 HATS Coordinated Public Transit-Human Service Transportation Plan identified several transportation needs and priorities for Cumberland, Dauphin, and Perry Counties, with particular emphasis on improving mobility for older adults, individuals with disabilities, and people with low incomes. The plan identified gaps in transportation availability, particularly during evenings, weekends, and holidays; limited service in rural areas; transportation barriers to employment, medical care, shopping, and other community destinations; the need for greater coordination among public and human service transportation providers; improved public awareness of available transportation services; and the need to maintain adequate funding for vehicle fleets.

Since 2015, significant changes have occurred in the region's transportation system. One of the most notable changes has been the regionalization of public transportation services. Cumberland County transitioned its transportation program to rabbittransit in 2015, and Perry County followed in 2016. In 2022, the Susquehanna Regional Transportation Authority (SRTA) was established through the merger of the Central Pennsylvania Transportation Authority and Cumberland-Dauphin-Harrisburg Transit Authority, bringing the former CAT and rabbittransit operations under a regional structure. Today, rabbittransit provides transportation services throughout a substantially larger service area, including

Cumberland, Dauphin, and Perry Counties, while offering fixed-route, commuter, shared-ride, and other transportation services.

The region has also expanded the range and coordination of specialized transportation services. Current rabbittransit services include Shared Ride/Paratransit, Veterans Transportation, and rabbitWORKS, in addition to fixed-route and commuter services. Perry County, which had no CAT fixed-route service in 2015 and relied heavily on Share-A-Ride for transportation, is now incorporated into the broader rabbittransit regional service network, with transportation connections to destinations both within and outside the county.

There has also been progress towards improving the accessibility and modernization of transportation infrastructure. A major example is the planned Capital Region Operations and Maintenance Facility and Transfer Center on Cameron Street, in Harrisburg, which is intended to replace the existing aging facility. The new facility will improve transportation service quality, passenger amenities, accessibility, and operational efficiency. Construction of the facility is currently underway, with an anticipated completion date in 2029.

The region has made meaningful progress towards the goals identified in the 2015 plan through the regionalization of transportation services, expanded service options, fleet upgrades, improved coordination, greater use of technology, and investments in accessible and modern infrastructure. However, many of the fundamental challenges identified in 2015 remain priorities for the current Coordinated Plan. Rural transportation remains difficult to provide efficiently, transportation during nontraditional hours continues to be limited, and individuals who depend on shared-ride and paratransit services continue to face challenges related to availability, scheduling, travel times, and access to information. Though there has been progress over the past decade, continued coordination, targeted service expansion, accessible infrastructure, technology improvements, and sustained investment will be necessary to address the mobility needs and gaps in service identified in this Coordinated Plan.

Strategies to Meet Primary Regional Transportation Needs

High-Priority Transportation Needs

The Coordinated Plan identifies four primary regional transportation needs that were rated as high priorities through stakeholder outreach, surveys, and listening sessions: limited service hours, limited transportation services in rural and underserved areas, long wait times and delays in ride arrival, and a lack of awareness of information regarding available transportation services. These needs are interconnected and cannot be addressed solely through expansion of fixed-route or paratransit services. A coordinated regional approach that builds upon existing transportation resources, strengthens partnerships, and identifies opportunities for flexible service delivery will be necessary to improve mobility and accessibility for older adults, individuals with disabilities, people with low incomes, and other residents who face transportation barriers.

- **Limited Service Hours – Evenings and Weekends**

Limited evening and weekend transportation creates barriers for individuals who work non-traditional hours or need access to essential services outside regular operating hours.

Strategy: Expand Evening and Weekend Transportation Through Coordinated Service Delivery.

The region should pursue a coordinated, multi-provider approach to identify opportunities for extending transportation availability beyond traditional operating hours. Implementation should include strengthening partnerships amongst different transportation providers, human service organizations, senior services, volunteer driver programs, and non-emergency transportation providers, and encouraging major employers to participate in a supported transportation solution for shift workers. Opportunities to integrate fixed routes, demand-response, microtransit, vanpool, and other flexible transportation services should be evaluated, particularly where these approaches can efficiently address specific gaps in evening and weekend coverage. Pilot programs and appropriate state and federal funding opportunities should be pursued to test newly designed approaches to address this need.

- **Limited Transportation Services in Rural and Underserved Areas**

Rural and underserved areas, particularly Northern Dauphin County, Western Cumberland County, and Perry County, have limited transportation options due to lower population densities and greater distances to essential destinations.

Strategy: Improve Transportation Access in Rural and Underserved Areas through Coordinated Planning.

A coordinated planning approach should be used to identify areas of unmet transportation demand and determine where existing services and community resources can be better connected or expanded. This effort should include localized needs assessments and studies, identification of priority trip generators, and continued collaboration with municipalities, human service agencies, senior organizations, and community -based organizations.

An analysis of existing resources should be completed, which would include human service transportation, senior transportation programs, volunteer driver programs, and employer- or institution-supported shuttles, for opportunities for shared use, coordination, service consolidation, or first and last mile connections to existing transit services.

- **Long Wait Times and Delays in Arrival**

Long wait times and service delays create significant challenges for individuals who rely on demand-response transportation for medical appointments, employment, human services, and other time-sensitive trips.

Strategy: Improve Trip Reliability and Reduce Wait Times Through Coordinated Service Enhancements and Information Access.

Transportation providers and human service organizations should work collaboratively to better align schedules, improve trip distribution, reduce unnecessary duplication, and identify opportunities to increase system efficiency. The region should support exploration of scheduling and operational improvements, including dynamic routing, trip grouping, and advanced booking options. Greater awareness and use of existing trip-planning and transportation resources, such as **Find My Ride** and **FindHelp.org,** can also help users identify the most efficient and appropriate transportation options and reduce unnecessary delays. Continued engagement with municipalities, senior centers, healthcare providers, and community organizations can help identify localized service issues and opportunities for supplemental or flexible transportation options.



Figure 34: *A rabbittransit fixed-route bus in Harrisburg, Pennsylvania.*

- **Lack of Awareness and Information About Transportation Services**

Limited awareness of available transportation programs and how to access them makes it difficult for residents to identify and use the services for which they may be eligible.

Strategy: Improve Awareness and Accessibility of Transportation Information Through Coordinated Outreach and Inclusive Communication Methods

Transportation agencies, county human service organizations, healthcare providers, municipalities, and community-based organizations should coordinate transportation information to ensure that information provided to the public is consistent, accurate, accessible, and current. Existing resources, including **211, Find My Ride, and FindHelp.org**, should be promoted as tools for connecting individuals with available transportation services. Outreach should use multiple communication methods and should consider individuals who may have limited digital literacy, limited internet access, or language and other communication barriers.

Medium-Priority Regional Transportation Needs

In addition to the high-priority transportation needs identified through stakeholder outreach, the Coordinated Plan identified four medium-priority needs: high cost of transportation, lack of same-day services, the need to upgrade vehicle accessibility and ride features, and accessibility barriers within transit-supportive infrastructure. While these needs may affect residents differently depending on their individual circumstances and location, each can limit the ability of older adults, individuals with disabilities, people with low incomes, and other transportation-dependent populations to access employment, healthcare, human services, and community destinations.

- **High Cost of Transportation**

Transportation costs can create significant barriers for individuals who rely on shared-ride, paratransit, and other specialized transportation services.

Strategy: Improve transportation affordability through coordinated funding, subsidy alignment, and strategic partnerships.

Regional partners should work together to identify opportunities to better coordinate existing transportation funding programs and reduce duplication among services. Coordination with county human service agencies, healthcare providers, nonprofit organizations, and workforce programs can help maximize available transportation resources and ensure that eligible trips are supported through the most appropriate funding source. This includes improving coordination with programs such as the Medical Assistance Transportation Program (MATP) to reduce duplication and ensure eligible trips are reimbursed through appropriate channels. The region should also pursue state and federal funding opportunities and encourage partnerships with major employers, healthcare systems, and educational institutions to explore transportation benefits, fare assistance, and other cost-sharing opportunities

- **Lack of Same-Day Services**

Limited availability and awareness of same-day transportation options can make it difficult to accommodate urgent or unplanned trips.

Strategy: Expand awareness and availability of same-day transportation services through coordinated service flexibility and communication enhancements and evaluate potential pilot service models.

Existing same-day, space-available opportunities should be clearly communicated to riders and partner organizations, with consistent information provided across transportation providers, human service agencies, healthcare organizations, and community partners. Mobility management and resources such as 211 can assist individuals in identifying available transportation options. The region should also evaluate partnerships with nonprofit providers, volunteer driver programs, taxis, and other transportation providers to supplement existing capacity and consider targeted microtransit or on-demand service pilots where appropriate.

- **Upgrade Vehicle Accessibility and Ride Features**

Improvements to vehicle accessibility and onboard safety features are needed to provide a more comfortable, secure, and usable experience for older adults and individuals with disabilities.

Strategy: Enhance vehicle accessibility and rider safety through coordinated fleet modernization and technology integration.

Transportation providers, human service agencies, and nonprofit organizations should coordinate fleet replacement and modernization efforts where possible and pursue funding opportunities that support accessible vehicles and safety-enhancing technologies. As vehicles are replaced or retrofitted, providers should evaluate features such as improved audio and visual communication systems, intercoms, and interior and exterior cameras. Encourage small-scale pilot programs to test emerging accessibility and safety technologies before wider deployment, allowing providers to assess cost, usability, and effectiveness.

- **Accessibility Barriers**

Inaccessible sidewalks, curb ramps, crosswalks, and transit stops can prevent individuals from reaching and using transportation services, particularly those with limited mobility.

Strategy: Improve Accessibility of Transit-Supportive Infrastructure Through Interagency Coordination and Targeted Capital Investments

HATS, TCRPC, PennDOT, counties, municipalities, and transit providers should coordinate transportation and infrastructure planning so that accessibility improvements can be incorporated into roadway, sidewalk, streetscape, and transit projects. Municipalities should be encouraged to incorporate ADA-compliant pedestrian facilities and universal

design principles into comprehensive plans, transportation plans, and capital improvement programs, particularly along transit corridors and near transit stops. Regional partners should also pursue federal and state funding opportunities to support accessibility improvements and encourage joint applications among municipalities, transit providers, and other eligible partners.

Moving Forward

Regional Transportation Coordination Work Group

To support implementation of these strategies and maintain an ongoing focus on regional transportation needs, TCRPC is positioned to serve as convener and facilitator of a Regional Transportation Coordination Work Group. The Work Group would provide an ongoing forum for transportation providers, human services organizations, healthcare and community-based organizations, municipalities, and other stakeholders to share information, identify emerging transportation needs, coordinate resources, and advance collaborative solutions. The Work Group could periodically review transportation needs and service gaps, share information regarding available programs and resources, identify opportunities for coordinated or shared services, support outreach and public education, and monitor progress toward implementation of the strategies identified in this Coordinated Plan.

This ongoing regional coordination approach recognizes many transportation challenges that extend beyond the service area or responsibility of one single agency. TCRPC's role as a regional convenor and facilitator can help bring the appropriate partners together, strengthen communication across the transportation and human services network, and support the implementation of responsive strategies that improve transportation access throughout the HATS region.

Integrating Coordinated Plan Findings into Regional Planning

The findings and priorities identified through the Coordinated Plan will also inform and be incorporated into other HATS regional planning efforts, including the Regional Transportation Plan (RTP) and future transportation planning initiatives. This integration will help ensure that the transportation needs of older adults, individuals with disabilities, low-income households, and other transportation-disadvantaged populations are considered as part of the region's broader transportation planning and investment decisions.

Integrating the Coordinated Plan into the broader HATS planning framework will provide a mechanism for carrying these findings beyond the plan itself and into ongoing regional

transportation decision-making. As HATS updates the RTP and other regional plans, the Coordinated Plan can serve as a resource for identifying transportation needs, evaluating potential strategies, and strengthening coordination among transportation providers, human service agencies, municipalities, and community partners. This approach will help maintain a continuous connection between identified community needs, regional planning, and implementation.

Appendix A: Stakeholder Interview Questions

HSTP Transportation Services Questionnaire

Please complete the following questionnaire to help us better understand transportation service needs and rider experiences. Fields may be filled electronically.

Stakeholder Questionnaire

1. Transportation Assistance Provided

- How does your agency provide transportation assistance? (Check all that apply)
    - Operate agency-owned vehicles
    - Contract with third-party transportation providers
        - If yes, please list providers:

          _____

          _____
    - Provide subsidies (bus fare, mileage reimbursement, financial assistance)
    - Assist with trip planning or provide information on transportation options
        - If yes, list providers commonly used:

          _____

          _____

2. Program Effectiveness

- What transportation programs/services work well for your clients?

- What programs/services are not working well? Explain any client-specific differences.

---

3. Transportation Barriers

- Major issues or complaints (select all that apply):
    - Access for individuals with disabilities
    - Access to jobs or employment opportunities
    - Other: _____

4. Communication & Outreach

- How do you inform clients about transportation services?

- Additional communication methods that may be more effective:

---

5. Technology Access

- Do most clients have reliable internet or smartphones?
    - Yes
    - No

Comments: _____

6. Impact of Transportation Costs

- Has your agency adjusted assistance due to rising transportation costs?
    - Yes
    - No

Comments: _____

- Have clients changed travel habits due to rising costs?
    - Yes
    - No

Comments: _____

7. Unmet Transportation Needs

- Do clients have transportation needs your agency does not cover?
    - Yes
    - No
- If yes, provide examples:

- Are clients able to find alternative options?
    - Yes
    - No

Comments: _____

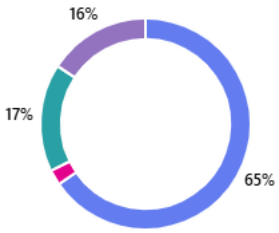
Appendix B: Online Survey Questions and Results

Responses Overview Closed

Responses	Average Time	Duration
130	10:41	199 Days

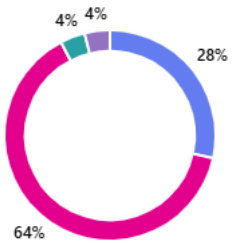
1. What best describes you?

Current Transportation Rider	83
Caregiver	3
Service Organization	21
Other	20



2. What county do you live in?

Cumberland	37
Dauphin	83
Perry	5
Other	5



3. What is your home zip code?

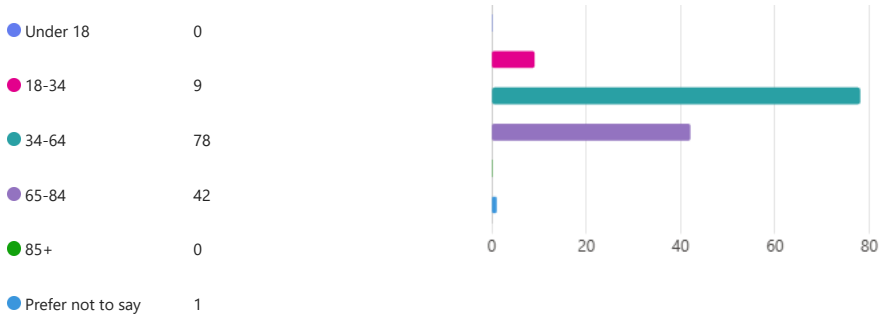
129
Responses

Latest Responses
"17112"
"17043"
"17036"
...

9 respondents (7%) answered 17013 for this question.



4. What is your age?



5. Are you a person with a disability, defined as a physical or mental impairment that substantially limits one or more major life activities.



6. Do you have accessibility requirements (i.e., walker, wheelchair, etc.) that require assistance in transportation?



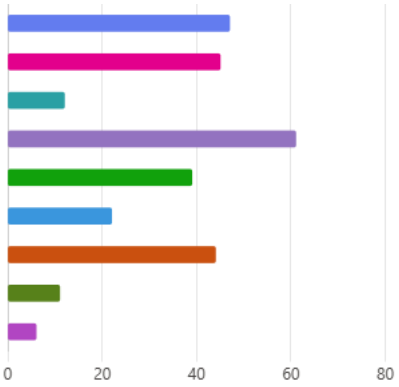
7. Do you have access to a car, truck, van, or other passenger vehicle to get around?

Yes	69
No	61



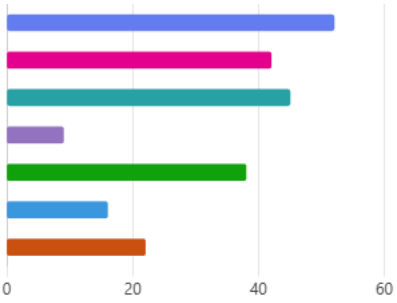
8. For the majority of your local trips, how do you travel most often? Check all that apply.

Drive alone	47
Ride with a spouse or other family member	45
Ride with volunteers/carpool	12
Use public transportation	61
Take a taxi/Uber/Lyft	39
County or human service agency provides transportation	22
Walk	44
Bike	11
Other	6



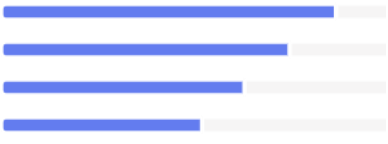
9. If your primary source of transportation is not available, how do you travel? Check all that apply.

Walk	52
Bus	42
Taxi/Uber/Lyft	45
Bicycle	9
Drive with a spouse/other family member	38
Drive alone	16
Other	22



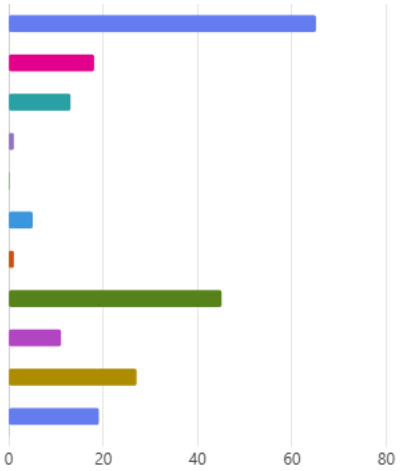
10. Rank the following factors when deciding how to get around

1	Convenience (Ease of access to transportation)
2	Cost (Total out of pocket expenses for trip)
3	Safety
4	Duration of trips (Total Travel Time)



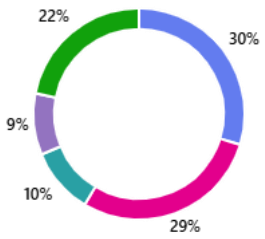
11. What transportation service do you normally ride/use in the region? Select all that apply.

Fixed Route Transit (i.e., rabbittransit services, 65 Lebanon Transit)	
Senior Shared Ride/Paratransit	18
Share Ride/MATP	13
Veterans Transportation	1
rabbitWORKS Vanpool (Commute w/ Enterprise)	0
Commute PA	5
Community based volunteer transportation providers	1
Uber/Lyft	45
Bike	11
None	27
Other 19	

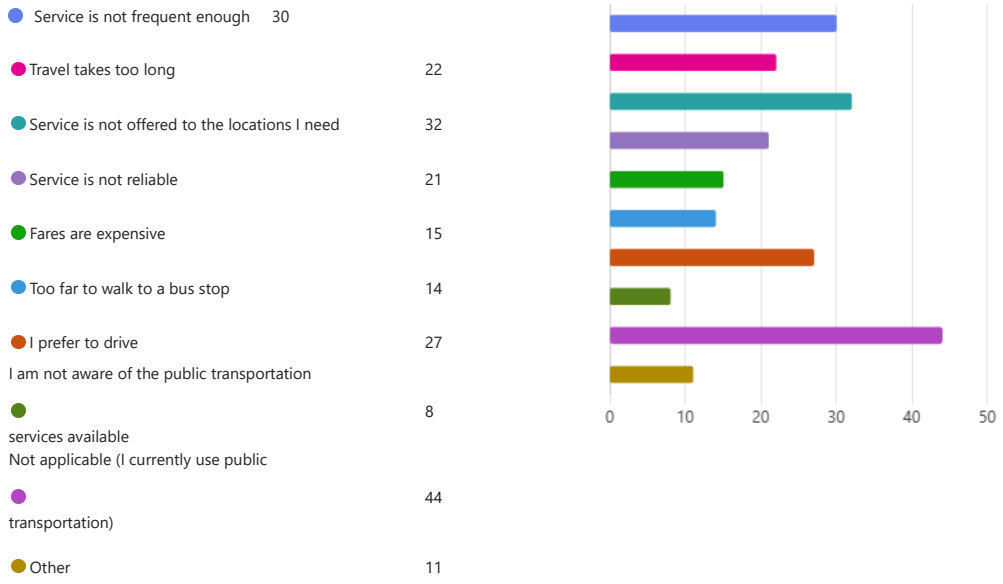


12. How often do you currently use the transportation options in question #11?

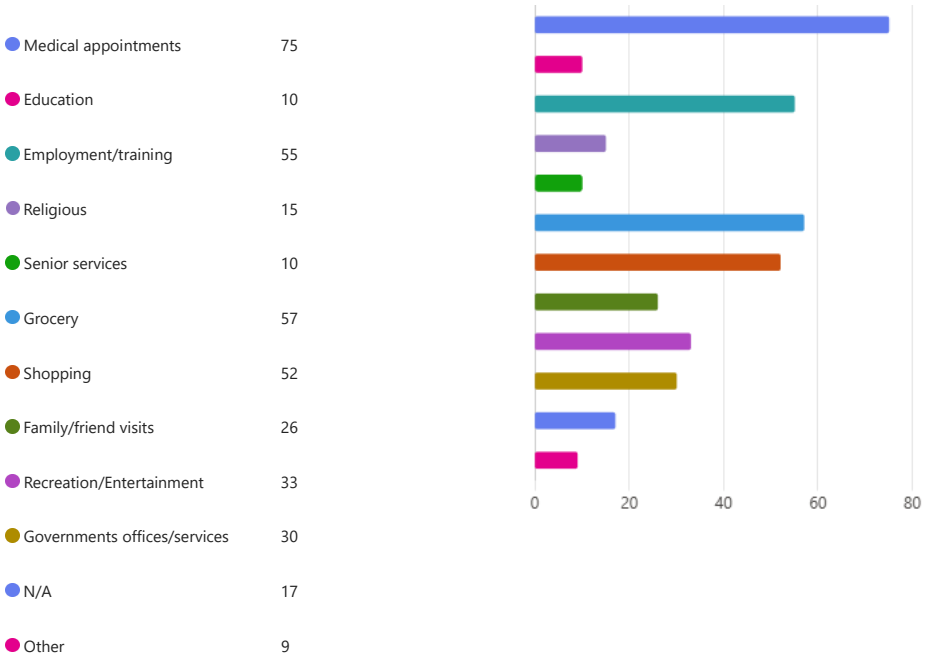
Daily	38
Weekly	37
Monthly	13
A few times a year	12
Never	28



13. If you have never used or no longer use public transportation, please indicate the reasons. Check all that apply.



14. If you currently use public transportation (or expect to use public transportation in the future), what are your trip purposes? Please select all that apply.



15. Are there any additional locations that you need to or would like to travel to (not noted in #14), if so, please specify below.

Latest Responses

34

"Carlisle, Pennsylvania, on Saturday and Sundays...whoops I mean PA because, you... "

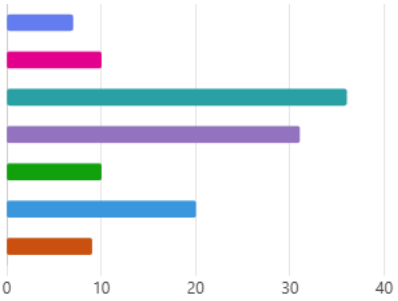
Responses ...

4 respondents (12%) answered weekends for this question.



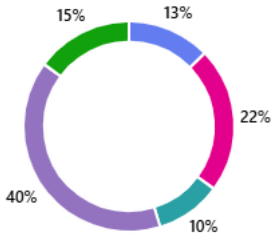
16. What is the most you are willing to pay for a one-way public transportation trip?

Nothing ($0)	7
Less than $1	10
$1.00 to $2.00	36
$2.00 to $3.00	31
$3.00 to $4.00	10
$4.00 to $5.00	20
More than $5.00	9

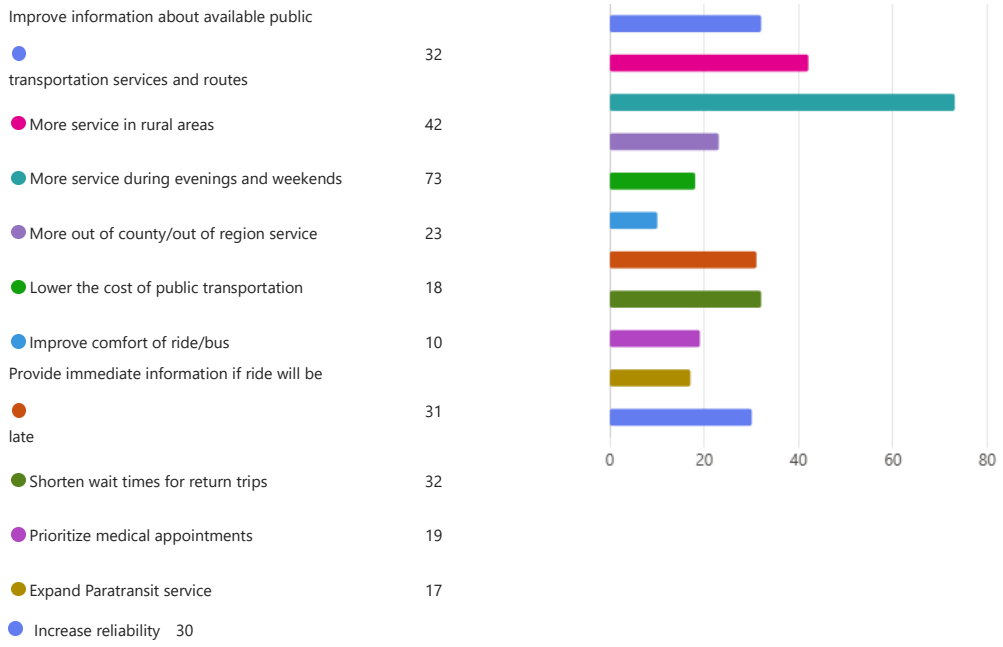


17. When do you feel transportation options are limited or not available? Please select your top two.

Monday through Friday, daytime (6 am to 6 pm)	24
Monday through Friday, evenings (6 pm to 10 pm)	42
Monday through Friday, nights (10 pm - 7 am)	19
Weekends (Saturdays and Sundays, anytime)	75
N/A	28



18. There are many strategies to improve public transportation with a limited amount of funding. Of the following improvement strategies, please choose the top three that are most important to you pertaining to public transportation.



19. What suggestions do you have to improve existing fixed route and/or shared ride services? (please provide 1-3 suggestions)

60

Responses

Latest Responses

"#1 - FIRE ALL MANAGERS/SUPERVISORS THAT HAVE NO EXPERIENCE DRIVING A... "

"I do not use service so have no suggestions."

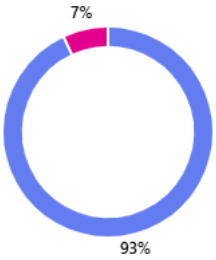
...

13 respondents (22%) answered buses for this question.



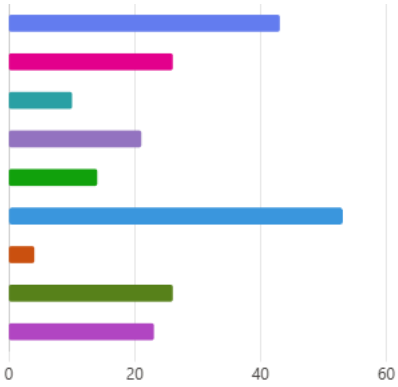
20. Do you have a smartphone?

Yes	121
No	9



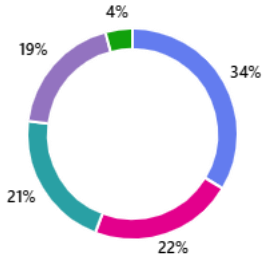
21. How do you hear about transportation services available to you? Check all that apply.

Word of mouth	43
Social media	26
Newspaper or other advertising	10
County Assistance Office	21
Senior Center Case worker or other government referral	14
Internet Search	53
PA 211 or PA 511	4
Find my Ride PA	26
Other	23



22. When scheduling a ride or finding information about public transportation, which of the following do you use. Check all that apply.

Internet search through a smartphone	73
Internet search through a computer	48
Through an app on a smartphone	46
Calling the service provider directly	41
Other	9



23. Please tell us about a time when transportation was a challenge for you or those you assist. Include where your trip started, where you w ere going, and why this trip was a challenge.

69

Responses

Latest Responses

"I always plan my longer trips well in advance and have never had a problem with ... "

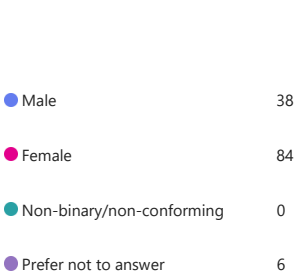
"It is the most challenging when the bus drivers do not come into the clinic to pick..."

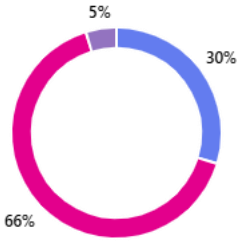
...

23 respondents (83%) answered bus for this question.

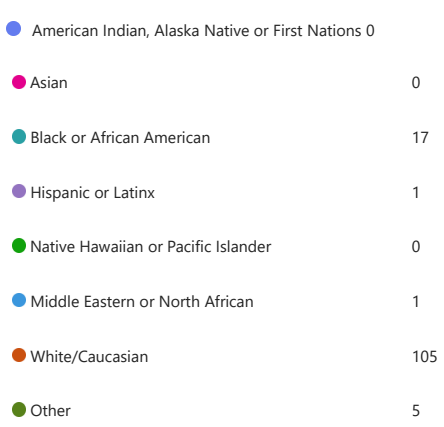


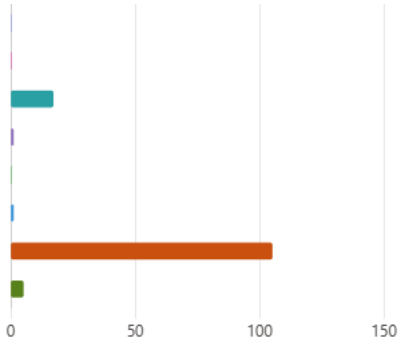
24. What is your gender?





25. What best describes your race?





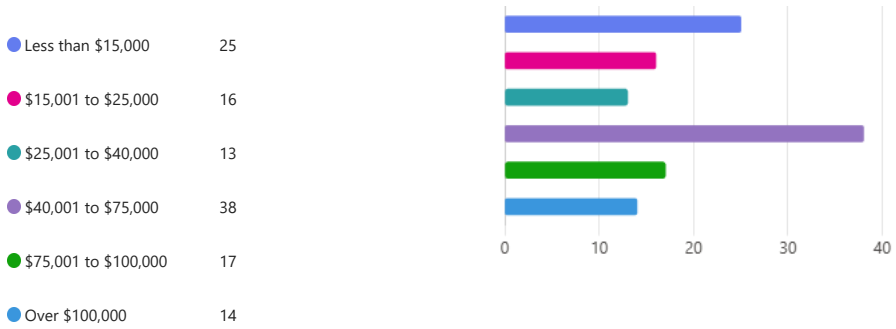
26. What is your ethnicity?



27. How well do you speak English?



28. What is your annual household income?



Appendix C: Ride-Along Passenger Interview Questions

Transportation Services Questionnaire

Please complete the following questionnaire to help us better understand transportation service needs and rider experiences. Fields may be filled electronically.

Passenger Questionnaire

1. Background

- How did you first learn about available transportation services?

- What types of trips do you take and how often?

- Things you like about the service:

- Things you find inconvenient:

- Are there trips you would like to take but find too expensive?
    - Yes
    - No
    - If yes, explain:
      _____
- Do you have a smartphone?
    - Yes
    - No
- If a mobile app were available for scheduling, would you use it?
    - Yes
    - No

2. Find My Ride (FMR)

- Have you used Find My Ride to apply, schedule, or manage transportation?
    - Yes
    - No

Comments: _____

3. Scheduling Experience

- Describe your experience reserving trips:

- Is it easy to reach the call center?
    - Yes
    - No

Comments: _____

- How do you receive updates about when your vehicle will arrive?

- Do you pay for your trips? If yes, describe the payment experience.

---

4. Trip Experience

- Is it clear when your vehicle arrives?
    - Yes
    - No
- Does the driver assist you when entering/exiting the vehicle?
    - Yes
    - No

Comments: _____

- How would you rate the comfort and safety of the ride?

- Do additional stops significantly extend travel time?
    - Yes
    - No

Comments: _____

- Describe anything bothersome about the ride:

---

5. Overall Experience & Alternatives

- Describe a particularly good experience:

- Describe a particularly negative experience:

- Do you have alternative transportation options?
    - Yes
    - No
    - If yes, explain:
      _____
- If this service were unavailable, how would you travel?

---

6. Technology Use

- Devices you use regularly (check all that apply):
    - Landline phone
    - Cell phone
    - Tablet
    - Computer with internet
- Do you expect to use different devices in the next five years?
    - Yes
    - No
    - Comments:
      _____

7. Public Transit Improvements

- What can public transit providers do to increase ridership?

- How would you encourage friends or family to use public transit?

- Should local officials support public transportation?
    - Yes
    - No

Comments: _____

Thank you for completing this questionnaire. Your feedback is valuable and appreciated.

Appendix D: Inventory of Existing Transportation Services

Inventory of Existing Transportation Services				
Public Transit - Location	**Service Name**	**Provider**	**Audience**	**Website**
Dauphin Co. & Cumberland Co.	Capital Region Fixed Route	Rabbittransit	Everyone	https://www.rabbittransit.org/services/capital-region-fixed-route/
Shippensburg, PA	Shippensburg Raider Regional Transit	Rabbittransit	Ship. U./Ship. Community	https://www.rabbittransit.org/services/shippensburg-raider-regional-transit/
Dauphin Co. & Cumberland Co.	Capital Region Commuter Routes	Rabbittransit	Everyone	https://www.rabbittransit.org/services/capital-region-commuter-routes/
Harrisburg (to York, N. Maryland, Gettysburg)	RabbitEXPRESS	Rabbittransit	Everyone	https://www.rabbittransit.org/services/rabbitexpress/
Dauphin, Cumberland, Perry	Senior Shared Ride/Paratransit	Rabbittransit	65+	https://www.rabbittransit.org/services/shared-ride-paratransit/
Dauphin Co. & Cumberland Co.	Veterans Transportation	Rabbittransit	Veterans	https://www.rabbittransit.org/services/veterans-transportation/
Dauphin Co. & Cumberland Co.	rabbitWORKS Vanpool (Commute w Enterprise)	Rabbittransit & Enterrise	2nd or 3rd shift commuters	https://www.rabbittransit.org/services/rabbitworks-vanpool/
Dauphin, Cumberland, Perry	Commute PA	SRTP	Commuting Employees	https://commutepa.org/
Dauphin(Harrisburg, Hershey)	Fixed Route/Harrisburg Express	Lebanon Transit	Commuting Employees	https://lebanontransit.org/routes/
Hershey Medical Center Campus (from Lebanon County)	Shared ride	Lebanon Transit	65+ or individuals w disability	https://lebanontransit.org/shared-ride/
Community Based Volunteer Transportation Providers	**Service Name**	**Provider**	**Audience**	**Website**
Dauphin Borough/Middle Paxton Township	Dauphin Area Senior Transit (DAST)	Volunteers Through DC Area Agency on Aging	55+	https://www.middlepaxtontwp.org/index.php/resources/dauphin-area-senior-transit-d-a-s-t/
Derry Township	Derry Township People Movers	Senior Citizens Council of Derry Township/DC Area Agency on Aging	60+	https://thepeoplemover.org/
East Hanover Township	Autumn Leaves Transportation Services		60+ or individuals w disability	https://www.easthanovertwpdcpa.org/community/pages/community-organizations
Hummelstown Borough	Elder Express			call (717) 566-7000
Londonderry Township	Londonderry VIP Van Service	Volunteers Through DC Area Agency on Aging	65+	https://www.londonderrypa.org/senior-services.php#gsc.tab=0
Lower Paxton Township	Lower Paxton Senior Van	Lower Paxton Senior Van Service	60+	https://www.lowerpaxton-pa.gov/307/Friendship-Senior-Center
Steelton, Enhaut, Bressler, Oberlin, & Parts of Swatara Township	S.E.B.O.S	Volunteers Through DC Area Agency on Aging	65+ or individuals w disability	call (717) 939-9301 Ext. 513
West Hanover Township	Gopher Senior Van Service	WH Lions Club, Dep. Of Aging, & WH Board Supervisors	60+	https://westhanover.com/208/Gopher-Senior-Van
	PA Link			https://www.pa.gov/agencies/aging/local-resources/pa-link-to-aging-and-disability-resources
Other	**Service Name**	**Provider**	**Audience**	**Website**
Nursing homes in Dauphin County	Senior LIFE Harrisburg		55+	https://seniorlifepa.com/service/transportation
	All the Way Transportation			https://www.allthewaytrans.com/
	Central PA Medical Transport			https://pamedicaltransport.com/
	Non-Emergency Medical Transportation	Center for Community Building		https://www.ccbincpa.org/medical-transportation.html
Harrisburg	Various Medical Transportation Assistance	Infina Health		https://infinahealth.com/services/harrisburg-pa/
	Keon Transport Services			https://keontransport.com/
	Non-Emergency Medical Transportation	Uber		https://www.uberhealth.com/us/en/d/nemt/harrisburg-pa-us/
	Center for Community Building			http://www.ccbincpa.org/
Harrisburg	Quality Care Transportation Service			https://www.qctstransportation.com/
	Integrated Medical Transport			https://www.integratedmedicaltransport.com/
	Eastern Coach	subcontracts with rabbit		https://eastoncoach.com/
Provider/Service	**Stops in Region**			**Website**
Uber	Anywhere with drivers available			https://www.uber.com/
Lyft	Anywhere with drivers available			https://www.lyft.com/
Greyhound Buses	Harrisburg, Middletown, Watts Township			https://www.greyhound.com/bus/harrisburg-pa/harrisburg-bus-station
Trailways	Harrisburg, York			https://trailways.com/
Taxis	Various providers in Harrisburg Region			https://www.google.com/maps/search/taxi+services/@40.2719137,-76.9349102,24452m/data=!3m1!1e3?entry=ttu&g_ep=EgoyMDI1MDgxMS4wIKXMDSoASAFQAw%3D%3D
Susqehanna Trailways				https://susquehannabus.com/
GoVysh				https://www.govysh.com/#/main/home

Appendix E: Regional HSTP Interview Questionnaire (Listening Sessions)

Regional Coordinated HSTP Interview Questionnaire

(Listening Sessions)

Purpose: This interview aims to understand the transportation needs, challenges, and suggestions of seniors and individuals with disabilities to improve all transportation services, including public transit, paratransit, ridesharing, and other options.

Interviewer Name: _____

Date: _____

Interviewee Name (optional): _____

Location: _____ **Zip Code:** _____

Age Range: ☐ Under 60

☐ 60–69

☐ 70–79

☐ 80+

1. **Do you have a disability?**

☐ Yes

☐ No

☐ Prefer not to say

2. **If yes, what type of disability impacts your transportation needs?** (check all that apply)

☐ Mobility (e.g., wheelchair, walker, cane)

☐ Vision

☐ Hearing

☐ Cognitive/Memory

☐ Other: _____

3. **Primary place of residence:** ☐ Urban area

☐ Suburban area

☐ Rural area

4. **What types of transportation do you currently use?** (check all that apply)

☐ Public bus (fixed route)

☐ Paratransit / Shared ride service

☐ Volunteer driver program

☐ Taxi

☐ Ride-hailing (Uber, Lyft)

☐ Community shuttle / senior shuttle

☐ Rides from family/friends

☐ Private vehicle (self-drive)

☐ Other: _____

5. **How often do you use these transportation services?**

☐ Daily

☐ Several times a week

☐ Weekly

☐ Monthly

☐ Rarely / Never

6. **What are your most frequent travel destinations?** (check all that apply)

☐ Medical appointments

☐ Grocery/shopping

☐ Work/volunteer activities

☐ Social/recreational activities

☐ Education/training

☐ Religious services

☐ Other: _____

7. **How easy is it for you to arrange or reach your chosen transportation option?**

☐ Very easy

☐ Somewhat easy

☐ Difficult ☐
Very difficult

Please explain: _____

_____

_____

8. **Have you experienced any of the following transportation challenges?** (check all that apply)

☐ Long wait times for pickup

☐ Service not available in my area

☐ Vehicles not wheelchair accessible

☐ Difficulty scheduling rides in advance

☐ Rides are too expensive

☐ Drivers not trained to assist people with disabilities

☐ Unsafe or inconvenient pickup/drop-off locations

☐ Lack of seating/shelter while waiting

☐ Other: _____

_____

9. **Are there certain times of day when transportation is especially difficult to get?**

☐ Early morning

☐ Midday

☐ Evening

☐ Night

☐Weekends

Please explain: _____

10. **What changes would make transportation more accessible and convenient for you?**

11. **What destinations are difficult to reach using current transportation options?**

12. **If you could improve just one thing about transportation in your area, what would it be?**

13. **Any other comments or suggestions?**

Appendix F: Coordinated Plan Timeline

Coordinated Plan Timeline

	2025				2026											
Task	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	Jul	Aug	Sept	Oct	Nov	Dec
Define Scope and objectives																
Establish planning team																
Develop work plan and agenda																
Identify Expert & Stakeholder Groups																
Create Draft Survey																
Expert Group Meeting 1																
Identify Key Data Sources/demographics																
Distribute survey																
Identify and develop strategy for stakeholders																
Arrange paratransit ride alongs																
Outreach to Stakeholder Group																
Schedule & Attend listening sessions																
Summarize input for Expert Group																
Expert Group Meeting 2																
Review Stakeholder feedback and survey results																
Identify Needs and Gaps																
Compile List of Interventions Addressing Gaps/Barriers																
Expert Group Meeting 3																
Start Drafting of HSTP																
Expert Group Meeting 4 (present draft)																
Complete Final Draft of HSTP																
Create Executive Summary Story Map																
Expert Group Meeting 5 - Final																
Present Plan for MPO adoption (TC & CC)																